



***A Meeting of Trust Board to be held at 2.00pm on
Thursday, 25 July 2013 at the Adair Arms Hotel,
1-7 Ballymoney Road, Ballymena. BT43 5BS***

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 30 May 2013 (for approval and signature)

TB/1/25/07/13

4.0 Matters Arising

- 4.1 Board Governance Self-Assessment Tool for all DHSSPS
Sponsored Arms Length Bodies

Summary & Action:

5.0 Chairman's Business

- 5.1 Meeting with Ballymena Staff

Summary & Action:

- 5.2 Chairman's Update

Summary & Action:

6.0 Chief Executive's Business

- 6.1 Chief Executive's Update

Summary & Action:

- 6.2 Transforming Your Care Update

Summary & Action:

7.0 Performance Report as at 30 June 2013

TB/2/25/07/13

Summary & Action:

8.0 Items for Approval

- | | | |
|-----|---------------------------------------------------------------------------------|---------------|
| 8.1 | Mid Staffordshire Foundation Trust Public Enquiry – Response & NIAS Action Plan | TB/3/25/07/13 |
|-----|---------------------------------------------------------------------------------|---------------|

Summary & Action:

- | | | |
|-----|-------------------------------------------------|---------------|
| 8.2 | Operations Performance Improvement Plan 2013-14 | TB/4/25/07/13 |
|-----|-------------------------------------------------|---------------|

Summary & Action:

9.0 Items for Noting

- | | | |
|-----|----------------------------------------------------------------------------------|---------------|
| 9.1 | G8 Summit - <i>Correspondence from Dr Michael McBride, Chief Medical Officer</i> | TB/5/25/07/13 |
|-----|----------------------------------------------------------------------------------|---------------|

Summary & Action:

- | | | |
|-----|----------------------------------------------------------------|---------------|
| 9.2 | NIAS Trust Delivery Plan 2013/14 - <i>HSCB Approval Letter</i> | TB/6/25/07/13 |
|-----|----------------------------------------------------------------|---------------|

Summary & Action:

- | | | |
|-----|-----------------------------------------------------------------------------------------------|---------------|
| 9.3 | Arms Length Bodies' 2013-14 Business Plans - <i>DHSSPS Correspondence & NIAS Response</i> | TB/7/25/07/13 |
|-----|-----------------------------------------------------------------------------------------------|---------------|

Summary & Action:

- | | | |
|-----|-------------------------------------------------|---------------|
| 9.4 | Minutes of Assurance Committee held 6 June 2013 | TB/8/25/07/13 |
|-----|-------------------------------------------------|---------------|

Summary & Action:

- | | | |
|-----|------------------------------------------------------|---------------|
| 9.5 | Minutes of Audit Committee held 14 May & 6 June 2013 | TB/9/25/07/13 |
|-----|------------------------------------------------------|---------------|

Summary & Action:

10.0 Application of Trust Seal

11.0 Forum for Questions

12.0 Any Other Business

13.0 Forward Agenda

Next meeting of Trust Board & AGM will be held on Thursday, 26 September 2013 at NIAS Headquarters

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, 25 July 2013 at the Adair Arms,
1 – 7 Ballymoney Road, Ballymena. BT43 5BS***

TB/1/25/07/13



**Minutes of a Trust Board Meeting held on Thursday, 30 May 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
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

Mr N McKinley, Non Executive Director.

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

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

3.0 Minutes of the Previous Meeting of the Trust Board held on 28 March 2013

Members accepted the minutes as a true reflection of discussions held on the proposal of Prof Hanratty seconded by Dr Livingstone.

4.0 Matters Arising

4.1 Board Governance Self-Assessment Tool for all DHSSPS Sponsored Arms Length Bodies

An extension of the deadline for the completion of this document has been requested from the department. A workshop is to be held on the 13 June 2013 to complete the document. It was suggested that the workshop be facilitated and the Director of HR&CS undertook to engage with the HSC Leadership Centre to arrange this, if possible, given the short notice.

Action: Director of HR&CS to progress.

4.2 Francis Report - Workshop

The Trust has been charged with reviewing the 290 recommendations of the Francis Report to identify actions and learning. The Executive team have met and identified 39 recommendations which relate directly to NIAS. Engagement with the wider HSC will be necessary as interpretation of the other recommendations will be required for other HSC Arms Length Bodies. This information will be shared with the Non Executive members of the Board. A workshop will not be required at this stage.

4.3 Assurance Framework – Workshop

The framework document has been developed in line with Departmental guidelines and the three strategic aims of the Trust. This document will provide assurance to stakeholders and identify the means by which this is done. The document will be presented at Assurance Committee which will prompt action plans and highlight associated risks. Implementation of action plans should address the risks which in turn will support development of enhanced control and assurance.

5.0 Chairman's Business

5.1 Visit to Human Resources & Corporate Services Directorate

The Board welcomed the opportunity to visit the Directorate which is a busy department with a small team of staff. They enjoyed meeting the staff and found the presentations to be highly informative. It was added that the administrative staff in this Directorate perform a vital role within the organisation.

5.2 Chairman's Update

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

6.0 Chief Executive's Business

6.1 Chief Executive's Update

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

March/ April	Engagement with the Permanent Secretary in relation to governance.
08/05/13	Met with the Chief Executive, HSCB along with other Trust Chief Executives regarding the changes to the consultation process on the closure of nursing homes.
14/05/13	Eco Health – A system has been developed for Northern Ireland to improve health and boost employment. NIAS position has been emphasised in terms of our ability to communicate information.
19/05/13	Attended Gold Command exercises to test plans and command structures for G8. It was a challenging and useful day.
24/05/13	Met with Prof Hanratty in respect of the Assurance Committee going forward.

6.2 Transforming Your Care Update

An update was provided by the Chief Executive who advised that NIAS has a role in working with 'Integrated Care Partnerships' (ICP) and we need to emphasise that position. A new funding template has been produced to enable bids to be made. A bid for project support will be made which will be a lever to enable the Trust to effect change. Discussion followed on the '111' system which has been introduced in some parts of England. There are lessons to be learned where implementation has run into difficulties and the situation is being monitored. The system will need to be adequately resourced. NIAS is also working closely with GPs. If relevant information can be accessed and recorded on NIAS systems crews can be made aware of clinical conditions prior to arrival. This is an opportunity to deliver a unique system, not necessarily '111' but a better system than we currently have. There are currently seven ICPs increasing to seventeen. A Project Implementation Document (PID) has been developed which will provide the Trust with an opportunity to get involved.

7.0 Assurance Reports

It was noted that the documents being presented today have not been presented to the Assurance Committee first because of the relative dates of the Assurance Committee and Trust Board. This issue has been raised by the Chair of Assurance with the Chief Executive and Medical Director.

Action: Chair of Assurance Committee to develop "health check" of committee performance akin to Audit Committee.

Two separate reports are presented today, for year ending 31 March 2013 and month ending 30 April 2013.

7.1 Assurance Report as at 31 March 2013

The Chief Executive provided a summary of performance and advised that we are not sufficiently resourced to meet all our targets. The Trust is bidding for more resources to meet increasing demand. Nevertheless the Trust is on schedule to break even having absorbed the cash-release savings for 2012-13.

Medical

The Medical Director presented his report including the initial data of the falls pilot in the Southern Trust area. Initial findings were disappointing in that only a small proportion of suitable patients had been included in the pilot. He advised that further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance.

New JRCALC guidelines have now been published and are currently being issued to staff. A number of the new guidelines contain elements of “treat and leave” within them.

In response to a question regarding the planning for the G8 summit, the Medical Director advised that this was subject to security restriction and that he was therefore prevented from disclosing specific details, but advised that the plans had been exercised and tested and this had identified useful learning.

The following comments / issues were raised:

- Page 53 refers to learning and action from Patient Satisfaction Surveys. The Trust needs to demonstrate how we can learn from these experiences.
- It was noted that this was dealt with elsewhere in the report, but that the new template for the Assurance Report would show learning outcomes from these reports.

Operations

The Director of Operations updated members with the year-end report which shows that the Trust has not been able to meet the target for Cat A performance and HSCB have been informed.

There are two components to effecting improvement within NIAS; current systems need to be reviewed and initiatives introduced to help us make best use of current resources. The Trust should take advantage of TYC development proposals based on the Trust Delivery Plan and Corporate Plan. The following comments/issues were raised:

- There was a significant increase in demand for the period November to March 2013; do we know why this happened?
- It is difficult to give any particular reason for this increase however the Trust should be able to flex up or down and still provide a safe service. Up to now the Trust has absorbed the increase in demand however experience this year indicates this is no longer possible.

- It was proposed by the Chairman that the Trust has performed satisfactorily given the additional pressures. A Non Executive Director added that the performance targets should be modified to take account of demand.

Finance & ICT

The Director of Finance & ICT presented her report advising that the Trust is predicting a breakeven position with a small surplus of £89k subject to audit. The following comments was made:

- Page 73 refers to progress against ICT strategy. It was noted that a fuller update on progress would be useful.

Human Resources & Corporate Services

The Director of Human Resources and Corporate Services updated members on her report adding that there has been an increase in sickness absence towards the year-end. 30% of sickness absence is due to musculoskeletal problems however stress is also a factor. She added that the Trust has introduced a peer support system and training is ongoing with Managers. The following comments were made:

- Is there a spike in absence at times of increased demand?
 - A correlation was carried out which did not relate the two. It was added that when staff do not get meal breaks etc it can affect morale and overtime can be declined and when staff are out sick they may stay off longer.

7.2 Assurance Report 2013/14 as at 30 April 2013

The Chief Executive advised that a new format has been introduced for this year which will reflect strategic issues and performance. The report covers the key actions from the Trust Delivery Plan and the Corporate Plan and a report will be provided against each.

Board members considered the new format to be very helpful and welcomed the development of the document. The timeliness of the data was also well received. The following comments/issues were raised:

- Page 39, item 3.1 refers to an Annual Quality Report. How far has this been developed?
 - A template is currently being developed which is a regional document however NIAS may need to develop its own.
 - Page 38, item HR10 2.21 refers to 90% of staff having an annual appraisal by June 2013. The Director of HR&CS advised that this target will not be achieved. Staff appraisal is new to the Trust and the process has been agreed with Trade Unions however they do not agree to the term 'appraisal'. Staff will be appraised against the corporate aims of the Trust and it is hoped that 11.5% of staff will be completed by June 2013. It was noted that 43% of staff have completed the Knowledge Skills Framework (KSF).

- It was considered that this process gives the Trust the opportunity to say how staff are valued and what they do is important.
- The target for sickness is 6.7% and it was noted that 7.85% for April is not a good start for the year. Sickness remains a priority for Trust.
- Is the target set for prompt payment appropriate and is this target set by NIAS?
- Figures are measured against the 30 day target however the Trust will be monitored against the 10 day target set by the Department. One problem for NIAS is that with being a regional service it is difficult to get invoices verified and signed within this period.

8.0 Items of Approval

8.1 **NIAS Annual Plan & Trust Delivery Plan 2013-14**

This document was presented for approval to the Health and Social Care Board in April of this year. The Trust has not been advised of any concerns or approval of the document. It has been presented to the public today in draft form and sets out what the Trust hopes to achieve and our aspirations moving forward. The savings proposals are included. The Director of Finance went through the detail of the financial information and wished to ensure that members were clear on the financial implications, in particular the budgetary forecasts, before they approved the document. A typing error was noted on Pages 6 and 33 and should read as follows on each page:

'2012/13, £1.176 million; 2013-14, £1.066 million; 2014-15, £0.802 million; resulting in a projected cumulative £3.044 million by 2014/15'.

The following comments/issues were raised:

- Do the figures for payroll include staff increments?
- An award for pay and prices is provided annually to each Trust which covers fuel, goods and services as well as payroll.

The NIAS Annual Plan and Trust Delivery Plan was approved subject to the minor amendments on the proposal of Ms Paisley and seconded by Dr Livingstone.

Action: Approved.

8.2 **Claims Management Policy & Procedure**

This document has been benchmarked with other Trusts and has been equality screened for any adverse affects. It was confirmed that the Trust's legal advisor has reviewed the document. It was considered that a paragraph for the application to the Department for funding of clinical negligence claims should be included in the policy. It was agreed that engagement with DLS should also be included in the policy.

Subject to the above amendment the policy was approved on the proposal of Ms Paisley and seconded by Mr Mullan.

Action: Approved. Director of Finance to provide a paragraph on the suggested amendments.

8.3 Disability Action Plan

Director of HR&CS presented the document advising of one amendment at the top of Page 11, should read “Chief Executive and 4 Executive Directors’ not 5. The following issues/comments were raised:

- Is there a target for organisations to employ disabled staff?
 - There is no target. Workforces should be inclusive and reasonable adjustments can be made to accommodate staff with a disability.
- Page 24 consists of a list of contributors. There is no mention of Mencap or Orchardville which look after people with learning disabilities. Does this Trust accommodate placements for people with learning disabilities?
 - A moratorium is currently in place for all work placements however the Trust has facilitated placements for people with learning difficulties in the past. The list of contributors will be checked to ensure that these organisations are included.
- It was suggested that involvement with these groups could be beneficial to the Trust as they can be very supportive of Trust aims and can lobby on Trust’s behalf.
- Page 12 – ‘encouraging the participation of disabled people in public life’ does the Trust monitor the composition of the workforce as the Board would like assurance that the Trust is open to employ disabled people?
 - Staff are asked to disclose any disability on their application for recruitment. The Trust does make it clear that we are open to people with disabilities.

8.4 Health & Wellbeing Attendance Management Action Plan

The Policy was presented and approved on the proposal of Dr Livingstone and Ms Paisley.

Action: Approved.

9.0 Items for Noting

9.1 NIAS Management Statement and Financial Memorandum

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

Noted.

9.2 Minutes of Audit Committee held 14 March 2013

Noted.

9.3 Minutes of Assurance Committee held 14 March 2013

Noted.

10.0 Application of Trust Seal

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

11.0 FORUM FOR QUESTIONS

No questions were received.

12.0 Any Other Business

None.

13.0 Forward Agenda

No items were noted.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 25 July 2013. Venue to be confirmed.

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

Signed: _____

Date: _____
Chairman

TB/2/25/07/13



PERFORMANCE **REPORT**

(as at 30 June 2013)

NORTHERN IRELAND AMBULANCE SERVICE

PERFORMANCE REPORT 2013-2014

April 2013

MISSION

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

INTRODUCTION

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

MINISTERIAL PRIORITIES

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

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

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

DELIVERING SAFE, HIGH-QUALITY CARE

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

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

This Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims. The Corporate Plan is supported by an annual Trust Delivery Plan which is developed to take account of available resources and outline Trust priorities in terms of actions and activity to secure objectives.

STRATEGIC AIMS & OBJECTIVES

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

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

The Strategic Aims are as follows:

1. To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective
2. To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity
3. To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services

The Strategic Objectives underpinning these aims are as follows:

1. Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.
2. Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
3. Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.
4. Promote and develop an open, transparent and just culture focussed on patients and patient safety.
5. Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
6. Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.

7. Establish processes, built around our Personal and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.
8. Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.
9. Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

STRATEGIC AIMS AND OBJECTIVES: PERFORMANCE OVERVIEW
RAG REPORT (Red Amber Green)

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

STRATEGIC AIMS: PERFORMANCE & RISK REPORT

Ref	Strategic AIM	Performance Commentary	RAG Rating	Risk Assessment
SA1	To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	NIAS continues to provide safe high quality ambulance services. The model of service delivery has demonstrated effectiveness in the past and remains valid; however, it has proved sensitive to loss of response 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 May and June but remains a major concern at this point. We have identified this concern to commissioner through normal 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.
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.	G	Increasingly stringent requirements particularly in areas such as procurement, pose issues due to regional configuration and mobile workforce.
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	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 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)	<p>"There are three distinct projects within BSTP that represent various risks to NIAS:</p> <p>Finance, Procurement, Logistics (FPL)</p> <p>Human Resources, Payroll, Travel and Subsistence (HRPTS)</p> <p>Shared Services (SS).</p> <p>Each of these projects present risks across three broad areas -</p> <p>Business as Usual: The ability to maintain core business requirements prior to and during implementation of BSTP</p> <p>Implementation: Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP</p> <p>Benefits Realisation: The project is unable to realise anticipated benefits (financial and non financial)"</p>	High	Mod
239	Achieving Financial Balance 2013/14 & 2014/15	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.</p> <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :</p> <p>A. Overspending against core budget;</p> <p>B. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners;</p> <p>C. Non-achievement of Efficiency Savings - through staff and/or public non-acceptance which may create time delays and the need for alternative (and increasingly radical) plans. Initial estimate for savings is £2.245M in 2013/14; £3.047M in 2014/15.</p>	High	Mod
	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

	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.	Mod	Mod
	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
	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
	Public Perception	There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service.	Mod	Mod
	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
	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
	TYC Developments	There is a risk that the further development of TYC may lead to a retraction of ambulance services to core 999 response and transportation only	Low	Low

STRATEGIC OBJECTIVES: PERFORMANCE & RISK ASSURANCE REPORT

<u>To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective</u>			
Strategic Objectives	Performance Assessment	RAG Rating	Issues/Concerns
Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.	The model is sound but could be enhanced by developing Public Healthcare professionals such as District Nurses as clinical first responders in local areas. The model is compromised by an erosion of NIAS response capacity through demand and emergency department pressures in particular.	G	<ul style="list-style-type: none"> • Integrated Care Partnerships (ICP's) appear to be the main channel for service development but currently underdeveloped. • Lack of regional focus on NIAS proposals for unscheduled care. • Potential delay in capacity review within HSCB linking resource to demand to address erosion of capacity.
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.	R	<ul style="list-style-type: none"> • Underperformance in Cat A response • Consequences on non Category A activity. • Staff welfare issues such as meal breaks and leave. • Consequences on vehicle cleaning and maintenance etc.
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.	NIAS workforce is appropriately skilled and educated to deliver safe high quality 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.	G	<ul style="list-style-type: none"> • Filling core vacancies • Covering temporary service developments.

Promote and develop an open, transparent and just culture focussed on patients and patient safety.	NIAS continues to make progress in this area.	A	<ul style="list-style-type: none"> Demand pressures compromise quality and meeting patient expectations, particularly non Category A.
<u>To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity</u>			
Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.	In the absence of locally agreed outcome measures NIAS continues to develop indicators consistent with UK Services. NIAS continues to work with stakeholders to improve outcomes focussing on key areas such as Alternative Care Pathways, Community Resuscitation Strategy, public access to Defibrillation, and Integrated Care Partnerships.	G	<ul style="list-style-type: none"> Need to create a strategy to secure HSC's/ICP 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. <p>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 cuts present a risk.</p>
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. 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	G	A number of new response models being developed 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.

	<p>by our assurance framework, continues to be developed and improved in line with DHSSPS guidance.</p> <p>Focus on governance is maintained and NIAS continues to provide a paramedic-led service as the basis of delivery of safe high quality care, despite pressures and costs.</p>		
<u>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</u>			
<p>Establish processes, built around our Personal and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.</p> <p>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.</p> <p>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</p>	<p>Continuation of 2012/13 activity.</p> <p>Engage with 1,000 voice campaign.</p> <p>Social Media Policy in place and strong following building.</p> <p>Investing in new presentation tools for information presentation.</p> <p>Engage with TYC and ICP's</p> <p>Engage with Emergency Department improvement work but focus currently on in-hospital Emergency Department issues.</p> <p>Involved in regional PPI workstreams working towards implementation of PPI strategy.</p>	G	<ul style="list-style-type: none"> • Not resourced for 10,000 Voices campaign. • Route of action is through Social Media for effective communications. • Competing priorities for information and development of presentation. • Slow progress to date. • Competing priorities. • Focus on in-hospital and Emergency Department issues. • Lack of dedicated resource related solely to delivery of PPI agenda.

ambulance service in the development and delivery of responsive integrated health services.

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	A	Plans being developed to restructure Emergency desks and introduce an Urgent care desk.
Resolve indemnity issues impacting on development of Community First Response	Med	A	<p>Formal correspondence sent detailing issue and meetings between NIAS and DHSSPSNI taken place during 2012/13. Raised with Permanent Secretary and Chief Medical Officer (CMO) during accountability meetings. Highlighted at Community Resuscitation Strategy Working Group.</p> <p>Response received from DHSSPSNI at end June 2013 indicating provision of indemnity for CFRs subject to MOU between schemes and NIAS. Further engagement with CFR schemes required to action.</p>
Influence development of Community Resuscitation Strategy and use as a vehicle to develop service delivery model and address rural issues	Med	A	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 currently being developed for submission in October 2013.
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.
Introduce revised management of meal breaks and hospital turnaround	Ops	A	Management of meal breaks being reviewed through Ops JCG. Agreement reached with HSCB to monitor 15 minutes for patient handover time and 15 minutes for ambulance make ready. MDT being used by NIAS to measure (time stamp) both parameters).
Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes	Fin	A	NIAS continues to engage with DHSSPS colleagues at all levels to introduce BSTP into NIAS in line with agreed timeframes and processes
Increase pool of Voluntary Car Service(VCS) drivers	Ops	R	Impact assessment being completed on achieving PCS efficiencies and what additional VCS would be required.
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.			
HR1 Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change and wider HSC.	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
HR2 Develop and implement workforce plan to manage vacancies in line with delivery of savings requirements	HR	G	The workforce planning model enables NIAS to manage vacancies and priority education of new staff in line with service developments and efficiency saving requirements. <ul style="list-style-type: none"> Quarterly review of workforce plan through multi-disciplinary Steering Group Quarterly presentation of workforce plan to SEMT

HR3 Maintain accreditation for Education and Training	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.
HR4 Develop workforce plans for implementation of Transforming Your Care(TYC)	HR	A	Refer to HR2. Investment proposal in progress for project management office and clinical specialists to support TYC implementation within NIAS. NIAS is represented at HSC TYC Workforce Planning groups.
HR5 Implement Knowledge & Skills Framework(KSF) requirements	HR	G	Achieved. The Trust's partnerships KSF Leads have supported the roll-out of KSF from October 2012. An updated agreed Action Plan has been developed for 2013-2014. Directorate compliance in respect of this is detailed within the Appendix.
HR6 Deliver mandatory training	HR	A	The Regional Ambulance Training Centre's (RATC) 2013-2014 Education, Learning & Development Plan (ELDP) will be developed following completion of a training needs analysis and engagement with key stakeholders at monthly Training Performance Progress and Accountability meetings, and ratified by SEMT. The ELDP sets out and facilitates the priority and mandatory clinical and non-clinical education, learning and development requirements of Trust staff within the RATC's remit for the training year 2013-2014.
Promote and develop an open, transparent and just culture focussed on patients and patient safety.			
Deliver initiatives for safer patient care in conjunction with HSC Safety Forum	Med	A	NIAS is represented at the Regional Safety Forum and has identified a number of areas for joint co-operation and development. These include: <ul style="list-style-type: none"> the development of ambulance-specific global trigger tools and 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;

			<ul style="list-style-type: none"> nursing home collaborative, specifically ambulance transfers; the inclusion of physiological early warning scores in review of Patient Report Form; triple aim in primary care – requests for emergency ambulances by GPs; potential participation in quality and safety training for Trust Boards; participation in human factors training. <p>Currently awaiting examples of trigger tools from Patient Safety Forum. Capacity within Information Department a constraint for benchmarking.</p>
Publish Assurance Reports and audit of Non-Clinical Indicators of Performance	Med	A	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 may not be suitable for use by an ambulance service. Identification of non-clinical performance indicators to be agreed.
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	A	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. 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.
Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance	Med	A	<p>The first "treat and leave" protocol relating to acute hypoglycaemia was introduced in Q3/4 2012/13. Initial data, which was included in a previous report, showed that 47.5% of patients presenting with a diabetic problem were not transported to a hospital, with at least 121 (53%) of those who did not travel to hospital being as a result of this protocol being applied. The application of this protocol will continue to be monitored by the Trust's Clinical Support Officers and further activity data will be provided in a future report.</p> <p>In conjunction with the Southern Trust, NIAS commenced a pilot of a "treat and refer" protocol for falls occurring in the elderly population in the SHSCT area in December 2012. Initial data, which was included in a previous report, showed 72 referrals had been received from attending ambulance crews but this represents only 32% of patients potentially suitable for inclusion in the pilot. Further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance.</p> <p>Currently a number of "treat and leave" protocols are being developed for a number of other clinical conditions such as asthma, epilepsy and minor head injury and it is anticipated that these will now be introduced on a phased basis during the incoming year. Engagement is still ongoing with other agencies</p>

			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.
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. It is anticipated at this stage of the year (end June 2013) that the Trust is on target to achieve financial breakeven by year end however this is subject to and a series of assumptions including the timely delivery of NIAS’s efficiency savings programme and full funding to support the Agenda for Change evaluation process.
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 by 2013/14 (£1.18 12/13 and £1.07m 13/14). £0.4m delivered recurrently in 12/13. Approval, consultation and implementation of plans may cause delays in the amount of savings that can be delivered. NIAS has received an allocation from HSCB of £415,000 which has been applied to address this. The Trust will continue to work with DHSSPS and HSCB to deliver savings and achieve financial balance.
Secure funding associated with 2013-14 events (G8, etc)	Fin	A	NIAS continues to highlight cost pressures associated with 2013-14 events such as G8, World Police and Fire Games etc.
HR7 Implement BSTP staffing changes	HR	A	NIAS participates on regional BSTP structures e.g. BSTP Programme Board, BSTP Implementation Board, Shared Services Implementation Board, Regional Forum for Consultation with Trade Unions and related work streams. NIAS Project Board structure identifies and agrees and implements related action plans. There have been regional delays in BSTP systems and Shared Services implementation. Accordingly it would appear unlikely that staff changes within NIAS will be implemented within

			13/14. NIAS have continued to engage with affected staff and trade unions in this regard.
Implement DHSSPS Business Planning Requirement priorities	Fin	A	A detailed response by Directorate to the implementation of DHSSPS Business Planning Priorities is contained in DHSSPS Business Planning Priorities Report 2013-14 (see page 26 onwards)
Re-establish effective prompt payment regime	Fin	A	NIAS will continue to strive to deliver compliance with this target in conjunction with authorising officers across the Trust mindful of implementation of new finance systems at the start of July and development of new reporting frameworks
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 to implement its PPI strategy. Work in this reporting period has included participation in regional workstreams relation to the development of PPI standards. There continues to be a risk to the full delivery of this programme of work as a consequence of a lack of dedicated funding.
Secure access to patient representation via Patient & Client Council (PCC)	Med	A	NIAS has allocated a seat at Trust Board meetings to PCC.
Undertake joint initiative with PCC on stakeholder engagement	Med	A	<p>PCC have indicated that they are unable to release staff to work in partnership with NIAS on the planned project, due to other pressures. However NIAS has sought another partner in order to continue with planned engagement.</p> <p>Work is underway to scope out an arrangement with a community/voluntary sector organisation.</p> <p>The Trust will continue to engage with PCC more generally around the PPI agenda.</p>
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	NIAS is represented on the Regional PPI Forum and related sub-groups as appropriate. In addition NIAS is involved with regional workstreams related to Patient and Client Experience Standards

			(PCES) including PCES Steering Group and Working Group. A further workstream in this area is a new project entitled “10,000 Voices”. This will seek to develop and implement a methodology for the measurement of patient and client experience to inform commissioning priorities. Whilst NIAS is involved in regional workstreams around this, the Trust is the only of the six Trusts not to have received dedicated funding to take this work forward.
Review and enhance NIAS web presence and communication	Fin	A	Finance will work with HR colleagues to provide the appropriate IT infrastructure (within available resources) to implement Trust’s Communication strategy
Introduce tools to enhance public presentation of NIAS information	Fin	A	NIAS will carry out a benchmarking exercise of other ambulance services and other HSC organisations to develop a plan to enhance public presentation of NIAS information
Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.			
Establish process for NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to influence development of local health and social care solutions	Ops	G	Director of Operations is a member of ICP project Team. Area Managers have been nominated as NIAS representatives on each of the 17 Partnerships.
Establish process for NIAS engagement with TYC Unscheduled Care workstream to maximise opportunities to influence development of local and regional health and social care solutions	Ops	A	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	A	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.	<p>Protocols will be in place by September 2013 for...</p> <ul style="list-style-type: none"> • Diabetic hypoglycaemia • Falls in the elderly <p>Protocols will be developed for a range of other conditions including...</p> <ul style="list-style-type: none"> • Asthma • Epilepsy • Mental Health • Minor Head Injuries 	Med	A	<p>The first “treat and leave” protocol relating to acute hypoglycaemia was introduced in Q3/4 2012/13. Initial data, which was included in a previous report, showed that 47.5% of patients presenting with a diabetic problem were not transported to a hospital, with at least 121 (53%) of those who did not travel to hospital being as a result of this protocol being applied. The application of this protocol will continue to be monitored by the Trust’s Clinical Support Officers and further activity data will be provided in a future report.</p> <p>In conjunction with the Southern Trust, NIAS commenced a pilot of a “treat and refer” protocol for falls occurring in the elderly population in the SHSCT area in December 2012. Initial data, which was included in a previous report, showed 72 referrals had been received from attending ambulance crews but this represents only 32% of patients potentially suitable for inclusion in the pilot. Further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance.</p> <p>Currently a number of “treat and leave” protocols are being developed for a number of other clinical conditions such as asthma, epilepsy and minor</p>

				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.
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.
By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments including: Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled care, including telephone triage; GP direct access to appropriate	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	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. 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

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

<p>diagnostics to enhance management of conditions in Primary Care; and rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital doctor and agreed decision on steps to take in patient management.</p>	<p>report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>			<p>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.</p> <p>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.</p>
<p>During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an unnecessary emergency admission through appropriate patient handover and earlier discharge.</p>	<p>Not directly applicable to NIAS.</p>	<p>Med</p>		<p>Not directly applicable to NIAS.</p>

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 preventing unnecessary admissions to acute care from nursing homes.	NIAS will review systems and processes, working with HSC and other bodies to prevent unnecessary attendances at hospital.	Ops	A	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 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:- <ul style="list-style-type: none"> To improve provision of advice information and signposting on 	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	Med	A	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 is currently being arranged for September 2013. Enhancement of paramedic education, training, skills and role currently being explored.

<p>all aspects of health and wellbeing improvement</p> <ul style="list-style-type: none"> • 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. • Deliver a co-ordinated range of Targeted Physical Activity and Health programmes to address the CMO Guidelines for Physical Activity 	<p>with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>			
<p>All Trusts should ensure that existing service provision is tailored to meet the needs of vulnerable groups including:</p> <ul style="list-style-type: none"> • Looked After Children; • Homeless people • LGBT • Travellers • Migrant groups 	<p>NIAS will review service provision to ensure that the needs of vulnerable groups are identified and met within the constraints of the pre-hospital emergency & non-emergency care environment.</p>	HR	A	<p>NIAS contributes to the regional HSC Trust Audit of Inequalities to identify key inequalities across Section 75 groups. The Trust will continue to review the audit findings to identify any issues around these groups that are relevant to our services.</p>

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 City of Culture in Derry/Londonderry	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 with external agencies to secure and apply resources to maintain service delivery.	Med	A	<p>Through the Emergency Planning Team NIAS continues to participate in multi-agency training events and exercises to test various aspects of the NIAS Major Incident Plan. The NIAS Hazardous Area Response Team (HART) continues to deal with a wide range of incidents involving hazardous environments or substances and in appropriate multi-agency training programmes.</p> <p>Given the increasing demand being experienced by the Service, and in a climate of financial constraint, maintaining normal service provision 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.</p> <p>The NIAS Major Incident Plan will be reviewed as part of an ongoing cycle during 2013 and it is planned to introduce training to allow safe deployment into mountainous and remote areas within Northern Ireland and Ballistic Protection Personal Protection Equipment (PPE). NIAS was closely involved in the multi-agency planning for the recent G8 summit which proved to be very successful. Although no major incidents</p>

				<p>occurred, all contingencies were covered and any incidents were dealt with appropriately. The arrangements that were put in place have been commended by a number of the foreign delegations, and Foreign & Commonwealth Office, Health Protection Agency, Chief Medical Officer and other partner agencies.</p> <p>NIAS continues to participate in the planning for a number of other major events in the coming weeks including the World Police & Fire Games and the Fleadh. 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.</p>
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	A	<p>Infection prevention and control (IPC) activity within NIAS is monitored by the Trust's Infection Prevention & Control Group which reports to the Trust Assurance Committee.</p> <p>No healthcare acquired infections have arisen within the Trust within year.</p> <p>IPC policies and procedures are in place and compliance is subject to audit by the Trust's clinical support team. 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</p>

				include the Trust in their programme of inspections in relation to IPC.
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	A	The Trust will continue to deliver care and 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.
<p>By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions through:</p> <ul style="list-style-type: none"> Community teams that are available to meet patient needs including provision of a named nurse for patients on disease registers (with clear arrangements for dealing with multi-morbidity and complex medication regimes) and access to specialist medical or nursing advice Development of admissions/escalation protocols between community teams and secondary care. 	<p>NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area.</p> <p>In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and</p>	Med	A	NIAS continues to engage with Trusts, ICPs and Commissioners to achieve this through a number of workstreams including Transforming Your Care Programme Board, Regional Unscheduled Care Group, Regional GP Out of Hours Group and other Managed Clinical Networks. Enhancement of paramedic education, training, skills and role currently being explored.

	provide care closer to home.			
<p>Stroke</p> <ul style="list-style-type: none"> • Thrombolysis ➤ All Trusts to achieve a door to needle time of 60 minutes on a 24/7 basis ➤ Trusts to achieve a minimum 10% thrombolysis rate for acute ischaemic strokes. • Urgent assessment of high risk TIAs (ABCD²>4) must be available on a 7 day basis • All Trusts should support early supported discharge (ESD) following an acute stroke. This should support shorter LOS and “shift left” where resources will be freed from hospital beds to develop services in the community. 	<p>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.</p> <p>Appropriate priority will be given to the effective planned discharge of stroke patients.</p>	Med	A	<p>NIAS provides paramedic-administered thrombolysis regionally in accordance with agreed protocols and transports patients to the Belfast Trust for primary PCI (pPCI) following acute myocardial infarction. NIAS is fully participating in the development of the regional primary PCI service through a number of regional workstreams. The introduction of a regional pPCI service on a 24/7 basis within the current year will have potentially significant operational implications for the Trust.</p> <p>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. 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.</p>
<p>Cardiac</p> <ul style="list-style-type: none"> • Implement a Familial Hypercholesterolaemia cascade testing service in N. Ireland • Commission a model for Emergency Life Support (ELS) training in the community together with an audit process 	<p>NIAS will contribute to the development of a model for Emergency Life Support (ELS) training in the community through the Community Resuscitation Strategy development process.</p>	Med	A	<p>The NIAS Medical Director has been appointed as Chair of the Regional Working Group and the CEO is a member of the Steering Group for the development of a regional community resuscitation strategy by October 2013.</p>

to monitor agreed outcomes. ²				
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.
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	A	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.
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	A	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.
HR8 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,	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	HR	A	ELD Plan for 2013/14 will provide details on the priority ELD programmes for the training year.

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)

social workers, support workers etc)	and 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 presented the implications of introducing 24/7 pPCI Regionally. Service impact extensively modelled and resource implications identified.

DHSSPS Business Planning Priorities Report 2013-14 – as at June 2013

Business Planning Priorities	NIAS Response	Report Lead	RAG Rating	Comment
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	A	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.
1.8 Ensure the ALB's 2014/15 Business plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	NIAS will establish the necessary processes to comply with this requirement.	Fin	A	NIAS awaits guidance from DHSSPS in respect of 2014/15 business planning requirements.
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 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	NIAS will establish the necessary processes to comply with this requirement.	Fin	A	The appointment of an Executive Board member with lead responsibility for all Trust Board information is yet to be confirmed. A programme of work to achieve this priority will then be identified.

for purpose, robust and of a consistently high standard; and, 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.				
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 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.	NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by temporary pressures arising from implementation of BSTP project. NIAS will comply with the requirement in respect of 10 day prompt payment.	Fin	A	NIAS will continue to strive to deliver compliance with this target in conjunction with authorising officers across the Trust.
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,	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	A	The Trust has only 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.

e.g. 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.			
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 Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.	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	A	A plan is under development to address procurement issues.
2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review	NIAS will build on existing and, where necessary, establish additional processes to comply with	Fin	A	As above

of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to your Board in this regard.	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.			
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	A	Controls Assurance standards achieved (substantive). Business Case for replacement programme for fleet 2013-18 on going. Business case for replacement of Enniskillen being prepared for resubmission end of May. Project structures in place to oversee the building of Ballymena Station.
2.16 To set out steps to be taken to support the: a) PFG target to reduce greenhouse gas emissions by at least 35% on 1990 levels by 2025; and	NIAS will establish necessary processes to comply with this requirement where applicable.	Ops	A	All opportunities are being taken to comply through specification and design of Fleet and Estate.

b)DHSSPS objectives as outlined in the Sustainable Development Strategy “Everyone’s Involved” and the Strategy implementation plan “focused on the future”.				
<p>HR9 2.18 Take steps to minimize sickness absence during 2013/14 by:</p> <p>a) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14;</p> <p>b) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence level; and</p> <p>c) Undertaking a review and report to the ALB Board and Department by 30th September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.</p>	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p> <p>NIAS sickness absence target to be reviewed and agreed at Trust Board</p> <p>Business Plan presented to Trust Board March 2013.</p> <p>NIAS Health and Wellbeing Action Plan which outlines key steps in this regard will be presented to Trust Board for approval in Quarter 1.</p> <p>Report will be provided to DHSSPS in line with stipulated timeframe.</p>	HR	<p>G</p> <p>G</p> <p>G</p> <p>N/A</p>	<p>NIAS sickness absence target reviewed and agreed at Trust Board (reference Health and Wellbeing and Attendance Management Action Plan 2013/14.)</p> <p>Detail of compliance with the target is outlined in the supporting data.</p> <p>In June 2013</p>

<p>HR10 2.21 Take steps to ensure that by 30th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.</p>	<p>A paper outlining key issues and proposals in respect of appraisal in NIAS presented to Assurance Committee in June 2013</p> <p>It should be noted that the annual cycle for KSF Personal Development Review (PDR) is 01 October to 30 September each year. The roll-out of a Personal Contribution Annex, linked to KSF PDRs will commence in June 2013. Therefore, part year compliance in this area will be reported from June 2013 onwards.</p>	<p>HR</p>	<p>G</p> <p>A</p>	<p>KSF leads are progressing the implementation of Personnel Contribution Annex, linked to NIAS Strategic aims, for use during KSF Review.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	-------------------	------------------------------------------------------------------------------------------------------------------------------------------------

2.25 Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes.	NIAS will establish necessary processes to comply with this requirement.	Fin	A	NIAS will continue to work with DHSSPS and the HSC to deliver Auto Enrolment in line with agreed timescales.
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	A	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. The focus of regional workstream is predominantly related to secondary care and the Regional Quality Report template may not be suitable for use by an ambulance service. Internal processes will be developed following the development of the regional template.

Delivery of Savings Plans

Cumulative savings of £2.250m for 2012/13 and 2013/14 (£1.18 12/13 and £1.07m 13/14. Approval, consultation and implementation of plans may cause delays in the amount of savings that can be delivered. NIAS has received an allocation from HSCB of £415,000 which has been applied to address this. The Trust will continue to work with DHSSPS and HSCB to deliver savings and achieve financial balance.

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

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

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

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

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15					
	Proposal – Staff Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
5.	HR11 Management/Administrative Expenditure Management Costs	100,000	200,000	HR	A	Mgt costs 2011/12 £3,792K. Proposals were tabled at SEMT Workshop. Director of Finance to identify if BSTP staffing reductions can contribute.

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15					
	Proposal– Other Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
6	HR12 Education/Training Expenditure Regional Ambulance Training Centre	500,000	200,000	HR	A	Refer to HR6

2012/13 Reference	Proposed 2013/14 Indicators of Performance	NIAS Response	Report Lead	RAG Rating	Comment
A17	HR13 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 increase in 999 demand, request for Hospital diverts and delays in patient handover. Performance improvement plans in progress.
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	Ops	A	Working with Commissioners to identify initiatives to reduce ED attendance where appropriate, treat

		relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.			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.
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 presented the implications of introducing 24/7 pPCI Regionally. Service impact extensively modelled and resource implications identified.

	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	A	Introduction of 3 x Hospital Ambulance Liaison Officers to enhance patient flow. Introduction of Unscheduled Care desk in Control.
	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 proposals being developed for HSCB to support New Ambulance Response Models.
	Out of Hours GP attendance	NIAS Response: We will continue to work with partner health	Ops	A	Working with Commissioners to identify initiatives to reduce ED

		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.			attendance where appropriate, treat and leave protocols, PCS eligibility criteria , BCH admissions Ward
--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------------------------------------------------------

Appendix: Supporting data

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

STRATEGIC OBJECTIVE

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

TO MONITOR CLINICAL PERFORMANCE ACROSS A RANGE OF DIFFERENT CLINICAL CONDITIONS IN LINE WITH NATIONAL STANDARDS AND GUIDELINES

CLINICAL PERFORMANCE INDICATORS: DIABETIC PATIENTS (HYPOGLYCAEMIA) MANAGEMENT INDICATOR SET

<u>Indicator</u>	<u>Description</u>	<u>Exceptions</u>	<u>Expected Patient Benefit</u>
HYP1	Oxygen administered	(i) Patient refusal (ii) Patient taking oral carbohydrates	Increased cerebral perfusion
HYP2	Pulse rate observed	(i) Patient refusal	Good practice when taking obs
HYP3	Blood glucose level measured	(i) Patient refusal (ii) Patient took own reading (iii) Glucometer damaged or not available	Assists in specific diagnosis
HYP4	Glucagon administered	(i) Patient refusal	BM level increased to normal - increased level of consciousness
HYP5	2nd blood glucose level measured	(i) Patient refusal (ii) Scene to hospital < 15 mins	Assess progress of condition - bring LOC to normal
HYP6	Blood glucose increased	(i) Initial glucose level not recorded	Patient can remain at scene and will not need to travel to hospital
HYP7	Glasgow Coma Scale recorded		Establish LOC
HYP8	Transport patient to hospital	(i) Patient refusal (ii) Patient recovered	

Notes: (i) A number of patients had taken own BM level / other person on scene (e.g. family/care worker) observed BM using personal glucometer (ii) Oxygen exceptions - it was not possible to ascertain from system if patient was taking oral carbohydrate (iii) Glucagon - a majority of patients carried own supply of glucagon, other - difficult to ascertain personal use of Glucagon/glucose from free text of PRF



CLINICAL PERFORMANCE INDICATORS: DIABETIC PATIENTS

PERFORMANCE AREA: HYPOGLYCAEMIA MANAGEMENT

CRITERIA FOR INCLUSION: PATIENTS WITH CLINICAL DIAGNOSIS OF HYPOGLYCAEMIA ON REVISED PRF

PERIOD OF MONITORING: 01 APRIL 2012 TO 31 MARCH 2013

Evidence Base: JRCALC Clinical guidelines 2006

	Totals			HYP1		HYP2		HYP3	HYP4		HYP5		HYP6	HYP7	HYP8	
	All PRFs per month	Diabetic Patients (box ticked on PRF)		O2 admin	Exceptions	Pulse rate observed	Exceptions	Blood Glucose Observed	Patient Given Glucagon	Exceptions	2nd Blood glucose reading taken	Exceptions	Blood Glucose level improved	GCS completed / observed	Transport to hospital	Exceptions
Apr 2012	13636	194	N %	45 23.2%	7 3.6%	191 98.5%	3 1.5%	179 92.3%	52 26.8%	7 3.6%	158 81.4%	7 3.6%	150 77.3%	190 97.9%	135 69.6%	59 30.4%
May 2012	14893	224	N %	56 25.0%	14 6.3%	221 98.7%	3 1.3%	207 92.4%	60 26.8%	14 6.3%	139 62.1%	14 6.3%	139 62.1%	222 99.1%	155 69.2%	69 30.8%
June 2012	15122	192	N %	51 26.6%	3 1.6%	190 99.0%	2 1.0%	178 92.7%	64 33.3%	3 1.6%	125 65.1%	3 1.6%	125 65.1%	191 99.5%	125 65.1%	67 34.9%
July 2012	14406	224	N %	44 19.6%	12 5.4%	221 98.7%	3 1.3%	201 89.7%	58 25.9%	12 5.4%	131 58.5%	12 5.4%	131 58.5%	222 99.1%	122 54.5%	102 83.6%
Aug 2012	13849	216	N %	31 14.4%	12 5.6%	207 95.8%	5 2.3%	195 90.3%	59 27.3%	12 5.6%	118 54.6%	12 5.6%	118 54.6%	215 99.5%	138 63.9%	78 36.1%
Sep 2012	14206	186	N %	35 18.8%	17 9.1%	180 96.8%	3 1.6%	167 89.8%	51 27.4%	17 9.1%	101 54.3%	17 9.1%	101 54.3%	183 98.4%	90 48.4%	96 51.6%
Oct 2012	15355	191	N %	39 20.4%	12 6.3%	187 97.9%	4 2.1%	177 92.7%	53 27.7%	12 6.3%	105 55.0%	12 6.3%	105 55.0%	189 99.0%	99 51.8%	92 48.2%
Nov 2012	15150	190	N %	28 14.7%	11 5.8%	184 96.8%	4 2.1%	175 92.1%	57 30.0%	11 5.8%	114 60.0%	7 3.7%	114 60.0%	187 98.4%	86 45.3%	104 54.7%
Dec 2012	16599	244	N %	56 23.0%	11 4.5%	239 98.0%	2 0.8%	228 93.4%	63 25.8%	11 4.5%	141 57.8%	12 4.9%	141 57.8%	241 98.8%	131 53.7%	113 46.3%
Jan 2013	15972	203	N %	52 25.6%	8 3.9%	198 97.5%	3 1.5%	180 88.7%	53 26.1%	8 3.9%	116 57.1%	9 4.4%	116 57.1%	203 100.0%	140 69.0%	63 31.0%
Feb 2013	14415	202	N %	40 19.8%	9 4.5%	199 98.5%	2 1.0%	190 94.1%	63 31.2%	9 4.5%	125 61.9%	8 4.0%	125 61.9%	200 99.0%	123 60.9%	79 39.1%
Mar 2013	16608	223	N %	37 16.6%	12 5.4%	220 98.7%	1 0.4%	201 90.1%	54 24.2%	10 4.5%	128 57.4%	8 3.6%	128 57.4%	221 99.1%	130 58.3%	93 41.7%
Total	180211	2489	N %	514 20.7%	128 5.1%	2437 97.9%	35 1.4%	2278 91.5%	687 27.6%	126 5.1%	1501 60.3%	121 4.9%	1493 60.0%	2464 99.0%	1474 59.2%	1015 40.8%

EMERGENCY PLANNING REPORT MAY TO JUNE 2013

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

Potential Major Incident

There were no potential Major Incidents during this period.

Major Incidents

On 4 May 2013 at 12:00 midnight the Northern Ireland Ambulance Service received a 999 call for a serious road traffic collision on the Belfast Road, Larne. The incident was declared a Major Incident by the first Ambulance Officer on scene. Tasked to the scene were two Rapid Response Vehicles, four Northern Division Emergency Ambulance crews, two East City Emergency Ambulance crews, one doctor, one Hazardous Area Response Team vehicle and five Officers. The Mobile Control Vehicle and the Emergency Equipment Vehicle in Belfast were placed on stand-by to deploy but were not required. The Royal Victoria and Antrim Area Hospitals were placed on stand-by. Antrim agreed to take all patients from this incident. In total eight patients were transported to hospital – three children and five adults. There was one fatality at scene. The incident was stood down after 54 minutes.

Airport Alerts

On 1 June 2013 at 11.53 NIAS received an Airport Alert to Belfast International Airport for an Islander Aircraft with engine failure. There were three persons on board the aircraft with an estimated time of arrival of 5 minutes. Despatched to scene were three Emergency Ambulance crews and one Rapid Response Vehicle. Officers and support services made themselves available but were not deployed as the incident was stood down when the plane landed at 11:55.

On 19 June 2013 NIAS received a call to the George Best Belfast City Airport for an inbound aircraft that had reported a warning light in the cockpit. The incident was stood down before any resources arrived on scene. A problem with the pager system was identified and has since been rectified.

HAZMAT / Hazardous Area Response Team (HART) deployments

01.05.13	PSNI	Hazardous Area Response Team staff were deployed to a car that had gone off the road onto rocks.
03.05.13	NIFRS	Breathing Apparatus trained Hazardous Area Response Team staff were deployed to a patient suffering smoke inhalation in a house fire.
03.05.13	NIFRS	Hazardous Area Response Team staff were deployed to treat a patient suffering Smoke Inhalation.
05.05.13	NIFRS	Hazardous Area Response Team staff was deployed to treat several patients with Smoke Inhalation.
05.05.13	NIFRS	Hazardous Area Response Team staff were deployed to treat patient with Smoke Inhalation.
06.05.13	NIFRS	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
07.05.13	NIFRS	Hazardous Area Response Team staff were deployed to treat a patient with smoke inhalation.

07.05.13	NIFRS	Breathing Apparatus trained Hazardous Area Response Team staff were deployed to a Carbon Monoxide Incident.
08.05.13	PSNI,NIFRS	Hazardous Area Response Team staff were deployed to a possible chemical suicide.
08.05.13	NIFRS	Hazardous Area Response Team staff were deployed to treat a patient with Smoke Inhalation.
10.05.13	NIFRS	Hazardous Area Response Team staff were deployed to Smoke Inhalation incident.
10.05.13	PSNI	Hazardous Area Response Team staffs were deployed to treat patient with Smoke Inhalation.
12.05.13	NIFRS	Hazardous Area Response Team staff were deployed to Smoke Inhalation incident.
13.05.13	NIFRS	Breathing Apparatus trained Hazardous Area Response Team trained staff were deployed to a Carbon Monoxide Incident.
14.05.13		Hazardous Area Response Team staff were deployed to a patient sniffing solvents.
15.05.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
18.05.13	NIFRS	Smoke Inhalation Incident – Hazardous Area Response Team Advisor Only.
19.05.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
23.05.13	NIFRS	Smoke Inhalation Incident – Hazardous Area Response Team Advisor Only.
23.05.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
24.05.13	NIFRS, PSNI	Hazardous Area Response Team staff were deployed as part of Initial Incident Assessment Team for “One Big Weekend”.
25.05.13	NIFRS, PSNI	Hazardous Area Response Team staff were deployed as part of Initial Incident Assessment Team for “One Big Weekend”.
27.05.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
28.05.13	NIFRS	Smoke Inhalation Incident – Hazardous Area Response Team Advisor Only.
29.05.13	NIFRS	Smoke Inhalation Incident – Hazardous Area Response Team Advisor Only.
30.05.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
01.06.13	PSNI, NIFRS	Hazardous Area Response Team staff were deployed to a disused quarry for two males reported in water.
03.06.13	PSNI, NIFRS	Hazardous Area Response Team staff were deployed to a “white powder” incident.
03.06.13	NIFRS	Carbon Monoxide Incident - Hazardous Area Response Team Advisor Only.
04.06.13		Hazardous Area Response Team staff were deployed to a chemical incident – patient with bleach on face.
04.06.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team ADVISOR ONLY.
04.06.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.

05.06.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
07.06.13	NIFRS	Smoke Inhalation Incident – Hazardous Area Response Team Advisor Only.
09.06.13	PSNI,NIFRS	Smoke Inhalation Incident – Hazardous Area Response Team Advisor Only.
11.06.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
13.05.13	NIFRS	Hazardous Area Response Team staff were deployed to a substance inhalation incident.
13.06.13	NIFRS	Hazardous Area Response Team staff deployed to Smoke Inhalation incident.
15.06.13	PSNI, NIFRS	Hazardous Area Response Team staff deployed as Initial Incident Assessment Team for “G8 Summit”.
16.06.13	PSNI, NIFRS	Hazardous Area Response Team staff were deployed as Initial Incident Assessment Team for “G8 Summit”.
16.06.13	PSNI, NIFRS	Hazardous Area Response Team staff deployed to a Gas incident.
16.06.13	NIFRS	Gas incident – Hazardous Area Response Team Advisor Only.
17.06.13	PSNI, NIFRS	Hazardous Area Response Team staff deployed as Initial Incident Assessment Team for “G8 Summit”.
17.06.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
17.06.13		Hazardous Area Response Team staff were deployed to patient trapped in bath.
18.06.13	PSNI, NIFRS	Hazardous Area Response Team staff were deployed as Initial Incident Assessment Team for “G8 Summit”.
18.06.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
20.06.13	NIFRS	Breathing Apparatus trained Hazardous Area Response Team staff were deployed to a Carbon Monoxide Incident.
20.06.13	MMRT	Mountain Rescue trained Hazardous Area Response Team staff deployed to the Mourne Mountains for a patient with a fractured leg.
25.06.13	NIFRS	Carbon Monoxide Incident – Hazardous Area Response Team Advisor Only.
26.06.13		Hazardous Area Response Team staff deployed to a patient with substance inhalation
26.06.13	NIFRS	Smoke Inhalation incident – Hazardous Area Response Team Advisor Only.
27.05.13	PSNI, NIFRS	Smoke Inhalation – house fire – Hazardous Area Response Team Advisor Only.
29.06.13	NWMRT	Mountain Rescue trained Hazardous Area Response Team staff were deployed to assist rescue patient with fractured leg on Slemish Mountain.
30.06.13	NIFRS	House fire, person with a lung condition – Hazardous Area Response Team Advisor Only.

Incident Reports (1 April - 30 June 2013)

Introduction

This report covers the period 1 April 2013 to 30 June 2013, the first financial quarter of 2013/14. During this period there were a total of 516 reported incidents compared to 536 during the similar period in the financial year 2012/13. This represents a slight decrease in the number of reports received during this quarter compared with the previous year.

Overall (Figures 1, 2 & 3)

The range of incidents is typical with no clear trends being identified. The number of 'missed meal break' reports has declined during this quarter, most probably as a result of the ongoing interaction between staff side and management. As with previous years there is a 'dip' in the number of incident reports received overall during the summer months.

Violence to Staff (Figure 4)

During this reporting period there were a total of 59 reports received compared to 72 for the same period last year. Verbal assaults continue to be the most reported type of incident reported in this category. Three incident reports relate to 'use of weapons'; one in relation to fists (punches to the body) and two in relation to 'the brandishing of a "meat cleaver"'. Neither of these two incidents involved any injury, however, both crew members were distressed by the incidents. PSNI are pursuing prosecutions in these cases.

Vehicle Cleaning

There have been no reports received during the current period in relation to vehicle cleaning.

Clinical Incidents (Figure 6)

A total of 52 clinical incidents have been received during this quarter as opposed to 28 reports in the same period last year. This continues the trend of increased reporting within this category of incidents, the main element of which is related to pharmacy and drug pack issues, e.g. broken ampoules, incorrect stocking of packs, etc.

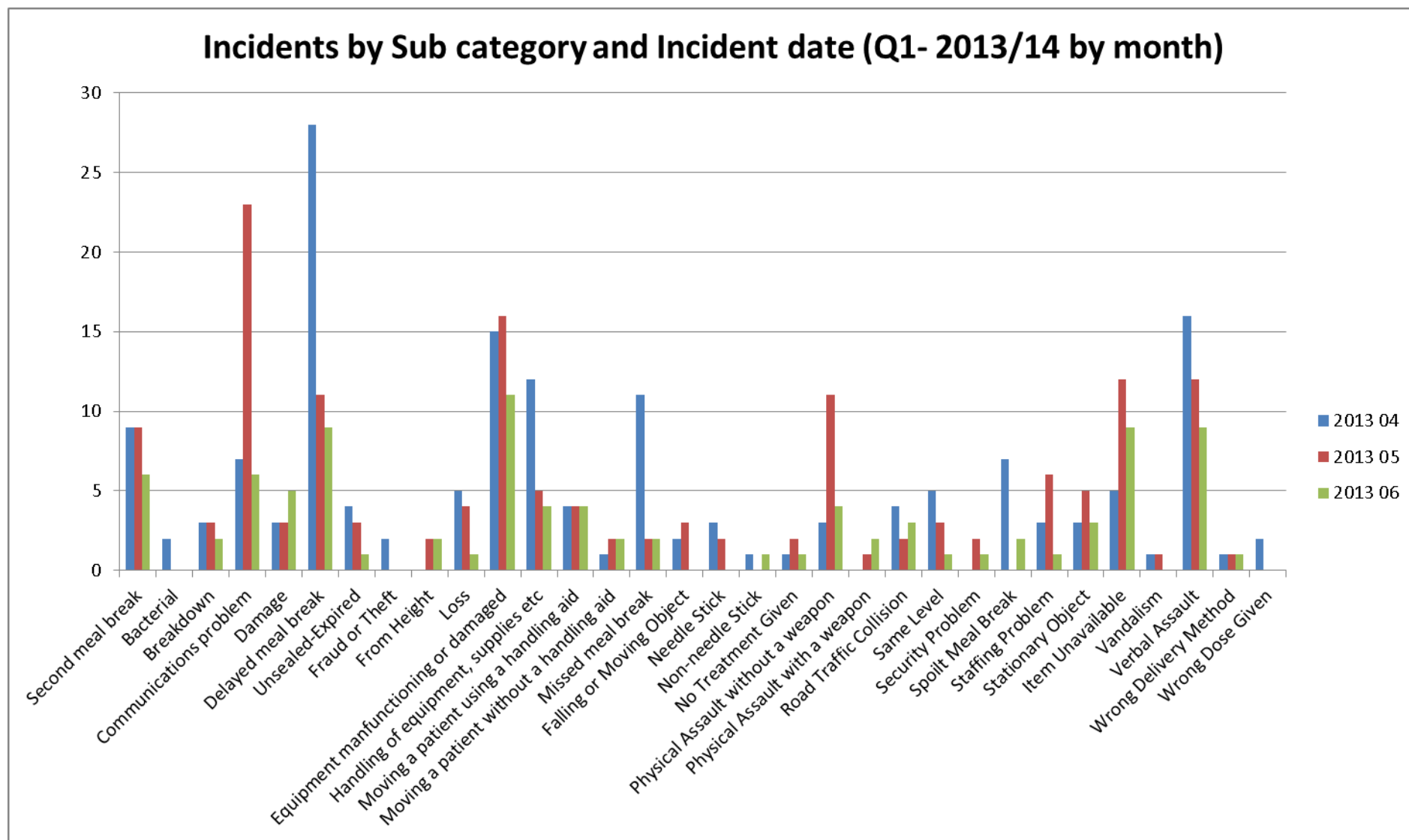


Figure One: Total Incidents by Sub Category by month (Q1-2013/14) (516)

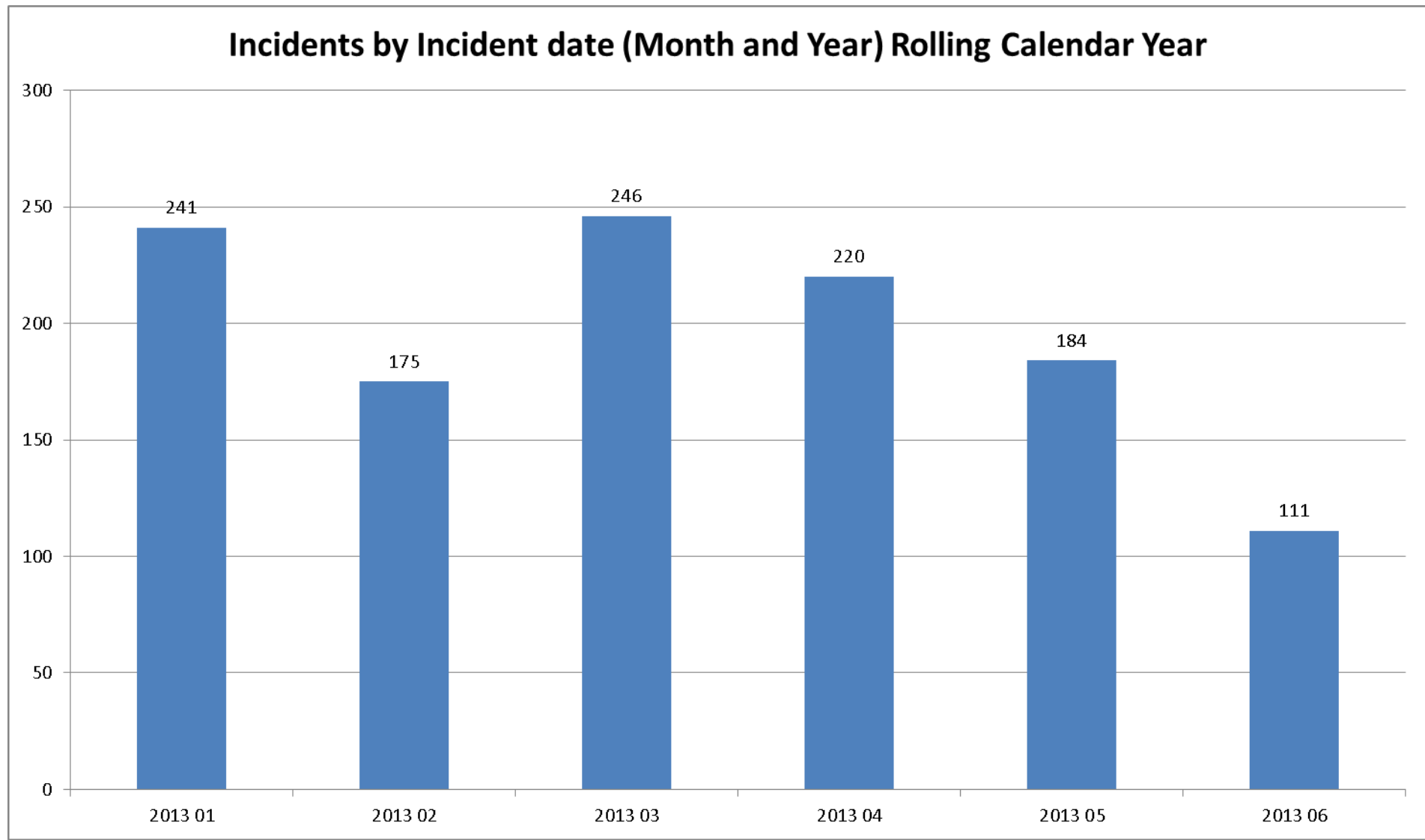


Figure Two: Incidents by month rolling calendar year (2013)

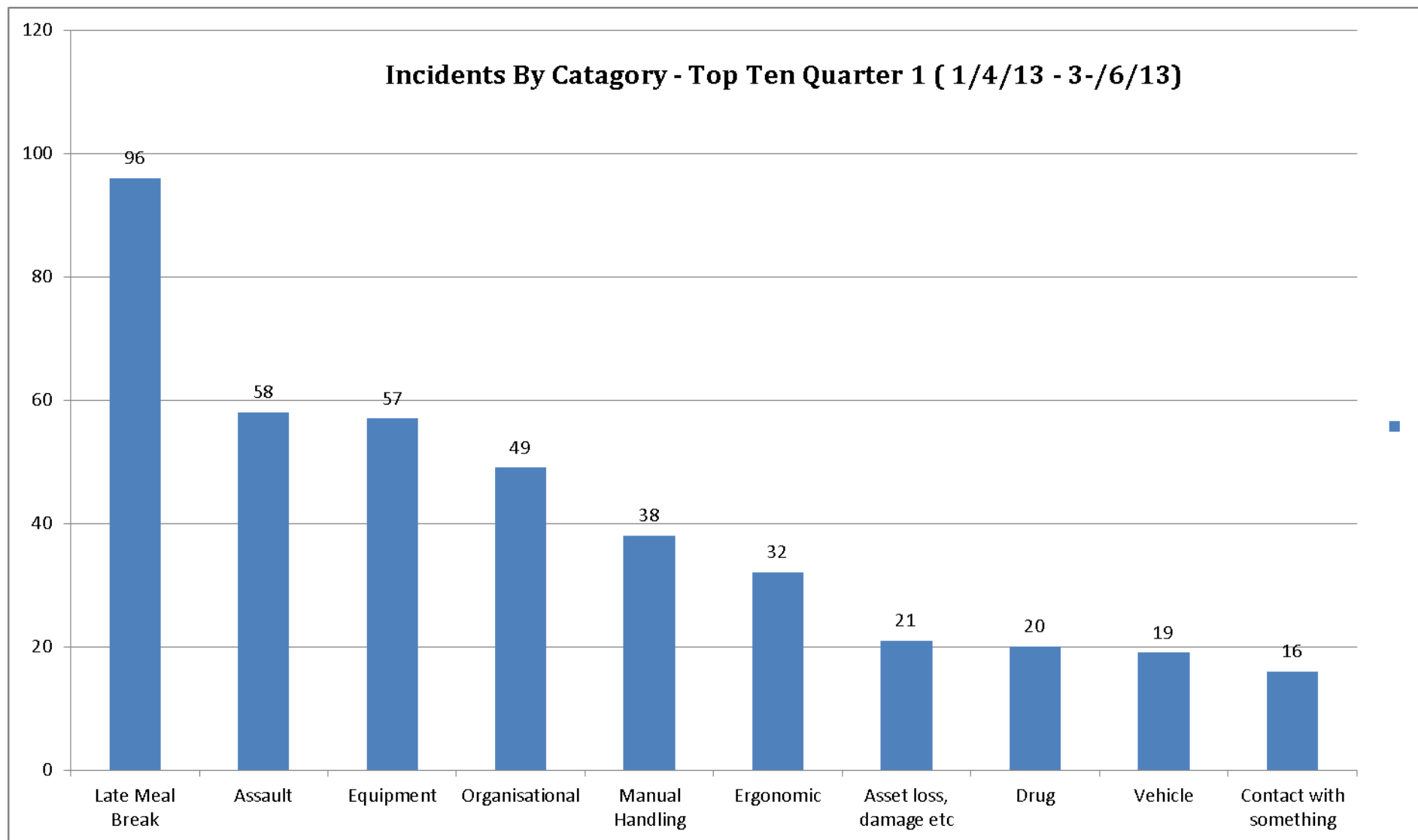


Figure Three: Incidents by Category 'Top Ten' (Q1-2013/14)

Incidents by Sub Category and Incident date grouped by Division - Q1 -

	2013 04	2013 05	2013 06	Total
Belfast Area	3	7	5	15
Physical Assault without a weapon	0	3	2	5
Physical Assault with a weapon	0	1	0	1
Verbal Assault	3	3	3	9
ECNTRY	1	0	0	1
Verbal Assault	1	0	0	1
Northern	3	1	3	7
Physical Assault without a weapon	1	1	0	2
Physical Assault with a weapon	0	0	2	2
Verbal Assault	2	0	1	3
South Eastern	1	6	1	8
Physical Assault without a weapon	0	4	0	4
Verbal Assault	1	2	1	4
Southern	4	7	4	15
Physical Assault without a weapon	2	2	1	5
Verbal Assault	2	5	3	10
Western	1	0	0	1
Verbal Assault	1	0	0	1
Totals:	13	21	13	47

Figure Four: Violence to Staff incidents by Sub Category (Q1-2013/14)

Asset/Equipment Incidents by Sub category and Incident date Q1

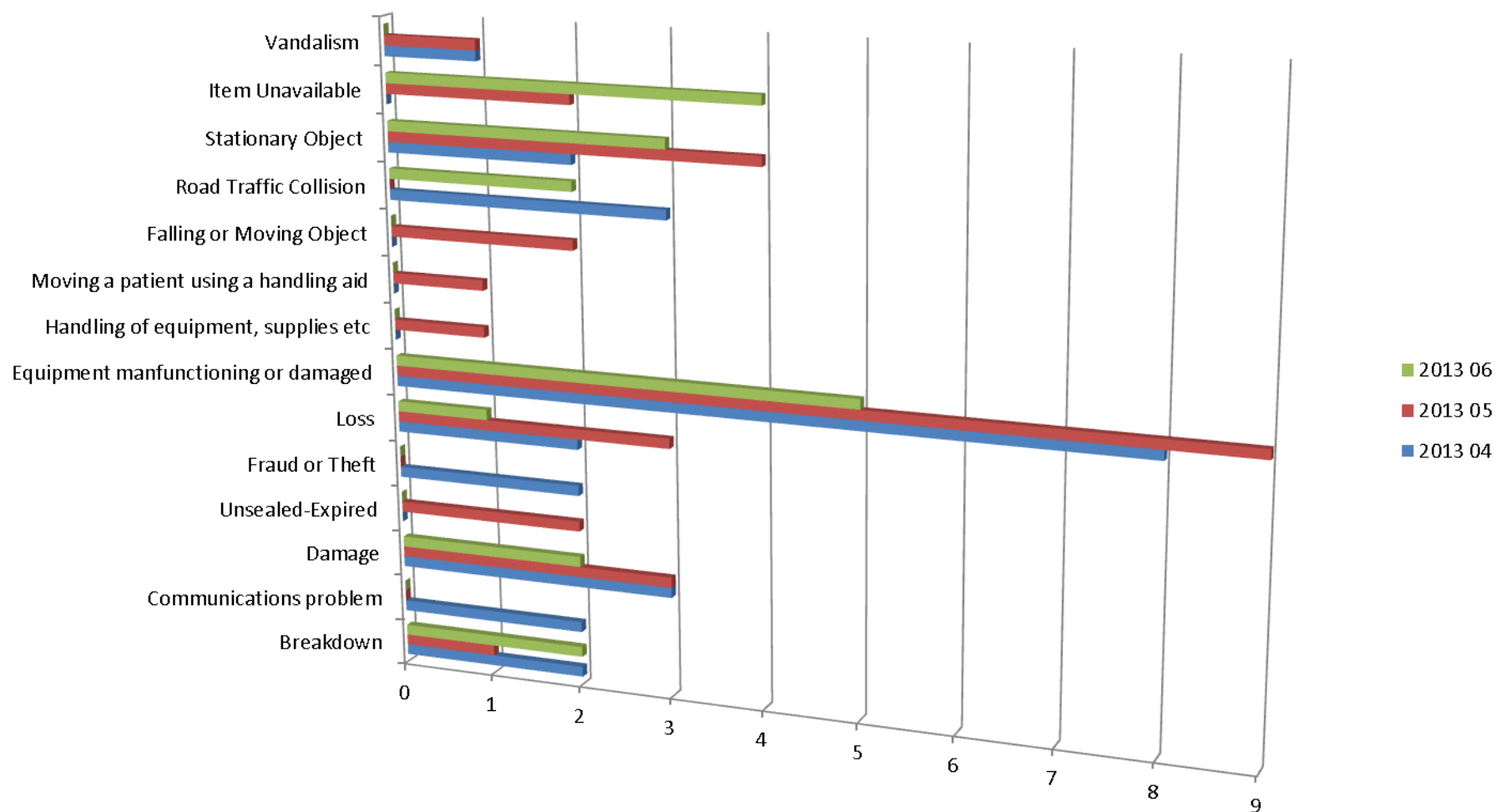


Figure Five: Asset /Equipment Incidents by Sub Category (Q1/2013/14) (82)

Clinical Incidents by Sub category and Incident date (Q1/2013/14)

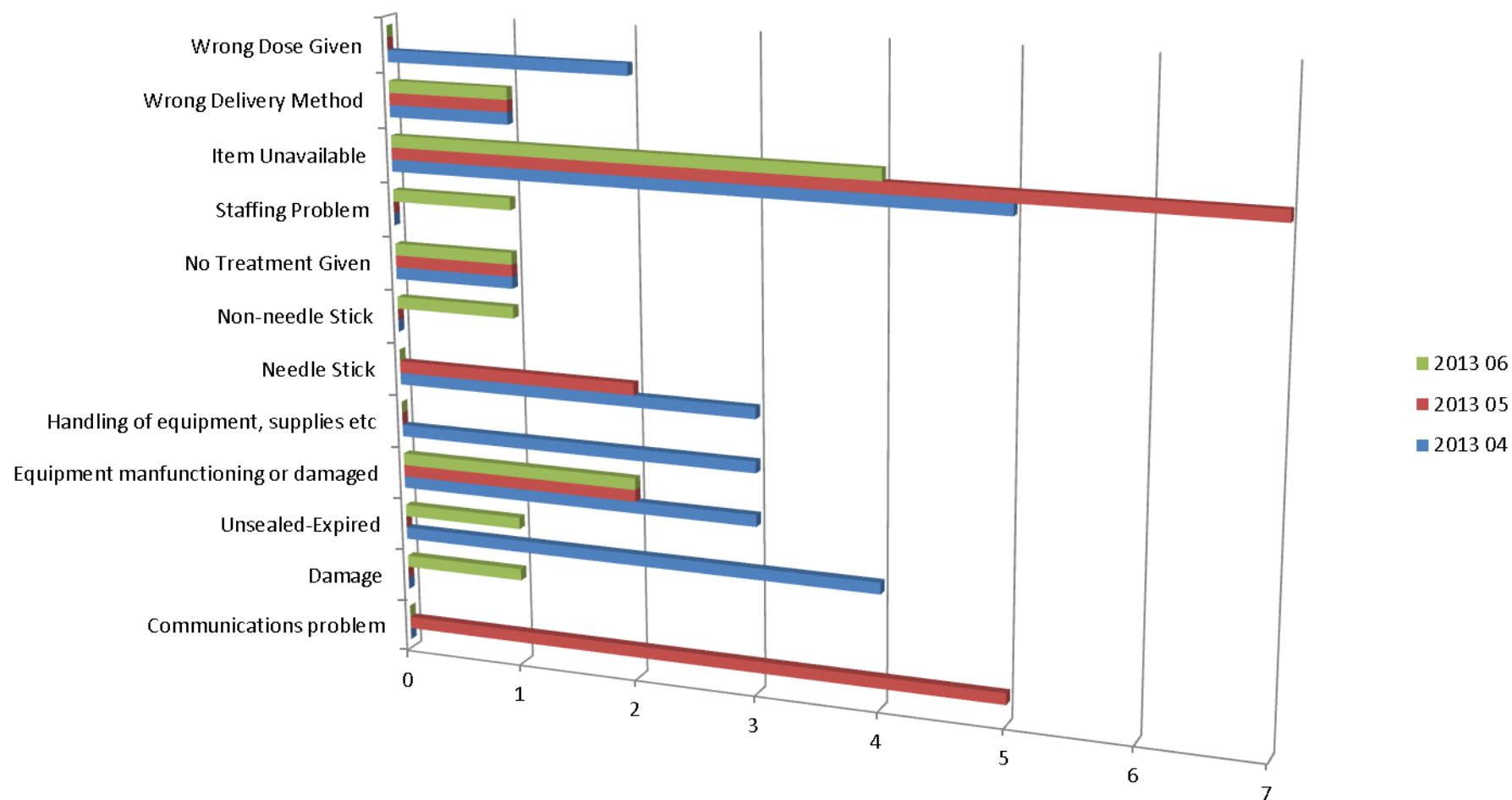


Figure Six: Clinical Incidents by Sub Category (Q1/2013/14) (52)

Serious Adverse Incidents Reports as at 30 June 2013

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

	<p>been developed and is being disseminated with the new 2013 JRCALC Clinical Guidelines. Guidelines for the assessment of capacity and consent in emergency situations such as those encountered by NIAS to be developed regionally as not presently included in current regional guidelines. Increased awareness of Naloxone availability among drug users as part of the regional Naloxone pilot. NIAS currently engaged with regional pilot to achieve this.</p> <p>Recommendations accepted by Public Health Agency (PHA) who confirmed incident closed in June 2013.</p> <p>Incident also currently being investigated by NI Police Ombudsman and Coroner. Staff involved have now been interviewed and statements and other evidence submitted to facilitate enquiries, the outcome of which is awaited.</p>				
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

Ref	Status	Subject	Speciality	Description	Location
SAI A2127 / UIR 2200210	<p>Reported to HSCB on 26 March 2013 in relation to an incident where a 999 call was received for an elderly lady who had fallen outside a shop in Belfast who was unable to get up. An ambulance resource was not deployed to attend the call for a further 47 minutes, when the first available resource, a Rapid Response Vehicle (RRV) was dispatched. There was a further delay of approximately 40 minutes in the arrival of an ambulance to transport the patient to hospital. Initial review of the sequence of events and associated delay indicates potentially that there were no ambulance vehicles immediately available to respond as resources were depleted due to significant numbers of ambulances waiting for extended periods to hand over patients at emergency departments of both the Royal Victoria and Ulster Hospitals.</p> <p>While the call was still ongoing, ambulance control was contacted by an MLA regarding the incident.</p> <p>All relevant information has now been obtained including a review of vehicle activity data during the incident. This analysis has been completed. Recommendations are currently being developed for submission to PHA/HSCB. It is anticipated that final report will be submitted to PHA during July 2013.</p>	<p>Unexpected serious risk to service user and / or staff member and / or member of the public.</p> <p>Unexpected or significant threat to provide service and / or maintain business continuity.</p>	Accident & Emergency	Injured person experienced extreme delay in receiving an ambulance response and subsequent transport to hospital.	Belfast area.

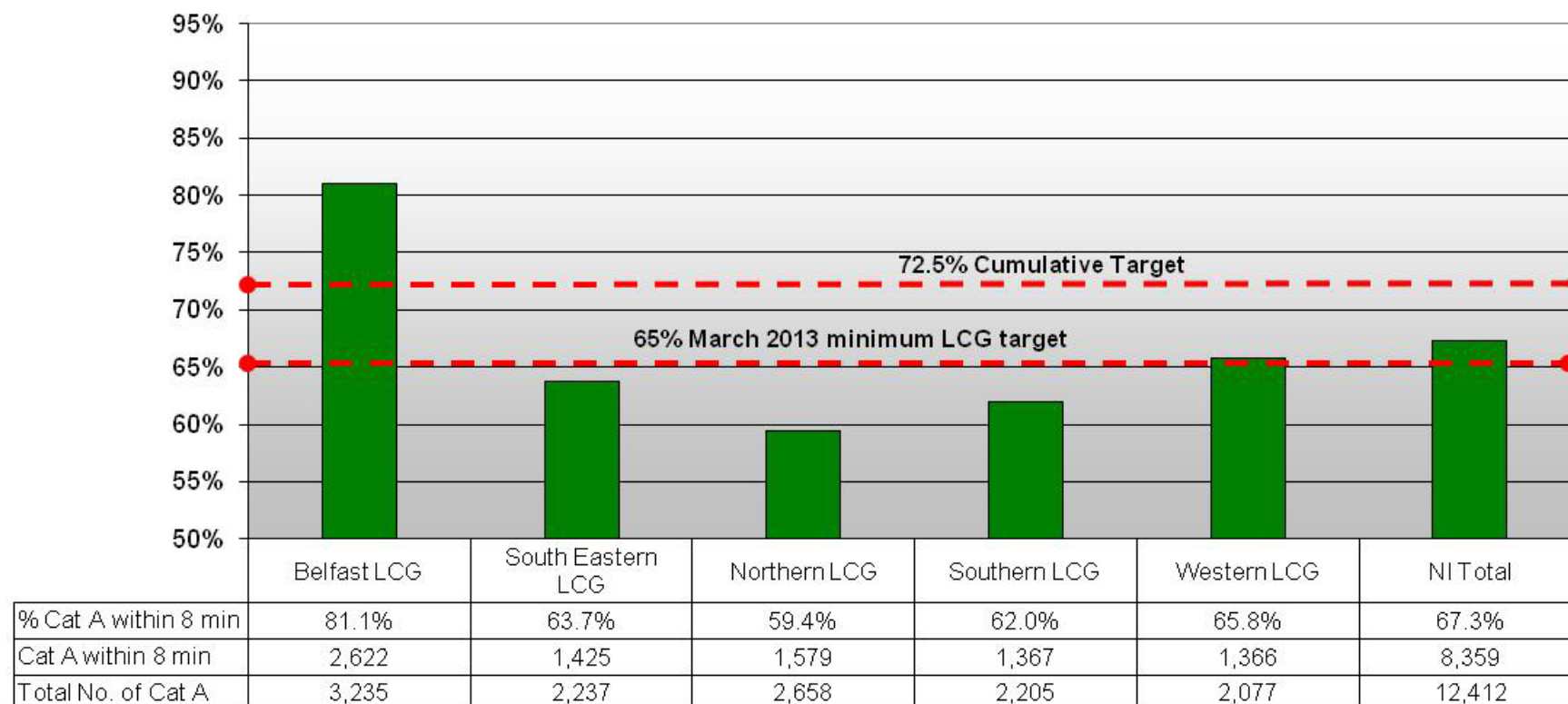
Ref	Status	Subject	Speciality	Description	Location
SAI A2104 / UIR 1180669	<p>On 14 March 2013 the Public Health Agency were requested by DHSSPS to undertake an investigation into an incident in the NHSCT in relation to a suspected death from an opiate overdose. The individual who was with the person who died had access to a Naloxone kit for self-administration but was apparently advised during the 999 call to NIAS not to administer the Naloxone. The investigation was led by the PHA and involved the Northern Trust and NIAS and the Regional Naloxone Pilot. Meetings of the investigation team took place, relevant information sourced, and a report provided to PHA.</p> <p>As a result of this incident, NIAS has been involved in a series of further meetings of the Naloxone Pilot Steering Group to increase awareness of this project in all Trust areas as well as internally within NIAS. Information regarding the pilot, the availability of Naloxone and its presentation have been circulated to NIAS Emergency Staff and Emergency Ambulance Control.</p> <p>Incident closed by PHA June 2013.</p>	Serious injury to or the unexpected death of a service user.	Accident & Emergency	Potential lack of awareness of Naloxone scheme in Northern Ireland.	Northern Area.

Ref	Status	Subject	Speciality	Description	Location
SAI 12135	<p>NIAS was contacted by the Public Health Agency regarding a Serious Adverse Incident from May 2012 which had been investigated and a report completed by the BHSCCT requesting that NIAS reviews the pre-hospital management of the patient. The incident involved a patient who had fallen downstairs and suffered a fractured cervical spine, who was transported to hospital by ambulance and who subsequently died.</p> <p>The authors of the report commented that the initial neurological assessment undertaken by the ambulance crew was not thorough enough.</p> <p>Initial review of the incident by NIAS would indicate that the patient was appropriately assessed and managed prior to arrival at hospital with the neck injury and associated neurological symptoms being recognised and recorded. The review by NIAS has now been completed. The responding ambulance crew recognised the injury and its seriousness from the mechanism of injury and the clinical signs and symptoms. A Patient Report Form was fully completed indicating the injury. The patient</p>	Serious injury to or unexpected death of a service user.	Accident & Emergency	Patient suffered a fractured cervical spine.	Belfast.

	<p>was managed appropriately within the constraints of the situation. The review indicated a lack of understanding of the constraints in the assessment and management of the patient in a pre-hospital environment.</p> <p>The Public Health Agency has been informed of the outcome of the review and has agreed that no further action is required by NIAS.</p>				
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--

CATEGORY A PERFORMANCE – CUMULATIVE FROM APRIL TO JUNE 2013

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



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 JUNE 2013

HSCB 2013/14 (Provisional) Target – “NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within 8 minutes (and not less than 65% in any LCG area)”

Regional Target: 72.5%

LCG target 65%

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	63.8%	66.2%	67.3%										
Belfast	75.7%	79.3%	81.1%										
South East	57.2%	61.6%	63.7%										
North	58.0%	58.4%	59.4%										
South	60.3%	61.4%	62.0%										
West	64.0%	65.5%	65.8%										

Key:



Target Achieved

Target Substantially achieved (within 1% variance)

Target Partially achieved (within 2.5% variance)

Target Not Achieved (greater than 2.5% variance)

PERFORMANCE COMMENTARY:

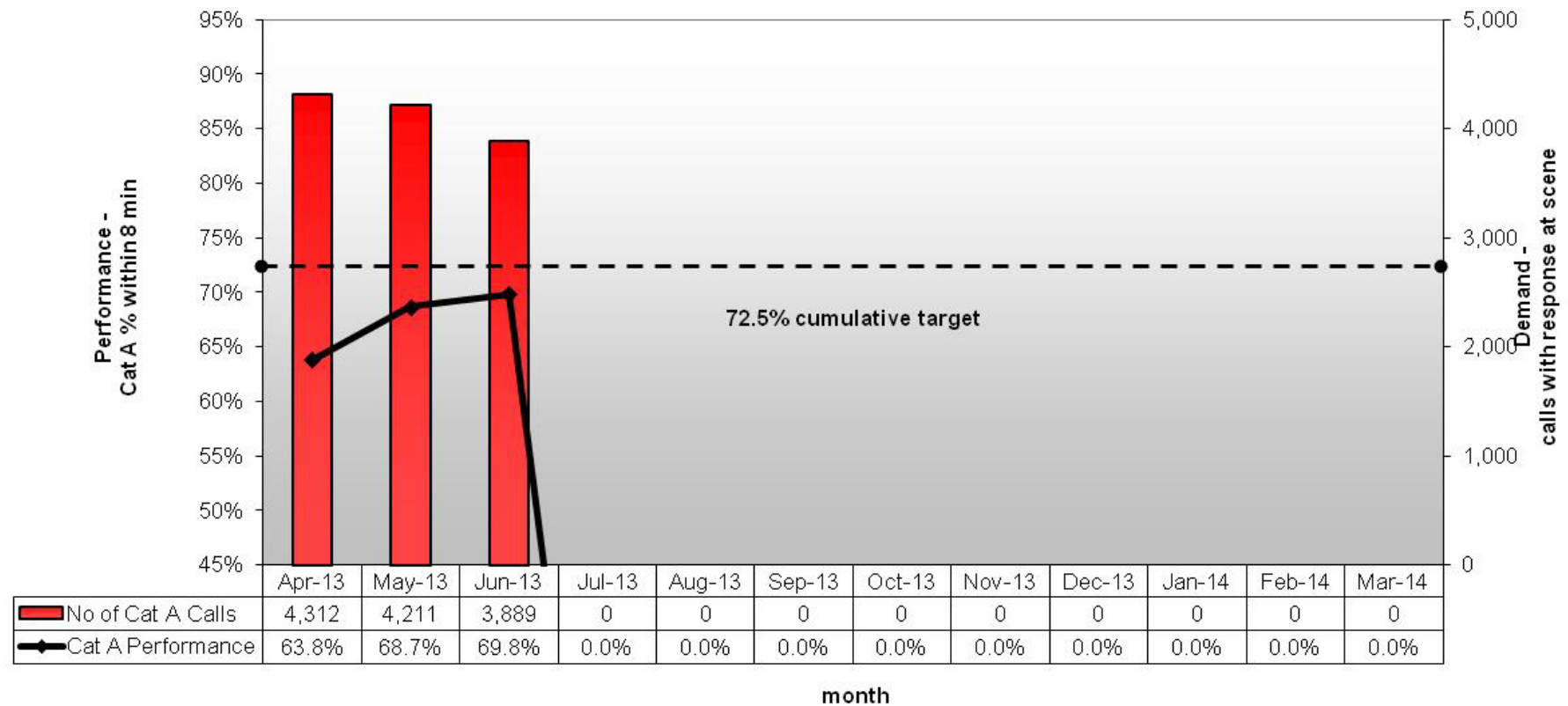
- Regional category A target continues to improve +3.5% from April despite continued increase in 999 activity (+4.3%) from same period last year.

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

Monthly Cat A Performance -v- Demand 2013-14

NI

Cat A Emergency



CATEGORY A PERFORMANCE: MONTHLY LCG POSITION 2013/2014 AS AT JUNE 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%										
Belfast	75.7%	83.0%	85.0%										
South East	57.2%	66.3%	68.4%										
North	58.0%	58.8%	61.5%										
South	60.3%	62.6%	63.3%										
West	64.0%	66.8%	66.4%										

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:

- The Category A LCG target was achieved in Belfast LCG. South Eastern and Western LCGs. Individual LCG Category A performance was lower than April last year in each LCG area. However, emergency activity increased across all LCGs but most notably in South Eastern LCG (up by 13.2%), Northern LCG (up by 12%) and Southern LCG (up by 16%).

PERFORMANCE REVIEW JUNE 2013 V JUNE 2013 (CUMULATIVE DATA)

Activity	June 2013	June 2012	Variance (%)
Emergency	11582	11103	4.3%
Category A	3889	3953	-1.6%
Urgent	2732	2874	-4.9%

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%										
Belfast	84.7%	92.9%	95.4%										
South East	79.0%	83.3%	87.5%										
North	84.6%	89.9%	90.0%										
South	84.9%	89.2%	87.8%										
West	85.3%	89.2%	92.1%										

Key:



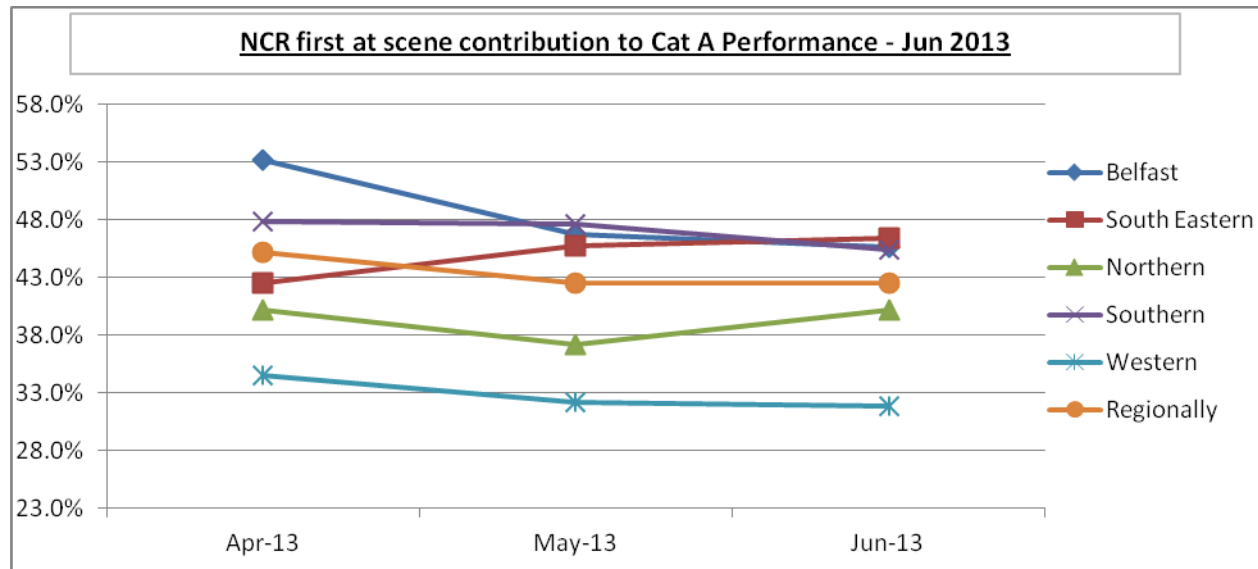
Target Achieved

Target Substantially achieved (within 1% variance)

Target Partially achieved (within 2.5% variance)

Target Not Achieved (greater than 2.5% variance)

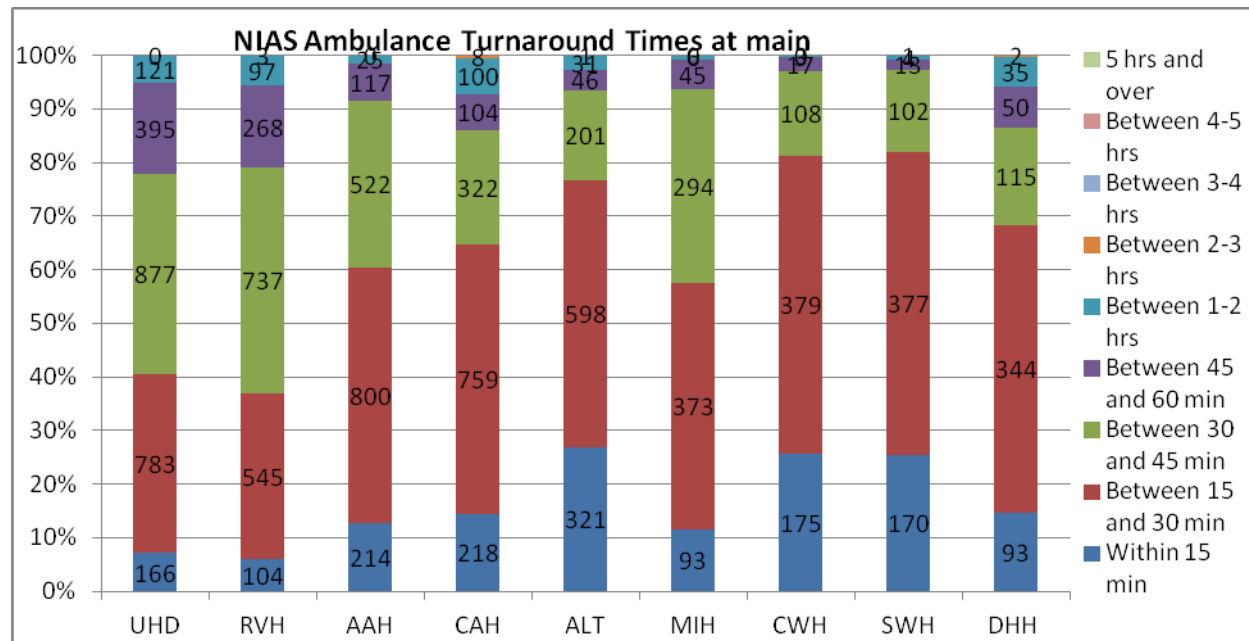
NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA



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										
	%	46.7%	42.5%	42.5%										
Belfast	N	436	435	385										
	%	51.4%	46.8%	45.7%										
South East	N	236	222	222										
	%	51.1%	45.8%	46.4%										
North	N	224	188	218										
	%	42.1%	37.2%	40.2%										
South	N	256	219	192										
	%	52.8%	47.7%	45.4%										
West	N	132	165	137										
	%	31.1%	32.2%	31.9%										

AMBULANCE TURNAROUND TIMES



PERFORMANCE COMMENTARY:

- In June 2013, 40.3.% of all ambulance turnaround times were under 30 minutes.
- In June 2013, (3.6%) of all ambulance turnaround times were greater than 1 hour with a loss of 546 NIAS production hours or 0.7% of an ambulance each day.
- In June there has been a noticeable reduction in loss of NIAS production hours due to lengthy ambulance turnaround times. This reduction was particularly noticeably for those turnaround times greater than 45 mins in the following Emergency Departments:

UHD (down by 9%)

AAA (down by 5%)

DHH (down by 13.5%)

SWAH (down by 10.8%)

However ambulance turnaround times greater than 30 mins still equate to a loss of 5.2 ambulances across all hospitals.

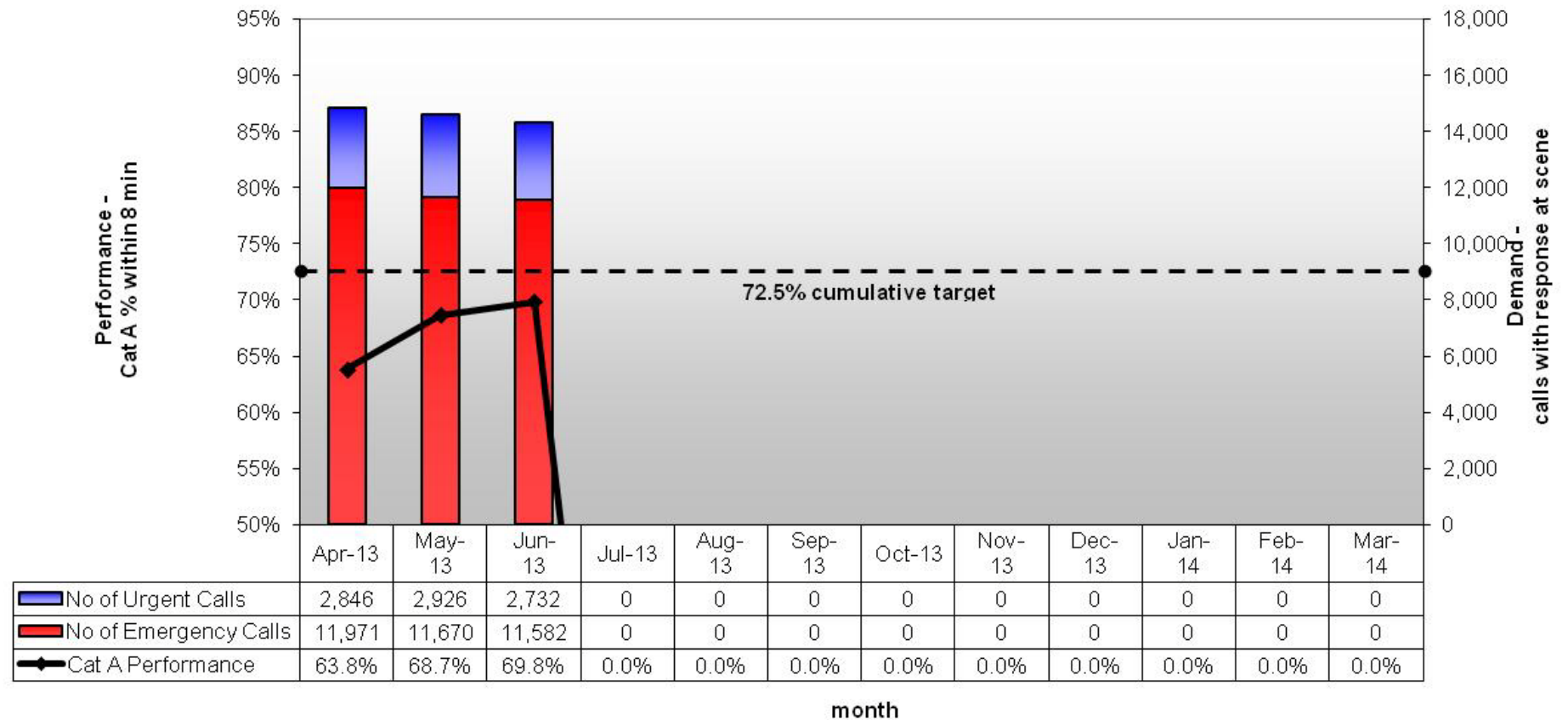
- NIAS has secured non recurrent funding for Hospital Ambulance Liaison Officers (HALOs) for the RVH, the Ulster, Antrim Area Hospital and Craigavon Area Hospital. The key function for these staff will be to ensure safe and effective patient handover, speedy making ready and the co-ordination of unscheduled demand at ground level.
- In addition, NIAS has set up an Urgent Desk in the Control Room from mid-April to facilitate the co-ordination of Intermediate Care Vehicles (ICVs) to respond efficiently to Urgent and Category C calls.
- Both of these service improvements are being closely monitored.

URGENT CALLS (NON-LIFE-THREATENING)

Monthly Cat A Performance -v- Demand 2013-14

NI

Emergency & Urgent

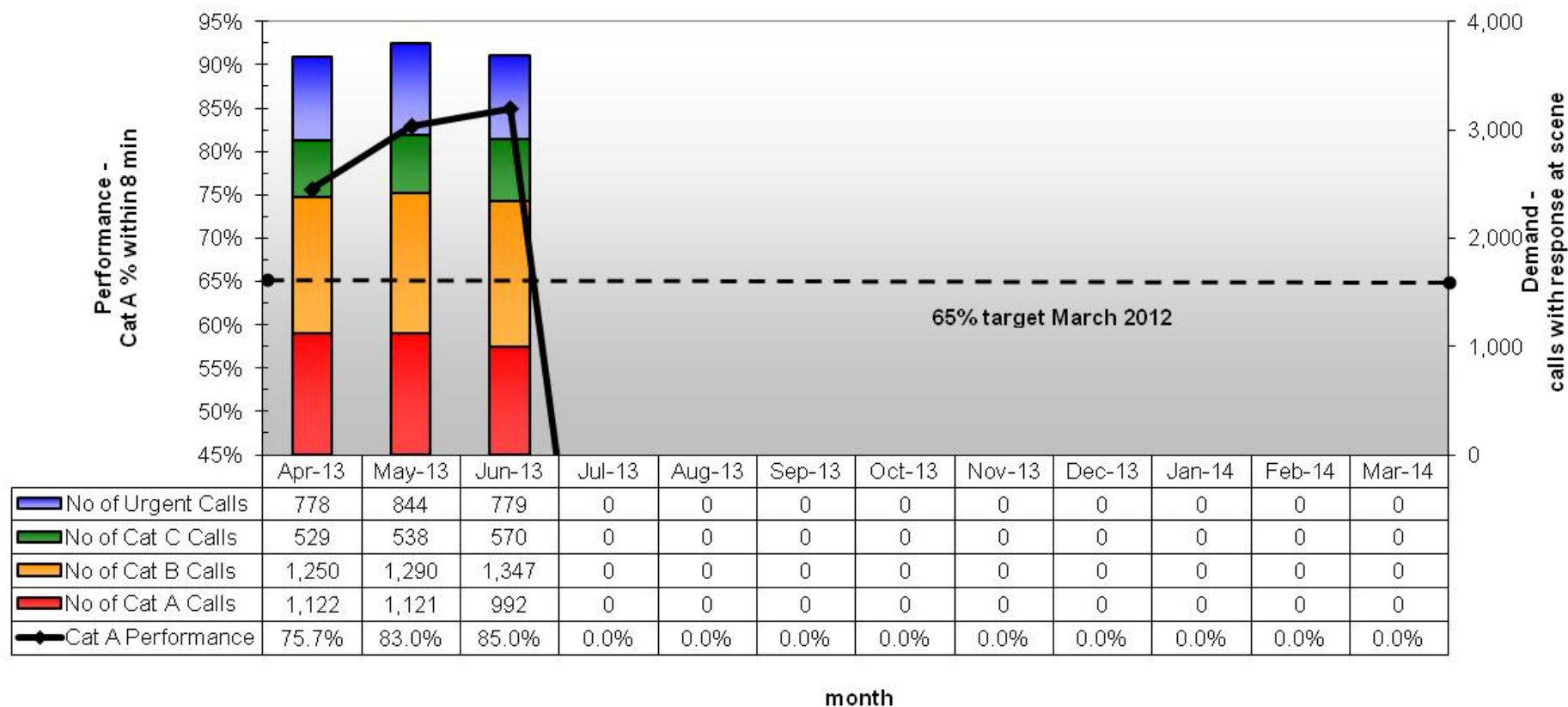


PERFORMANCE REVIEW BY DIVISION: BELFAST

Monthly Cat A Performance -v- Demand 2013-14

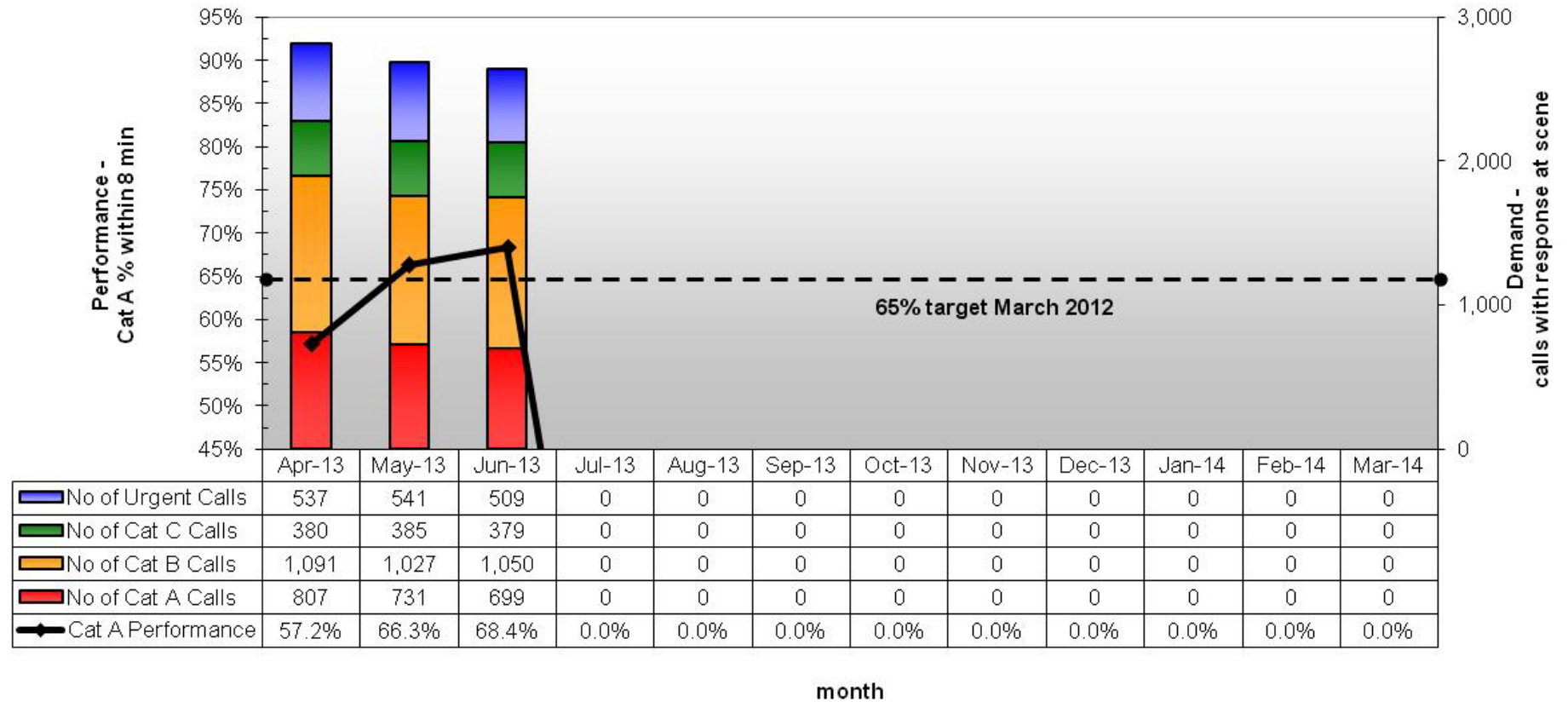
Belfast LCG

Emergency by Category & Urgent



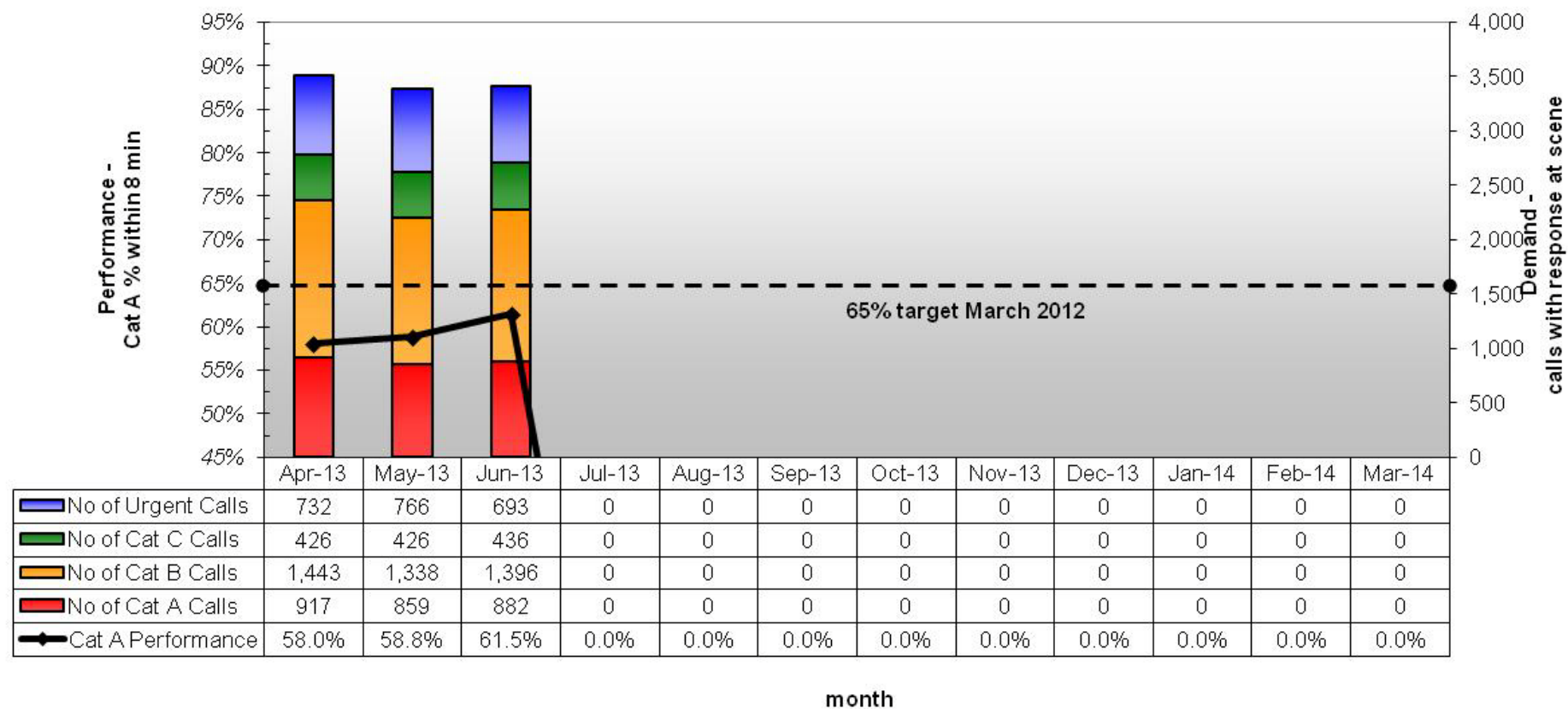
PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN

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



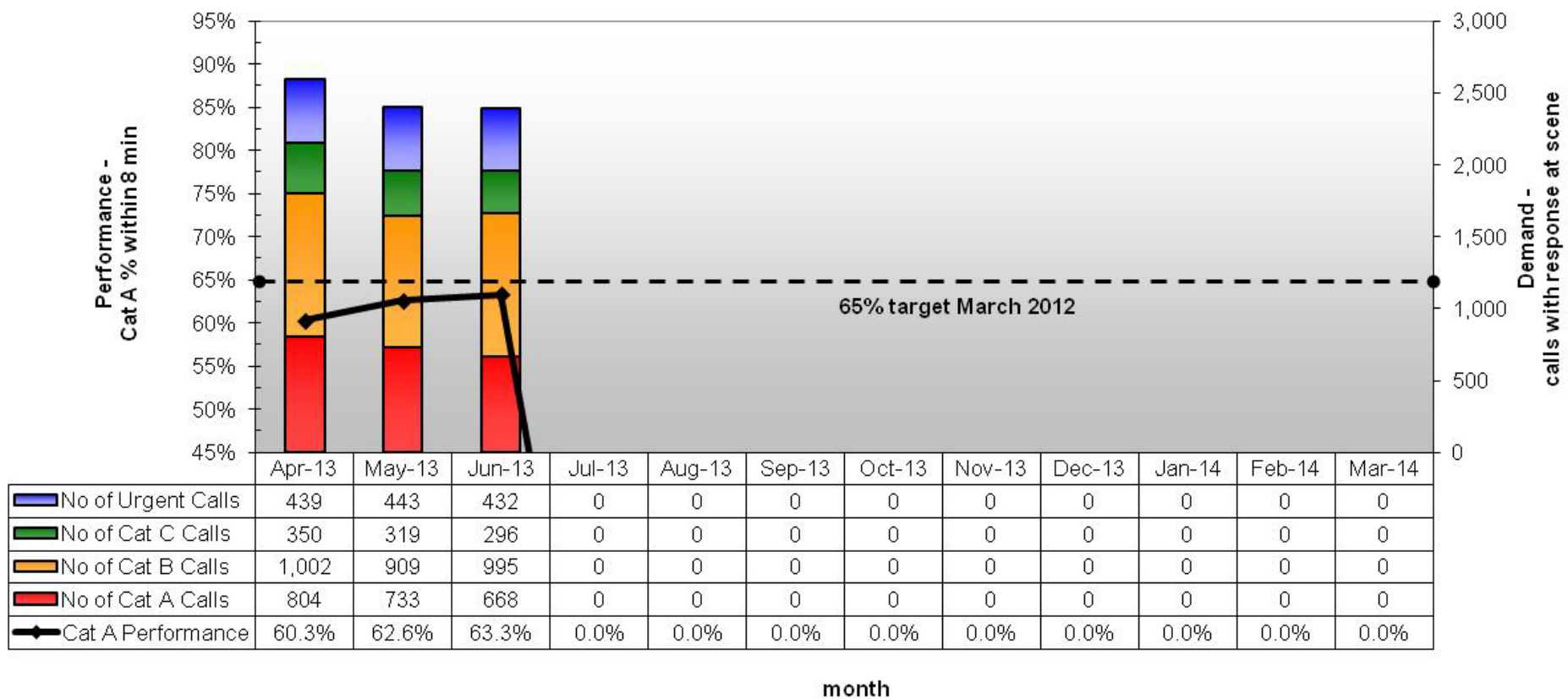
PERFORMANCE REVIEW BY DIVISION: NORTHERN

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



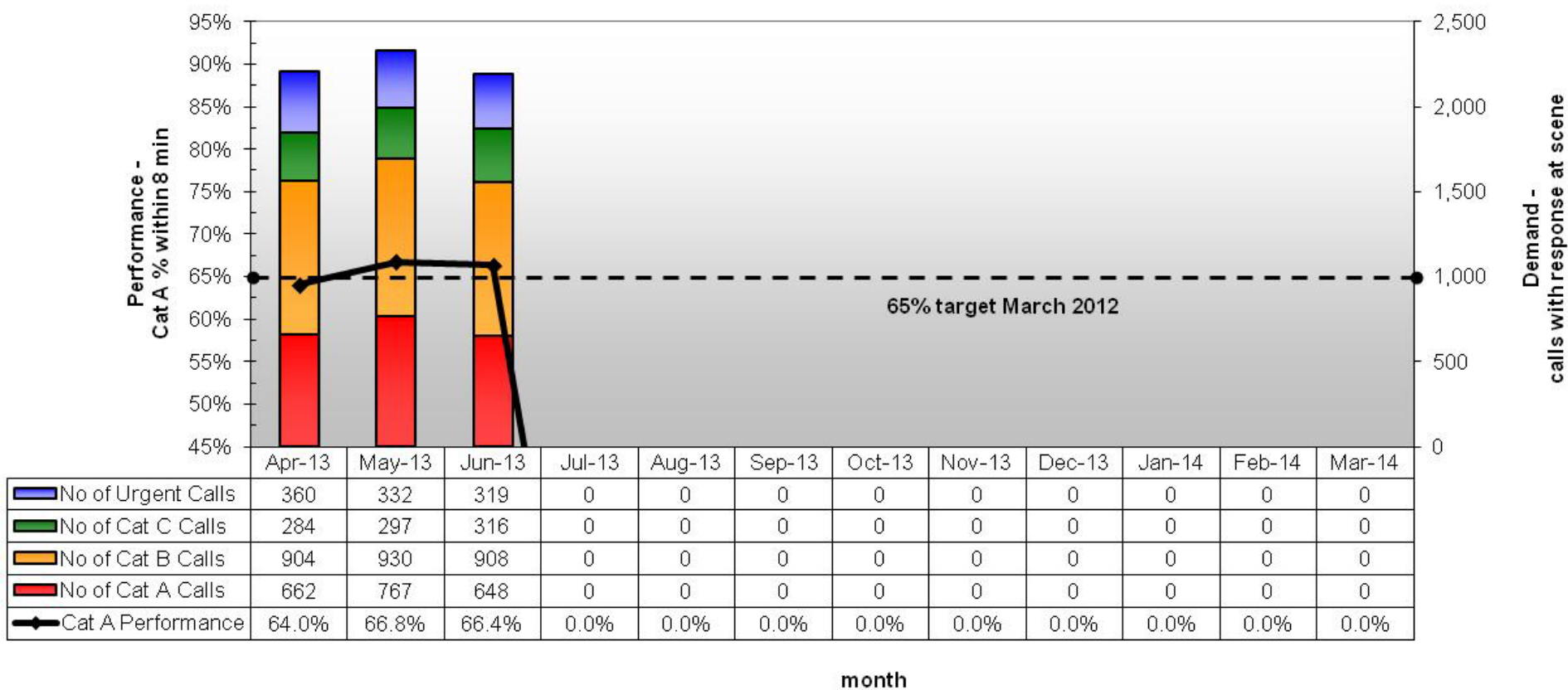
PERFORMANCE REVIEW BY DIVISION: SOUTHERN

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



PERFORMANCE REVIEW BY DIVISION: WESTERN

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



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

Work has been continuing on these standards. Compliance should be achievable now that policies have been approved. Estate and Fleet Strategy are being drafted.

CONTROLS ASSURANCE PROGRESS:

	Score in March 2013	RAG Rating	Rating (75% required)	Comment
Buildings & Land	87%		Substantive	4 th quarter review carried out April 2013
Environmental Mgt	87%		Substantive	4 th quarter review carried out April 2013
Fire Safety	92%		Substantive	4 th quarter review carried out April 2013
Fleet & Transport	83%		Substantive	4 th quarter review carried out April 2013
Security	85%		Substantive	4 th quarter review carried out April 2013
Waste Management	84%		Substantive	4 th quarter review carried out April 2013

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									
Non-Emergency Ambulances	88.6	93.3	93.3									
Rapid Response Vehicles	69.0	69.0	71.4									
Support Vehicles	44.0	44.0	44.0									

PERFORMANCE COMMENTARY:

Some A&E and PCS vehicles still remain to be commissioned.

12/13 Cars have not yet been commissioned, hence no significant change in RRV and Support vehicles

IMPROVEMENT PROPOSALS FOR 2012/2013:

Final few A&E and PCS vehicles to be commissioned. All cars remain to be commissioned.

IMPROVEMENT PROPOSALS FOR 2013/2014:

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

ESTATE CAPITAL PROGRAMME

BALLYMENA: Land valuation agreed, Approval through council, legal transfer to be completed.

ENNISKILLEN: Replacement Station Business Case resubmitted 7/6/13, queries received 28/6/13.
Western Trust Business case for demolition of current site approved

CRAIGAVON: No further developments.

ARDS/BANGOR: No further developments.

BELFAST: Potential site identified and visited.

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 £23k at the end of June 2013 (Month 3). The Trust continues to forecast a breakeven position at year end, subject to key risks and assumptions in particular in respect of Agenda for Change, required efficiency savings and service developments. These assumptions are discussed regularly by the HSC Board and NIAS and assessed on an ongoing basis to determine any issue which may significantly affect 'breakeven'.

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		8,130	12,243									
Other Expenditure		1,785	2,054									
Expenditure Total		9,195	14,297									
Income		307	461									
Net Expenditure		9,608	13,836									
Net Resource Outturn		9,608	13,836									
Revenue Resource Limit (RRL)		9,608	13,813									
Surplus/(Deficit) against RRL		0	(23)									

Capital Spend

The Trust has received a revised Capital Resource Limit (CRL) Allocation of £4.3m (previously £6m). This is the best estimate of schemes that can be completed in the current year. A request has been made to the DHSSPS for the £1.7m surrendered funds to be made available to NIAS next year. The CRL has been prioritised against Fleet replacement £3.3m, Ballymena Ambulance Station £0.7m, and General Capital (Including IT Equipment) £0.3m.

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0									
Estate		0	0									
Medical Equipment		0	0									
IT Equipment		0	0									
General Capital		0	0									
Total		0	0									
Original Forecast Profile of Expenditure		72	36	45	90	95	238	45	1,645	345	45	1,651

Asset Disposals

A profile of planned asset disposals is linked to the forecast capital spend profile and is under development.

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

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 remains under target and has dipped in June largely due to days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. Performance is monitored closely and is expected to improve as the new systems and processes are established.

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	89.60	89.14	78.15									
Cumulative	89.60	89.41	86.77									

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. Detailed outturn figures for June were not available at the time of production of this report.

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	2.6	1.01										
Percentage of Products Supplied on First Request % (Target 95%)	87.31%	89.00%										
Number of Lines Issued (Stock and Non Stock Line)	533	974										
Value of Spend £k (Stock and Non Stock)	447	187										

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. Month of June. There are no system failures to report in this period.

INFORMATION GOVERNANCE

Data Protection, Freedom of Information and Departmental requests

Data Protection (Subject Access)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative Total
Number of Requests Received	4	3	3										10
Completed Requests processed within 40 days or less	2	2	2										6
Completed Requests exceeding 40 days	2	1	*										3*
Identity Not Confirmed and therefore could not be further processed													0

**Processing still underway and within legislative 40 calendar day timeframe*

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative Total
Number of Requests Received	10	14	25										49
Completed Requests processed within 20 days or less	10	13	18										41
Completed Requests exceeding 20 days	0	1	*										
Number of Records Fully Disclosed	9	11	*										
Vexatious Requests	0	0	*										
Number of Records for which records not held	0	0	*										
Requests where exemptions wholly/partially applied	1	3	*										
Referrals for Independent Review	0	0	*										
Appeals to the Information Commissioner	0	0	*										

**Processing still underway and in line with legislative processing requirement of 20 working days*

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									
Assembly Questions (Written)	3	8	4									
CORs Received	1	0	1									
TOFs Received	0	0	0									
INVs Received	0	0	0									

WORKFORCE INFORMATION *

NIAS budgeted establishment on 31 March 2013 was a total of **1223.54** WTE. At this date NIAS Total Substantive in Post (permanent & temporary contracts) was **1191.81** WTE¹ including 48.81 WTE made up of 70 part-time staff (Headcount) who constitute less than 1 WTE. The total Staff In Post (Headcount) figure was **1213**, which does NOT include 16 individuals who support education, learning & development clinical programmes as required and 16 Sessional GP's. In addition there are currently **33** 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)		Vacancies (WTE) ⁶
		Perm	Temp	Perm	Temp	
CX/Board	7	7	0	7	0	0.00
Finance	30.63	26.63	0	28	0	-4.00
HR	68.15	67.08	3 ²	70 (86) ¹	3	-1.07
Operations	1111.76	955.3	125.8 ³	966 (145) ¹	129	-30.66
Medical	6	6	1 ⁴	6	4 ⁵	0.0
TOTAL	1223.54	1191.81		1213		

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

Note 2: HR & CS Directorate: Included in the Substantive In Post (WTE) Temp figure is: **1** temporary Snr Learning & Development Officer (B6), **1** temporary HR Officer (B5) and **1** temporary CSO (B6).

Note 3: Operations Directorate: Included in the Substantive In Post (WTE) Temp figure are **17** temporary Paramedics, **48** temporary PiTs, **49.8** temporary ACAs, **6** temporary EMDs and **5** temporary Non-Emergency Call Takers. Furthermore, there are **2** Bank Paramedics (which have not been included in the Substantive In Post (WTE) figure).

Note 4: Medical Directorate: Included in the Substantive In Post (WTE) Temp figure, is **1** temporary HART Administrative Officer who is employed on a temporary contract.

Note 5: Medical Directorate: Included in the Staff In Post (Headcount) Temp figure, is **1** temporary HART Administrative Officer (B4) who is employed on a temporary contract. **1** Assistant Emergency Planning Support Office (B7) and **2** temporary Emergency Planning Support Officers (B6).

Note 6: Permanent Vacancies: Calculated by subtracting Substantive in Post (WTE) figure from Budgeted Est (WTE).

* Workforce information taken from NIAS Quarterly Workforce Information Report dated 31 March 2013.

TOTAL YEAR TO DATE ABSENCE 2013/14 = 7.60%
ABSENCE TARGET 2013/14 = 6.7%

MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Absence Target 13/14 (6.7%)(To be agreed by Trust Board)	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	**									
% long term absence	3.98	3.54	**									
No. of employees on half pay	11	8	**									
No. of employees on no pay	0	0	**									
Monthly absence (%) 13/14	7.85	7.28	**									
Cumulative absence (%)13/14	7.85	7.6	**									
Performance Assessment												
Estimated Cumulative Cost of absence* (£'000)	£316	*	**									
% 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	6.63	6.58	6.63	6.73	7.05	7.31	7.32	7.5

*Estimated costs of absence are only available two months in arrears

*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.

** June figures unavailable at paper submission date.

TOTAL YEAR TO DATE ABSENCE 2013/14 = 7.60%												
NIAS ABSENCE TARGET 2013/14 = 6.7%												
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE				WTE: 1102.35								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	*									
Monthly absence (%)	8.65	7.82	*									
Cumulative absence (%)	8.65	8.27	*									
No. of employees on half pay	11	8	*									
No. of employees on no pay	0	0	*									
MEDICAL DIRECTORATE				WTE: 10								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	*									
Monthly absence (%)	9.29	10	*									
Cumulative absence (%)	9.29	9.66	*									
No. of employees on half pay	0	0	*									
No. of employees on no pay	0	0	*									
FINANCE & ICT DIRECTORATE				WTE: 27.63								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	*									
Monthly absence (%)	0	0	*									
Cumulative absence (%)	0	0	*									
No. of employees on half pay	0	0	*									
No. of employees on no pay	0	0	*									
H R AND CORPORATE SERVICES DIRECTORATE				WTE: 93.03								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7	6.7	*									
Monthly absence (%)	1.32	2.72	*									
Cumulative absence (%)	1.32	1.94	*									

* June figures unavailable at paper submission date.

ABSENCE COMPARISON WITH NHS AMBULANCE TRUSTS

(Comparison of Monthly Absence Statistics (%)* Across English Ambulance Services and NIAS Apr 12 – Dec 12)

NHS TRUST	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12
N/East Ambulance Service	6.01%	5.89%	6.67%	6.60%	6.94%	6.58%	6.43%	5.92%	6.26%
N/West Ambulance Service	6.11%	7.30%	6.24%	6.47%	6.67%	6.36%	5.82%	6.16%	7.18%
Yorkshire Ambulance Service	6.01%	5.70%	5.73%	6.21%	6.29%	6.19%	6.34%	6.70%	7.56%
E/Midlands Ambulance Service	5.63%	6.03%	5.82%	6.06%	5.80%	5.76%	6.15%	7.34%	8.12%
W/Midlands Ambulance Service	4.07%	4.83%	4.47%	4.53%	4.49%	5.00%	5.27%	5.41%	6.29%
East of England Ambulance Service	6.43%	6.42%	6.49%	6.37%	6.36%	6.74%	5.27%	5.41%	6.29%
London Ambulance Service	5.07%	5.40%	5.73%	5.67%	5.20%	5.42%	5.45%	6.22%	7.04%
S/East Coast Ambulance Service	5.36%	4.81%	4.83%	5.21%	5.14%	4.73%	5.06%	5.08%	5.90%
S/Central Ambulance Service	5.20%	5.48%	5.26%	5.61%	5.65%	5.26%	5.78%	5.72%	7.49%
Gt Western Ambulance Service	4.84%	4.91%	5.06%	5.84%	5.73%	5.14%	4.96%	5.26%	5.44%
S/Western Ambulance Service	4.90%	4.79%	4.38%	4.29%	4.80%	5.49%	5.79%	5.95%	6.16%
NIAS monthly	6.82%	6.69%	6.81%	6.11%	6.61%	6.24%	6.75%	7.60%	9.12%
NIAS**	6.82%	6.74%	6.74%	6.58%	6.73%	6.58%	6.63%	6.73%	7.05%

*Source - The Information Centre for Health and Social Care

** NIAS cumulative figures

REPORTING PERIOD	2009/10		2010/11		2011/12		2012/13
ABSENCE TARGET	DHSSPS PFA Target 5.5%		DHSSPS PFA Target 5.2%		NIAS Target 6.85%		NIAS Target 6.7%
	% Absence (2009/10)	% Variance (2008/09)	% Absence (2010/11)	% Variance (2009/10)	% Absence (2011/12)	% Variance (2010/11)	% Absence (to date)
REGIONAL HSC TRUSTS	5.49%	-2.8%	5.46%	-0.55%	5.36%	-1.83%	N/A*
NI AMBULANCE SERVICE TRUST	6.72%	-3.9%	6.87%	+2.23%	7.18%	+4.51%	7.6%

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

Staff Group	No. of staff in group as at Q1 (01/04/12)	Staff Group as % of Workforce as at Q1								
Regulated				2009-10 Q3&4	2010-11 Q1&2	2010-11 Q3&4	2011-12 Q1&2	2011-12 Q3&4	2012-13 Q1&2	2012-13 Q3&4
Station Supervisors & Clinical Support Officers	67	5.86	NIAS	6.36	5.93	4.67	7.98	8.32	8.41	N/A*
Paramedics	418	36.54	NIAS	8.23	6.87	6.76	5.18	7.94	6.46	N/A*
Nursing & Midwifery (formerly TC5)	N/A*	N/A*	HSC	6.25	5.97	6.26	5.90	6.41	6.16	N/A*
Social Services (formerly TC6)	N/A*	N/A*	HSC	6.57	5.98	6.42	5.89	6.23	6.09	N/A*
Non-Regulated										
Admin & Clerical*	122	10.67	NIAS	4.88	3.48	2.67	3.78	5.23	3.57	N/A*
	N/A*	N/A	HSC	4.83	4.16	4.26	3.91	4.40	4.17	N/A*
Estate Services (formerly TC3)	3	0.25	NIAS	50.0	50.0	9.57	1.28	0.00	0.00	N/A*
	N/A*	N/A	HSC	5.06	4.89	6.25	3.78	4.82	4.67	N/A*
ACA's	239	20.89	NIAS	6.09	5.10	6.57	6.83	7.94	6.39	N/A*
EMT's	191	16.70	NIAS	11.16	8.44	8.91	8.84	8.74	6.76	N/A*
Control Staff	104	9.09	NIAS	8.48	10.27	13.81	7.74	9.52	10.21	N/A*
Support Services (formerly TC4)	1	0.09	HSC	7.78	6.99	7.16	6.09	7.84	6.91	N/A*

*Includes Management and Senior Management grades

*Figures not yet available from DHSSPS

EMPLOYEE RELATIONS

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
No. of Grievances received	2	6	3										11
Grievances acknowledged within 2 days	2	6	3										11
Grievances at Informal Stage	1	4	2										7
Grievances resolved informally / withdrawn	0	0	0										0
Stage 1 hearing arranged within 15 working days	0	–	–										0
Stage 1 outcome conveyed within 7 working days of hearing	1	–	–										1
No. of cases appealed	1	0	0										1
Stage II hearing arranged within 15 working days of notification	0	N/A	N/A										0
Stage II outcome conveyed within 7 working days of hearing	–	N/A	N/A										N/A
Grievance Cases Closed	0	0	0										0
Number of active Grievance Cases (2013/14)													11
Total number of active Grievance Cases													31

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	2	1	2										5
Number of HCPC referrals	1	1	1										3
Withdrawal of Professional Registration.	0	0	0										0
Number of suspensions	0	0	0										0
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A										N/A
Formal investigations ongoing	2	1	1										4
Formal investigations completed as soon as is reasonable	0	–	–										0
Document disclosure exchanged 5 working days prior to disciplinary hearing	N/A	N/A	N/A										N/A
Formal hearing recommendations	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
No. of appeals of Stage 1 outcome received	N/A	N/A	N/A										N/A
Employee will be given 7 working days notice of appeal hearing	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
Disciplinary Cases Closed	0	0	0										0
Number of active suspensions													1*
Number of active Disciplinary Cases (2013/14)													5
Total number of active Disciplinary Cases													19

* Suspension invoked in March, however case was opened in October. Delay was due to employee being on a period of sick leave.

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of harassment cases	1	3	3										7
Number of informal cases	0	3	1										4
Number of formal cases	1	0	1										2
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	1	2	0										3
Cases withdrawn	0	0	0										0
Investigation complete within 30 working days of receipt of complaint	1	N/A	N/A										1
Harassment Cases Closed	0	1	1										2
Number of active harassment cases (2013/14)													5
Total Number of Active Harassment cases													12

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

HR5 IMPLEMENT KNOWLEDGE AND SKILLS FRAMEWORK (IKSF) REQUIREMENTS HR 10 TAKE STEPS TO ENSURE THAT BY 30 JUNE 2013 90% OF STAFF WILL HAVE HAD AN ANNUAL APPRAISAL OF THEIR PERFORMANCE DURING 2012/13												
<i>KSF was fully implemented within NIAS with effect from October 2012, first yearly cycle until 30 September 2013. From 1 June 2013 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.</i>												
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finalise and implement Knowledge & Skills Framework Action Plan as agreed in Partnership	G	G	G									
Implement Northern Ireland position on gateway progression	G	G	G									
Personal Development Review (Personal Development and Contribution Review from June 2013 onwards)												
Operations Directorate												
Control	A	A	A									
Operations	A	A	A									
Fleet & Estate	A	A	A									
Medical Directorate												
Medical & Risk Mgmt	A	A	A									
Emergency Planning	A	A	A									
HART	A	A	A									
Finance Directorate												
Finance	A	A	A									
ICT & Information	A	A	A									
Stores & Courier	A	A	A									

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

JOB EVALUATION FOR PARAMEDICS, RRV PARAMEDICS & EMERGENCY MEDICAL TECHNICIANS												
<i>All three jobs have been referred to a regional panel nominated by the Regional Quality Assurance team, in accordance with advice received from the Joint Chairs of the regional Joint Negotiating Forum. A timeframe for the regional panel to progress the job evaluation of the three jobs has not been set to date. Accordingly, the Trust continues to raise this issue with the DHSSPS on a fortnightly basis.</i>												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>Paramedic Job</u>												
Trust notified of JE outcome	N/A	N/A	N/A									
Notify post-holders of JE Outcome	N/A	N/A	N/A									
Notify Payroll of JE Outcome	N/A	N/A	N/A									
<u>RRV Paramedic Job</u>												
Trust notified of JE outcome	N/A	N/A	N/A									
Notify post-holders of JE Outcome	N/A	N/A	N/A									
Notify Payroll of JE Outcome	N/A	N/A	N/A									
<u>EMT Job</u>												
Trust notified of JE outcome	N/A	N/A	N/A									
Notify post-holders of JE Outcome	N/A	N/A	N/A									
Notify Payroll of JE Outcome	N/A	N/A	N/A									

HR 6 DELIVER MANDATORY TRAINING

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>Clinical Training Programmes</u>												
Paramedic-in-Training Programmes	G	G	G									
Ambulance Care Assistant Programmes	G	N/A	N/A									
<u>Mandatory Training & Assessment Programmes</u>												
<p><i>*The Trust has now received conditional approval of its TDP 20/3/14. On this basis the ELD Annual Training Plan 20/3/14 will be presented to SEMT in July 2013. In the interim period, this report highlights priority ELD activated.</i></p> <p><i>**There was a delay in issuing the 2012-2013 Annual L&D Workbook (usually distributed in September for completion by end of training/financial year) pending the outcome of deliberations regarding release arrangements for staff within the Operations Directorate who work shifts to complete the workbook. The workbooks were distributed in January 2013 with a target date for completion of 30 September 2013 (in line with the target date for KSF PDR/PDPs). The rating will therefore remain as Amber (on track for completion), working towards a Green rating by 30 September 2013.</i></p> <p><i>***Due to operational pressures, a number of Ambulance Care Assistants in East City and Northern Divisions Annual Assessment will overspill into early 2013-2014.</i></p>												
Annual Learning & Development Workbook	A	A	A									
***Annual Assessment/Structured CPD (East City & North)	A	A	A									
Ambulance Care Assistant												
Care & Responsibility	G	G	G									
First Aid at Work Refresher – Control Staff	G	G	G									
<u>Service Developments</u>												
ADI Training for RATC Ambulance Driving Instructors	G	G	G									
<u>Clinical Support Officer Workstreams</u>												
High Speed Driving Assessor Training	G	G	G									
Paramedic-in-Training – Practice Placement Educator and Mentoring	G	G	G									
Ambulance Care Assistant – Post-Training Support	G	G	G									
Clinical Supervision of Post-Qualified Staff	G	G	G									
Clinical Audit	G	G	G									
Clinical Performance Indicators (CPIs)	G	G	G									
Patient/Client Experience Audit	G	G	G									
CPD Events	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	0										2
Cases Settled		1	1	0										2
Cases Ongoing														26
Clinical Negligence	9													
Cases Received		0	0	0										0
Cases Settled		0	0	0										0
Cases Ongoing														9
Public Liability	4													
Cases Received		0	1	0										1
Cases Settled		0	0	0										0
Cases Ongoing														5

COMPLAINTS MANAGEMENT

Total (to date)

39

Total complaints received to date

HANDLING TIMES OF COMPLAINTS															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2012-13
Complaints received	18	8	13										39		140
Total A&E & PCS Activity	28599	32984	27907										89490		100%
% Complaints/Activity	0.06%	0.02%	0.05%										0.13%		
Acknowledged within 2 working days	18	8	12										38	97%	138
Acknowledged after 2 working days	0	0	1										1	3%	2
Response within 20 working days	2	4	2										8	21%	43
Response after 20 working days	16	1	0										17	44%	79
Complaints Investigations ongoing	0	3	11										14	36%	18
Average Response Time (Working days)													25		32
Cases referred to NI Ombudsman (cases ongoing)	0(2)	0(2)	0(2)										0	0%	2

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	2012-13
Accident & Emergency	5	3	3										11	28%	44
Patient Care Service	0	1	2										3	8%	71
Control & Communications	13	4	8										25	64%	14
Other	0	0	0										0	0%	2
Voluntary Car Service	0	0	0										0	0%	7
TOTAL	18	8	13	0	0	0	0	0	0	0	0	0	39	100%	138

NATURE OF COMPLAINTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012-13	%	2012-13
Staff Attitude	3	1	9										13	33.3%	44 32%
Ambulance Late/No Arrival	11	6	2										19	48.7%	71 51%
Clinical Incident	2	1	2										5	12.8%	14 10%
Suitability of Equip/Vehicle	0	0	0										0	0.0%	2 1%
Other	1	0	0										1	2.6%	7 5%
Patient Property	1	0	0										1	2.6%	2 1%
TOTAL	18	8	13	0	0	0	0	0	0	0	0	0	39		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										35	162		
SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012-13	%	2011-12	
Accident & Emergency	14	8	8										30	81.0%	147	90%
Control	1	0	0										1	7.0%	9	6%
Patient Care Service	2	1	1										4	12.0%	6	4%
Voluntary Car Service	0	0	0										0	0.0%	0	0%
Other	0	0	0										0	0.0%	0	0%
TOTAL	17	9	9	0	0	0	0	0	0	0	0	0	35		162	

COMPLAINTS CLOSED - OUTCOME / LEARNING REPORT

Ref	Summary of Complaint	Outcome	Action Required/Learning Points
COMP/519	Complaints regarding delays in providing non-emergency patient transport.	Complaint upheld. Investigation found that one first occasion the delay in the arrival of the ambulance was due to workload. On the second occasion delay was due to the short notice sickness absence of a member of staff assigned to undertake the transport.	Letter of explanation and apology issued. No action identified.
COMP/520	Complaint regarding the driving of an ambulance vehicle.	Complaint not upheld. Investigation found that the ambulance was driven to an emergency call in accordance within nationally agreed standards and within both the driver and vehicle limitations.	Letter of explanation issued. No action identified.
COMP/522	Complaint regarding the attitude and behavior of ambulance personnel. Complainant states that ambulance crew mis-diagnosed the patients condition and did not listen to them.	Complaint partly upheld. The investigation found that the crew did not explain adequately their rationale for the diagnosis of an overdose. The investigation also found that the crew did not accurately review the clinical observations obtained from the patient which would have contradicted their original diagnosis.	Letter of explanation and apology issued. Ambulance personnel involved have been counselled by their line manager on the standards expected of NIAS personnel when communicating with patients and family members and they will also receive remedial training to prevent any recurrence of this type of incident.

COMP/524	Complaint regarding delay in inter hospital transport by emergency ambulance to attend clinic.	Complaint upheld. Investigation found that delay was due to the high volume of 999 emergency calls within the South Eastern HSC Trust Area. An emergency ambulance was assigned to transfer the patient however, while en route it were directed to attend an emergency call. It was not possible to arrange an alternative emergency ambulance to take the patient to the Hospital within the timeframe specified.	Letter of explanation and apology issued. No action identified.
COMP/526	Complaint regarding an 8hr delay in responding to a GP urgent call.	Complaint upheld. Investigation found that there was an undue delay in the arrival of the ambulance due to the high volume of transport requests and 999 calls being dealt with in this area, throughout the day.	Letter of explanation and apology issued. NIAS is currently reviewing its procedures for dealing with GP Urgent calls within Ambulance Control to ensure that any delays in transporting patients as per the instructions of the GP are minimised.
COMP/527	Complaint from GP regarding a 6hr delay in ambulance response to GP Urgent Call.	Complaint upheld. Investigation found that delay in providing an ambulance was as a result of the high volume of emergency calls being dealt with on this evening which resulted in no availability of ambulances to undertake the transfer.	Letter of explanation and apology issued. No action identified.

COMP/528	Complaint from MLA regarding delays in transport to renal treatment in Northern HSC Trust.	Complaint upheld. Investigation found within the Northern HSC Trust area NIAS is experiencing a greater demand in non emergency ambulance transport requests which has resulted in some patients experiencing delays in ambulance transport.	Letter of explanation and apology issued. NIAS is conducting a review of patients transport requirements in the Northern HSC Trust area to improve the timeliness of ambulance transport for patients. As part of this review I asked the local Senior Ambulance Officer to review this patients transport arrangements as a matter of urgency to ensure that she is transported to and from her appointments in a more timely manner.
COMP/529	Complaint regarding treatment provided by ambulance personnel to a pregnant woman. Complainant alleges that crew were unhelpful, did not examine her and did not secure her in the ambulance en route to hospital.	Complaint not upheld. Investigation found that crew undertook a clinical assessment and this was recorded onto a Patient Report Form. The crew also states that the patient was assisted into the ambulance and that due to her condition she could not be secured into the seat and that the ambulance was driven with safety in mind.	Letter of explanation issued. No action identified.
COMP/530	Complaint regarding a two hour delay in the arrival of a conveying ambulance for patient. Patient later died in hospital.	Complaint upheld. Investigation found that Paramedic Rapid Response Vehicle arrived within 20 minutes. However, due to high volume of 999 calls being received the conveying ambulance arrived 1 hour 54 minutes after the ambulance request was received.	Letter of explanation and apology issued. No action identified.
COMP/531	Complaint regarding a delay in non-emergency patient transport.	Complaint upheld. Investigation found that delay was due to the short notice sickness absence of a member of staff assigned to undertake the transport.	Letter of explanation and apology issued. No action identified.

COMP/532	Complaint regarding a 40 minute delay in the arrival of an ambulance.	Complaint upheld. The investigation into this complaint confirmed a response time to this incident of 49 minutes. The investigation found that Ambulance Control dispatched the nearest available ambulance, however the volume of 999 emergency calls received at this time by Ambulance Control resulted in a delay in responding to this incident.	Letter of explanation and apology issued. No action identified.
COMP/533	Complaint regarding why a patient was transported to and Emergency Department instead of a Ward as directed.		
COMP/534	Complaint regarding attitude of crew member during 999 call.	Complaint upheld. The investigation found that the crew did not act in accordance with the standards expected of ambulance personnel.	Letter of explanation and apology issued. Both crew members have been reminded of the need to exercise appropriate and effective communication with patients and relatives and to ensure that any comments they make are appropriate and professional at all times in order to prevent reoccurrence.
COMP/535	Complaint regarding delay in ambulance provision to undertake discharge of patient.	Complaint upheld. Investigation found that patient was not discharged on two occasions due to the unavailability of ambulance transport.	Letter of apology and explanation issued. No action identified.
COMP/535	Complaint regarding the ambulance response time and care and treatment provided to patient. Patient later died in hospital.	Complaint not upheld. Investigation found that the ambulance arrived within 6 minutes and that care and treatment provided by crew was in line with training and ambulance protocols.	Letter of explanation issued. No action identified.

COMP/536	Complaint regarding the attitude and behavior of ambulance personnel. Complainant alleges that crew member was very blunt and used offensive language.	Complaint upheld. Investigation found that actions of crew member should be investigated further under that Trust's Disciplinary Procedure.	Letter of explanation and apology issued. Matter to be investigated further under Disciplinary Procedure.
COMP/537	Complaint regarding a 2 hour delay in the arrival of an ambulance after placing a 999 call in August 2011.	Complaint not upheld. Investigation found that call was managed appropriately and an ambulance arrived within 10 minutes.	Letter of explanation and apology issued. No action identified.
COMP/538	Complaint via Minister for Health regarding non arrival of ambulance transport on four consecutive occasions to transport patient to Hospital for a clinical procedure.	Complaint upheld. Investigation found that delays were as a result of a high volume of similar transports request being dealt with by Ambulance Control.	Letter of explanation and apology issued. No action identified.
COMP/539	Complaint regarding a delay in the arrival of an ambulance to transport a patient home after a hospital appointment.	Complaint not upheld. Investigation found that delay in ambulance transport to take patient home was caused by a delay in the hospital clinic booking the patient ready for collection. The investigation found that the first available ambulance was dispatched to provide transport to take the patient home.	Letter of explanation issued. No action identified.
COMP/540	Complaint regarding the delay in the arrival of a conveying ambulance during a 999 call and the perceived slow actions of the responding ambulance crew.	Complaint upheld. Investigation found that due to a fault with the ambulance Sat-Nav equipment the responding ambulance did not take a direct route to the call resulting in a delay. The investigation also found that the paramedic did not utilise monitoring equipment as required.	Letter of explanation and apology issued. Staff member to receive remedial training on using monitoring equipment.
COMP/542	Complaint regarding the cancellation of ambulance transport for complainants mother causing the mother to miss her fracture outpatient's appointments.	Complaint upheld. Investigation found that transport was cancelled due to a staffing issue with the vehicle.	Letter of apology and explanation issued. No action identified.

COMP/545	Complaint from MP regarding delays in non-emergency ambulance provision and also concerned at a rumour that Ardoyne Ambulance Station is closing.	Complaint not upheld. Investigation found no record of ambulance transport booked with Ambulance Control on the dates provided. Also no immediate plans to close Ardoyne Ambulance Station.	Letter of explanation issued. No action identified.
COMP/555	Complaint regarding a 3 hour delay in the arrival of an ambulance for a GP Urgent Call. Ambulance was requested to arrive within 1 hour.	Complaint withdrawn.	No action identified.

COMPLIMENTS RECEIVED

Date Received	Description
10/05/2013	I had to call 999 for a member of my family. I got a really helpful lady who talked me through everything to do. She was so calm and gave direct easy to understand instructions. She stayed on the phone with me until the ambulance arrived. The ambulance was very prompt in getting to our home and I take this opportunity to thank both the call-taker and the paramedics for the manner in which they treated their patient. These people are special and I don't know where we would be without them. Thanks again.
10/05/2013	A friend of mine asked that I pass on his thanks to the ambulance personnel who attended him.
10/05/2013	I'm looking to say a big thank-you to your excellent staff. The crew that attended a member of my family were prompt and were nothing but professional, genuine and honest people who really tried their best. I know they may be dealing with this on a daily basis, but we all want to say an almighty big "THANK-YOU" to them, it was a day that changed our lives forever and thanks to them they did make it a lot easier for us.
10/05/2013	I and my family would like to say a huge thank you to the ambulance crew and paramedic who attended us when we were involved in an accident. Everyone who attended kept us calm and tended to us given the state of shock we were in. The speed they arrived and how well we were treated and in being transported to hospital is extremely appreciated by us all. Please pass on our thanks to the relevant people. There are just not enough words to say thank you to them.
15/05/2013	Attended by staff frequently and would like to praise them all for their kindness and patience
20/05/2013	I would like to pass on heartfelt gratitude to all the staff and medical professionals who looked after a member of my family so excellently recently. He has nothing but praise for the Paramedic team who provided him with first class care, and also the Doctors and Nurses in A&E. Can you please pass on his, and my, gratitude to all concerned.
20/05/2013	I would really appreciate it if my thanks could be passed on to everyone who took care of me. I really can't thank them enough.
20/05/2013	Thanks to all the ambulance crew who attended me. I will remain forever in your debt.
20/05/2013	Just a card to say literally a "heartfelt" thanks for the calm and professional way you treated me. The reassuring manner you managed to calm me was commendable and really put me at ease. You are both a credit to your profession. Eternal thanks.

05/06/2013	I had occasion to call the emergency ambulance service and am writing to say thank you for the excellent service provided by the operation who kept on the line, thus ensuring that there was not a sense of isolation until the very quick arrival of the ambulance crew. The crew were also excellent in the interaction. I want to extend to you and your colleagues my appreciation for the service that was provided and if at all possible I would ask that the thanks is passed on to those involved. I realize that it may not be possible to identify the individuals concerned but I have never had to call the emergency services before and I just wanted to let you know that all the personnel concerned provided a first class service.
05/06/2013	I wish to thank you for the visit to our Company. The Detachment was looking forward to the visit and the ambulance crew who attended did not disappoint.
07/06/2013	I write to ask you to commend a member of the ambulance crew on using her judgement, skill and dedication to provide a first class service during a call on behalf of the Northern Ireland Ambulance Service.
07/06/2013	Thank you for helping me. I know its your job but still
07/06/2013	I am writing to thank your staff for their treatment of a member of my family. 999 was telephoned for an ambulance and this call was dealt with very efficiently. The ambulance arrived quickly. From my family and myself we'd like to say a big thank you to the people involved. Keep up the good work.
07/06/2013	Thanks so much for coming to our school. It was so much fun.
10/06/2013	Many thanks for all the care and attention that you gave to a member of our family. We really appreciate it.
14/06/2013	Just wanted to say a huge thank you on behalf of all the family for your care. Many thanks again.
14/06/2013	I want to thank you for the Ambulance Service we have here in NI. I called an ambulance for a member of my family who was transferred to hospital. The crew were excellent. Please pass on our thanks if that is possible. While I sat in A&E I observed how each Ambulance bed was cleaned between patients before it went back to the ambulance. They were spotless.

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										2
Equality Statutory Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Disability Action Plan Implementation	G	G	G										
Equality Scheme Implementation	G	G	G										

MEDIA MANAGEMENT

Daily Media - Response within same day													
Number of enquiries received			25	27	31								83
Number of responses issued on day of receipt			25	27	31								83
Weekly Media - Response within three days													
Number of enquiries received			8	5	31								44
Number of responses issued within three days of receipt			8	5	31								44
Number of responses resulting in Media Coverage			33	32	37								102

COMMUNITY EDUCATION

Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of visits delivered	31	46	37										114

CONSULTATION RESPONSES MAY – JUNE 2013

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
10/05/13	Configuration of Emergency Departments Belfast	NIAS believes that the consultation document focuses too much on the proximity of the sites. In addition there needs to be better communication and more streamlined processes across the various stakeholders to effectively support patients and their care needs.	http://www.hscboard.hscni.net/consult/Previous%20Consultations/2013%20The%20future%20configuration%20of%20Emergency%20Department%20services%20in%20Belfast/index.html#P-1_0
19/06/13	Revised Service Framework for Cardiovascular Health and Wellbeing Consultation	<p>NIAS very much welcomes and supports the raising of awareness and access to emergency life support skills in the community and the engagement with schools, workplaces and communities to achieve this.</p> <p>NIAS is supportive of the process of Cor Angio +/- PCI / Cardiac Surgery for patients suffering from an acute cardiac event in particular the access to primary PCI for all those who have suffered a ST elevation myocardial infarction</p>	http://www.dhsspsni.gov.uk/showconsultations?txtid=62114

Corporate Risk Map as at 30th June 2013

Likelihood of Recurrence	Most likely consequences				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain 90%-100% of chance of occurrence	5	10	15	20	25
Likely 60%-90% of chance of occurrence	4	8	12	16	20
Possible 30%-60% of chance of occurrence	3	6	9	12	15
Unlikely 10%-30% of chance of occurrence	2	4	6	8	10
Rare 0%-10% of chance of occurrence	1	2	3	4	5

Corporate Risk Map as at 30th June 2013

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

ID	4
Principal Aim, Objective .Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Business Continuity pFa 1.2.
Description	There is a risk to the Trust from the failure to review, update and test the internal disaster management plans.
Risk level (Initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	MEDDIR
Initial Action Taken to Control/ Mitigate Risk	<ul style="list-style-type: none"> - There are a number of Business Continuity Plans in place requiring review. <input type="checkbox"/> - Amended plans have been presented to the SEMT for comment in Q4 2010 <input type="checkbox"/> - AEPO has been appointed to develop Business Continuity Strategy, Policy and Action Plans to review existing plans. <input type="checkbox"/> - A number of local BCP were implemented due to civil disturbances and adverse weather. <input type="checkbox"/> - EAC evacuation plan was tested in September 2010 <input type="checkbox"/> - All existing plans captured and identified whether in draft, tested or implemented. <input type="checkbox"/> - Four 'Critical' activities identified <input type="checkbox"/> <ul style="list-style-type: none"> Call Taking <input type="checkbox"/> Information Processing <input type="checkbox"/> Ambulance Despatch <input type="checkbox"/> Medical Care <input type="checkbox"/> - Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: REMDC, Operational Divisions, REMDC - specific ICT Infrastructure. <input type="checkbox"/>
Opened	30/12/2010
Review Date	30/09/2012
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Draft Strategic Business Continuity Strategy/ Policy completed for submission to SEMT ratified during Q2 2011/12 <input type="checkbox"/> 1.1 Completed - Presented to Trust Board 17th November 2011 <input type="checkbox"/> 2. Action plan for review of Directorate and local BCP agreed and presented to SEMT Q1 2011/12 <input type="checkbox"/> 2.1 Completed - Approved by SEMT and Trust Board 17th November 2011 <input type="checkbox"/> 3. EAC evacuation plan to be amended and retested based on learning outcomes for evacuation exercise in September 2010 <input type="checkbox"/> 3.1 Completed ICT tested - Date August 2012 further test scheduled 9/9/12 during schedule fire drill. <input type="checkbox"/> 4. All other areas will be captured during the next phase of the programme which is under the control of the Emergency Planning Officer. <input type="checkbox"/> 4.1 Established EP and BCP group in June 2012 <input type="checkbox"/> 4.2 Terms of Reference and Schedule of Meetings will be submitted to the Assurance Committee Oct 2012 <input type="checkbox"/> :Completed October 2012 <input type="checkbox"/> 5. EP Team engaging with all directorates to undertake a systematic review of existing contingency plans by year end <input type="checkbox"/> 5.1 Identified directorate BC leads <input type="checkbox"/> 5.2 Identified and agreed with RATC training programme for BC leads, HSCB staff will also attend this programme. <input type="checkbox"/> 5.3 Lead AEPO attended National training course in advance of roll out. <input type="checkbox"/> 6. Programme of 'testing' plans will be developed <input type="checkbox"/> 6.1 This will be within the remit of the EP and BCP group. (4.1) <input type="checkbox"/> 7. Learning identified following this exercise will be incorporated into plans <input type="checkbox"/> 7.1 Learning will be incorporated into future plans and exercises.
Closed	

ID	232
Principal Aim, Objective .Value	Build and maintain a high performing, appropriately skilled and educated workforce, suitability equipped and fit for purpose
Risk Type	CORP
Title	Business Services Transformation Programme (BSTP)
Description	<p>"There are three distinct projects within BSTP that represent various risks to NIAS: Finance, Procurement, Logistics (FPL) Human Resources, Payroll, Travel and Subsistence (HRPTS) Shared Services (SS). Each of these projects present risks across three broad areas - Business as Usual: The ability to maintain core business requirements prior to and during implementation of BSTP Implementation: Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP Benefits Realisation: The project is unable to realise anticipated benefits (financial and non financial)"</p>
Risk level (Initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	<p>"Representation on HRPTS, FPL, and SS Boards and Groups regionally and locally. Establishment of Project Management Infrastructure and Project Team. Recruitment of Project Manager, Implementation Managers and Functional Specialists with backfill as appropriate. Targeting of capacity to core business and critical issues as appropriate. Participation in Change Impact Assessment Workshops. Engagement and communication with stakeholders. Pilot IT infrastructure audit and engagement with Regional ICT leads. Inventory of existing system contracts. "</p>
Opened	01/04/2012
Review Date	30/10/2012
Action Plan to Address /Mitigate Risk	<p>1. Recruitment to vacant posts and backfill as appropriate.□ 1.1 Ongoing and reviewed monthly by NIAS Project Board.□ 2.Continue prioritisation of core business requirements.□ 2.2 Ongoing and reviewed monthly by NIAS Project Board.□ 3.Continue to review priorities, engaging with other HSC Trusts □ 3.1 Weekly/monthly by HRPTS TDG / FPL TG□ 4. Bid for additional resources as appropriate/available.□ 4.1Ongoing and reviewed monthly by NIAS Project Board.□ 5.Continue to work with BSTP Central Team and suppliers as appropriate within existing resources.□ 5.1 Weekly/monthly by HRPTS TDG / FPL TG□ 6.Focus on resolution of critical issues, for example rostering interfaces, multiple employment, Collaborative Planning, IT Infrastructure.□ 6.1 Ongoing and reviewed monthly by NIAS Project Board.□ 7.Further development of business continuity, recovery and contingency measures□ 7.1 Ongoing and reviewed monthly by NIAS Project Board.□ 8.Continued engagement in Change Impact Assessment Workshops.□ 8.1 Ongoing and reviewed monthly by NIAS Project Board.□ 9.Development of Deployment and Training Strategy□ 9.1 Ongoing and reviewed monthly by NIAS Project Board.□ 10. Ongoing review of key financial controls□ 10.1 Ongoing. Reviewed by IA Q3□ 11.Further development of NIAS Change Network and Change Action Plan.□ 11.1.Ongoing and reviewed monthly by NIAS Project Board.□ 12.Refresh ICT audit in line with Business Readiness/Project Plan.□ 12.1 Ongoing and reviewed monthly by NIAS Project Board.□ 13. Ongoing engagement with Trade Unions at regional and local level.□ 13.1 Ongoing and reviewed monthly by NIAS Project Board</p>
Closed	

ID	239
Principal Aim, Objective .Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity
Risk Type	CORP
Title	Achieving Financial Balance 2013/14 and 2014/15
Description	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. □</p> <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. □</p> <p>□</p> <p>There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :□</p> <p>A.Overspending against core budget; □</p> <p>B.Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners; □</p> <p>C.Non-achievement of Efficiency Savings - through staff and/or public non-acceptance which may create time delays and the need for alternative (and increasingly radical) plans. Initial estimate for savings is £2.245M in 2013/14; £3.047M in 2014/15□</p>
Risk level (Initial)	HIGH
Risk level (Target)	MOD
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	<p>Controls are in place to mitigate each of these factors above as follows: □</p> <p>A.Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions.□</p> <p>B.Submission and engagement with HSCB re NIAS's Trust Delivery Plan in early 2013 to highlight NIAS's planned financial position for2013/14. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging pay and pressures recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude □</p> <p>C.Development of savings plan by NIAS for 2013/14 and 2014/15 in conjunction with Trust Board. Presentation of savings plan to HSCB for agreement. Most recently in December 2012. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements are planned to commence in early 2013.□</p>
Opened	14/01/2013
Review Date	30/01/2013
Action Plan to Address /Mitigate Risk	<p>1.DOF continually examines the following core assumptions which underpin the risk to financial balance□</p> <p>I.that the HSC Board will fund the full legitimate costs of Agenda for Change; □</p> <p>II.that all pay and non pay pressures will be funded by the HSCB; □</p> <p>III.that in year developments to support acute service changes (including TYC) will be fully supported; □</p> <p>IV.that the requirement for efficiency savings remains at £2.245M in 2013/14; £3.047M in 2014/15. □</p> <p>At this stage of the review (Dec 2012) there is no confirmation about any of these four assumptions for the period beyond 2012/13.□</p> <p>2.Given the controls outlined above (as A-C), further mitigation of this risk includes the following actions with Director of Finance having lead responsibility for the financial implications: □</p> <p>DOF will review current process to test each of the four assumptions above in an attempt to formalise where possible and obtain commitment from key funders which is more timely, embedded and complete.□</p>
Closed	

ID	241
Principal Aim, Objective .Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity
Risk Type	CORP
Title	Organisational Cohesion
Description	There is a risk to the Trust to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function
Risk level (Initial)	LOW
Risk level (Target)	VLOW
Risk level (current)	LOW
Lead Director	CHAIR
Initial Action Taken to Control/ Mitigate Risk	1. All Board positions filled <input type="checkbox"/> 2. Membership of Trust Board Committees clearly established and terms of reference in place <input type="checkbox"/> 3. Cover arrangements for Chair in place <input type="checkbox"/> 4. Cover arrangements of CX in place <input type="checkbox"/> 5. Corporate Plan agreed and in place <input type="checkbox"/> 6. Structures and processes established to promote a professional approach by Trust Board members.
Opened	30/04/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Board effectiveness assessment planned
Closed	

ID	242
Principal Aim, Objective .Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity
Risk Type	CORP
Title	Workforce Flexibility
Description	There is a risk to the Trust that the NIAS workforce strategy will not be sufficiently flexible to respond effectively to the challenges/opportunities of Transforming Your Care (TYC) and other strategic change.
Risk level (Initial)	MOD
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	DIRHR
Initial Action Taken to Control/ Mitigate Risk	1. PIT Programme established. <input type="checkbox"/> 2. Paramedic Assistant Programme in development. <input type="checkbox"/> 3. HSC engagement to identify workforce developments as early as possible.
Opened	30/04/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Review Paramedic Training programme and approach <input type="checkbox"/> 2. Establish workforce developments on PMSI agenda to identify issues sooner. <input type="checkbox"/> 3. Explore opportunities to increase workforce flexibility - part-time, temporary, voluntary
Closed	

ID	243
Principal Aim, Objective .Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Balancing Statutory Responsibilities
Description	There is risk to the Trust that the excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff
Risk level (Initial)	LOW
Risk level (Target)	VLOW
Risk level (current)	LOW
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	1. Corporate Plan identifying purpose, mission, vision and values directs strategic aims and objectives and counter measures to balance competing priorities.□ 2. Governance Structures (Audit Committee, Assurance Committee, Remuneration Committee) provide balance in pursuit of objectives and reporting structure to Trust Board.□ 3. HSC Governance structure and accountability processes provide balance on competing priorities.□ 4. NIAS Assurance Framework provides balance of competing priorities.
Opened	04/07/2013
Review Date	
Action Plan to Address /Mitigate Risk	
Closed	

ID	244
Principal Aim, Objective .Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Transforming Your Care Implementation
Description	There is a risk to the Trust in that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibility and service development aspirations.
Risk level (Initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
Lead Director	LMCI
Initial Action Taken to Control/ Mitigate Risk	1. Membership of TYC Programme Board. <input type="checkbox"/> 2. Membership of TYC Workforce Planning Group <input type="checkbox"/> 3. Membership of TYC Advisory and Assurance Group. <input type="checkbox"/> 4. Response to TYC consultation and ongoing engagement
Opened	30/04/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Submit bids to HSCB TYC Project for service developments. <input type="checkbox"/> 2. Assess Service developments from other bodies for risks to NIAS. <input type="checkbox"/> 3. Establish process for highlighting risks in appropriate fora for treatment. <input type="checkbox"/> 4. Identify requirement for and establish contingency arrangements to manage risks.
Closed	

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

ID	246
Principal Aim, Objective .Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Linking Demand to Funding
Description	There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand.
Risk level (Initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
Lead Director	DIROPS
Initial Action Taken to Control/ Mitigate Risk	1. Both financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. <input type="checkbox"/> 2. Both are discussed at Trust Board <input type="checkbox"/> 3. Process in place to secure additional funds linked to service change which could potentially be extended.
Opened	30/04/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Submit proposal to link planned budget to demand analysis to HSCB <input type="checkbox"/> 2. Establish metrics to show correlation/relationship between planned resource - demand - performance.
Closed	

ID	247
Principal Aim, Objective .Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Prioritising Core Activity
Description	There is a risk to the Trust that unscheduled care services will develop in an unco-ordinated manner in HSC without reference to NIAS, leading to disconnect in service provision. This could result in a risk of compromise of core NIAS activity.
Risk level (Initial)	LOW
Risk level (Target)	VLOW
Risk level (current)	LOW
Lead Director	DIROPS
Initial Action Taken to Control/ Mitigate Risk	1. Differentiation of urgent from emergency activity on basis of clinical need. <input type="checkbox"/> 2. Membership of governing structures, in particular TYC programme board, GPOOH. <input type="checkbox"/> 3. Development of awareness of taking account of consequences of change on NIAS in HSCB, HSC Trusts and DHSSPS.
Opened	30/04/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Consolidate 'same day' ambulance urgent management in EAC <input type="checkbox"/> 2. Embed management of consequences of change in relevant HSC structure e.g. TYC Programme Board, Financial Stability Programme.
Closed	

ID	248
Principal Aim, Objective .Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Transforming Your Care - Developments
Description	There is a risk to the Trust that further development of TYC may lead to a retraction of ambulance services to core 999 response and transportation only.
Risk level (Initial)	LOW
Risk level (Target)	VLOW
Risk level (current)	LOW
Lead Director	LMCI
Initial Action Taken to Control/ Mitigate Risk	1. Separate emergency and non-emergency control structures and tiers established <input type="checkbox"/> 2. Separation of emergency and non-emergency control personnel.
Opened	30/04/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Monitor TYC developments at TYC Development Board and other fora to pre-alert to any change in risk. <input type="checkbox"/> 2. Further differentiate ambulance activity where possible to ease management of any retraction.
Closed	



Northern Ireland Ambulance Service
Health and Social Care Trust



Patient Client Experience Standards

Monitoring Report

Quarter Ending 31 March 2013

1. Background

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

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

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

Priorities for Action 2010/11 included the following target:

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

2. Development of monitoring tools and extension of monitoring to additional clinical areas.

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

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

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

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

Trusts will provide a monitoring report to the HSC Board on the activities undertaken each quarter. In the current quarter wards have been surveyed and the results relevant to the ambulance service provided to NIAS. A regional methodology was agreed by the Patient Experience Working Group and a reporting template for

ambulance results was developed by NIAS and agreed by the regional group. Each Trust agreed to complete this template and submit results to NIAS. NIAS then analyse results from each Trust and aggregated the results to present a regional picture of patient experience in respect of the ambulance service for the quarter.

More recently it was agreed by the PCE Working Group that NIAS should submit its report when results from all other Trusts had been received with the acknowledgement that this may mean NIAS report being delayed at a slightly later date.

PATIENT SATISFACTION SURVEYS

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

Quarter Ending: 31 March 2013

Return of Questionnaire:	<p>Two options for return of questionnaires were provided:</p> <ul style="list-style-type: none"> • Via freepost return envelope to the Safe & Effective Care Department • Placed in a sealed envelope on the ward on day of discharge and then forwarded to the Safe & Effective Care Department
Response Rate:	<p>On this occasion NIAS has been provided with a nil return from 3 of the acute Trusts (Belfast, Northern and South Eastern). This is due to selection of areas deemed to be not applicable in terms of ambulance involvement in the patient journey.</p> <p>Therefore this report relates to the results provided by Western and Southern HSC Trusts.</p> <p>Across these two Trust areas, 230 surveys were distributed and 87 were returned (a response rate of 37.8%). Within this 35 patients (40%) indicated that they travelled to hospital by ambulance and consequently results provided in terms of survey results relate to this sample.</p>

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

RAG assessment of Patient Client Experience Standards

Did you feel the ambulance staff?

Respect	94.3% (33/35) treated you as an individual	91.4% (32/35) considered and respected your wishes	94.3 (33/35) made you feel safe and secure
Attitude	94.3 (33/35) were polite and courteous		
Behaviour	94.3 (33/35) were caring and compassionate		94.3 (33/35) behaved in a professional manner
Communication	88.6% (31/35) Did the ambulance staff introduce themselves?	91.4% (32/35) spoke to you in a way which you could easily understand	88.6% (31/35) Explained what was happening in relation to your care and treatment
Privacy & Dignity	91.4% (32/35) maintained your privacy and dignity		

Issues identified with methodology

Issues around accessibility of questionnaires and adjustments needed in order to ensure equality of access and participation were dealt with at the distribution stage of surveys within each of the Trusts.

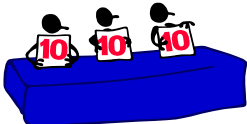



From an ambulance perspective the level of return from acute trusts is dependent on the area chosen for the sample and in this context, the potential for ambulance involvement in the patient journey. The timing of the results received from the acute Trusts tends to coincide with the HSCB Board deadline for submission of the report resulting in NIAS submitting its own report at a slightly later date.

Compliments and Complaints

COMPLIMENTS and COMPLAINTS FOR PERIOD : JANUARY 2013 – MARCH 2013

Total number of compliments received: 41

Total number of complaints received: 39

COMPLIMENTS received at ward / department level (cards, thank you letters)  Recorded over same time span that questionnaires are being distributed and themed as per Standards	THEMATIC ANALYSIS <i>Illustrative extracts (up to a maximum of 5 for each standard)</i>	NUMBER
	RESPECT All members of staff display a person-centred approach to their care and treatment or in their contact with patients and clients	
	ATTITUDE	
	BEHAVIOUR	
	COMMUNICATION All staff members engage in effective verbal and non verbal communication, leading to clear information being exchanged between staff and patients / clients	
	PRIVACY and DIGNITY	
COMPLIMENTS received through the Chief Executive's office  Recorded over same time span that questionnaires are being distributed and themed as per Standards	RESPECT	1
	ATTITUDE Personal approaches and responses to patients and clients by all members of staff show care and compassion	36
	BEHAVIOUR	2
	COMMUNICATION	0
	PRIVACY and DIGNITY Staff members ensure that all environments where care is provided protect the privacy and dignity of patients and clients	3
COMPLAINTS received   Previous 3 months to commencement of PSQ distribution and themed as per Datix categories (refer to Complaints Mapping Proforma)	RESPECT	0
	ATTITUDE	13
	BEHAVIOUR All members of staff involve patients and clients in their care, respecting their wishes and showing professional and appropriate behaviour	5
	COMMUNICATION	21
	PRIVACY and DIGNITY	0

PATIENT STORIES

Patient stories are being gathered by the Hospital Trusts and Ambulance Service related comments are passed on to NIAS. No comments were reported about the Ambulance Service in patient stories during this quarter.

OBSERVATION OF PRACTICE

NIAS has worked to develop a methodology for undertaking of observations of practice which is relevant to an ambulance environment. The Trust has been keen to mainstream this work, where possible with clinical observations undertaken by Clinical Support Officers. However in addition we are keen to ensure that line management responsibilities are enshrined with this implementation and consequently have also involved a Station Officer in this work. As indicated in previous reports, NIAS is a regional service which operates across five geographic areas. The Observations of Practice methodology was initially piloted in the Belfast Area.

During the reporting period NIAS has focused on further developing the methodology to roll the methodology out to the next area, identified as Southern Area. This had included engaging regionally to plan training for the next group of staff involved and briefing relevant staff and managers in this regard. In addition an interim plan has been developed to continue with observations in Belfast to facilitate a handover to the Southern Area. These interim observations began in April 2013 and further detail will be provided in the next quarter report.

LEARNING AND TAKING ACTION

NIAS is keen to learn from the experiences of all those who use our services. The Trust continues to reaffirm the importance of the standards to staff.

The results from surveys for this quarter, in terms of experiences of ambulance services, are generally very positive. Where results are less than 100% in terms of compliance with the standards this is identified as being due to those questioned either unable to remember or not completing the answer, rather than as a consequence of a negative experience.

NIAS has established a system to ensure action is taken in respect of issues identified within complaints and patient and client experience work streams. Regular reports including emerging themes and actions taken to demonstrate learning from this feedback are provided to the Trust's Senior Executive Management Team. Action taken as a result of complaints may include individual counseling, review of policy or training or, in serious circumstances, referral to the Trust's disciplinary procedure.

When looking at results across the methodologies, to include complaints, it is notable that staff attitude and communication are key themes identified. This is an ongoing

theme along with previous issues identified in terms of staff introducing themselves. Actions underway to address learning outcomes in this regard include engagement with the Trust's Education Learning and Development Department to ensure incorporation of the standards, communication and the importance of attitude generally and introductions specifically.

TB/3/25/07/13



TRUST BOARD MEETING

25 July 2013

Title:	Response to the findings of the Mid Staffordshire NHS Foundation Trust Public Inquiry
Purpose:	The Trust has sought to interpret the Report from an ambulance perspective and place its further application within an ambulance context
Content:	Outline of plans to implement the recommendations
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Mr Liam McIvor, Chief Executive
Presented by:	Mr Liam McIvor, Chief Executive

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
Accountability for implementation of the recommendations						
These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service.						
1	Implementing the recommendations	<p>It is recommended that:</p> <p>a) All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work;</p> <p>b) Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions;</p> <p>c) In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by other organisations;</p> <p>d) The House of Commons Select Committee on Health should be invited to consider incorporating into its reviews of the performance of organisations accountable to Parliament a review of the decisions and actions they have taken with regard to the recommendations in this report.</p>	Introduction	<p>a) Review findings; develop action plan</p> <p>b) Board to agree extent of acceptance of relevant recommendations, and frequency of reports thereafter.</p> <p>c) DHSSPS action.</p> <p>d) Not Applicable</p>	<p>a) Q1 2013/14</p> <p>b) Q1 2013/14</p> <p>c) N/A</p> <p>d) N/A</p>	<p>a) CEO</p> <p>b) Trust Board Chair</p>

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
2		The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires: a) A common set of core values and standards shared throughout the system; b) Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards; c) A system which recognises and applies the values of transparency, honesty and candour; d) Freely available, useful, reliable and full information on attainment of the values and standards; e) A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system.	20	a) Review NIAS values as appropriate on issue of revised values & standards b) Incorporate NIAS values in staff performance/development review mechanisms c) Ensure Values are built into policy screening mechanisms d) Ensure Values are built into post-project screening evaluation mechanisms. e) Engage with wider HSC in development of “cultural barometer” tool.	a) Q2 2013/14 b) Q3 2013/14 c) Q3 2013/14 d) Q3 2013/14 e) Q2 2013/14	a) CEO b) Dir HR/CS c) Dir HR/CS d) Dir HR/CS e) Dir HR/CS
	Putting the patient first The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.					
	Fundamental standards of behaviour Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards.					
11		Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with	20	Maintain an open responsible culture where individuals are supported when raising any matters or disagreements about procedures. Ensure standards developed can be	Q1 2013/14	Dir HR/CS

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
		external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible.		appropriately measured and reported on.		
12		Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	2	Ensure a robust process in place to encourage staff to report concerns of patient safety, which provides feedback on actions taken and outcomes.	Q1 2013/14	Med Dir
A common culture made real throughout the system – an integrated hierarchy of standards of service No provider should provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service. Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable.						
Responsibility for, and effectiveness of, healthcare standards						
26		In policing compliance with standards, direct observation of practice, direct interaction with patients, carers and staff, and audit of records should take priority over monitoring and audit of policies and protocols. The regulatory system should retain the capacity to undertake in-depth investigations where these appear to be required.	9	Review Assurance Framework and Performance Reporting tools to ensure appropriate balance struck and maintained in respect of sources of assurance.	Q2 2013/14	Med Dir
37	Use of information about compliance by regulator from: <ul style="list-style-type: none"> Quality accounts 	Trust Boards should provide, through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each trust's website. Reports should no longer be confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given as to	11	Engage with HSC in development of NI version of quality account. Ensure reports on Trust performance provide balanced account of compliance/non-compliance with standards.	Q1 2013/14	Med Dir

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
		the methods used to produce the information. To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.				
40		It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.	11	Review how complaints are handled and reported to the Board to ensure compliance with the recommendation	Q1 2013/14	Dir HR/CS
45	<ul style="list-style-type: none"> Inquests 	The Care Quality Commission should be notified directly of upcoming healthcare-related inquests, either by trusts or perhaps more usefully by coroners.	11	In absence of Care Quality Commission in NI, DHSSPS should identify which body HSC should advise of upcoming healthcare-related inquests.		
Responsibility for, and effectiveness of, regulating healthcare systems governance – Monitor’s healthcare systems regulatory functions						
Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and Safety Executive functions in healthcare settings						
88	Information sharing	The information contained in reports for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations should be made available to healthcare regulators through the serious untoward incident system in order to provide a check on the consistency of trusts’ practice in reporting fatalities and other serious incidents.	13	Review the reporting procedure for RIDDOR	Q2 2013/14	Med Dir
89		Reports on serious untoward incidents involving death of or serious injury to patients or employees should be shared with the Health and Safety Executive.	13	Review the reporting arrangements	Q2 2013/14	Med Dir

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
	Enhancement of the role of supportive agencies					
	Effective complaints handling Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care.					
109		Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust.	3	Review methods of registering comment or complaint and provide assurance that appropriate gateways are available for patients to make comments and complaints	Q2 2013/14	Dir HR/CS
110	Lowering barriers	Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level. It may be prudent for parties in actual or potential litigation to agree to a stay of proceedings pending the outcome of the complaint, but the duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.	3	Review of complaints and comments to enable complaints to be properly investigated regardless of litigation pending.	Q2 2013/14	Dir HR/CS
111		Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation.	3	Publicise our Trusts openness and candour in relation to complaints and comments received	Q1 2013/14	Dir HR/CS
112		Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.	3	Review complaints process to ensure compliance	Q1 2013/14	Dir HR/CS

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
114		Comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation.	3	Review complaints process to ensure compliance	Q1 2013/14	Dir HR/CS
115	Investigations	Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: <ul style="list-style-type: none"> • A complaint amounts to an allegation of a serious untoward incident; • Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; • A complaint raises substantive issues of professional misconduct or the performance of senior managers; • A complaint involves issues about the nature and extent of the services commissioned. • 	3	Review complaints process to ensure compliance, identifying any changes which require revision of DHSSPS guidance/policy.	Q2 2013/14	Dir HR/CS
116	Support for complainants	Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support.	3	Review complaints process to ensure compliance, identifying any changes which require revision of DHSSPS guidance/policy.	Q2 2013/14	Dir HR/CS
118	Learning and Information from Complaints	Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust's response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission.	3	Review complaints process and apply as appropriate	Q2 2013/14	Dir HR/CS

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
119		Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality.	3	Review complaints process to ensure compliance, identifying any changes which require revision of DHSSPS guidance/policy.	Q2 2013/14	Dir HR/CS
	Commissioning for standards					
	Performance management and strategic oversight					
	Patient, public and local scrutiny					
	Medical training and education					
	Openness, transparency and candour Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered. Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators. Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.					
173	Principles of openness, transparency and candour	Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.	22	Review Trust Purpose, Mission, Vision & Values to ensure consistency with statement and consider additional measures to promote.	Q2 2013/14	CEO
174	Candour about harm	Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.	22	Review relevant processes (complaints, untoward incident reporting, etc) to ensure compliance, identifying any changes which require revision of DHSSPS guidance/policy.	Q2 2013/14	Dir HR/CS Med Dir

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
175		Full and truthful answers must be given to any question reasonably asked about his or her past or intended treatment by a patient (or, if deceased, to any lawfully entitled personal representative).	22	Review relevant processes (complaints, FOI, etc) to ensure compliance, identifying any changes which require revision of DHSSPS guidance/policy.	Q2 2013/14	Dir Fin/ICT
176	Openness with regulators	Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission.	22	Review relevant processes to ensure relevant test is incorporated in process prior to issue of statement.	Q2 2013/14	Dir Fin/ICT
177	Openness in public statements	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	22	Review relevant processes to ensure relevant test is incorporated in process prior to issue of statement.	Q2 2013/14	Dir Fin/ICT Dir HR/CS
179	Restrictive contractual clauses	“Gagging clauses” or non disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care.	22	Review relevant processes to ensure compliance, identifying any changes which require revision of DHSSPS guidance/policy.	Q2 2013/14	Dir HR/CS
	Nursing					
204		All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors.	23	DHSSPS to issue guidance.		DHSSPS

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
	Leadership					
	Caring for the elderly Approaches applicable to all patients but requiring special attention for the elderly					
236	Identification of who is responsible for the patient	Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.	25	Review policies and procedures to ensure absolute clarity of role for ambulance personnel during each generic response pathway and effective communication to patient/carers.	Q2 2013/14	Dir Ops
237	Teamwork	There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.	25	Review NIAS Personal Development Review process to ensure contribution to patient care of all staff is addressed.	Q2 2013/14	Dir HR/CS
243	Recording of routine observations	The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.	25	Review NIAS information systems to identify patient observations and data capture which currently require manual input and/or collation. Develop proposals to automate where possible and ensure clarity of responsibility.	Q2 2013/14	Dir Fin/ICT

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
	Information					
244	Common information practices, shared data and electronic records	<p>There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> • Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way. • Systems should be designed to include prompts and defaults where these will contribute to safe and effective care, and to accurate recording of information on first entry. • Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered. • Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct from entries, to avoid unnecessary duplication of input. • Systems must be designed by healthcare professionals in partnership with patient groups to secure maximum professional and patient engagement in ensuring accuracy, utility and relevance, both to the needs of the individual patients and collective professional, managerial and regulatory requirements. 	26	<p>a) Review patient access to records, both retrospective and real-time, and develop proposals to improve access and sharing. Consider issuing copy of PRF to patient on handover.</p> <p>b) Confirm that existing and planned systems incorporate prompts.</p> <p>c) Confirm that existing and planned systems incorporate alerts.</p> <p>d) Confirm that existing and planned systems avoid duplication of input.</p> <p>e) Seek confirmation from system suppliers of professional and patient engagement in system design.</p> <p>f) Confirm that existing and planned systems are locally-customisable.</p>	Q2 2013/14	<p>a) Dir Fin/ICT</p> <p>b) Dir Ops</p> <p>c) Dir Ops</p> <p>d) Dir Fin/ICT</p> <p>e) Dir Ops</p> <p>f) Dir Ops</p>

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
		Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards.				
245	Board accountability	Each provider organisation should have a board level member with responsibility for information.	26	Confirm SIRO role incorporates this responsibility.	Q1 2013/14	CEO
252	Access to data	It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes.	26	Confirm that existing and planned systems incorporate appropriate data anonymisation.	Q2 2013/14	Dir Fin/ICT
255	Using patient feedback	Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near “real time” as possible, even if later adjustments have to be made.	26	Confirm patient feedback data is publically available in timely fashion.	Q2 2013/14	Dir HR/CS
262	Enhancing the use, analysis and dissemination of healthcare information	<p>All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them:</p> <ul style="list-style-type: none"> • Effective real-time information on the performance of each of their services against patient safety and minimum quality standards; • Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction. • In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges. <p>The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate</p>	26	<p>a) Maintain CAD & C3Web; develop ePRF.</p> <p>b) Maintain CAD & C3Web; develop ePRF.</p> <p>c) Establish, achieve and maintain best possible practice in relation to information management.</p>	Q2 2013/14	<p>a) Dir Ops, Dir Fin/ICT, Med Dir</p> <p>b) Dir Ops, Dir Fin/ICT, Med Dir</p> <p>c) Dir Fin/ICT</p>

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
		explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.				
263		It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.	26	Confirm that relevant existing and planned communications to staff recognise and highlight the professional duty of all healthcare professionals to collaborate in the provision of information.	Q2 2013/14	Dir HR/CS, Dir Fin/ICT
268	Resources	Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.	26	Establish, achieve and maintain best possible practice in relation to information management and provision.	Q2 2013/14	Dir Fin/ICT
269	Improving and assuring accuracy	The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.	26	Establish, achieve and maintain best possible practice in relation to audit of data quality.	Q2 2013/14	Dir Fin/ICT
Coroners and inquests Making more of the coronial process in healthcare-related deaths						
279		So far as is practicable, the responsibility for certifying the cause of death should be undertaken and fulfilled by the consultant, or another senior and fully qualified clinician in charge of a patient's case or treatment.	14	N/A. NIAS has procedures in place for recognition of life extinct, but does not certify death.		
Department of Health leadership						
286	Impact assessments before structural change	Impact and risk assessments should be made public, and debated publicly, before a proposal for any major structural change to the healthcare system is accepted. Such assessments should cover at least the following issues:	19	Establish, achieve and maintain best possible practice in relation to public consultation on major structural change.	Q2 2013/14	Dir HR/CS

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**

And planned Rec No	Theme	Recommendation	Chapter	Action Required	By Date	Responsible Person
		<ul style="list-style-type: none"> • What is the precise issue or concern in respect of which change is necessary? • Can the policy objective identified be achieved by modifications within the existing structure? • How are the successful aspects of the existing system to be incorporated and continued in the new system? • How are the existing skills which are relevant to the new system to be transferred to it? • How is the existing corporate and individual knowledge base to be preserved, transferred and exploited? • How is flexibility to meet new circumstances and to respond to experience built into the new system to avoid the need for further structural change? • How are necessary functions to be performed effectively during any transitional period? • What are the respective risks and benefits to service users and the public and, in particular, are there any risks to safety or welfare? 				

**Northern Ireland Ambulance Service HSC Trust – Action Plan from the:
Recommendations from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – February 2013 (Chaired by Robert Francis QC)**



RESPONSE TO THE FINDINGS OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

NIAS in common with the rest of the Health and Social Care system recognises the publication of the Francis Report as a seminal moment in healthcare and more importantly patient care.

We have sought to interpret the Report from an ambulance perspective and place its further application within an ambulance context. To that end we have welcomed the opportunity to listen first hand to the author and to engage in various Workshops and events, both locally and nationally, addressing the topic. Extrapolation to Northern Ireland and then on to an ambulance perspective is a challenge.

Our approach has been to review the 290 recommendations for direct and immediate relevance to the Northern Ireland Ambulance Service and through that process we have distilled our focus to 39 specific recommendations in the first instance. We welcome the DHSSPS Workshop of 5/7/2013 as a means of validating this process and identifying the need for it and securing further assistance in considering the applicability of the remaining recommendations. It should be noted that many of these recommendations refer to bodies which do not exist in Northern Ireland and equivalency in the local picture is a key consideration.

Having identified the immediate focus for the organisation we will review the recommendations and assess action necessary to address any deficiencies within the Ambulance Service and incorporate these into our planned work programme going forward.

As the picture becomes clearer on the remaining recommendations the same process will be applied. Reporting of progress against achievement of the action plan will be through the Assurance Committee to the NIAS Trust Board. We will

give further consideration to how best to communicate both within and beyond the organisation our response to Francis and our progress towards addressing the concerns raised.

In addition to this, we are currently in the process of reviewing our Trust Assurance Framework against the three corporate aims of the Ambulance Service to identify gaps in control and assurance and the necessary action to address those gaps. As part of this process we will return to the Report and in particular the letter to the Secretary of State. In this letter Francis outlined the essential aims of what he has suggested as a series of nine bullet points. Each bullet point will be specifically considered in our review of our Assurance Framework to determine the controls we have in place and the assurance that we provide in relation to delivery of the aim identified by Francis.

We trust that by adopting this two pronged approach we will be able to systematically address each of the 290 recommendations while also providing a high level analysis feeding into our Assurance Framework of the nine essential aims which encapsulate the 290 recommendations.

Liam McIvor
1 July 2013

TB/4/25/07/13



TRUST BOARD MEETING

25 July 2013

Title:	Operations Performance Improvement Plan 2013 - 14
Purpose:	To demonstrate the Trust's proposals for Improvement in Performance
Content:	Outline of plans to improve Performance
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Mr Brian McNeill, Director of Operations
Presented by:	Mr Brian McNeill, Director of Operations



Operations Performance Improvement Plan 2013/14

Revised : 04/07/2013

Production

Action	Comment	Time line	RAG
1. Recruitment plan:			
Asst Dir Ops Comms (temp)	Approval to recruit signed off Tuesday 30 June 2013. 6 months min.	Q1	G
Recruit ASAM West (temp)	Approval to recruit signed off Tuesday 30 June 2013	Q1	G
Recruit RMC Manager B7	Approval to recruit signed off Tuesday 30 June 2013	Q1	G
Recruit B7 NEAC (temp)	Approval to recruit signed off Tuesday 30 June 2013	Q1	G
Fill Paramedic Supervisor vacancies with Paramedic	Proposal paper to be presented to SMT.	Q2	A
Recruit to EMT vacancies	TDP proposal	Q4	R
Redeploy PCS workforce to secure efficiency targets 13/14	TDP proposal	Q3	R
Review bank staff Ops Service Delivery (Frontline, Control, PCS)	Details to be completed	Q3	A
2. Production Hours	Comment	Time line	RAG
Identify double crew ICV from PCS to support urgent care desk	Review PCS profile and transfer staff to Urgent Care desk (temp to Sept)	Q1	G
Secure vehicles and equipment for additional Urgent Care vehicles	Process for retention of PCS vehicles to be retained (6 mths) agreed with A Dir Fleet Estate. Fleet uplifted.	Q1	G

Review protocols for shift cover to prioritise High activity areas as priority 1	ASAM and RMC manager to action	Q1	G
Continue covering HALO positions at RVH, Ulster and Antrim	HSCB confirmed 6 month funding	Q1	G
Meal Brakes	Manage provision of meal breaks for A&E crews	Q2	A
ED turnaround times	Develop trigger points for action to mitigate risk to service		R
Diverts	Agree action plan with HSCB to minimise divert requests and agree protocol for collaborative action when necessary		R
Develop plans to support G8 and other major events May – Sept			G
Prepare demand analysis paper for commissioners	Draft business case for condieration under TYC	Q2	A
Prepare an IPT for introduction of pPCCI in Belfast Labs Sept 13		Q2	A
Implement plans for redistribution of A&E and PCS additional non recurrent cover from Belfast ED project		Q1	G

Distribution EAC

Action	Comment	Time line	RAG
Set up Urgent Care Desk (temp to Sept)	Desk operating 5 days 09 - 1800	Q1	G
Revise deployment protocol for RRV	Protocol implemented to reduce dual response, delay response to Cat C as appropriate and optimise compliance with the Deployment Plan.	Q1	G
Implement decommissioning Of RRV desk	Project plans to be drafted.	Q2	R
Implement Card 35 for management of GP urgent calls	Draft project plan to be revised to reflect new time line	Q3	A
Switch on ELAN		Q3	R
Switch on IRIS2		Q3	R
Implement eligibility criteria for PCS		Q3	A
Develop plans for delivery of PCS efficiency targets 13/14		Q3	A

Information / policy

Action	Comment	Time line	RAG
Complete systems/ calibration tests following upgrade to C3 Nexus	Assurance test completed. No issues	Q1	G
QA and develop NIAS data reporting	Review OOS data sample to map spatial patterns	Q1	A
Complete DAS reports analysis		Q1	G
Complete review of 12/13 trends		Q1	G
Switch on ACD	FAT testing July switch on August	Q2	A
Review AMPDS QA system	New system being developed with AMPDS Academy	Q2	A
Develop plans for development of ICP's	Nominees identified for partnership committee.	Q2	G

TB/5/25/07/13

**From the Chief Medical Officer
Dr Michael McBride**



Department of

**Health, Social Service
and Public Safety**

www.dhsspsni.gov.uk

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 90 520658
Fax: 028 90 520574
Email:
michael.mcbride@dhsspsni.gov.uk
Date: 20 June 2013

By email

Liam McIvor
Chief Executive
Northern Ireland Ambulance Service HSC Trust
Site 30, Knockbracken Healthcare Park
Saintfield Road
Belfast, BT8 8SG

Dear Liam

G8 SUMMIT

I wish to take this opportunity to thank you and your team for your efforts in preparing the HSC for the G8 Summit. This was a complex and demanding event with planning developed alongside very tight timescales.

I know that you and your colleagues worked tirelessly during the past months and that the many challenges could not have been met without your commitment, dedication and determination to succeed. Please pass on my thanks to all NIAS staff for their hard work and also my appreciation of their professionalism in both preparedness and response. Particular thanks are owed to David McManus for his leadership of his emergency planning team, which included the development of the medical specification for the Lough Erne Golf Resort site. I'm aware how impressed the international delegates were by the arrangements put in place. However, I recognise that this was very much a team effort and that in addition to the many who were involved directly in emergency preparedness, others contributed indirectly by supporting the routine work which of course did not go away.

ACC Finlay has expressed how much he deeply values the support and energy that comes from all the partners who have worked with PSNI to enable the creation of the right environment for the Summit. There was excellent organisation and co-ordination by all involved and this has been reflected by the overall success of the Northern Ireland G8 Summit.

Yours sincerely

DR MICHAEL McBRIDE
Chief Medical Officer



TB/6/25/07/13



Health and Social
Care Board

Health & Social Care Board
12-22 Linenhall Street
BELFAST BT2 8BS

Mr Liam McIvor
Chief Executive
NIAS HSC Trust
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8SG

Tel : 028 90321313
Fax : 028 90 553625
Web Site :
www.hscboard.hscni.net

18 June 2013

Dear Liam

Trust Delivery Plan 2013/14

I refer to the above. I am pleased to advise that at its meeting on the 25 April 2013, the HSCB Board approved the NIAS Trust Delivery Plan for 2013/14.

The Board approved the plan subject to the maintenance by the Trust of agreed capital volumes and quality, the achievement of Ministerial standards and targets and the delivery of the objectives within the Commissioning Plan 2013/14.

In addition to the above, approval of the TDP is conditional on the following:

1. That the Trust puts in place appropriate plans to ensure recurrent balance by the beginning of 2015/16.
2. That the Trust reduces forecast expenditure levels to bring this in line with expected income.
3. That planned savings in relation to RRV and PCS capacity will not lead to a reduction in activity based on outturn in 2012/13, or response times, and will not have a detrimental impact on service quality and safety.

4. The Board will discuss further with the Trust the detail of some of the proposed savings plan, including assurances that the Trust has considered the human resource and legal implications associated with the proposal to replace emergency.
5. That the Trust continues to engage with the Board regarding the implication on NIAS of a planned shift left of services from a hospital setting by March 2014 in line with *Transforming Your Care*.

If you have any queries regarding this correspondence, please contact Dean Sullivan in the first instance.

Yours sincerely



John Compton
Chief Executive

Copy to:

SMT
Paul Cavanagh
Diane Corrigan
Owen Harkin



TB/7/25/07/13

From the Permanent Secretary
and HSC Chief Executive

Dr Andrew McCormick

Mr Liam McIvor
Chief Executive
NI Ambulance Service HSC Trust
Site 30 Knockbracken Healthcare Park
Saintfield Road
BELFAST
BT8 8SG

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

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

Your ref:

Our Ref: AMCC 4397



Date: 25 June 2013

APPROVAL OF ARMS LENGTH BODIES' 2013-14 BUSINESS PLANS

On 12 September, I wrote to Chairs and Chief Executives of ALBs explaining that, as part of steps to strengthen its assurance and accountability arrangements for ALBs, the Department intended to strengthen its approach to ALB business planning with the key objective of ensuring that all ALBs have their annual business plans approved and in place early in the relevant financial year.

By 12 December 2012, I had written to all 17 ALBs specifying a wide range of requirements which they must meet during 2013/14 and which were to be included in the ALBs business planning documentation.

The Department has now considered the Trust's Delivery Plan (TDP) for 2013/14 and I am content that it includes the Departmental requirements set out in annex 1 of my letter of 12 December 2012. However, there are a number of objectives where the Department considers that further detail should be provided, specifically:

- 2.19 - Outline the key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework;
- 2.21 - Take steps to ensure that by 30th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13;
- 2.25 - Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes; and,
- 2.27 - 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.

Although the Trust's Plan confirms that it will maintain or establish processes to achieve these requirements, it does not outline the specific steps that will be taken during 2013/14 to ensure compliance.

I appreciate that it may not be possible to amend the TDP following its approval by both the Trust and the HSC Board. For this year, therefore, it will be acceptable for the Trust to provide a separate response to its sponsor branch outlining the steps that will be taken to ensure achievement of these four objectives. I should be grateful if you would forward further details to Jennifer Mooney [email: Jennifer.mooney@dhsspsni.gov.uk] by Monday, 1 July 2013. For future years, I would ask that you ensure that the Trust's business plan includes sufficiently detailed responses to Departmental requirements.

It is for the HSCB to approve your TDP, having assured itself that the plan meets its requirements as the commissioner (whilst recognising the Minister's right to require that plans are adjusted to meet his requirements).

The Trust's progress against the objectives set out in this plan, along with relevant Programme for Government commitments, Commissioning Plan standards and targets and performance indicators, will form the basis of monitoring throughout the year.



ANDREW MCCORMICK

COPY OF RESPONSE TO JENNIFER MOONEY, DHSSPS – 1 JULY 2013

On behalf of Liam McIvor, Chief Executive, please find details below NIAS response to Andrew McCormick's dated 25 June 2013 "Approval of Arms Length Bodies' 2013-14 Business Plans".

Objective 2.19

Outline the key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework

Response

The Knowledge & Skills Framework (KSF) was fully implemented within NIAS with effect from 5th October 2012. Plans are in place for all NIAS to undertake a KSF Performance Development Review (PDR) by 30th September 2013, and on an annual basis thereafter.

Objective 2.21

Take steps to ensure that by 30th June 2013, 90% of staff will have had an annual appraisal of their performance during 2012/13:

Response

Within NIAS, performance management is underpinned by an agreed framework, however on the date the above target was set, NIAS did not have a formal appraisal process in place. Following discussion by the Trust's Joint Consultative and Negotiating Committee (JCNC) in January 2013, it was agreed that the KSF process would be enhanced to include an annex which would require individual members of staff to demonstrate how they personally contribute to achieving the corporate aims and objectives of the Trust. The annex was developed in partnership and introduced with effect from 1st June 2013. From 1st June 2013 the process will be known as the KSF Personal Development and Contribution Review (PDCR) process. The PDCR requires 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, effectively providing an opportunity to appraise each member of staff on knowledge, skills and personal contribution.

Projected compliance rates indicate the following:

- 43% of staff have completed a KSF PDR by 31/05/13. These staff will be scheduled to completed the enhanced PDCR process one year after completing the original PDR process, and on an annual basis thereafter.
- 11.5% of staff have been scheduled to complete the enhanced PDCR process by the DHSSPS target date of 30/06/13, and on an annual basis thereafter.
- The remaining 57% of staff will be scheduled to complete the enhanced PDCR process by the end of the Trust's 1st year's cycle, i.e. 30/09/13, and on an annual basis thereafter.

Objective 2.25

Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes

Response

The Northern Ireland Ambulance Service (NIAS) has received a letter from the Pensions Regulator advising that its staging date is 1 October 2013. Key steps/milestones that NIAS will undertake to achieve auto-enrolment is as follows: -

- Development of Communications Strategy Re: auto-enrolment
- As part of Communications Strategy, notify all employees of changes and impact of changes
- Make determination on 3rd party pension provider e.g. NEST
- Assessment of current workforce to determine auto-enrolment requirements and related actions
- Review of HR Procedures to ensure new employees are enrolled in HSC Pension Scheme or NEST (as determined by eligibility criteria)

Objective 2.27

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

The Northern Ireland Ambulance Service (NIAS) has constituted a Zero Tolerance Working group with membership from Management and Trade Union representatives. The Group meets quarterly and in 2013/14 shall be prioritising the following:

- Finalisation of Management of Aggression Policy & Procedure
- Procedure on Alarm Button Activation which are designed to provide guidance to Control Room personnel, Operational Staff and Operational Managers in the event that a member of staff activates their hand-held radio alarm.
- Review of learning following feedback from staff who have been victims of violence
- Review of communication strategy to highlight the unacceptability of violent or abusive attacks.
- Review of support arrangements for staff who have been victims of violence including timely line management support, support of OH, Carecall.

I trust this information is of assistance however should you require any further information please do not hesitate to contact me.

Kind Regards

Lorraine

Lorraine Gardner

Assistant Director of Human Resources
Employment, Performance & Corporate Services
Northern Ireland Ambulance Service HSC Trust

TB/8/25/07/13



Minutes of a Meeting of the Assurance Committee held on Thursday 6 June 2013 at 10.00am, 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
	Mr N McKinley	Non-Executive Director
	Dr J Livingstone	Non-Executive Director
	Mr R Mullan	Non-Executive Director
IN ATTENDANCE	Mr L McIvor	Chief Executive
	Dr David McManus	Medical Director
	Mr B McNeill	Director of Operations
	Mrs S McCue	Director of Finance & ICT
	Dr N Ruddell	Assistant Medical Director
	Mr P Nicholson	Assistant Director of Finance
	Mrs L Rafferty	Assistant Director of Human Resources, Education, Learning & Development (deputising for Director)
	Mrs L Gardner	Assistant Director of Human Resources, Employment, Performance and Corporate Services (deputising for Director)
	Mrs M Lemon	Assistant Director of Human Resources, Equality, PPI and Patient Experience (deputising for Director)
	Mr P Archer (ex-officio)	Chairman
	Mrs J McSwiggan	Senior Secretary

1.0 Apologies

No apologies were received.

2.0 Procedure

2.1 Declaration of Potential Conflicts of Interest

No potential conflicts of interest were declared.

2.2 Quorum

The Committee was confirmed as quorate.

2.3 Confidentiality of Information

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

3.0 Minutes of the Assurance Committee Meeting held on 14 March 2013

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by Professor Hanratty (Chair) and were presented to Trust Board on 30 May 2013.

4.0 Matters Arising

In response to a question, the Committee was informed that it was anticipated that the review of the Risk Register Policy and Procedure should be completed by September 2013.

4.1 Safety of Service provided by HSC Trusts

At a previous meeting, it was noted that while the NIAS figures in the benchmarking table were correct, some of the totals that had been provided to NIAS were incorrect. The Committee was assured that corrected totals have now been provided to the Department, and the revised table was circulated to the Committee.

All other matters arising are dealt with as agenda items.

5.0 Chairman's Business

5.1 Assessment of Committee Performance

The Executive and Non-Executive Directors will meet following this meeting to discuss.

5.2 Assurance Workshop

The Executive and Non-Executive Directors will meet following this meeting to discuss.

6.0 Presentation

6.1 Paramedic Education

A presentation was given on Paramedic Education. The Committee thanked the Assistant Director of HR, Education, Learning & Development for a useful presentation. Clarification was provided on a number of issues raised by members following the presentation.

The Committee was advised that future changes in the provision of paramedic education nationally have been raised with the Permanent Secretary. The HSC Board was informed in February 2013. Work is ongoing on an options paper which will provide analysis of the costs and benefits of a number of options to progress this. This will allow the HSC Board to provide strategic direction to NIAS, while protecting the Trust's capacity to deliver service.

Consideration will be given to adding this to the Corporate Risk Register following the Trust Board assurance framework workshop.

The Director of Finance declared an involvement with the proposed national paramedic qualification awarding body in another role and did not participate in this discussion in order to avoid any potential conflict of interest.

7.0 Standing Items

7.1 Risk Register as at 30 April 2013

7.2 Untoward Incidents Report as at 30 April 2013

7.3 Serious Adverse Incidents as at 30 April 2013

The Committee noted that the above standing agenda items are now incorporated within the Assurance Report as supporting information, resulting in some duplication. This will be discussed at the assurance workshop following this meeting.

7.4 Controls Assurance Standards

The draft 2012/13 report of compliance with controls assurance standards was noted and will be presented at the Audit Committee meeting later today.

7.5 Assurance Framework Report

The Assurance Report was noted. It was accepted that this was the same as presented to Trust Board the previous week due to the scheduling of the meetings on this occasion. The views of the Committee were sought in regard to the structure and format of the report. The Committee agreed that the report is clearly tied in to the strategic objectives and is logically laid out. A short narrative for graphical presentations would be welcomed. The importance of providing focused, relevant assurance and related evidence was also noted.

Clarification of terminology regarding the name of the report was requested and will be provided before the next Trust Board meeting. A request was also made for plain English to be used and abbreviations to be expanded through the report.

These issues will be discussed further at the assurance workshop following the meeting.

Directors were asked to report by exception.

Medical Director

It was proposed that two risks be removed from the Corporate Risk Register as the level of risk associated with them was now acceptable as a result of the actions taken to manage these:

- 197 – Hygiene & Cleanliness
- 219 – Clinical Experience in Patient Care

The Committee discussed the principles of risk management including the assessment of risk and acceptable levels of risk. It was noted that NIAS is currently reviewing the risk management strategy to reflect this. The importance of consistency and transparency in the process was noted.

Issues raised, including the importance of indicating whether a risk is static, rising or falling, and the inclusion of an assessment of likelihood and impact, will be discussed at the assurance workshop.

The Committee agreed to the removal of these risks from the register.

The Serious Adverse Incident (SAI) report including any relevant learning, if any, was noted. It was proposed that one incident that had now been formally closed following investigation and identification of learning be removed from the report:

- SAI A1678

Clarification of the regional definition of an SAI was provided.

The Committee agreed to the removal of this SAI from the report.

Director of Operations

No items to raise.

RQIA's involvement in Serious Adverse Incident reporting was clarified, with the process having been defined regionally.

Director of Finance

No items to raise.

Directors of HR and Corporate Services

No items to raise.

7.6 RQIA Action Plan

The Committee considered and agreed the removal of several actions which have been completed from the report.

It was agreed that NIAS will update RQIA on actions taken and ongoing work in relation to the action plan.

7.7 Medical Device Alerts

The Committee agreed that alerts for which action had been completed can be removed from the list.

7.8 Coroner's Rule 43

The Committee agreed that as NIAS was now participating in the development of national and regional protocols and multi-agency training relating to the Cumbria shooting incident and the London bombings, these can now be removed from the list.

It is anticipated that single use disposable laryngoscope handles will be introduced by the end of June 2013 following which this can also be removed.

7.9 Reports from Groups and Committees

7.9.1 Health & Safety Committee – Notes of Meeting 16 January 2013

The Report was noted.

Clarification on the provision of C&R training was provided.

7.9.2 Health & Safety Committee – Management Summary 24 April 2013

The Report was noted.

7.9.3 Fire Compliance Sub-Committee – Notes of Meeting 17 Dec 2012

The Report was noted.

7.9.4 Fire Compliance Sub-Committee – Draft Notes of Meeting 25 March 2013

The Report was noted.

7.9.5 Infection Prevention & Control Group – Meeting 15 May 2013

This meeting was postponed, so no Report included.

7.9.6 Medical Equipment Group – Notes of Meeting 25 April 2013

The Report was noted.

Clarification was provided on the proposed two centre model for pPCI.

7.9.7 Emergency Preparedness & Business Continuity Group – Notes of Meeting 4 March 2013

The Report was noted.

Clarification was provided on the process for the declaration of major incidents, and the Committee noted that this is situation-dependent.

8.0 Pharmacy and Medicines Management Update

The current cycle of pharmacy inspections continues to produce satisfactory results. NIAS continues to attend Local Intelligence Network meetings, and the Controlled Drugs Regulations Accountable Officers' Report for 2012, which includes NIAS, was noted.

9.0 Whistle-Blowing Policy Monitoring Report

Work is ongoing and an update will be provided at the September meeting of the Committee.

10.0 Staff Appraisal

The Committee welcomed the report that had been provided and progress was noted. The item will remain on the agenda.

A concern was raised regarding consistency among Trusts in terms of the implementation of appraisal. It was agreed that NIAS must continue to ensure that it makes its position clear in order to avoid misrepresentation in future analysis of staff survey data.

11.0 Equality Employment Action Plan

It was noted that the plan would be developed further and ongoing analysis of the statistics would provide more detailed information, which will allow the identification of barriers to recruitment in the areas of gender and community background in response to concerns raised by a Committee member. A preliminary meeting with the Equality Commission has taken place, and a further meeting is due to take place in June as part of this process.

12.0 Any Other Business

No further business to discuss.

Date, Time and Venue of Next Meeting

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

Signed: Mary Hanratty
(Professor Hanratty, Chairman)

Date: 3 July 2013

TB/9/25/07/13

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Tuesday 14 May 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)
	Prof M Hanratty	Non Executive Director
	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
	Mrs C McKeown	BSO, Internal Audit
	Mr D Charles	BSO, Internal Audit
	Mr D Lynn	Northern Ireland Audit Office (NIAO)
	Mr M Magill	KPMG, External Audit
	Mr J Poole	KPMG, External Audit
	Mrs S McMullan	Personal Assistant

Welcome and Introduction to the Meeting

Mr McKinley welcomed all those present to the meeting.

1.0 Apologies

No apologies received.

It was noted that 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

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 Thursday 14 March 2013 (for noting)

The minutes had been previously circulated, agreed and signed by Mr McKinley (Chair).

4.0 Matters Arising

4.1 BSTP Monthly Bulletin

Mrs McCue noted that at the last Audit Committee it was requested that the monthly BSTP Bulletin, which is provided by the Central Team be circulated to members of the Audit Committee. This has been circulated to members by Mr Nicholson via email.

Mrs McCue noted that in respect of the new Finance, Procurement & Logistics (FPL) systems, it is the intention that the Trust will go live on 1 July 2013.

Mrs McCue continued that in respect of the Human Resources, Pay, Travel and Subsistence (HRPTS) systems there is a re-planning exercise currently ongoing.

Mrs McCue confirmed that currently the Audit Committee scheduled for 6 June 2013 and the Trust Board meeting scheduled for 13 June 2013 will go ahead as planned.

5.0 Chairman's Business

5.1 ALB Audit & Risk Committees Chairs Forum

Mr McKinley informed the Committee that the next meeting Audit Committee Chairs meeting is scheduled for 8 October 2013 and that he will attempt to attend along with Professor Hanratty.

5.2 Audit Committee Self Assessment Checklist

Mr McKinley noted that this is the third year he has run the self assessment checklist which Professor Hanratty assisted in completing. He noted that a summary of progress on the Audit Committee is required by the DHSSPS by 24 May 2013. Professor Hanratty questioned if she also needs to engage in a similar exercise for the Assurance Committee. Mrs McKeown confirmed that it would be advisable to demonstrate best practice and to share learning.

6.0 Internal Audit

6.1 Internal Audit Charter

Mrs McKeown presented the Internal Audit Charter for approval. Ms Paisley requested a change to page two of the report to reflect that the Internal Audit Strategy and risk based Annual Audit Plan should be approved by the Audit Committee. After some discussion and with this change, the Internal Audit Charter was approved by the Audit Committee.

6.2 BSO Internal Audit External Quality Assessment Report

Mrs McKeown gave an overview of the requirement for both Internal and External assessment of the Internal Audit service to monitor effectiveness and identify opportunities for improvement. She highlighted that the assessment of BSO Internal Audit was carried out by the DHSSPS Head of Internal Audit and reviewed and evaluated the performance of Internal Audit across seven high level elements and provided an evaluation based on a five level evaluation scale ranging from 'Emerging' to Exemplar'. Mrs McKeown highlighted that the conclusion of the exercise was that, in overall terms, the BSO Internal Audit function was functioning a Level 4 – 'Maturing'. She noted that this was considered to provide sufficient evidence that the BSO Internal Audit is respected and valued within BSO and among its clients. A number of recommendations, particularly in relation to accreditation and training and support for assistant auditors, have been made and accepted.

There followed detailed discussion on elements contained within the assessment. Ms Paisley highlighted areas where the assessment moved between the internal audit service provided within BSO and also to clients. She also would have also welcomed the presence of the external reviewer at the NIAS Audit Committee to explore elements of the report in more detail.

The findings of the report were generally welcomed with the assurances that it provided to NIAS Audit Committee as to the effectiveness of the Internal Audit service provided. Mr Lynn highlighted the reliance that NIAO place on the work of Internal Audit and the consistent high quality that is delivered across all HSC organisations and clients. There was also a discussion of the use of Computer Aided Audit Techniques (CAAT's) and the requirement to develop expertise in this area, particularly as the Trust moved to modern financial systems.

Mrs McCue highlighted that the Chartered Institute of Management Accountants (CIMA) had

withdrawn from membership of the Consultative Committee of Accountancy Bodies (CCAB) and that references in the document should be updated to reflect this.

6.3 Progress Report

Mrs McKeown referred members to page two of the report which provides an overview of progress against Internal Audit assignments for the year. All assignments for 2012/13 had been completed and findings presented to Audit Committee.

In respect of follow up of Priority 1 and 2 recommendations, 75% had been fully implemented, a further 22% were partially implemented and 3% were not yet implemented. The recommendations that not yet been implemented related to the Information Governance Audit, in particular the requirement to complete a data flow exercise and then complete an analysis of information governance risks. Ms Paisley noted that the document was very helpful and that the following up on previous internal audit recommendations was a fundamental part of the Audit Committee role. An assurance was provided to Audit Committee that the follow up of all audit recommendations, in particular Priority 1 and 2 issues, were prioritised by management.

In respect of final reports issued to Audit Committee, Mrs McKeown advised as follows:

Stocktaking – Satisfactory Assurance – the year end count was appropriately controlled, though one discrepancy from a sample recount of seventy one items was identified and two areas where the count could have been enhanced were noted.

Non Pay Expenditure – Satisfactory Assurance – there were no Priority 1 issues, but six Priority 2 issues and two Priority 3 issues.

Risk Management, Assurance Framework and Performance Management - Risk Management – Satisfactory Assurance, Assurance Framework – Limited Assurance and Performance Management – Limited Assurance – there were three Priority 1 issues, five Priority 2 issues and one Priority 3 issue.

ICT Business Continuity & Disaster Recovery – Satisfactory Assurance - there were no Priority 1 issues, but four Priority 2 issues and one Priority 3 issue.

Management of Contracts - Limited Assurance - there were five Priority 1 issues and five Priority 2 issues.

In respect of the ICT Business Continuity and Disaster Recovery audit, an additional paper was distributed at the meeting providing a chart highlighting the nine key areas considered as part of the audit. The paper also benchmarked NIAS performance against other HSC organisations that were subject to the same audit during the year.

There followed detail discussion on various elements within the reports. It was noted in respect of the Non Pay Expenditure audit that under the Agency Workers Directive that Agency staff now have the access to many of the same terms and conditions as substantive appointments.

Professor Hanratty noted her concern and disappointment in respect of the Risk Management, Assurance Framework and Performance Management audit which had been on-going since before Christmas. It was noted that a significant amount of work had been completed in this area and that the Trust Board were fully engaged in carrying forward developments in the future.

Ms Paisley raised concern that there were no formal Service Level Agreement review meetings taking place between NIAS and BSO in respect of critical ICT services that BSO provide. It was noted that key performance indicators in respect of Technology Services were provided by BSO and that Performance meetings to review the overall BSO Service Level Agreement have taken

place. It was also noted that BSO had historically provided an annual assurance to HSC organisations covering the range of services provided. The Director of Finance was asked to follow up on the status of this annual assurance to the Trust.

In respect of the Management of Contracts, the Committee were advised that the Assistant Director of Operations (Fleet and Estate) was available to attend the meeting to provide any areas of detail or clarification for the Committee. The importance of operational involvement in implementing the recommendations of Internal Audit were noted, however the presence of an Operational Manager was not required at this time. Mrs McKeown went through each of the findings in detail and noted that all recommendations have been accepted by management.

Mr McKinley noted that he is familiar with the document and remarked that the Management of Contracts had been an area of concern in the previous year. Ms Paisley shared this concern and highlighted that reminders to managers from Finance appeared to have had limited effect to date. It was noted that the new Finance, Procurement and Logistics systems, when introduced, would offer opportunities for changes and improved control in this area.

Mrs McCue noted there were an increasing number of estate issues raised within the Report. It was noted that NIAS has no dedicated Estates function and limited in house Estates expertise. The Trust received support from the DHSSPSNI Health Estates Investment Group (HEIG) for larger capital projects, but relied heavily upon Local Health Estates Departments for more routine work and contract management carried out on NIAS estate located on other HSC sites.

It was noted that to fully address the recommendations would inevitably require investment in this area. Engagement would also be required with BSO PaLS, HEIG and Local Health Estates Departments. It was likely that many of the practical problems which need to be addressed could not be resolved in the short term and would have longer term solutions. Ms Paisley added that there needed to be mature engagement with other Trusts and Centres of Procurement Expertise to progress the matter and hoped that any investment to improve controls would deliver both improved levels of assurance and savings.

In terms of one incident where a Single Tender Action (STA) had not been completed, discussion ensued in respect of the visiting lecturer and the rates paid. Mr Nicholson advised that the payment was based on the agreed rate for visiting lecturers and was comparable with the individual's substantive appointment held with the Ambulance Trust that had previously provided the member of staff to NIAS on an expense only basis.

In respect to the use of hotel facilities, Ms Paisley questioned the background of the priority two finding in relation to hotel facilities asking why it wasn't tendered in the usual way. Mr Nicholson responded that there are no suitable HSC residential facilities and that the use of local hotels had been procured through BSO PaLS. The Trust had agreed to carry out a review as to the costs and benefits of residential accommodation versus requiring students to travel to the Regional Ambulance Training centre (RATC) each day with associated time and travelling expenses. Ms Paisley noted that this was reassuring but suggested this detail should have been included in the management response.

In respect of Controls Assurance verification, Mrs McKeown noted that five out of six standards considered by Internal Audit had been assessed at substantive compliance. The Management of Purchasing and Supply had been assessed as Moderate, largely due to the detailed findings in the Management of Contracts audit. Mr McKinley noted that there were other detailed audits with only limited assurance and noted that this was difficult to reconcile with overall substantive assurance within the controls assurance verification. It was noted that the controls assurance verification exercise was carried out over a wide range of criteria and that while individual audit reports had been reflected in scores against individual criteria, these were not significant enough to lower the overall assessment below the required level of compliance.

It was agreed that a section explaining this should be included within the Controls Assurance

section of the Governance Statement. Professor Hanratty stated that she would like these concerns reflected and suggested bringing the topic to the Audit Committee Chairs meeting in October.

6.4 Annual Report

Mrs McKeown noted that the detail contained in the report had largely been discussed throughout the meeting today. She highlighted the levels of Assurance provided against each audit assignment, the Priority 1 audit findings that were identified during 2012/13, the review of Controls Assurance standards and the progress on the follow up of previous internal audit recommendations. She also highlighted the quality assurance arrangements in place in respect of the Internal Audit function and also performance against Internal Audit Key Performance Indicators for the year.

The overall opinion for the year ended 31 March 2013 is that there is a satisfactory system of internal control designed to meet the organisation's objectives. However, Limited assurance is provided in a number of key areas - management of contracts, assurance framework & performance management and the Trust has not achieved substantive compliance with the Management of Purchasing & Supply controls assurance standard.

7.0 External Audit

7.1 Submission Letter and Draft, Unaudited, Uncertified, Annual Report & Accounts 2012/13

Mrs McCue outlined that this was the first year of the Trust's Annual Report and Annual Accounts in one single document. This made for a significant document and the collation of work from a number of sources and departments. The document had been submitted to External Audit and the DHSSPS on 7 May 2013 in line with the Final Accounts timetable.

There followed detail discussion on various elements within the Annual Report and Annual Accounts and a number of comments and amendments were suggested in a number of areas:

Page 10 of the report – Ms Paisley noted that attendance at Audit Committee meetings required updating

Page 31 of the report – it was noted that the Trust delivered a surplus of £89,000 but that the reference to a 'small' surplus should be removed or put in context.

Page 33 of the report – bullet points five and six refer to 2012/13, Ms Paisley would be more inclined to say in 2013. Ms Paisley also highlighted the last two sentences of the page referring to individuals and she did not feel this was appropriate.

Page 34 of the report – Robin Mullan is stated as Dr Robin Mullan. His title needs to be checked.

Page 35 of the report – Ms Paisley noted that the disclosure relating to the re-grading of Executive Directors would need to be consistent throughout the document and that additional disclosure in respect of arrears should be included.

Page 42 of the report – under point 5 re Information Governance, Ms Paisley noted that the report read there was a small number of information governance incidents been reported throughout the 2012/13 year but that on page 23 it read that there were no significant incidents.

Pages 43 & 44 of the report – Ms Paisley suggested a paragraph be inserted on page 44 to explain the difference in level of compliance and assurance.

Page 47 of the report – Ms Paisley noted that internal governance divergences, in particular when these are remain outstanding from prior years, should be expanded. She requested that the disclosure in respect of Senior Executive remuneration was updated and that a sentence recognising the potential significant impact of Agenda for Change be included.

Page 97 of the report – Mr Nicholson is to advise on the £687k in 2013 re increase in provisions. It was also noted that the template allowed for three years of financial information which would only be required if prior year adjustments were made.

Page 101 of the report – The Losses and Special Payment note referred to in pounds rather than thousands. Mr Nicholson was asked to provide supplementary explanations for the next Audit Committee meeting of each case, while being mindful of confidentiality issues in both the disclosure in the accounts and the reporting of individual cases to Audit Committee.

It was agreed that these changes would be incorporated into the document and the represented to Audit Committee at the meeting planned for Thursday 6 June 2013. Ms Paisley stated that she would set aside time to go through comments with staff from Finance as required.

8.0 For Approval

There were no specific items for approval that had not been considered elsewhere in the Agenda.

9.0 For Noting

There were no items for noting.

10.0 Closed Meeting

At this point Mrs McCue, Mr Nicholson, Mr Phillips and Mrs McMullan left the meeting to allow the Audit Committee members to meet independently with internal and external auditors.

After a period of time, they were invited back into the meeting. The Chairman extended his thanks to the staff for the work to date. In response to a request from Mrs McCue, the Chairman confirmed that there were no specific minutes or actions required arising from the closed meeting.

11.0 Any Other Business

As it was now after 6pm, the following items were deferred until the next meeting of the Audit Committee.

11.1 Fraud Update

11.2 Procurement Working Group

11.3 Business Services Transformation Programme (BSTP)

12.0 Date, Time and Venue of Next Meetings

Thursday 6 June 2013, 2.00pm Boardroom, NIAS Headquarters
Thursday 5 September 2013, 2.00pm Boardroom, NIAS Headquarters
Thursday 5 December 2013, 2.00pm Boardroom, NIAS Headquarters

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



Signed

(Chairman)

Date

6th June 2013

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a meeting of the Audit Committee held on Thursday 6 June 2013 at 2.00pm in the Board Room, Ambulance Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT:	Mr N McKinley Prof M Hanratty Ms A Paisley	Non Executive Director (Chair) Non Executive Director Non Executive Director
IN ATTENDANCE:	Mr P Archer Mr L McIvor Mrs S McCue Mr P Nicholson Mr A Phillips Mrs C McKeown Mr D Lynn Mr M Magill Mr J Poole Mrs E Hamilton	Trust Chairman Chief Executive Director of Finance & ICT Assistant Director of Finance Financial Accounts Manager BSO, Internal Audit Northern Ireland Audit Office (NIAO) KPMG, External Audit KPMG, External Audit Personal Assistant

Welcome and Introduction to the Meeting

Mr McKinley welcomed all those present to the meeting, especially the Trust Chairman, Mr Paul Archer. Mr Archer explained that, while he received papers for all meetings and received a briefing on the meetings from the Audit Committee Chair, he had agreed with Mr McKinley to attend as an observer approximately once a year to maintain relationships with the relevant external participants.

1.0 Apologies

No apologies received.

It was noted that 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

The Audit Committee was 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 she would look to the Chairman to excuse her from the meeting.

3.0 Minutes of Previous Meeting of the Audit Committee held on Tuesday 14 May 2013

The minutes of the last meeting were agreed and signed by Mr McKinley (Chair).

4.0 Matters Arising

4.1 Internal Audit Progress Report

Ms Paisley highlighted that it is the responsibility of management to ensure that previous audit recommendations are followed up to a satisfactory conclusion. She asked if interim reports could be provided at each meeting to assure the committee of work being carried out. This would be in effect a further report generated by management for Audit Committee meetings between the times of the Mid Year Assurance Statement and the Year End. Mrs McKeown confirmed that this is becoming normal practice in various bodies. Mr Lynn stated for clarity that

the role of Audit Committee is to check that the mechanism for follow-up work is in place, rather than to scrutinise the detail of the work on recommendations. Ms Paisley recognised that it would be undesirable to overburden management with further workload and Mrs McCue undertook to review the possibilities of providing such reports within the current resource limits.

Ms Paisley inquired after the BSO Assurance letter, given the extent of services they provide to the Trust. She further expected that this would be a request from External Audit. Mr Nicholson stated that he expected BSO to issue its Assurance letter to all Trusts shortly. He further offered that, while BSO going live with the FPL system had presented issues, the impact on NIAS had been much less than on other Trusts and he was not aware of any issues affecting NIAS that would be a particular concern. Mr Poole explained that a six month assurance had been received for BSO and the auditors had not been in a position to review the new IT system and provide assurance on it, which would increase the level of risk of misstatement for other user organisations, but that this most likely represented only a minor issue for NIAS.

5.0 Chairman's Business

5.1 Audit Committee Self Assessment Checklist

Mr McKinley informed the Committee that some work had been done on reviewing last year's Checklist as requested and an extension to the 24 May deadline had been secured. Copies of the checklist were to be circulated to the Audit Committee members after the meeting.

5.2 Annual Report on Audit Committee Business 2013/14

Mr McKinley invited consideration of how such an exercise might be carried out to demonstrate the effectiveness of the Committee, what success would look like and how it might best be demonstrated. Mrs McKeown said that the South Eastern HSC Trust had already undertaken to do an annual report to their Board, assessing their performance against their Terms of Reference in year. She also pointed to the HM Treasury handbook, which prescribes six things to be included in an annual report. Mr Lynn pointed again to question fifty nine of the NIAO Self Assessment Checklist, which outlines eight items. Mr McKinley invited any other input through the office of the Director of Finance and undertook to draft an outline report structure for consideration by electronic circulation. Prof Hanratty suggested that this would be a useful exercise also for Assurance Committee and she would work on a template based on Mr McKinley's work.

6.0 For Approval

External Audit

6.1 Draft, Audited, Uncertified Annual Report and Final Accounts 2012/13

Mrs McCue explained that the prepared financial statements presented to the Committee on 14 May had been the full set of unaudited, uncertified accounts and she highlighted changes made since they had been audited.

- Changes throughout document from comments received at Audit Committee on 14 May 2013
- Changes to the Financial Position – A number of adjustments increasing expenditure by £65k and therefore reducing the surplus from £89k to £24k. The most significant amount of this related to arrears of Unsocial Hours payable to staff in the Resource Management Centre
- Changes throughout the document requested by External Audit.
- Changes to the Governance Statement - from comments received by NIAO and DHSSPS as part of the audit and DHSSPS review of Governance Statement. Refer to pages 41 to 53 of document. In particular:

- comments on Controls Assurance criteria and Internal Audit findings and Overall Substantive compliance
- comments on Assessment of Board performance and quality of reports
- Movement of Senior Employees Remuneration tables from Accounts to Remuneration Report and associated disclosure of Senior Executives Remuneration and arrears both within the Remuneration Report and Governance Statement
- Updated number of complaints in Annual Report
- Updated sickness absence figures
- Updated Prompt Payment Performance figure (by value only) for 2013
- Reduced estimate contingent liability Injury Benefit Note 22.1 in Accounts

Mrs McCue invited the Committee's consideration of the document in its present form with the highlighted changes. Ms Paisley declared herself very content and expressed her contentment and satisfaction with the sequence of the meetings during the final accounts procedure, which had given the committee a better opportunity to influence matters before review by external audit. Mr Lynn confirmed that this was best practice and that it was gratifying to hear that such good practice was appreciated by committee members.

It was pointed out that the newly incorporated Governance Statement, replacing the old Statement of Internal Control, is likely to evolve in subsequent years. It was also acknowledged that the work surveyed by canvassing members of Trust Board referred to at the top of Page fifty will be an ongoing work in progress.

Mr Nicholson drew attention the analysis of Losses and Special Payments and made reference to the Claims Management Policy and Procedure recently approved by Trust Board, which drew on learning from these specific incidents. Mr Phillips provided a detailed breakdown of each of the Losses and Special Payments referred to in Note 26.1 to the accounts.

6.2 Draft Report to Those Charged With Governance 2012/13

Mr Lynn pointed out that this document is draft only and subject to the satisfactory resolution of outstanding audit points stated in paragraph six on page one. These are purely administrative and he did not anticipate issuing anything other than an unqualified opinion. He then took the Committee through the Executive Summary and the six identified Risks.

In the Findings two particular points were highlighted: -

1. It was acknowledged that work had been done to clarify the process going forward in the area of Senior Staff Pay.
2. The Chairman and Chief Executive were able to clarify that, while there is no designated position of Deputy Chairman, the Standing Orders specify how a deputy would be appointed in any situation where one may be required.

Prior year significant issues have been progressed and those identified in the current year and those from prior years which continue to be considered control issues were clearly identified as problems or weaknesses. Mr McKinley inquired as to the current situation with regard to assurances on Agenda for Change, given the spirit of collaboration in the dialogue with HSC Board but the many changes in personnel there. Mrs McCue assured him that reference is made to the position in every monthly monitoring return and at all bi-monthly meetings with the commissioners as well as at the accountability meetings with the Department. The Chief Executive further added that he had revised the risk to breakeven as year-end approached to reflect the increasing difficulty there would be in resolving the issue as we drew closer to year-end.

The Committee noted the three bullet points highlighting action areas to be aware of as the Trust moves towards the implementation of the new Finance, Procurement and Logistics system. It was recommended that the Trust seek the support of Internal Audit, as appropriate, in the

implementation.

There was detailed discussion in relation to the payment of circa £5k for the delivery of clinical training that was carried out without procurement or the completion of a Single Tender Action. It was agreed that the circumstances in this particular case were unique and that procurement would not have been appropriate, however, a Single Tender Action should have been completed. This would not have changed the decision that was taken and the training that was delivered, but would have enabled the Trust to comply in full with the relevant guidance and procedures. Professor Hanratty highlighted the importance and the exceptional challenges in the delivery of appropriate clinical training and education that would not readily fit within procurement guidelines.

Again, Mr Lynn highlighted that the Report remained draft and the findings provisional until the completion of outstanding audit matters and the certification of the accounts by the Comptroller and Auditor General. The report would be issued as final after this and represented to the Audit Committee.

6.3 Resolution to the Trust Board

Subject to the satisfactory completion of outstanding audit matters and a number of minor changes, the Director of Finance and the Chairs of the Audit and Assurance Committee signed a resolution to the Trust Board that:

- The Annual Report 2012/13 should be approved by the Trust Board and signed by the Chairman, Chief Executive and Director of Finance.
- The Governance Statement, which replaces the Statement on Internal Control, should be approved by the Trust Board and signed by the Chief Executive.
- The Annual Accounts 2012/13 should be approved by the Trust Board and signed by the Chairman and the Chief Executive.
- The Letter of Representation for the financial year ended 31 March 2013 should be approved by the Trust Board and signed by the Chief Executive.

This resolution was also to be provided to and signed by the Medical Director at the conclusion of the Audit Committee meeting. Mr Nicholson highlighted the timetable for the approval of the accounts at Trust Board through to certification and presentation at the Annual General Meeting in September.

7.0 Closed Meeting

At this point Mrs McCue, Mr Nicholson, Mr Phillips and Mrs Hamilton left the meeting to allow the Audit Committee members to meet independently with the Internal and External auditors. Mr McKinley invited Mr Archer to remain for the closed meeting.

After a period of time, they were invited back to the meeting. Mr McKinley confirmed that there were no actions required as a result of the closed meeting and extended the Committee's thanks to all involved in the work during the year and in the completion of the Annual Report, Governance Statement and Annual Accounts. Mrs McCue undertook to pass on commendation to the full finance team for their efforts in a year which had been so busy with BSTP and faster closing dates. The contribution of Internal and External Audit was also noted.

8.0 For Noting

There were no items for noting not covered elsewhere in the Agenda.

9.0 Any Other Business

9.1 Fraud Update

Mr Nicholson confirmed that all cases continue to be progressed with the Counter Fraud and Probity Services, the Police Service of Northern Ireland and through internal processes as appropriate. Data Matches from the National Fraud Initiative for 2012/13 had just been received and work on investigating matches was due to commence. Professor Hanratty asked if there had been any success in securing cooperation from the other organisation identified in data matches. There had been no success in matters relating to the previous year but a data sharing agreement is being sought in order to address the issues that had been encountered.

9.2 Procurement Working Group

There had been no opportunity for this group to meet formally, however a number of strands of work were being progressed, including:

- NIAS representatives on the Contract Adjudication Group for the maintenance, recovery and repair of vehicles in conjunction with BSO PaLS
- Developing the NIAS response to DHSSPS Procurement Practice – Estate Management Procurement
- Exploring routes to procurement for Estate Maintenance, including approaches to the market and engagement with local Trust Health Estates departments as appropriate.

9.3 Business Services Transformation Project (BSTP)

This was a particular busy time for NIAS and the Project. Highlights include:

- NIAS was due to Go Live with the new FPL system in just three weeks over 27 and 28 June. Completing this work on a Thursday and Friday would mean two days 'lost' processing for NIAS, but would ensure the full support of the supplier and the Central BSTP team for NIAS and also the release of these resources to support the South Eastern Trust over the weekend when they are planning to cutover to the new system. Ms Paisley asked if all NIAS staff had been fully trained ready to go on to the new system. Mr Nicholson confirmed that staff had been trained before Christmas 2012 which was the first proposed Go Live date for NIAS. Refresher and additional training was being provided to all appropriate staff as part of the plans for the June Go Live. NIAS staff have also been accessing the new systems as part of BSO PaLS transition to the new system and valuable experience gained.
- HRPTS was currently in operation within BSO and a successful exit from User Acceptance Testing for 'Release 2' of the supplier solution had just been completed. However, the dates for roll out to other HSC organisations were currently being re-planned and NIAS would no longer be going live on this system in October 2013 as originally envisaged. This delay has significant implications for all involved and may mean that the HSC would not meet the required deadline for the implementation of HMRC's Real Time Information (RTI) initiative.

9.4 Internal Audit Strategy (Incorporating Proposed Internal Audit Plan)

Mrs McKeown tabled a revised Internal Audit Strategy and highlighted the changes from the version considered by Audit Committee on 14 May 2013. At that date, changes were highlighted from planned programme presented last year as part of 3 year audit plan. The increase in audit days proposed for this year was largely due to work relating to BSTP and this would increase the costs for the year. The strategy remains unchanged with the exception that Internal Audit will aim to issue 80% rather than 75% of initial audit reports within four weeks of leaving site.

Within the Internal Audit Plan, some audits had been deferred to the following year to allow for

appropriate audit coverage. There are an extra twenty days planned for BSTP work, which will be charged as 19 extra days to represent a productivity improvement from BSO Internal Audit. Mrs McKeown assured Ms Paisley that, while there are no specific Information Governance Audits listed for this year, they will be picked up as required thereafter.

It was agreed that, though the increase in audit days from 96 to 134 would create a financial pressure, the additional costs relating to these days represented excellent value for money. The Committee agreed the strategy and associated plan which would be monitored throughout the year.

9.5 NIAO Staff changes

Mr Lynn announced that this would be likely to be his last attendance at the NIAS Audit Committee as he is due to move away from having responsibility for Health audits at the NIAO from next month. The Chairman expressed the Committee's sincerest thanks to Mr Lynn for his valued input and extended best wishes to him.

10.0 Date, Time and Venue of Next Meetings

Thursday 5 September 2013, 2.00pm Boardroom, NIAS Headquarters
Thursday 5 December 2013, 2.00pm Boardroom, NIAS Headquarters

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

Signed



(Chairman)

Date

15 July 2013