



***A Meeting of Trust Board to be held at 2.00pm on
Thursday, 28 March 2013 at the Fir Trees Hotel, Dublin Road,
Strabane, Co Tyrone, BT82 9EA***

A G E N D A

Welcome, Introduction and Format of Meeting

Paper
Enclosed

1.0 Apologies

Prof Hanratty, Non Executive Director

2.0 Procedure: Declaration of potential Conflict of Interest: Quorum:

3.0 Minutes of the previous meeting of the Trust Board held 24 January 2013 (for approval and signature)

TB/1/28/03/13

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 Visit to Strabane Ambulance Station

Summary & Action:

- 5.2 Chairman's Update

Summary & Action:

- 5.3 Minutes of Trust Board meeting held 15 November 2012

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	<u>Assurance Report as at 28 February 2013</u>	TB/2/28/03/13
	Summary & Action:	
8.0	<u>Items for Approval</u>	
8.1	Social Media Policy	TB/3/28/03/13
	Summary & Action:	
8.2	PPI Strategy	TB/4/28/03/13
	Summary & Action:	
9.0	<u>Items for Noting</u>	
9.1	Minutes of Assurance Committee held 14 January 2013	TB/5/28/03/13
	Summary & Action:	
9.2	Minutes of Audit Committee held 14 January 2013	TB/6/28/03/13
	Summary & Action:	
10.0	<u>Application of Trust Seal</u>	
11.0	<u>Forum for Questions</u>	
12.0	<u>Any Other Business</u>	
13.0	<u>Forward Agenda</u>	

Next meeting of Trust Board will be held on Thursday, 30 May 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, 28 March 2013 at Fir Trees Hotel,
Dublin Road, Strabane, BT82 9EA***

TB/1/28/03/13

NORTHERN IRELAND AMBULANCE SERVICE

*Minutes of a Trust Board Meeting held on Thursday, 24 January 2013,
2.00pm at Ranfurly Arts & Visitor Centre, 26 Market Square,
Dungannon. Co Tyrone. BT70 1AB*

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Mr N McKinley	Non-Executive Director
Ms A Paisley	Non-Executive Director
Prof M Hanratty	Non-Executive Director
Mr R Mullan	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
Mrs P McAllister	Senior Secretary

Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board and formally welcomed Mr Robin Mullan, newly appointed Non Executive Director. Mr Mullan advised that he is Chief Executive of Peamount Hospital in Dublin and has had experience in both the public and voluntary sectors. He is delighted to be a member of the NIAS Board.

1.0 Apologies

Dr J Livingstone, Non-Executive Director

2.0 Procedure: Declaration of potential Conflict of Interest Quorum

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

3.0 Minutes of the Previous Meeting of the Trust Board held on 15 November 2012

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

4.0 Matters Arising

4.2 Trend Analysis on Recruitment

The Director of HR&CS highlighted some minor corrections to the document presented within the papers and tabled an updated paper to the Board. She advised that the report was developed in relation to a specific question asked at the Board meeting in September 2012. Details of the report were discussed and the Board asked if the Trust could monitor this matter further over the next year focussing on potential barriers to recruitment for specific groups. The Chief Executive suggested that the Trust engage externally with relevant expertise to determine if there are any barriers to recruitment and develop options to address issues identified. Director of HR&CS added that the Trust makes an annual return to the Equality Commission with 3 yearly reviews also taking place and no recommendations have been received. She added that the Assurance Committee could be used as a vehicle for future reporting in the first instance.

Action: Director of HR&CS to progress and report through Assurance Committee to Trust Board.

5.0 Chairman's Business

5.1 Visit to Dungannon Ambulance Station

The Board enjoyed their visit this morning to Dungannon Station adding that they value these visits which gives the Board the opportunity to speak with staff who always give a very full and frank response to any questions. It was also advised that Dungannon Station was one of the first to be affected by the changes in acute service reconfiguration in the area.

5.2 Chairman's Update

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

5.3 Appointment of Non Executive Directors

The Chairman advised that the Board now has a full complement of Non Executive Directors with the recent appointments of Dr Livingstone and Mr Mullan.

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:

27/11/12 Attended a meeting of the Civil Contingency Group headed by the DHSSPS.

- 29/11/12 Addressed a meeting of the Joint Consultative Negotiating Council regarding the implications of TYC.
- 14/12/12 Hosted a meeting of the Four Nations which comprises of the Chief Executives and representatives of the Department of Health from England, Scotland, Wales and Northern Ireland.
- 18/01/13 Attended the Long Service Medal Ceremony which acknowledges staff with 20 years' service. This year retired staff and retired Voluntary Car Drivers were also acknowledged.

6.2 Transforming Your Care Update

An update was provided by Chief Executive which highlighted key areas including: to secure funding to deliver TYC with a business case to be developed and receive confirmation of funding for NIAS. Areas of priority for NIAS are '111' Unscheduled Care and Integrated Care Partnerships. NIAS were not part of initial membership of ICPs however after the Trust highlighted the omission and challenged the rationale, NIAS is now included in the development of plans.

7.0 Assurance Framework as at 30 November 2012

The Chief Executive advised that he is continuing to develop the report which was presented at the Assurance Committee on the 14 January 2013. The draft document has been shared and approved by the Department.

Medical

The Medical Director presented his report and the following comments/issues were raised.

- The 'treat and refer' protocols in relation to hypoglycaemia have been introduced. Has there been an increase in the number of patients not being transferred to hospital following the introduction of the 'treat and leave' protocols in relation to hypoglycaemia and the 'treat and refer' protocols relating to falls?
- It is anticipated that initial data relating to the initial few months following the introduction of these protocols will be available by end March 2013. Patients do not always wish or require to be transported to hospital. These protocols now provide staff with clear criteria regarding the non-transport of patients with these conditions, which is a much more robust and safe approach. Staff will also ensure that patients are not left alone and are given written guidance and advice.
- Is HART activated through Control?
- There are a number of designated incident codes which will automatically alert HART to potential incidents at the point of contact.

Operations

The Director of Operations updated members on his report adding that his department is under increasing pressure and gave an example of one day where there were a number of major incidents on top of normal business. The following comments/issues were raised:

- How does the increase in calls compare to other UK ambulance services?
- They are also under pressure but the Trust would not have the figures to hand.

- Is it useful for the HSCB to know that UK ambulance are also under pressure, is there shared learning?
- Any work in this area has been initiated by NIAS. There are a number of national groups but there is insufficient emphasis on benchmarking.
- What is the growth likely to be in future?
- Predicted growth 5% per annum.
- The Chief Executive stated that this issue has been identified and shared with the Department/HSCB and the Trust will do what it can with the available resources. Has the Liaison Officers based at some A&E departments made any improvements?
- Improvements are being made with better communication between hospitals and ambulance control.
- Will the Ballymena business case help to improve response times in the northern division?
- There is no expectation that the business case for Ballymena will help to improve response times.

Director of Operations wished to thank staff for their hard work over the Christmas period and he also extended his thanks to St John Ambulance and Red Cross for their assistance.

The Board considered the report presented and in particular the efforts being made to turn performance around and reiterated their support for the Executive team.

Finance & ICT

The Director of Finance & ICT presented her report to members stating that the target of 95% for the payment of invoices within 30 days was unlikely to be achieved; the cumulative performance being 93%. This is due to pressures from BSTP which was expected to 'go live' in December 2012 however there has been a series of delays with no new date agreed.

- How disruptive is the BSTP on NIAS?
- Staff are required to participate in various groups which significantly impacts on the small teams within the HR and Finance departments.
- Is the Trust monitoring activity on Twitter and Facebook?
- The Communication Officer who works to HR monitors all activity online. A policy is also being developed for this area.

Human Resources & Corporate Services

The Director of Human Resources & Corporate Services updated members on her report. The following comment was made:

The Board welcomed the sample of compliments which is always heartening to see and asked if staff are given a copy of the compliments received.

A letter of response is sent by the Chief Executive and a personal letter is sent to each member of staff involved praising their professionalism with a copy of the compliment letter.

8.0 Items of Approval

None.

9.0 Items for Noting

9.1 Response to Consultation on Transforming Your Care

Noted.

9.2 Disability Action Plan

Noted.

9.3 Letter from Mr John Compton – Christmas Cover

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 received from the floor.

12.0 Any Other Business

None.

13.0 Summary & Forward Agenda

The Chair summarised the meeting and actions as follows:

- Further work to be carried out on the recruitment 'Trend Analysis'.
- Assurance Framework document to continue to be developed.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 28 March 2013 in the Western Division. Venue to be confirmed.

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

Signed: _____

Date: _____
Chairman

TB/2/28/03/13



ASSURANCE **REPORT**

(as at 28 February 2013)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE REPORT

2012-2013

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 Patient 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: DELIVERY ASSESSMENT RAG REPORT

SA1. To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	S01.1 Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.
	S01.2 Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
	S01.3 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.
	S01.4 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	S02.1 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.
	S02.2 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	S03.1 Establish processes, built around our Patient and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives.
	S03.2 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.
	S03.4 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 ASSURANCE REPORT

Ref	Strategic AIM	Performance Commentary	RAG Rating	Risk Assessment	RAG Rating
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 deliver a safe, high-quality ambulance service within available resources. It is necessarily one based on strategic choice which prioritises emergency response over urgent and non-emergency response while seeking to address the needs and expectations of all patients.	A	The pressures on NAIS and the whole HSC system, both financial and non-financial are impacting negatively on our ability to sustain response performance and provide timely ambulance transportation.	A
SA2	To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity	NIAS remains on target to achieve financial balance and associated financial imperatives including the delivery of planned savings.	G	Pressure on resources results in strategic choices which prioritise emergency response, and may result in unrealised expectations for patients and staff. Provision needs to be made within HSCB commissioning for growth in demand for ambulance services linked to demographics in addition to that linked to service change.	G
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	NAIS continues to increase efforts to engage with stakeholders, particularly through PPI processes and TYC engagement.	A	Our efforts are insufficient to achieve wide and consistent penetration of the communities we serve. NIAS is looking to the developing role and constitution of ICPs as a means of enhancing our efforts in this area, and securing the resources necessary to achieve this.	A

SUMMARY CORPORATE RISK REGISTER				
Ref	Title	Description	Initial rating	Current rating
233	Achieving Financial Balance 2012/13	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :</p> <p>A. Overspending against core budget:</p> <p>B. Cost Pressures and Service changes not fully recognised and funded by Commissioners;</p> <p>C. Non-achievement of Efficiency Savings (£1.176M in 2012/13).</p>	Mod	Mod
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
224	Senior Executive Directors Retention & Succession Planning	There is a risk to the Trust that the current terms and conditions of service available to senior executives may not be sufficiently attractive to support retention of existing staff or recruitment of suitably qualified and experienced applicants	Low	Low
197	Hygiene & Cleanliness	There is a risk to the Trust from the lack of a robust reporting system for cleaning to ensure compliance with Infection Prevention and Control Policy and procedures	Mod	Low
219	Clinical experience in Patient Care	There is a risk to patients in the care of NIAS that their care and treatment could be compromised by the attendant at an incident having a lower level of clinical expertise than the driver of the vehicle. The risk arises because ambulance crews currently have discretion in relation to which member of the crew operates as attendant at incidents.	Mod	Mod
232	Business Services Transformation Programme (BSTP)	<p>"There are three distinct projects within BSTP that represent various risks to NIAS: Finance, Procurement, Logistics (FPL) Human Resources, Payroll, Travel and Subsistence (HRPTS) Shared Services (SS).</p> <p>Each of these projects present risks across three broad areas -</p>	High	Mod

		<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>		
239	Achieving Financial Balance 2013/14 and 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; B. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners; 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 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.	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	Quarter 3 Assessment 2012-13	RAG Rating	Issues/Risks	RAG Rating
Develop a service delivery model for scheduled and unscheduled care and transportation which addresses rural issues.	Achieved NIAS service delivery model was subject to revision associated with CSR 2008-11 and remains subject to ongoing review. The current delivery model has delivered Category A performance above commissioner targets for 2011-12 at NI level and in 4 of 5 LCG areas.	G	Performance measurement below LCG Level, if introduced, will present major challenges with the current service delivery model. An opportunity exists with the development of a commissioner specification for ambulance services to revisit performance measurement to address issues of measuring and reporting rural performance along with an opportunity to introduce outcome measurement. NIAS is vigorously pursuing opportunities to engage locally with ICPs to influence local service enhancement.	G
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.	Achieved NIAS has maintained HPC and IHCD accreditation for our training. Clinical supervision is in place and operating effectively. Workforce Planning is well-developed for internal change pressures and responsive to external emerging pressures – evidenced by NIAS response to BCH closure and other issues.	G	Future education for paramedics – NIAS is now the only UK ambulance service which does not require a third level qualification for paramedic training Workforce planning for reactive acute sector change, and planned change linked to TYC etc presents an issue due to lead times for recruitment and training, and the use of temporary funding to support change. Supporting investment in training etc in time of financial constraint.	A

Review and develop operational systems and processes to support the service delivery model which provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.	Partially Achieved NIAS operational systems and processes were subject to revision associated with CSR 2008-11 and remain subject to ongoing review. The current operational systems and processes have delivered Category A performance above commissioner targets for 2011-12 at NI level and in 4 of 5 LCG areas, however, this has proved difficult to maintain in 2012 operating environment. Performance management systems are in place and a series of actions have been identified and commenced to improve service delivery and performance going forward. Technical systems to support delivery are in place, and continue to be developed. Alternatives to ambulance attendance and transportation (GP in control, ICV) have been maintained and will be developed further.	A	Whole-system integrated management of unscheduled care characterised by 111 and Directory of Services supported by robust commissioning direction is required to address existing issues around management of and interface between emergency and unscheduled care and associated pressures. Reluctance of wider system to accept patient referral from NIAS paramedics remains an issue which would appear to be best addressed through TYC implementation (particularly 111 and Directory of Services introduction) and engagement with clinicians in Integrated Care Partnerships and at LCG level.	A
Promote and develop an open, transparent and just culture focussed on patients and patient safety.	Partially Achieved Regular investment of time and financial resources by NIAS managers is slowly building the necessary culture. Investments such as Clinical supervision have been key enablers which support staff in the delivery of quality care. Clinical audit and CPD support providing	A	Resolving Agenda for Change evaluations (Paramedic/RRV Paramedic/Emergency Medical Technician) remains an issue and contributes to a culture of mistrust which deflects attention from core goals and values. Outcomes measurement for ambulance patients remains relatively	A

	feedback at organisational and individual levels have also been instrumental in this development.		under-developed and presents an opportunity to move the debate from time of arrival to clinical quality and patient outcomes.	
<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.	Partially Achieved KPIs based on internal NIAS data are in place and reported through Assurance committee, however, visibility and communication to a wider audience remains a challenge. Clinical Support Officers have brought team and individual clinical performance closer to front-line practitioners, and this has been well-received.	A	NIAS is still unable to secure and link hospital data with NIAS data. Commissioner targets remain based on response time rather than clinical outcomes	A
Review existing resources and ensure those resources are aligned with delivery of agreed outcome-based quality indicators for patients.	Partially Achieved Resources, in particular clinical supervision and are aligned to delivery of patient-focussed outcome and process measures. Local management teams are aligned to delivery of key performance indicators, with an emphasis on response time to Category A as a proxy for clinical effectiveness.	G	Commissioner targets remain based on response time rather than clinical outcomes Clinical Supervision measures are internally-generated.	A
Review resource utilisation and ensure those resources are aligned with delivery of high quality corporate governance, risk management and probity.	Substantially Achieved A strong system of internal control is in place including centralised rostering systems, fleet management and resource deployment which align service delivery with of high quality corporate governance, risk management and	G	Additional pressures continue to be placed on trust in the form of new requirements with resource implications without necessary investment (eg PPI,) Use of temporary funding to support acute service change increases reliance on overtime to provide resource which presents ongoing and	A

	probity.		increasing operational challenges.	
Identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.	Partially Achieved Opportunities such as Falls Management, Treat & Leave/Refer Protocols, etc have been identified and pursued with local trusts and commissioners/PHA. Diabetes Treat & Leave protocol introduced. Falls pilot commenced with SHSCT.	G	Resources constrained. Lack of progress and engagement on GPOOH development, 111 developments.	A
<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>				
Establish processes, built around our Patient and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives. Use those processes to clarify the ambulance role, function and resource with the community and test this against their perceived needs and expectations. Use those processes to clarify the ambulance role, function and resource with those agencies responsible for setting policy and commissioning ambulance	Partially Achieved The key driver in this has been NIAS input to the development of TYC, and our engagement in the development of local population planning and regional planning for TYC implementation. NIAS' developing role in the context of unscheduled care, particularly 111, has been strongly articulated in TYC, and we have lobbied hard for strong representation in the aggregate regional population plan document to be personated to the Minister. This provides a platform for engagement with communities on the developing role of the ambulance service, which is supported by our PPI strategy and work programme.	A	Lack of resources for PPI Absence of regional structures/approach to PPI – locality focus Lack of strategic direction for ambulance – commissioning specification etc Lack of integration at delivery level of health organisations with ambulance viewed as stakeholder to be consulted (or-worse-subordinate to be instructed) rather than partner in delivery Uncertainty around ICPs and their role/function/priorities etc	A

<p>services and test against their assessments of community needs and expectations. Establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.</p> <p>Work with all stakeholders, in particular regional and local commissioners and providers of services, to develop and deliver responsive integrated services.</p>				
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ASSURANCE REPORT: MEDICAL DIRECTORATE

1. 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 OBJECTIVES

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.

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.

1.1 To INTRODUCE ALTERNATIVE CARE PATHWAYS FOR THE MANAGEMENT OF A NUMBER OF DEFINED CLINICAL CONDITIONS

The first “treat and leave” protocol, relating to acute hypoglycaemia, was issued to Operational Staff through the Regional Ambulance Training Centre (RATC) and became operational regionally at the beginning of December 2012. The protocol is being closely monitored and audited. While formal activity data is still being collated, initial indications are that no significant problems have been encountered and no amendments to the protocol have been required. It is anticipated that a formal report will be produced after end Q4 for the first four months following implementation. 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. Engagement is currently ongoing with other agencies both at a regional and local level in regard to the development of “treat and refer” protocols for patients who contact us with certain mental health issues that would be more appropriately dealt with by community mental health teams.

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. The process is being jointly monitored and audited through joint working between the Southern Trust and NIAS’ own information team. Initial data shows an increasing implementation of the protocol with the number of patients being referred increasing. The monitoring process resulted in a change to the protocol a short time after implementation but no further issues have been identified. It is anticipated that a formal report of initial activity data will be presented early in 2013/14 following the first three to four months of implementation.

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

Clinical Performance Indicators (CPIs) for a range of conditions are in place and subject to regular clinical audit with necessary action being taken when poor performance or compliance is identified by the clinical training team. A revision of the Patient Report Form (PRF) is currently being undertaken to reflect new clinical developments and requirements.

The introduction of revised JRCALC National Clinical Guidelines is now anticipated at the beginning of April 2013 following which all of the Clinical Performance Indicators and the Patient Report Form will be reviewed in accordance with these.

A previous report to the Assurance Committee has shown a marked increase in Patient Report Form completion with a significant increase in workload but also productivity within the Clinical Audit function. As previously presented, an extensive data cleaning and quality assurance exercise to ensure the extraction of accurate clinical performance data for a number of clinical conditions has been undertaken to allow the publication of reports of clinical performance in relation to a full range of clinical conditions and ultimately for them to be benchmarked with similar Clinical Performance Indicators in other UK ambulance services. Further cross-referencing of the clinical data with the information from the Command and Control system, which uses AMPDS software to clinically triage emergency calls, will also be undertaken. This is a manually labour intensive exercise to undertake initially but progress continues to be made.

Further to the previous presentation of clinical performance in relation to the management of diabetic hypoglycaemia for the full year from 1 April 2011 to 31 March 2012, the Clinical Performance data in relation to the management of suspected or actual stroke and Transient Ischemic Attack for two years from 1 April 2011 to 31 March 2012, and 1 April 2012 to 31 March 2013 is presented below. This shows the maintenance of a high degree of compliance with national clinical practice guidelines in a number of areas and a significant improvement, particularly in relation to the management of blood glucose levels due to the work being done in this regard by the Clinical Support Officers (CSOs). It would appear from the Clinical Audit data that there has been a significant reduction in the number of patients attended by NIAS with a diagnosis of stroke.

The current Clinical Performance Indicators are based on the current JRCALC Clinical Guidelines. As previously mentioned, the new 2013 revised JRCALC National Clinical Guidelines are now anticipated in April 2013 and all NIAS Clinical Performance Indicators will be revised to reflect these new Guidelines.



CLINICAL PERFORMANCE INDICATORS

PERFORMANCE AREA: STROKE / TIA

CRITERIA FOR INCLUSION: FAST TEST PERFORMED AND OUTCOME RECORDED ON PRF

At least one positive result required i.e. Facial Weakness = 'Yes' OR Arm Weakness = 'Yes' OR Speech Impairment = 'Yes'

PERIOD OF MONITORING: 01 APRIL 2012 TO 31 MARCH 2013

Evidence Base: JRCALC Clinical guidelines 2006 and Stroke Association guidelines

	Totals			CVA1		CVA2	CVA3		CVA4		CVA5	CVA6
	Total PRFs per month	Suspected Stroke		FAST Test Performed	Exceptions	Airway Managed / Observed	Blood Glucose Observed	Exceptions	Blood Pressure Observed	Exceptions	Local Stroke Team Contacted *	Glasgow Coma Scale Completed / Observed
Apr 2012	13628	336	N %	330 98.2%	6 1.8%	327 97.3%	254 75.6%	6 1.8%	306 91.1%	6 1.8%	n/a	327 97.3%
May 2012	14888	347	N %	344 99.1%	3 0.9%	342 98.6%	259 74.6%	3 0.9%	327 94.2%	3 0.9%	n/a	338 97.4%
June 2012	15121	354	N %	351 99.2%	3 0.8%	344 97.2%	250 70.6%	3 0.8%	331 93.5%	3 0.8%	n/a	352 99.4%
July 2012	14406	295	N %	295 100.0%	0 0.0%	291 98.6%	211 71.5%	0 0.0%	272 92.2%	0 0.0%	n/a	290 98.3%
Aug 2012	13792	323	N %	320 99.1%	3 0.9%	323 100.0%	236 73.1%	3 0.9%	304 94.1%	3 0.9%	n/a	321 99.4%
Sep 2012	14183	309	N %	306 99.0%	3 1.0%	307 99.4%	239 77.3%	3 1.0%	293 94.8%	3 1.0%	n/a	303 98.1%
Oct 2012			N %								n/a	
Nov 2012			N %								n/a	
Dec 2012			N %								n/a	
Jan 2013			N %								n/a	
Feb 2013			N %								n/a	
Mar 2013			N %								n/a	
Total	86018	1964	N %	1946 99.1%	18 0.9%	1934 98.5%	1449 73.8%	18 0.9%	1833 93.3%	18 0.9%	n/a	1931 98.3%

* Local stroke team information not currently recorded on Patient Report Form - this will be reviewed at annual PRF reformat/updates.

NOTE: PRF PROCESSING AND DATA CLEANING IS CONTINUOUSLY ONGOING. THE FIGURES REPORTED ABOVE ARE THEREFORE SUBJECT TO FURTHER REVISION AND MAY BE ADJUSTED IN FUTURE UPDATES OF THIS REPORT

**CLINICAL PERFORMANCE INDICATORS: STROKE/TIA
MANAGEMENT INDICATOR SET**

<u>Indicator</u>	<u>Description</u>	<u>Exceptions</u>	<u>Expected Patient Benefit</u>
CVA1	Fast assessment fully recorded on PRF	(i) Patient unconscious (ii) Patient refusal (iii) Patient does not understand request (iv) Secondary head injury / trauma	Improved assessment and management of ischaemic and haemorrhagic stroke
CVA2	Airway assessed as 'CLEAR' on PRF or managed appropriately		Reduced risk of aspiration
CVA3	Blood glucose recorded on PRF	Patient refusal	
CVA4	Blood pressure recorded	Patient refusal Over-riding critical feature e.g. airway or breathing problem	
CVA5	Local stroke team contacted	(i) Time of onset of symptoms to assessment >3 hrs or patient awoke with symptoms (ii) No local stroke team available	Increased access to thrombolysis for patients with ischaemic stroke
CVA6	Glasgow Coma Scale section of PRF completed		



CLINICAL PERFORMANCE INDICATORS

PERFORMANCE AREA: STROKE / TIA

CRITERIA FOR INCLUSION: FAST TEST PERFORMED AND OUTCOME RECORDED ON PRF

At least one positive result required i.e. Facial Weakness = 'Yes' OR Arm Weakness = 'Yes' OR Speech Impairment = 'Yes'

PERIOD OF MONITORING: 01 APRIL 2011 TO 31 MARCH 2012

Evidence Base: JRCALC Clinical guidelines 2006 and Stroke Association guidelines

	Totals			CVA1		CVA2	CVA3		CVA4		CVA5	CVA6
	Total PRFs per month	Suspected Stroke		FAST Test Performed	Exceptions	Airway Managed / Observed	Blood Glucose Observed	Exceptions	Blood Pressure Observed	Exceptions	Local Stroke Team Contacted *	Glasgow Coma Scale Completed / Observed
Apr 2011	13909	306	N %	305 99.7%	1 0.3%	297 97.1%	194 63.4%	1 0.3%	281 91.8%	1 0.3%	n/a	301 98.4%
May 2011	14074	358	N %	355 99.2%	3 0.8%	355 99.2%	218 60.9%	3 0.8%	319 89.1%	3 0.8%	n/a	354 98.9%
June 2011	14290	380	N %	378 99.5%	2 0.5%	374 98.4%	248 65.3%	2 0.5%	350 92.1%	2 0.5%	n/a	375 98.7%
July 2011	12195	289	N %	284 98.3%	5 1.7%	257 88.9%	190 65.7%	5 1.7%	259 89.6%	5 1.7%	n/a	286 99.0%
Aug 2011	14663	321	N %	318 99.1%	3 0.9%	314 97.8%	214 66.7%	3 0.9%	298 92.8%	3 0.9%	n/a	318 99.1%
Sep 2011	13905	334	N %	332 99.4%	2 0.6%	326 97.6%	230 68.9%	2 0.6%	311 93.1%	2 0.6%	n/a	333 99.7%
Oct 2011	14278	364	N %	361 99.2%	3 0.8%	348 95.6%	237 65.1%	3 0.8%	335 92.0%	3 0.8%	n/a	363 99.7%
Nov 2011	13974	330	N %	329 99.7%	1 0.3%	318 96.4%	230 69.7%	1 0.3%	309 93.6%	1 0.3%	n/a	328 99.4%
Dec 2011	15659	357	N %	355 99.4%	2 0.6%	353 98.9%	226 63.3%	2 0.6%	334 93.6%	2 0.6%	n/a	354 99.2%
Jan 2012	14769	356	N %	353 99.2%	3 0.8%	347 97.5%	243 68.3%	3 0.8%	330 92.7%	3 0.8%	n/a	355 99.7%
Feb 2012	14230	345	N %	345 100.0%	0 0.0%	334 96.8%	246 71.3%	0 0.0%	323 93.6%	0 0.0%	n/a	344 99.7%
Mar 2012	16228	340	N %	338 99.4%	2 0.6%	331 97.4%	241 70.9%	2 0.6%	314 92.4%	2 0.6%	n/a	333 97.9%
Total	172174	4080	N %	4053 99.3%	27 0.7%	3954 96.9%	2717 66.6%	27 0.7%	3763 92.2%	27 0.7%	n/a	4044 99.1%

* Local stroke team information not currently recorded on Patient Report Form - this will be reviewed at annual PRF reformat/updates.

NOTE: PRF PROCESSING AND DATA CLEANING IS CONTINUOUSLY ONGOING. THE FIGURES REPORTED ABOVE ARE THEREFORE SUBJECT TO FURTHER REVISION AND MAY BE ADJUSTED IN FUTURE UPDATES OF THIS REPORT

**CLINICAL PERFORMANCE INDICATORS: STROKE/TIA
MANAGEMENT INDICATOR SET**

<u>Indicator</u>	<u>Description</u>	<u>Exceptions</u>	<u>Expected Patient Benefit</u>
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CVA2	Airway assessed as 'CLEAR' on PRF or managed appropriately		Reduced risk of aspiration
CVA3	Blood glucose recorded on PRF	Patient refusal	
CVA4	Blood pressure recorded	Patient refusal Over-riding critical feature e.g. airway or breathing problem	
CVA5	Local stroke team contacted	(i) Time of onset of symptoms to assessment >3 hrs or patient awoke with symptoms (ii) No local stroke team available	Increased access to thrombolysis for patients with ischaemic stroke
CVA6	Glasgow Coma Scale section of PRF completed		

2. **STRATEGIC AIM: TO ACHIEVE BEST OUTCOMES FOR PATIENTS USING ALL RESOURCES WHILE ENSURING HIGH QUALITY CORPORATE GOVERNANCE, RISK MANAGEMENT AND PROBITY**

STRATEGIC OBJECTIVES

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

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.

2.1 EMERGENCY PLANNING REPORT FOR 1 JANUARY TO 28 FEBRUARY 2013

KPI No		Total
2	<u>NO OF POTENTIAL MAJOR INCIDENTS</u>	17
	No of Declared Major Incidents	4
	<u>NO OF AIRPORT ALERTS</u>	
	Belfast International Airport	1
	Belfast City Airport	3
	City of Derry Airport	
	St Angelo Airport	
	Newtownards Airfield	1
	Other airfields	1
	<u>BUSINESS CONTINUITY</u>	14
	<u>HAZARDOUS MATERIAL INCIDENTS (HART CALLS)</u>	57
	<u>HART PRE-PLANNED DEPLOYMENTS</u>	9
4	<u>TRAINING SESSIONS</u>	
	EMERGENCY PLANNING	35
	HART	51
	BUSINESS CONTINUITY	2
5	<u>EXERCISES</u>	
	Live	7
	Tabletop	9
	Observer	1
6	Updates or amendments to MIP	

Potential Major Incident

On 4 January 2013 at 16.59 reports of a light aircraft crashed in Benbradagh Mountain.

Despatched to the scene were 2 Rapid Response Vehicles, 5 Accident & Emergency crews, 6 officers, 1 doctor, the Emergency Equipment Vehicle and Mobile Control Vehicle.

The incident turned out to be a fire on the side of the mountain with a query hoax element to the aircraft. The incident was stood down at 17.23.

Major Incidents

On 26 February 2013 at approximately 09.15 NIAS received a call for a bus that had rolled over in a road traffic accident. Despatched to scene were 7 Accident & Emergency crews, 2 Patient Care Service /Intermediate Care Service crews, 2 Rapid Response Vehicles, 1 doctor, 5 officers, the Emergency Equipment Vehicle and the Mobile Control Vehicle. A total of 9 patients were transported to hospital, 4 to the Ulster Hospital Dundonald and 5 to the Downe Hospital following triage and initial management at the scene. A number of communications issues were identified during the incident and these will be considered during the incident debrief with any necessary actions arising being undertaken.

Airport Alerts

There were 6 airport alerts during this period.

HAZMAT / Hazardous Area Response Team (HART) deployments

02.02.13	NIFRS	Smell of fumes in house – HART ADVISOR ONLY
02.02.13	NIFRS	Carbon Monoxide Incident – HART ADVISOR ONLY
02.02.13	NIFRS	Carbon Monoxide Incident – HART ADVISOR ONLY
03.02.13	NIFRS	Carbon Monoxide Incident – HART ADVISOR ONLY
04.02.13	NIFRS	Inhalation of Toxic fumes – HART ADVISOR ONLY
05.02.13	NIFRS	Carbon Monoxide Incident – HART ADVISOR ONLY
09.02.13	PSNI, NIFRS	Chemical attack on person during robbery – HART staff deployed to scene, one patient assessed and transported to Hospital.
14.02.13	PSNI, NIFRS	PSNI officers in respiratory distress – HART staff and HART advisor tasked to scene. Decontamination equipment tasked but not deployed.
17.02.13	NIFRS	Smoke inhalation – HART staff deployed to scene patient assessed at scene but declined to travel to hospital.
22.02.13	NIFRS, PSNI	Children trapped on ledge on Cavehill – HART staff deployed prepared to deploy in rope rescue equipment but not required.
22.02.13	NIFRS, PSNI	Gas leak – Hart staff and HART advisor deployed to scene, two patients treated at scene.



William Newton
EMERGENCY PLANNING OFFICER

2.2 INCIDENT REPORTS

Introduction

This report covers the period to end February 2013.

Incidents by Incident date and Sub category (Financial Quarter)

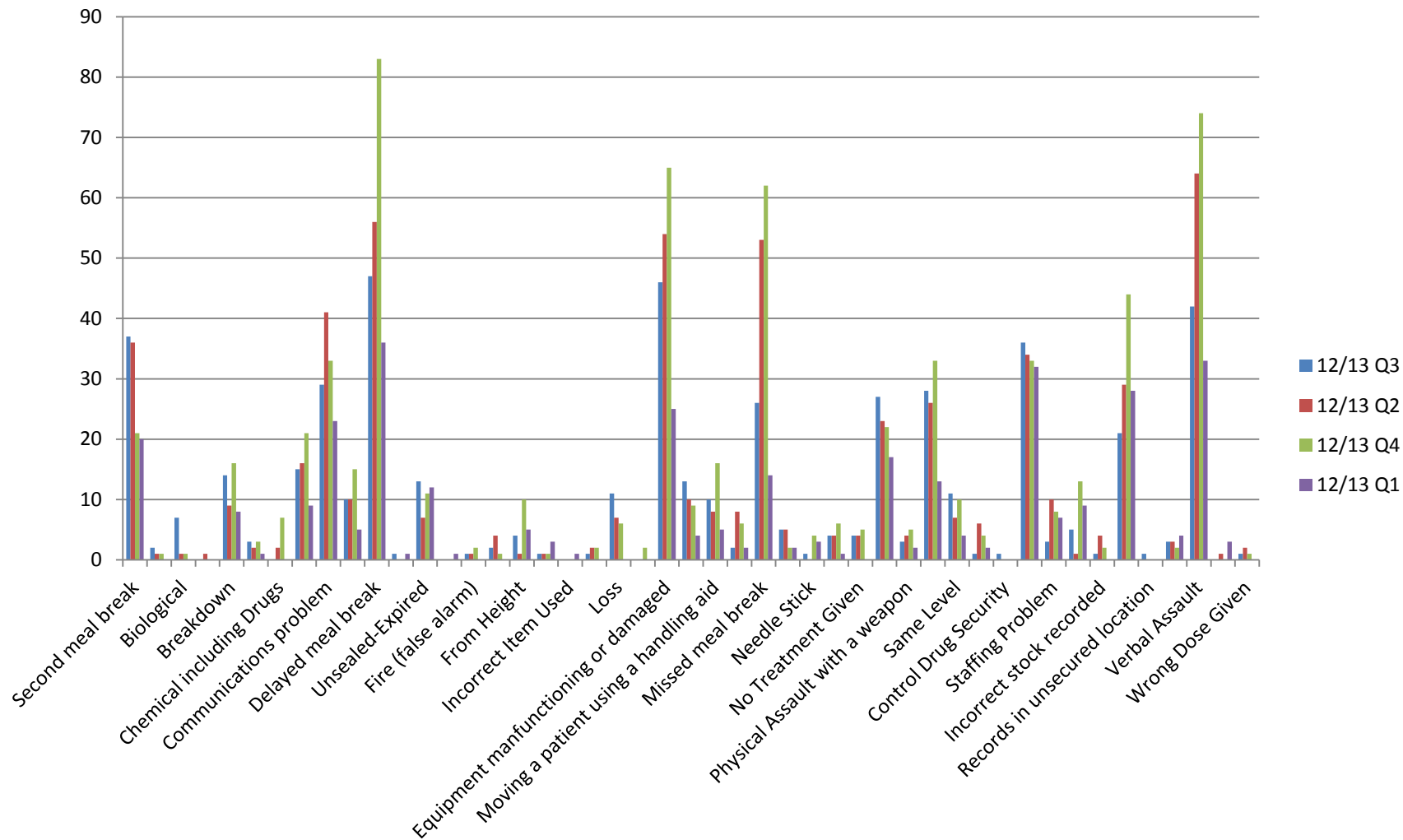


Figure One: Total Number of Incidents by Sub Category

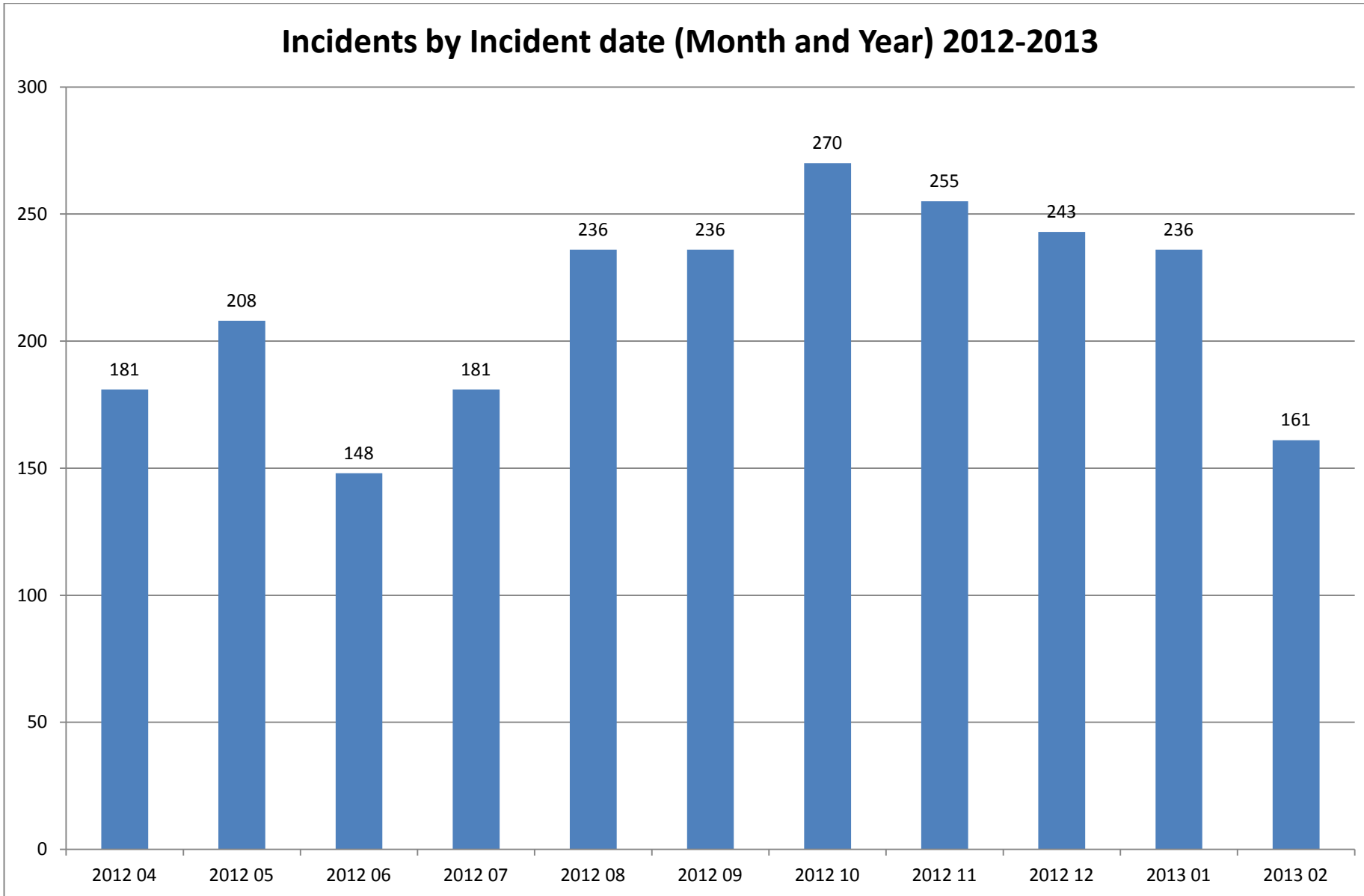


Figure One (a) Incidents by month rolling calendar year 2012-2013

Incidents by Category - Top (10) 1/01/13 - 28/02/13

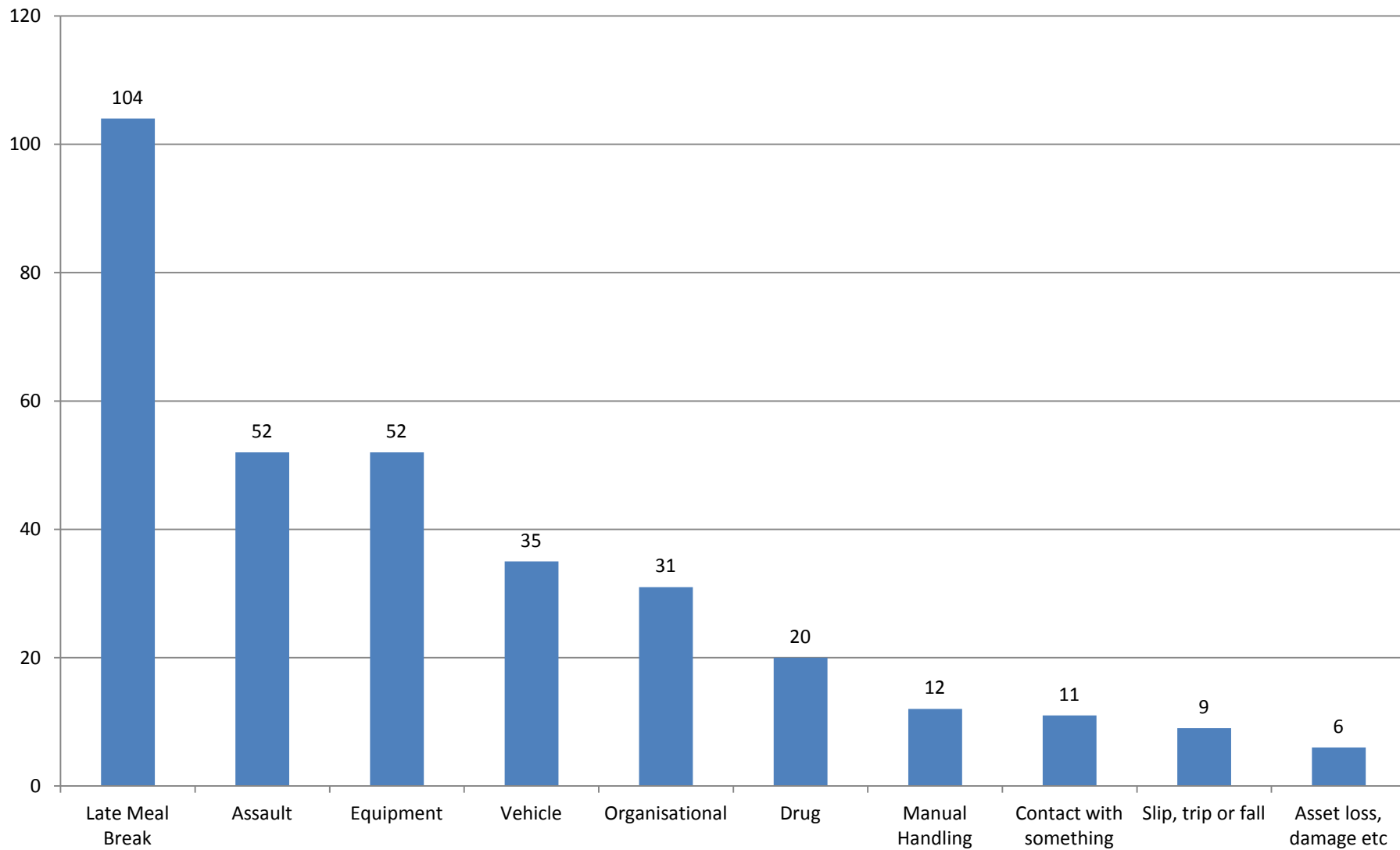


Figure Two: Top Ten Incidents, 1 January – 28 February 2013

Incidents by Severity and Incident date (Month) grouped by Incident date

Date: 01/01/13 - 28/02/2013

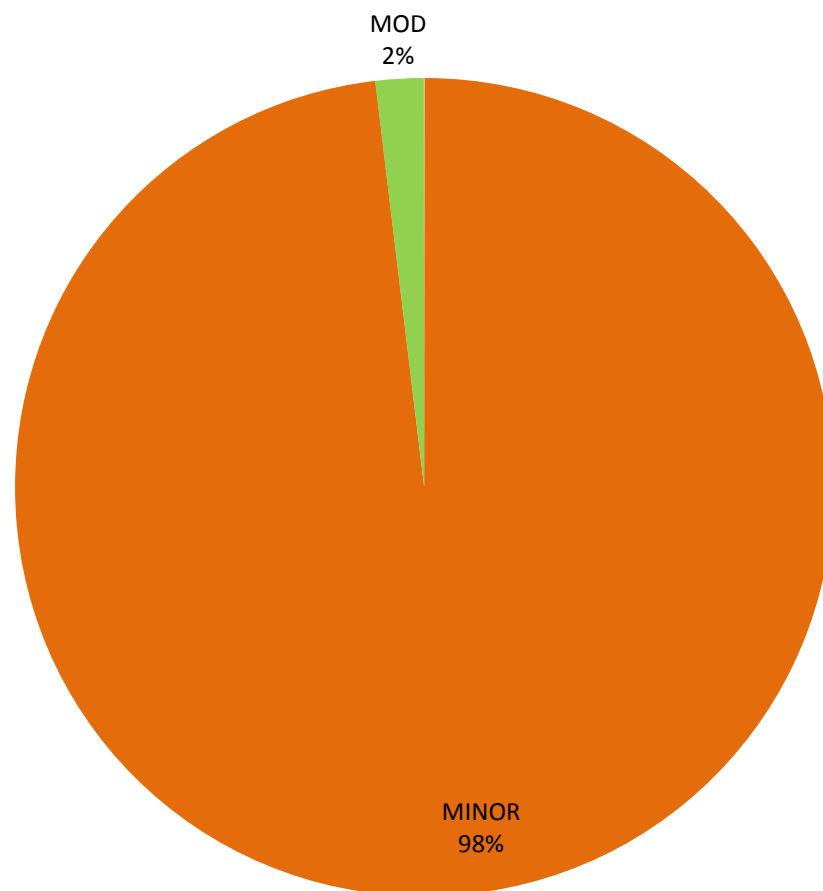


Figure Three: Incidents by Severity: 1 January – 28 February 2013

Incidents by Sub category and Incident date grouped by Division

	2013 01	2013 02	Total
Belfast Area	14	13	27
Physical Assault without a weapon	3	4	7
Physical Assault with a weapon	1	0	1
Verbal Assault	10	9	19
Northern	4	5	9
Physical Assault without a weapon	1	3	4
Verbal Assault	3	2	5
South Eastern	5	2	7
Physical Assault without a weapon	2	1	3
Verbal Assault	3	1	4
Southern	1	2	3
Physical Assault with a weapon	0	1	1
Verbal Assault	1	1	2
Western	4	2	6
Physical Assault without a weapon	1	2	3
Verbal Assault	3	0	3
Totals:	28	24	52

Figure Four: Incidents of Violence to staff by Sub Category

Incidents by Incident date and Sub category (Financial Quarter)

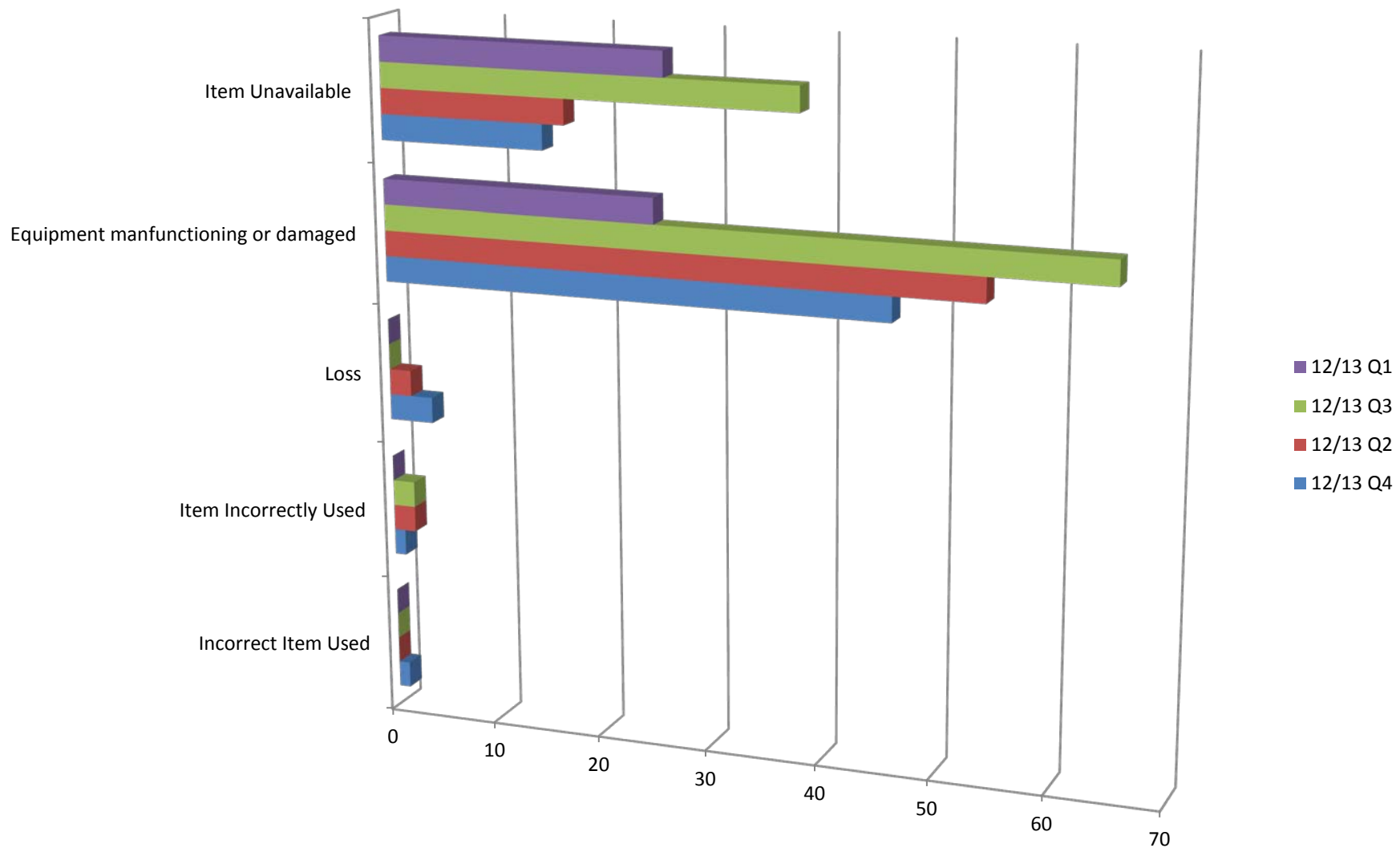


Figure Five: Asset /Equipment Incidents

Incidents by Sub category and Incident date grouped by Division

	2013 01	2013 02	Total
Belfast Area	3	0	3
Northern	1	0	1
Southern	2	0	2
Western	2	1	3
Totals:	8	1	9

Figure Six: Vehicle Cleaning - Incident Reports

Incidents by Sub category and Incident date 01/01/13 - 28/02/13

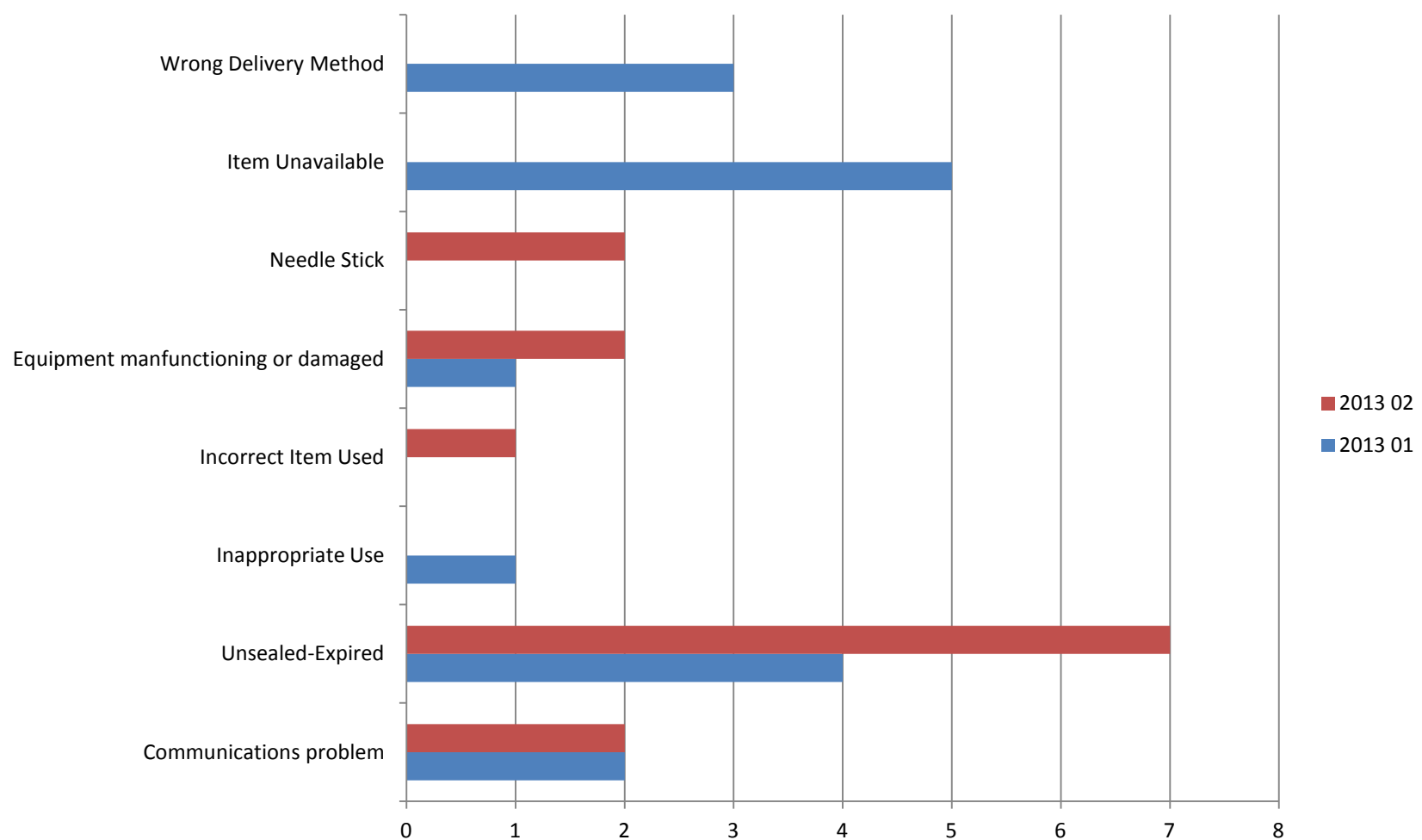


Figure Seven: Clinical Incident Reports by Sub Category 1 January to 28 February 2013

Serious Adverse Incidents Reports as at 28 February 2013

Ref	Status	Subject	Speciality	Description	Location
SAI 679W / UIR18267	<p><i>Joint Investigation underway by NIAS and WHSCT</i></p> <p>This SAI was closed on 16 December 2011.</p> <p>A Joint Working Group has been set up with the Western Trust in order to develop an Inter Hospital Transfer Policy. This group met on 23 February 2012.</p> <p>A number of actions have already been taken up by the Group and a further meeting is planned. Draft guidelines for Inter Hospital Transfers have been circulated to CCaNNI and the Western Trust. Draft risk assessment has been completed and shared with CCaNNI awaiting response.</p> <p>This work has now been incorporated into a regional review of regional emergency and urgent transfer services for neonates, paediatrics and adults, as requested by the Permanent Secretary as part of the review of paediatric congenital cardiac services.</p>	Serious injury to staff member	Accident & Emergency	A member of staff was seriously injured during an inter hospital emergency transfer	Western Area

Ref	Status	Subject	Speciality	Description	Location
SAI A1087/ UIR 19337	<p>Reported to HSCB On the 3 May 2012 and related to an incident on 23 January 2012 regarding the delay in the provision of treatment and transport to a cardiac patient following a request from the Ulster Cardiac Team.</p> <p>Report submitted to HSCB.</p> <p>The DRO requested that NIAS provide further information regarding the engagement with the family.</p> <p>Further information was provided and the DRO has confirmed that this SAI has been closed on 17 December 2012.</p> <p>Changes to the procedures for the activation of hospital-based mobile coronary care units and the procedures for responding to calls from hospital coronary care units have been amended in EAC accordingly.</p>	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Cardiac Arrest and did not survive.	South Eastern Area

Ref	Status	Subject	Speciality	Description	Location
SAI A1678 / UIR23652	<p>Reported to the HSCB on the 13 November 2012 in relation to an ambulance breakdown during the emergency inter hospital transfer of a one year old child. The child arrested shortly after arrival at RBHSC ED. A full resuscitation was carried out however the patient did not survive.</p> <p>A joint investigation has been undertaken with the Western HSC Trust. Submission of the report originally due in February 2013 has been delayed for incorporation of further information following completion of incident investigation. Submission of report expected mid-March 2013.</p>	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Cardiac Arrest and did not survive.	Western Area
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</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>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. DRO has responded requesting review by independent expert. Following discussion, consultant in emergency medicine has agreed to undertake review. Further specialist opinion also obtained from HSE Ambulance Service Medical Director. Report currently being amended to reflect this for re-submission to HSCB mid-March.</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.</p>				
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2.3 CONTROLS ASSURANCE STANDARDS REPORT – COMPLIANCE 2012/13

	Standard	Lead		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	T	I/A			
1	Buildings	B McNeill	Self	90	90	86	N/A	88	85	82	92	92	N/A	N/A	87	75	87	88	1042																	80%			
2	n		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																				
3	Emergency Planning	D McManus	Self	95	95	95	95	90	95	90	85	95	90	925																						93%			
4	Environmental Cleanliness		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																				
5	Environmental Management	B McNeill	Self	90	82	84	86	86	92	88	92	86	90	876																						88%			
6	Financial Management	S McCue	I/A	95	95	95	95	90	90	85	95	95	95	95	90	1115																					93%	92%	
7	Fire Safety	B McNeill	I/A	93	90	95	91	92	N/A	92	95	94	90	94	92	92	92	88	92	93	1475																92%	93%	
8	Fleet	B McNeill	I/A	86	84	82	78	78	80	88	80	82	86	90	90	76	82	90	1252																		83%		
9	Governance	S McCue / D	I/A	90	83	83	80	90	90	85	601																										86%	84%	
10	Health and Safety	R O'Hara	Self	99	99	99	80	90	90	90	95	75	40	95	85	90	80	85	85	75	60	85	90	85	60	75	85	1992									80%		
11	Human Resources	R O'Hara	Self	85	85	50	90	80	85	85	80	75	80	80	70	80	80	80	80	90	80	1435																80%	
12	Infection Control	D McManus	Self	95	85	80	75	75	95	85	75	N/A	90	90	95	85	80	90	90	1285																		86%	
13	ICT	S McCue	Self	93	90	90	75	80	76	76	75	75	77	80	75	95	75	75	70	72	75	72	1496															79%	
14	Purchasing & Supply	S McCue	Self	85	60	60	75	85	85	85	85	70	80	80	75	75	80	1080																				77%	
15	Medical Devices	B McNeill	Self	85	80	88	80	N/A	85	88	N/A	85	85	90	90	86	90	N/A	90	80	N/A	95	95	90	90	95	95	95	90	90	80	84	84	2285			88%		
16	Management	McManus	Self	90	90	90	N/A	85	95	95	95	N/A	95	N/A	95	95	95	95	95	95	1305																	93%	
17	Records Management	S McCue	I/A	90	85	80	85	85	80	505																											84%	84%	
18	Risk Management	D McManus	I/A	95	90	90	90	90	80	90	90	805																									89%	86%	
19	Waste Management	B McNeill	Self	85	76	90	90	92	90	90	90	N/A	90	89	90	90	82	88	90	1322																	88%		
20	Security	B McNeill	I/A	92	87	87	85	92	92	92	92	75	89	91	90	1064																						89%	85%
21	Food Hygiene		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																				
22	Research Governance		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																				
	KEY=	ore Standard		Not Assessed			Self Audit						I/A= Internal Audit																							V1final2 2012			

3. STRATEGIC AIM: 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

STRATEGIC OBJECTIVES

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

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

3.1 PERSONAL AND PUBLIC INVOLVEMENT (PPI)

NIAS is represented on the DHSSPS PPI Review Group which is charged with reviewing PPI guidance for HSC. In addition the Trust participates in the PHA Regional PPI Forum in partnership with other HSC organisations and service users. The Trust is also engaged with PHA in respect of a collaborative approach across HSC to the implementation of PPI.

PATIENT AND CLIENT EXPERIENCE STANDARDS

In line with the HSCB Commissioning Plan, NIAS continues to contribute to the regional working group established to develop and implement methodologies to monitor compliance with the Minister's Patient and Client Experience Standards (Respect, Privacy, Dignity, Behaviour and Communication).

Questions in respect of experience of ambulance services are now included in surveys related to the standards undertaken across HSC Acute Trusts. Results of these surveys provided to NIAS.

ACTIONS FOR 2012/13

- Publication of a PPI Strategy for NIAS.
- Implementation of additional methodologies to monitor compliance with the standards and identification of areas for improvement.
- Continued involvement in regional work streams to influence and ensure a collaborative approach to the PPI and Patient and Client Experience standards agendas within the HSC.
- Participation in PPI initiatives with other statutory and voluntary agencies and development of a NIAS reference panel.

Progress to 28 February 2013

PPI

Consultation on the Trust's Draft PPI Strategy closed in October 2012. Five formal responses were received, providing detailed comment on the strategy. The comments contained in these responses have been incorporated in a finalised PPI Strategy for approval by Trust Board and publication by the Trust.

The Trust continues to participate in regional work streams such as through the PHA Regional PPI Forum to ensure a collaborative approach to PPI within HSC. This has recently included work to develop a set of standards for PPI to be applied across HSC Trusts. In addition the Trust is working to implement a DHSSPS circular which provided updated guidance on implementation of PPI.

The Trust continues to encourage involvement of service users and is currently working on improving systems to record PPI activity but more importantly on the outcomes of such activity. A quarterly report is now provided to the Trust's Senior Executive Management Team which details learning outcomes from PPI work streams along with Equality and Patient Experience activity.

PATIENT AND CLIENT EXPERIENCE STANDARDS

During the reporting period the Trust continued to implement the regional methodology to monitor compliance with the Minister's Patient and Client Experience Standards. This includes questions relating to the ambulance element of the patient journey incorporated in questionnaires issued by acute trusts as appropriate. The results of these surveys along with any relevant patient stories are shared with NIAS for analysis and action as appropriate. In addition Observations of Practice in the context of the standards are undertaken by Trust Officers. The results of this combined work, along with a review of complaints and compliments which relate to the standards, are together considered to provide a picture of implementation of these standards within NIAS. Quarterly reports are provided to HSCB and learning outcomes reported to Senior Executive Management Team and through Trust performance management systems.

Regional priorities in this area currently include a review of structures and work streams in respect of Patient and Client Experience within HSC.

3.2 PATIENT CLIENT EXPERIENCE STANDARDS MONITORING REPORT (QUARTER ENDING 30 SEPTEMBER 2012)

Background

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

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

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

Priorities for Action 2010/11 includes the following target:

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

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.

PATIENT SATISFACTION SURVEYS

Trust: Northern Ireland Ambulance
Service HSC Trust

Ward: Variety of wards across HSC
Trusts.

Quarter Ending:

30 September 2012

Return of Questionnaire:	Two options for return of questionnaires were provided: <ul style="list-style-type: none">• Via freepost return envelope to the Safe &Effective Care Department• Placed in a sealed envelope on the ward on day of discharge and then forwarded to the Safe &Effective Care Department
Response Rate:	<p>Of the 579 questionnaires issued across the Trusts in Quarter 2 2012/13, 151 were returned. This equates to a response rate of 26.1% compared with 40.6% in quarter 1 2012/13. The overall number of questionnaires distributed in quarter 2 2012/13 (597) was lower than the number distributed in quarter 1 (1281). The areas surveyed by Belfast, South Eastern and Southern Trusts included residential care and community care. Travel by ambulance was not applicable to these areas and questions on travelling to hospital by ambulance were not included in the questionnaires issued. Results therefore reflect returns from Northern and Western Trusts only.</p> <p>Of those who responded to the survey, 19.2% (29/151) travelled to hospital by ambulance in Quarter 2 2012/13, compared with 10.8% in quarter 1.</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

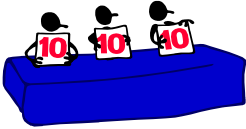

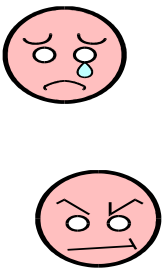
Did you feel the ambulance staff?

Respect	100% (29/29) treated you as an individual	100% (29/29) considered and respected your wishes	100% (29/29) made you feel safe and secure
Attitude	100% (29/29) were polite and courteous		
Behaviour	were caring and compassionate 100% (29/29)	behaved in a professional manner 100% (29/29)	
Communication	96.3% (26/27) Did the ambulance staff introduce themselves?	100% (29/29) spoke to you in a way which you could easily understand	100% (29/29) Explained what was happening in relation to your care and treatment
Privacy & Dignity	100% (29/29) maintained your privacy and dignity		

Issues identified

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.

COMPLIMENTS AND COMPLAINTS Figures for compliments and complaints have been collected for the quarter and are presented in the table below. A total of 42 compliments and 31 complaints were received by the Trust during the period compared with 43 and 27 respectively in the previous quarter. Compliments and complaints have been mapped from DATIX categories to the five patient experience standards. All compliments are dealt with via the Chief Executive's Office.

<u>COMPLIMENTS and COMPLAINTS FOR PERIOD : 1 Jul – 30 Sep 2012</u>		
Total number of compliments received: 42		
Total number of complaints received: 31		
COMPLIMENTS received at ward / department level (cards, thank you letters)  Recorded over same timespan 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	N/A
	ATTITUDE	N/A
	BEHAVIOUR	N/A
	COMMUNICATION All staff members engage in effective verbal and non verbal communication, leading to clear information being exchanged between staff and patients / clients	N/A
	PRIVACY and DIGNITY	N/A
COMPLIMENTS received through the Chief Executive's office  Recorded over same timespan that questionnaires are being distributed and themed as per Standards	RESPECT	0
	ATTITUDE Personal approaches and responses to patients and clients by all members of staff show care and compassion	36
	BEHAVIOUR	2
	COMMUNICATION	4
	PRIVACY and DIGNITY Staff members ensure that all environments where care is provided protect the privacy and dignity of patients and clients	0
COMPLAINTS received  Previous 3 months to commencement of PSQ distribution and themed as per Datix categories (refer to Complaints Mapping)	RESPECT	0
	ATTITUDE	7
	BEHAVIOUR All members of staff involve patients and clients in their care, respecting their wishes and showing professional and appropriate behaviour	7
	COMMUNICATION	17
	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 quarter.

OBSERVATION OF PRACTICE

As agreed at the regional working group, NIAS piloted Observations of Practice within the Belfast Area between April and December 2011 following which a review of this methodology was to be undertaken. A collaborative approach to the pilot was used involving Operations and Training staff. During the pilot, observations were undertaken by a Station Officer, Divisional Training Officer and Clinical Support Officer, each carrying out observations one day per month over the 9 month period.

Between January and March 2012 NIAS then undertook a review of this pilot in order to determine the appropriate way to further implement this methodology in the context of an ambulance service. The observation of practice methodology poses particular challenges in an emergency ambulance environment and, if it were to be adopted more widely within NIAS, would have to be adapted to the needs of the service. Issues identified include the time taken to undertake an observation as it requires the observer travelling with a crew to locations and for journey times unknown at the time the observer joins the crew. Patients and service users use the ambulance service often for a short period of time, for a single episode and in very traumatic situations. Those accessing our services do so to access facilities and services of other HSC Trusts.

Observations practice was continued in the Belfast area during the quarter July – September. The observations provide further evidence of positive patient experience as well as identifying areas for improvement. Observers have reported that patients are being treated in a way which is in keeping with the patient and client experience standards. Evidence from the observations indicates that patients were treated as individuals, their wishes were respected and taken into consideration and they were made to feel safe and secure. Communication with patients was appropriate and sensitive to their needs.

The observation of practice methodology poses particular challenges in an ambulance environment. These include issues around the time taken to undertake an observation as it requires the observer travelling with a crew to locations and for journey times unknown at the time the observer joins the crew. The Trust will continue to review the results observations and consider comments made by those involved in undertaking the observations. This will include consideration of the role best suited to carry out observations and the time commitment involved.

LEARNING AND TAKING ACTION

The results from implementation of the range of methodologies for this quarter, in terms of experiences of ambulance services, are generally very positive. 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.

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.

Progress in respect of the standards is also reported to Trust Board. Staff involved with Patient Experience work streams have worked with the Trust's training department to develop a guide around key standards which include addressing the issue of staff introducing themselves which has been a theme in some of the results.

The Trust has developed a 'Work Book' for staff to provide guidance on key areas of responsibility, in support of Trust policies and procedures and ongoing training. This includes a section on Patient and Client Experience Standards.

ASSURANCE REPORT: OPERATIONS DIRECTORATE

TIMELY RESPONSE

The provision of a timely ambulance response to patients is the very core of what we do. There will always be a need for prompt ambulance response and transportation of patients to and from healthcare settings, and we will continue to prioritise and provide rapid response based on clinical need.

The vast majority of patients requiring transportation however, do not require rapid or emergency transportation by highly qualified paramedics. Patients require timely and dependable transportation with dignity and respect in a caring environment by suitably trained and qualified healthcare professionals.

Increasingly the emphasis will be on providing timely dependable transportation on a non-urgent, non-emergency basis to create and maintain emergency ambulance capacity to support sole paramedic response to emergency patients with prompt transportation by emergency ambulance as required.

OBJECTIVES

NIAS will seek to ensure that an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes, and not less than 65% in any LCG area.

NIAS will seek to ensure that 95% of Category B calls are responded to within 21 minutes and that 95% of Category C calls are responded to in 60 minutes.

NIAS will seek to respond to 95% of Urgent calls within 15 minutes of time specified by the clinician requesting transport.

SUMMARY OF PERFORMANCE

NIAS achieved 68.7% up to February against the 72.5% Regional Category A performance target. The 65% target was not achieved in Northern, Southern and South Eastern LCG area.

NIAS provided an average of 86.2% of Category A patients with a conveying ambulance within 21 minutes of receipt of call. Non conveying ambulances, the majority of which are RRVs contribute 43.3% of Category A response, regionally.

RISK COMMENTARY

There is a potential risk to achieving the targets if:

1. NIAS experiences an increase in activity:
2. There are continued delays in emergency departments relating to patient handover.
3. There are continued requests for diverts away from emergency departments resulting in longer journey times and ambulances being out of area.
4. Lack of stakeholder support for proposed service delivery model.
5. Significant changes in the configuration of acute services without assessing the need for or commissioning of additional resources as appropriate.
6. Loss of production hours due to factors beyond the organisation's control e.g. severe weather, pandemic flu, industrial action, response to major incidents.

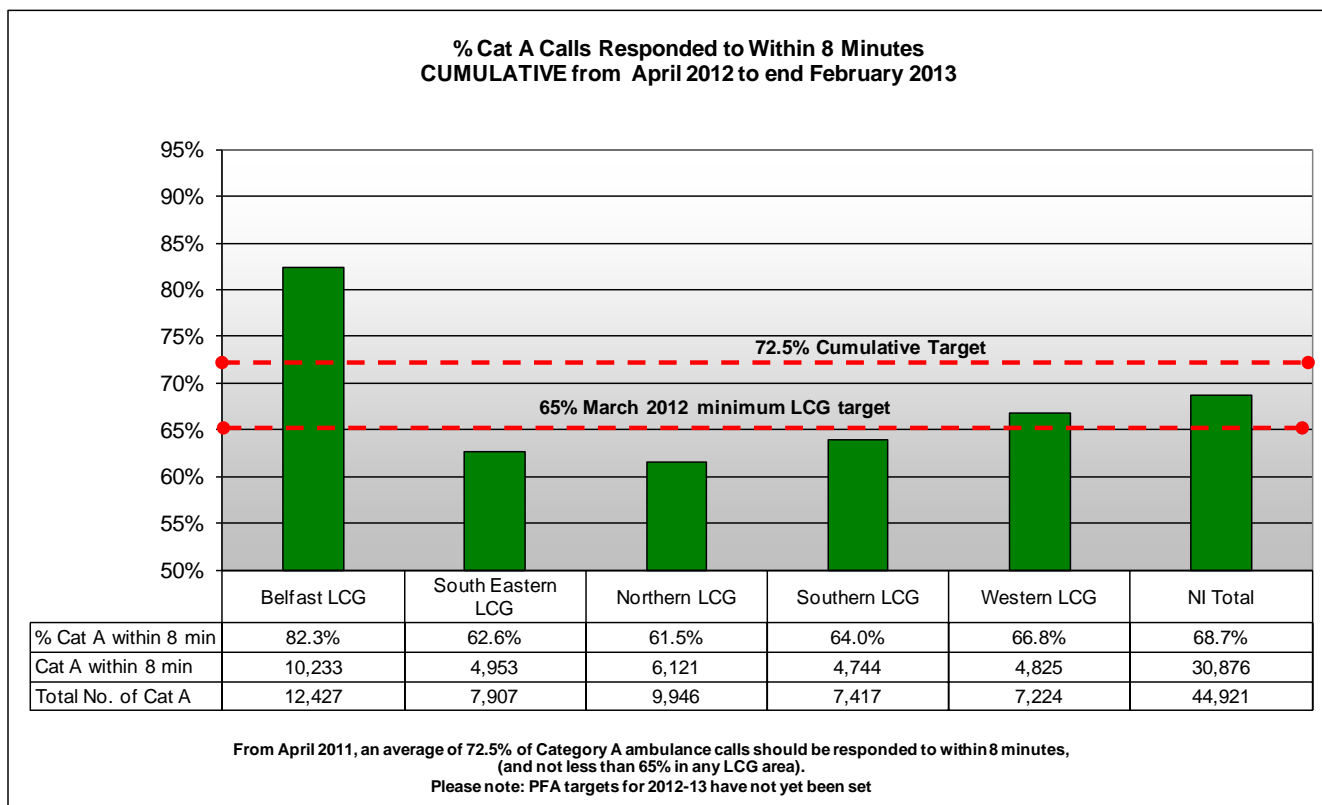
PERFORMANCE REPORTS

CAT A PERFORMANCE – CUMULATIVE FROM APRIL 2012 TO FEBRUARY 2013

HSCB 2012/13 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%



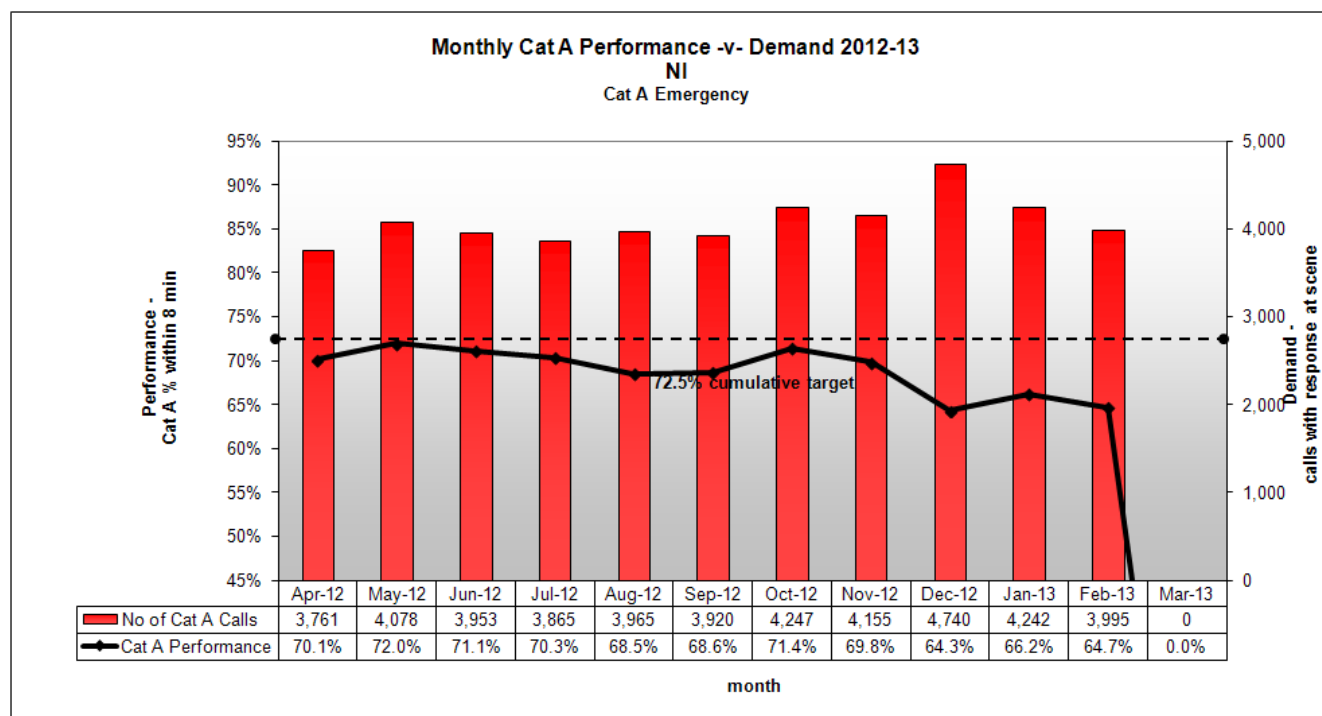
CAT A PERFORMANCE – Monthly Cumulative Position 2012/13 as at February 2013

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Regional	70.1	71.1	71.1	70.9	70.4	70.1	70.3	70.2	69.5	69.1	68.7	
Belfast	85.7	84.7	84.9	85.0	84.3	83.9	83.9	84.0	83.2	82.9	82.3	
South East	63.4	64.7	64.6	64.7	64.1	63.9	63.9	63.6	63.0	63.0	62.6	
North	62.2	63.7	63.6	62.3	61.8	61.8	62.3	62.7	62.0	61.8	61.5	
South	63.5	64.5	65.3	66.0	66.2	65.6	66.2	66.3	65.2	64.4	64.0	
West	68.8	71.0	70.0	69.8	69.3	68.9	68.8	68.2	67.5	67.1	66.8	

Overall cumulative performance for Cat A has decreased by 4.4% compared to the same timeframe last year with Cat A activity increasing regionally by 8.4%. The most noticeable reductions in cumulative Cat A performance occurred in Belfast LCG (-5.2%) and South Eastern LCG (-6%). However Belfast and South Eastern LCGs also saw the greatest increases in the cumulative total number of Cat A calls with increases of 10.5% and 9.8% respectively compared to the same timeframe last year.

Overall Cumulative activity has increased by 4% compared to the same timeframe last year with emergency activity increasing by 5.6%.

CAT A PERFORMANCE – Monthly Regional Position 2012/13 as at February 2013



CAT A PERFORMANCE – Monthly LCG Position 2012/13 as at February 2013

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
NI	70.1	72.0	71.1	70.3	68.5	68.6	71.4	69.8	64.3	66.2	64.7		
Belfast	85.7	83.9	85.4	85.0	81.7	81.7	84.5	84.6	77.3	80.2	77.0		
South East	63.4	66.1	64.4	64.9	62.1	62.9	63.6	61.5	59.3	62.2	59.4		
North	62.2	65.0	63.5	58.7	59.8	62.0	65.1	65.2	57.2	60.4	58.5		
South	63.5	65.4	67.0	68.1	66.8	62.8	69.9	66.7	58.3	57.8	59.3		
West	68.8	73.1	67.9	69.3	67.3	66.8	68.3	63.9	63.6	62.7	63.9		

Key:



Target Achieved

Target Substantially achieved (within 1% variance)

Target Partially achieved (within 2.5% variance)

Target Not Achieved (greater than 2.5% variance)

PERFORMANCE COMMENTARY:

Performance Review February 2013 v February 2012 (cumulative data)

Activity	February 2013	February 2012	Variance %
Emergency	11514	11263	2.2%
Category A	3995	3824	4.5%
Urgent	2769	3226	-14.2%

The monthly performance was 8.4% lower than February 2012 (same period last year) with Belfast LCG falling by 9.9%, South Eastern LCG by 9.4%, Northern LCG by 7.4%, Southern LCG by 7.3% and Western LCG by 7%. However there has been an increase in the Cat A activity regionally which is up by 4.5% (equivalent to 6 extra Cat A calls each day) when compared to the February 2012. This is mostly noticeable in the Northern LCG where there has been an 8.5% increase (equating to nearly 3 additional Cat A calls each day of the

month).

Regionally there has been a 2.2% increase in overall Emergency activity for the month compared to February 2012, with South Eastern LCG up by 4.3% (3 extra emergency calls each day) and Northern LCG up by 8% (7 extra emergency calls each day).

Local context :

- Ongoing congestion due to Flag protest across main arterial routes
- Potential major incident in Downpatrick on 26 February 2013
- Major roadwork changes in Belfast centre starting from 28 January 2013
- Noticeable delays in handing patients over at EDs (particularly at the Ulster Hospital and Antrim Area Hospital)

Category A : % Conveyance Resource Response arriving within 21 minutes

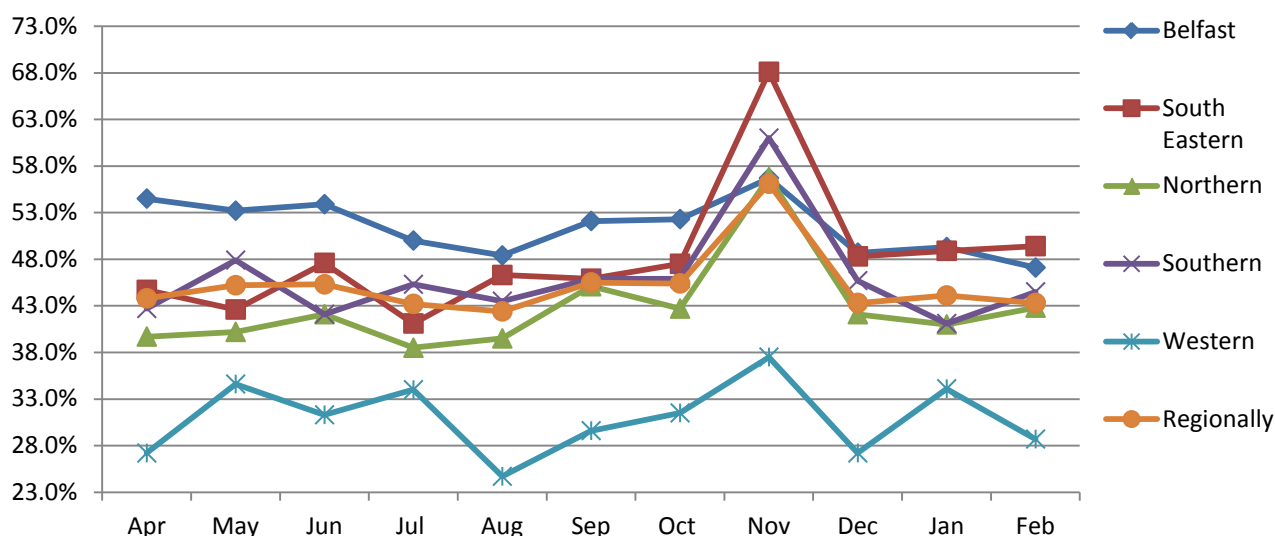
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	89.3	89.4	90.2	90.4	89.0	88.5	89.9	88.2	86.6	87.1	86.2	
Belfast	89.5	90.2	91.6	92.8	93.3	91.4	91.0	90.3	91.1	89.7	88.7	
South East	84.9	86.7	87.5	88.9	84.1	83.1	85.8	83.1	81.8	81.8	80.6	
North	90.8	89.8	89.2	89.4	87.0	87.6	88.2	88.6	86.5	87.8	87.3	
South	90.9	89.6	92.6	89.8	90.4	88.9	92.2	87.3	83.4	87.1	86.4	
West	90.1	90.3	89.6	90.1	88.9	90.3	92.7	90.6	87.4	87.5	86.5	

PERFORMANCE COMMENTARY:

NIAS TARGET TO CONVEY 95% OF CAT A CALLS WITHIN 21 MINUTES

Non-Conveying Resource (RRV Etc) - contribution to Cat A

NCR first at scene contribution to Cat A Performance - February 2013



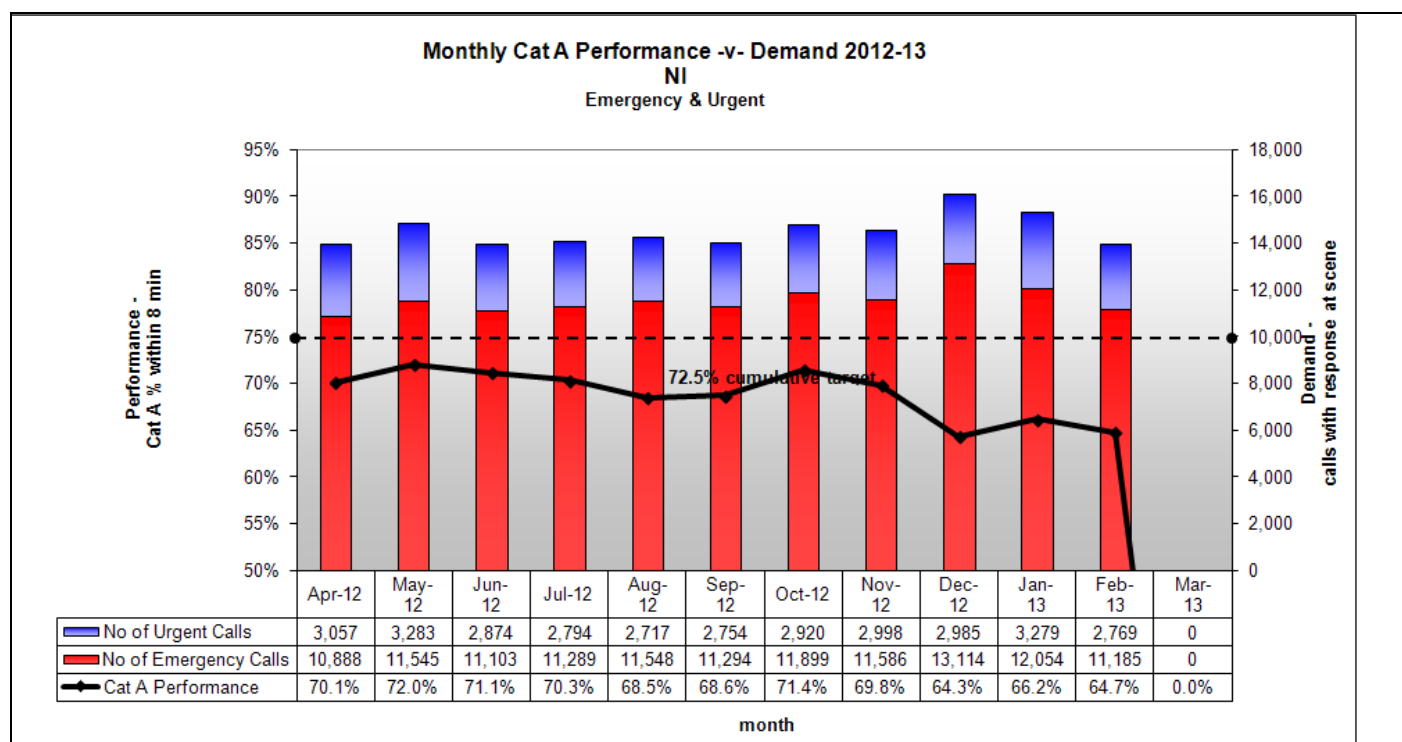
Non-Conveying Resource (RRV etc) - contribution to Cat A data

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Belfast	476	520	511	458	430	477	515	536	485	468	395	
<i>Belfast (%)</i>	<i>54.5%</i>	<i>53.2%</i>	<i>53.9%</i>	<i>50.0%</i>	<i>48.4%</i>	<i>52.1%</i>	<i>52.3%</i>	<i>56.7%</i>	<i>48.7%</i>	<i>49.3%</i>	<i>47.1%</i>	
South East	191	197	211	174	206	198	235	314	227	231	210	
<i>South East (%)</i>	<i>44.7%</i>	<i>42.6%</i>	<i>47.6%</i>	<i>41.1%</i>	<i>46.3%</i>	<i>45.9%</i>	<i>47.5%</i>	<i>68.1%</i>	<i>48.3%</i>	<i>48.9%</i>	<i>49.4%</i>	
Northern	201	221	228	198	217	251	268	338	252	230	223	
<i>Northern (%)</i>	<i>39.7%</i>	<i>40.2%</i>	<i>42.1%</i>	<i>38.5%</i>	<i>39.5%</i>	<i>45.1%</i>	<i>42.7%</i>	<i>56.8%</i>	<i>42.1%</i>	<i>41.0%</i>	<i>42.8%</i>	
Southern	166	218	186	199	183	183	218	267	219	170	175	
<i>Southern (%)</i>	<i>42.7%</i>	<i>47.9%</i>	<i>42.1%</i>	<i>45.3%</i>	<i>43.5%</i>	<i>45.9%</i>	<i>45.9%</i>	<i>61.0%</i>	<i>45.7%</i>	<i>41.1%</i>	<i>44.5%</i>	
Western	120	170	136	145	114	115	142	172	137	140	117	
<i>Western (%)</i>	<i>27.2%</i>	<i>34.6%</i>	<i>31.3%</i>	<i>34.0%</i>	<i>27.7%</i>	<i>29.6%</i>	<i>31.5%</i>	<i>37.5%</i>	<i>27.2%</i>	<i>34.1%</i>	<i>28.7%</i>	
Regionally	1154	1326	1272	1174	1150	1224	1378	1627	1320	1239	1120	
<i>Regionally (%)</i>	<i>43.8%</i>	<i>45.2%</i>	<i>45.3%</i>	<i>43.2%</i>	<i>42.4%</i>	<i>45.5%</i>	<i>45.4%</i>	<i>56.1%</i>	<i>43.3%</i>	<i>44.1%</i>	<i>43.3%</i>	

PERFORMANCE COMMENTARY:

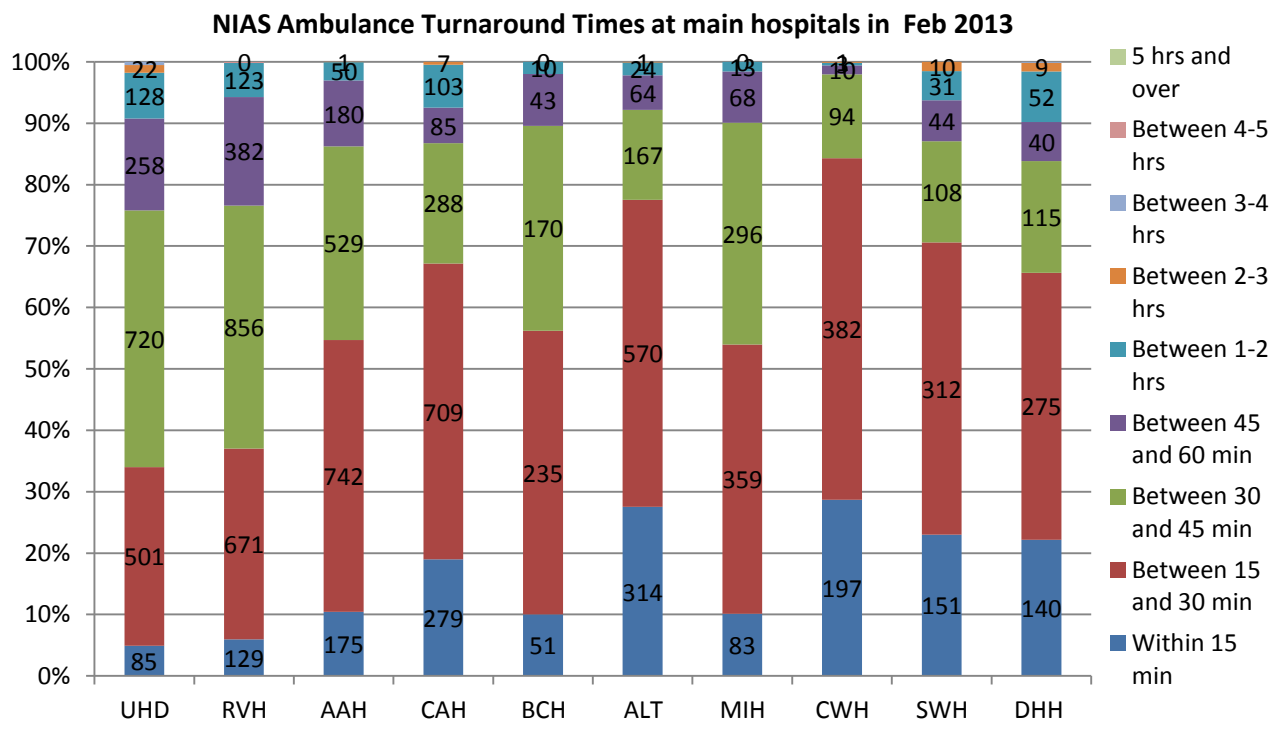
The above table shows show that the number of calls where a non-conveying response is first on scene has fallen by 9.6% in comparison with the previous month.

Urgent Calls (non-life-threatening):



PERFORMANCE COMMENTARY: Graph above details the number of Drs Urgent calls responded to for each month. It also shows a profile of 999 calls broken down by category A, B, C, for each month. Black lines show performance against the regional 72.5% target.

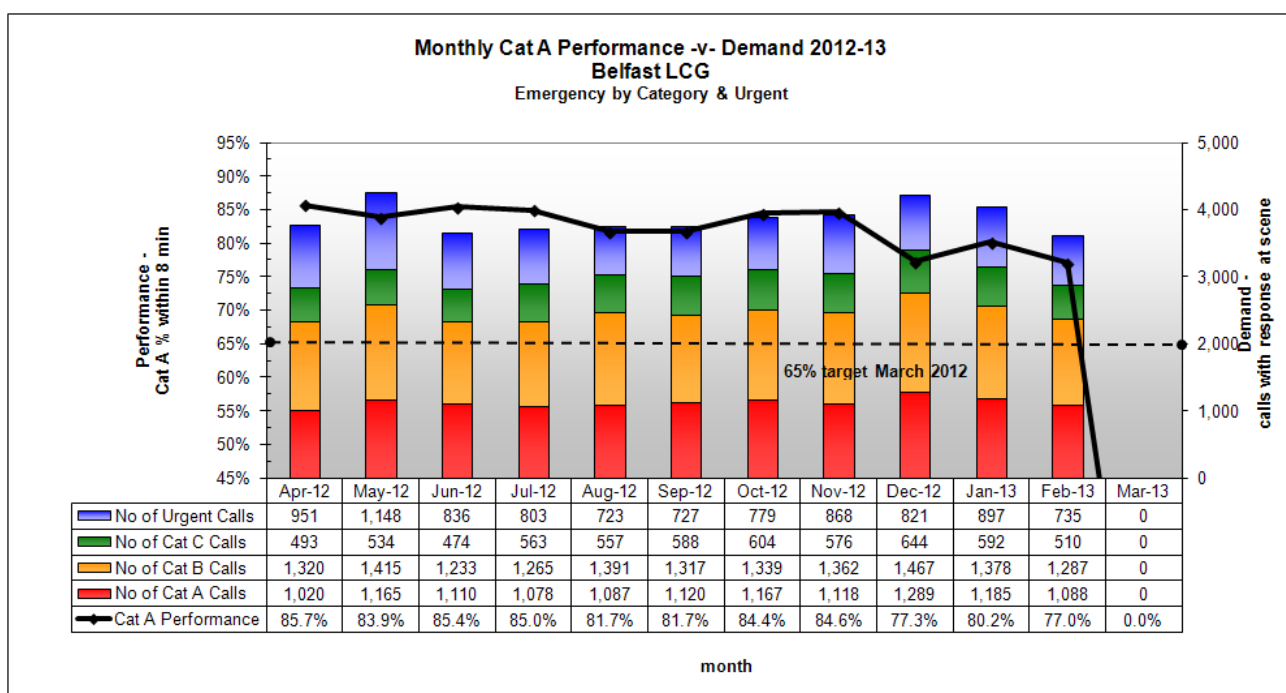
TURNAROUND TIMES AT HOSPITALS



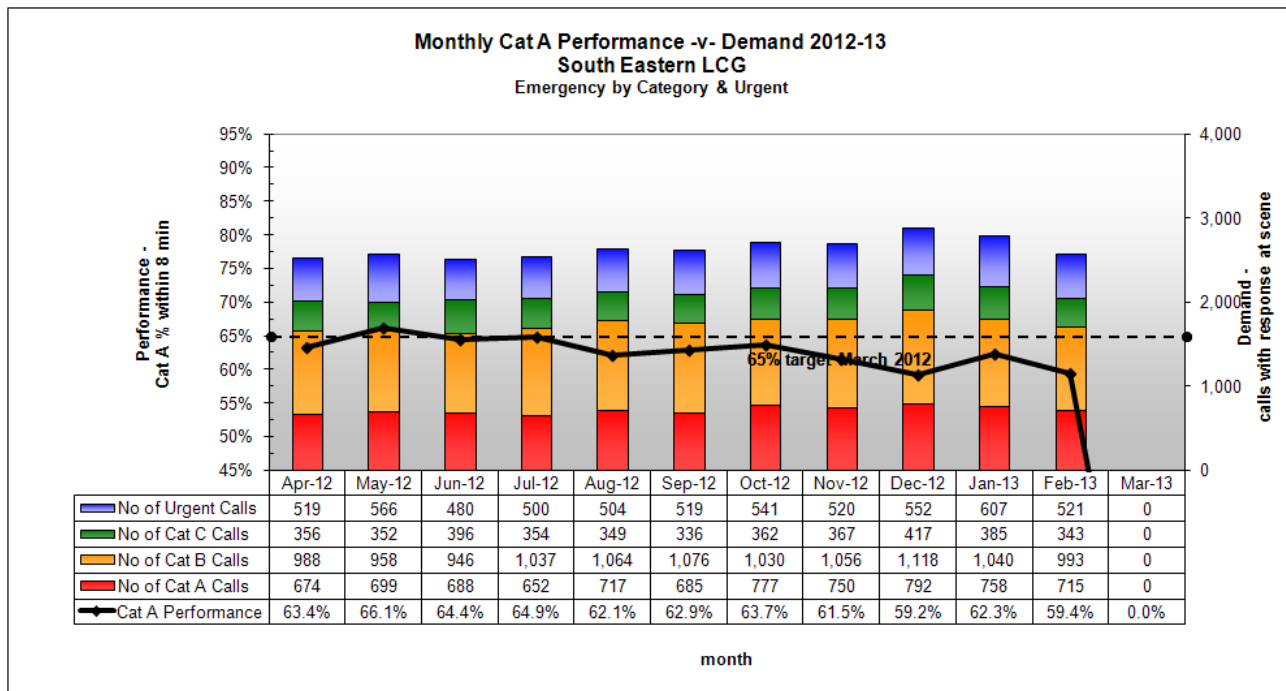
- In February 2013 42.7% of ambulances arriving at Emergency Departments are turning around in 30 minutes or less.
- NIAS continues to work with HSCB and Trusts in improving patient handover and turnaround times.
- There were 52 diverts for February 2013

PERFORMANCE REVIEW BY DIVISION

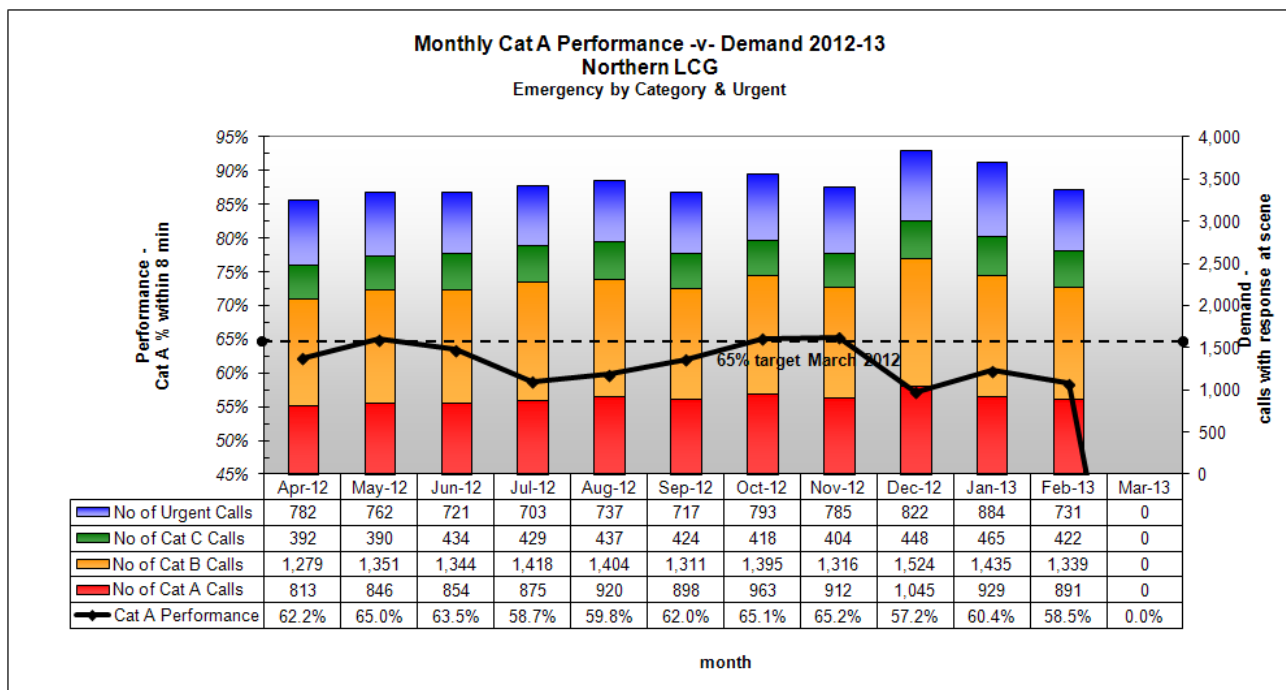
Belfast Division



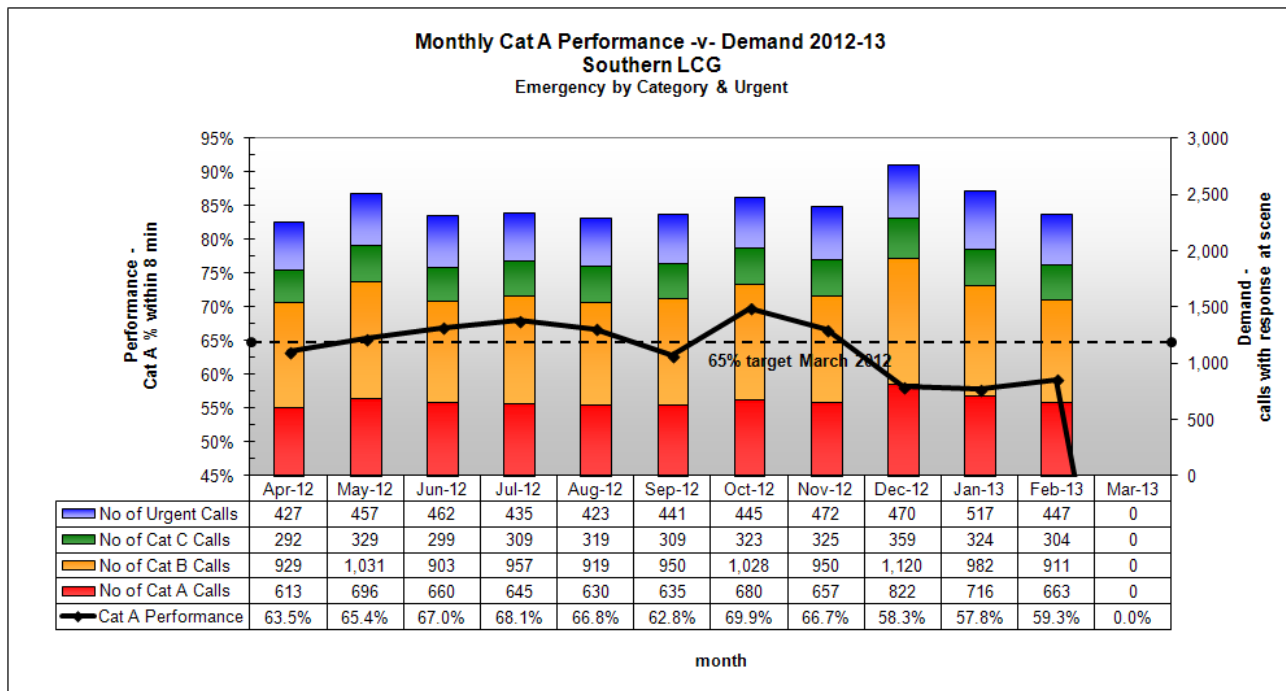
South Eastern Division



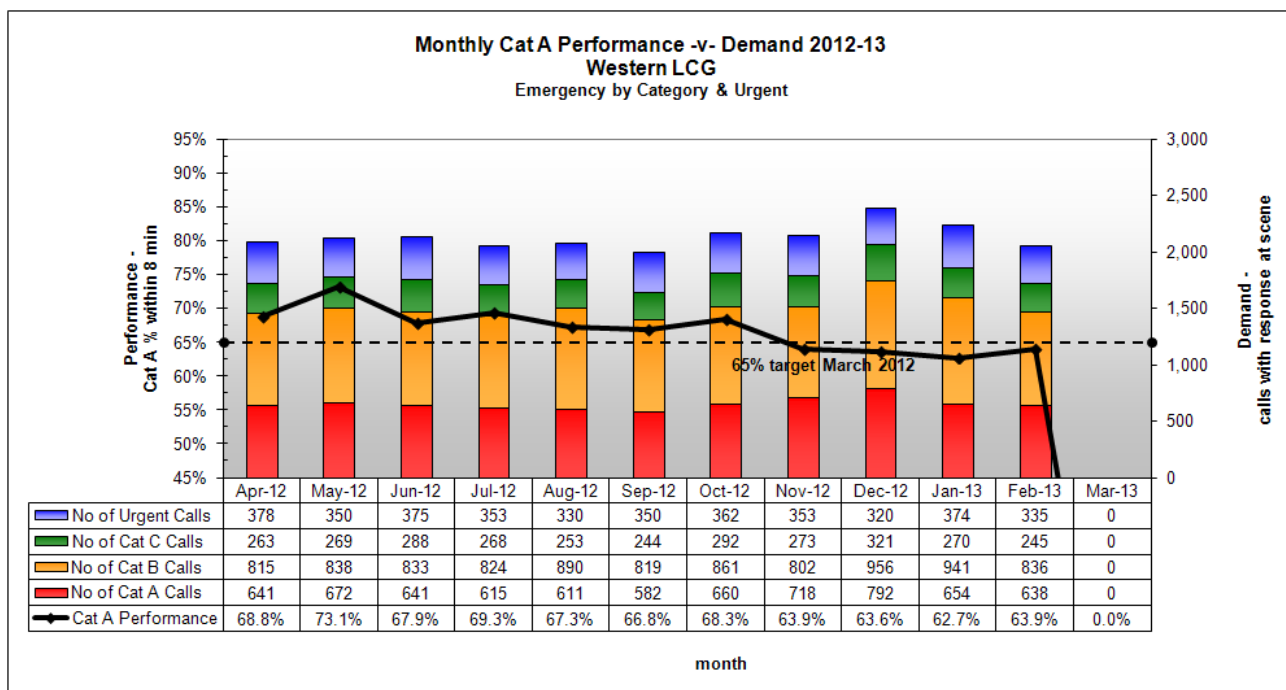
Northern Division



Southern Division



Western Division



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:

- Buildings and land
- Environmental Management
- Fire Safety
- Fleet and Transport
- Security
- 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.

	Score in March 2012	RAG Rating	Rating (75% required)	Comment
Buildings & Land	80%		Substantive	3rd quarter review carried out Jan 2013
Environmental Mgt	88%		Substantive	3rd quarter review carried out Jan 2013
Fire Safety	93%		Substantive	3rd quarter review carried out Jan 2013
Fleet & Transport	83%		Substantive	3rd quarter review carried out Jan 2013
Security	85%		Substantive	3rd quarter review carried out Jan 2013
Waste Management	88%		Substantive	3rd quarter review carried out Jan 2013

Fleet

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	64.3	64.3	65.2	68.7	73.9	73.9	79.1	81.9	81.9	81.9	81.9	
Non-Emergency Ambulances	84.8	88.6	90.5	91.4	93.3	93.3	93.3	92.4	92.4	92.4	92.4	
Rapid Response Vehicles	78.9	78.4	78.4	81.1	81.1	81.1	86.8	89.7	73.8	73.8	69.0	
Support Vehicles	55.8	48.1	48.1	46.2	50.0	50.0	51.9	48.0	52.0	52.0	42.0	

PERFORMANCE COMMENTARY:

IMPROVEMENT PROPOSALS FOR 2012/2013:

100% of A&E and 100% of PCS Ambulances have been delivered to Northern Ireland and are currently undergoing quality checks. Some rework is required prior to commissioning. One additional A&E, two RRV and a neonatal ambulance have been ordered for service developments. Cars are in fit out at the converter.

IMPROVEMENT PROPOSALS FOR 2013/2014:

Vans and chassis ordered for PCS & A&E.

ESTATE CAPITAL PROGRAMME

BALLYMENA:

Business Case approved as at 11 January 2013. Final negotiations for land purchase within financial year if possible.

ENNISKILLEN:

Agreement has been reached on the portion of land to be assigned to NIAS.

HEIG are currently working through the re-evaluation of the options and agreed location for NIAS on the western Trust site.

CRAIGAVON:

No further developments.

ARDS/BANGOR:

Outline planning permission approved as at 11 January 2013.

BELFAST:

No further sites identified.

RISK COMMENTARY:

FLEET

Fleet addendum submitted in November for additional 2 year extension to replacement programmes. It was re-submitted in December and approved on 22 January 2013.

The Business Case for the Replacement Programme 2013 – 2018 is 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 becoming evident in the age profile for Emergency, Non-Emergency and Rapid Response Vehicles.

ENNISKILLEN

NIAS will progress option to decant on Erne Site and transfer land for development in business case options.

ASSURANCE REPORT: FINANCE, INFORMATION & ICT DIRECTORATE

STRATEGIC AIM 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

The Finance and ICT Directorate has a role in developing information which provides evidence (to both internal and external stakeholders) of the extent to which this strategic aim is being achieved.

The Director of Finance has responsibility for the provision of a full range of information to evidence the performance of the Trust against Ministerial priorities; support the management of operational resources; benchmark against nationally developed clinical indicators etc. This is demonstrated in Trust Board papers; reports for DHSSPS and other HSC colleagues; daily, weekly operational reports; collation of patient information etc. In addition freedom of information requests, data access requests, requests from PSNI, Coroner, MLAs, social workers etc. are managed by Director of Finance through this area.

STRATEGIC AIM 2: TO ACHIEVE BEST OUTCOMES FOR PATIENTS USING ALL RESOURCES WHILE ENSURING HIGH QUALITY CORPORATE GOVERNANCE, RISK MANAGEMENT AND PROBITY

The Finance and ICT Directorate has responsibility for the provision of a full range of services to accommodate the provision of a safe and effective Ambulance Service. Financial systems are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. Very broadly, the Trust has a number of financial duties which it is required to achieve each year. These are as follows:

- to break even on its income and expenditure
- to meet the Capital Resource Limit which is the limit placed on net capital expenditure; and
- to meet the performance levels in respect of prompt payment of invoices.

Summary performance in each of these areas is as follows:

Objective Number	Objective Description	Assurance Assessment
1:	Financial Breakeven	Amber – On Target to Achieve
2:	Control of Capital Expenditure	Amber
3:	Prompt Payment Duty	Amber

There is a risk that the prompt payment duty will not be achieved by end March. The Target is that 95% of invoices will be settled by the Trust within 30 days or other agreed terms. Performance is currently 92%. The demands on staff in respect of the Business Services Transformation Programme have presented particular difficulties in the achievement of this target this year. The pressures of geography and management infrastructure of NIAS continue to compound the problem.

CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD COMMISSIONING PLANS

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

A range of controls are in place which include a schedule of matters reserved for Board decisions, a scheme of delegation, standing orders and standing financial instructions. The system of internal financial controls is based on a framework of regular financial information, including comprehensive budgeting systems, regular review and reporting.

External validation of the Trust's controls and assurance provided by the Director of Finance to the Chief Executive as Accounting Officer is provided by the audit process to independently review the financial statements. This process is overseen and challenged through the Trust's audit committee. A summary of these assurances is provided in the Statement of Internal Control which reflects the position at the end of the financial year (31 March) and in the Mid Year Assurance Statement (30 September).

For the position at 31st March 2012 external audit provided an unqualified financial and regularity opinion on the financial statements. Internal Audit provided an opinion that there is a satisfactory system of internal control designed to meet the organisation's objectives. The Trust achieved substantive compliance in respect of the Financial Management Controls Assurance standard in 2011/12.

For the Mid Year position at 30 September 2012 the Mid Year Assurance Statement confirmed that progress on delivery of recommendations (from end March report) is in line with mid-year expectations. At 30 September 76% of all of the recommendations examined by Internal Audit had been fully implemented, a further 20% partially implemented and 4% remain to be implemented.

For the position at 31 March 2013 DOF has developed a strategy (for consideration by audit committee on 14 Jan 2013) to engage external and internal audit in the audit of year end financial statements and associated Statement of Internal Control.

Ensure that the service lives within available resources	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Submission of Trust Delivery Plan (TDP)	A	G	G	G	G	G	G	G	G	G	G	
Approval of TDP by HSC Board	A	A	A	G	G	G	G	G	G	G	G	
Ongoing monitoring of expenditure, developments and pressures, through Trust Monitoring Returns, Reports to Trust Board and Budgetary Control.	A	A	A	A	A	A	A	A	A	A	A	
Secure confirmation of HSCB and DHSSPS support for developments and pressures, subsequent contract variations both in year and recurrently.	A	A	A	A	A	A	A	A	A	A	A	
Ongoing monitoring of capital expenditure and confirmation of HSCB and DHSSPS support for capital developments.	A	A	A	A	A	A	A	A	A	A	A	

IMPROVEMENT PROPOSALS FOR 2012/13

Ensure that the service lives within available resources	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Review and develop reporting of financial performance	A	A	A	A	A	A	A	A	A	A	A	
Review of Authorisation Frameworks	A	A	A	A	A	A	A	A	A	A	A	
Prepare NIAS for Business Service Transformation Programme changes.	A	A	A	A	A	A	A	A	A	A	A	
Review and develop procurement practice with Centres of Procurement Expertise (CoPE's) BSO Procurement and Logistics Service (PaLS) and Health Estates Investment Group (HEIG).	A	A	A	A	A	A	A	A	A	A	A	

REVENUE

Summary of Performance

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,812	11,775	15,712	19,674	23,601	27,533	31,473	35,346	39,258	43,254	
Other Expenditure		1,962	2,551	3,423	4,180	5,020	5,929	6,813	7,600	8,497	9,469	
Expenditure Total		9,774	14,326	19,135	23,854	28,621	33,462	38,286	42,946	47,755	52,723	
Income		285	465	619	783	924	1,055	1,206	1,372	1,529	1,682	
Net Expenditure		9,489	13,861	18,516	23,071	27,697	32,407	37,080	41,574	46,226	51,041	
Net Resource Outturn		9,489	13,861	18,516	23,071	27,697	32,407	37,080	41,574	46,226	51,041	
Revenue Resource Limit (RRL)		9,489	13,844	18,493	23,049	27,674	32,403	37,104	41,611	46,304	51,131	
Surplus/(Deficit) against RRL		0	(17)	(23)	(22)	(23)	(4)	24	37	78	90	

The Trust is reporting a small surplus of £90k at the end of February 2013 (Month 11). The Trust continues to forecast a breakeven position at year end, subject to and without prejudice, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed by HSC Board and NIAS and assessed on an ongoing basis to determine the impact which may significantly affect "break-even".

RISK COMMENTARY

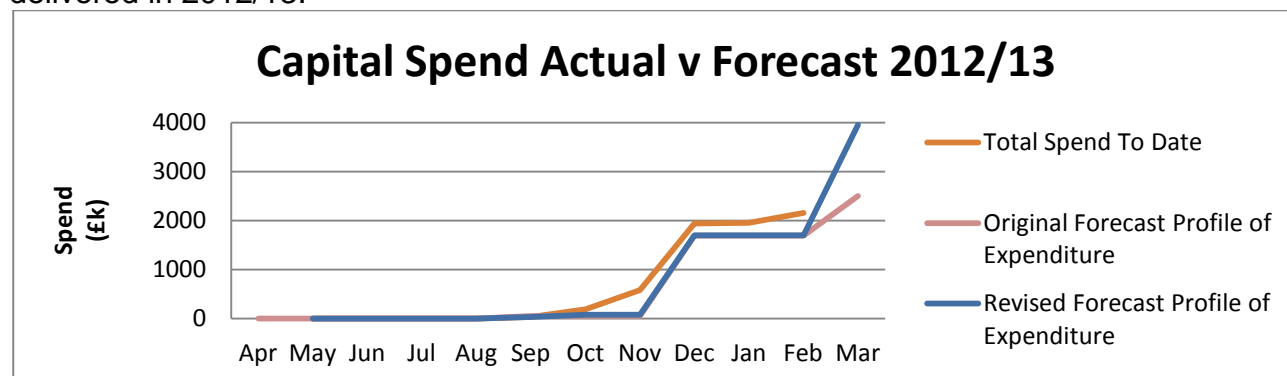
There remain uncertainties in the current economic climate that may impact on the ability of the Trust to maintain financial balance. Given additional pressures on public sector finances, NIAS will respond to any further requests for savings and identify the consequential impact on service delivery. As the final outcome of the Agenda for Change process remains uncertain, there remains a risk to financial breakeven and stability.

CAPITAL

Summary of Performance

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0	0	0	0	155	546	1,908	1,908	2,030	
Estate		0	0	0	0	0	0	0	0	0	0	
Medical Equipment		0	0	0	0	0	0	0	0	0	0	
IT Equipment		0	0	0	0	0	0	0	0	0	73	
General Capital		0	0	0	0	35	35	35	35	46	51	
Total		0	0	0	0	35	190	581	1,943	1,954	2,154	
Original Forecast Profile of Expenditure		0	0	0	0	50	50	50	1,690	1,690	1,690	2,500
Revised Forecast Profile of Expenditure		0	0	0	0	35	77	77	1,702	1,702	1,702	2,632

Funds are allocated based on priorities identified in Trust plans such as NIAS's Corporate Plan, annual Trust Delivery Plan and supporting Capital Investment Plans. The current approved Capital Resource Limit (CRL) has been increased by a further £1,318k and now stands at £3,950k (split between General capital £530k, Fleet Replacement £3,200k, Improved Access £175k and Site Purchase £45k). The increases are in respect of Fleet Replacement (£1,000k), General Capital (£230k), Site Purchase (£45k) and Improved Access (£43k). The Trust is working with suppliers to ensure that this expenditure is delivered in 2012/13.



Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	0	0	0	0	47	14	9	0	5	2	21	
Actual Disposals	0	0	0	0	47	14	9	0	5	2	21	

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	97.1	90.8	92.0	89.4	93.7	95.6	93.6	93.4	94.1	86.9	91.0	
Cumulative	97.1	93.4	93.0	92.1	92.5	92.9	93.1	93.1	93.2	92.5	92.4	

RISK COMMENTARY

There is a risk that the prompt payment duty will not be achieved by end March. The Target is that 95% of invoices will be settled by the Trust within 30 days or other agreed terms. Performance is currently 93%.

The demands on staff in respect of the Business Services Transformation Programme have presented particular difficulties in the achievement of this target this year. The pressures of geography and management infrastructure of NIAS continue to compound the problem.

Delays in the submission and approval of business cases and the estate planning process may place the capital expenditure programme at risk. Delivery is also subject to supplier capacity.

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct*	Nov*	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	4.37	2.89	2.04	4.05	9.39	4.77						
Percentage of Products Supplied on First Request % (Target 95%)	99.3	100.0	99.3	99.3	94.8	98.2						
Number of Lines Issued (Stock and Non Stock Line)	567	786	757	643	745	663						
Value of Spend £k (Stock and Non Stock)	148	205	87	1,926	579	156						

The Business Services Organisation (BSO) 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. These will be reviewed as part of an enhanced assurance re procurement for Trust Board.

- * Due to the implementation of the new Finance, Procurement and Logistics (FPL) Systems within BSO PaLS in October 2012, these key performance indicators are not available for quarter three. BSO PaLS have advised that they expect this information to be available again early in the New Year.

RISK COMMENTARY

The review and implementation of recommendations from a myriad of sources presents a challenge to a small management team.

INFORMATION & COMMUNICATIONS TECHNOLOGY (ICT)

The Finance and ICT Directorate has responsibility for the provision of a Trust wide integrated IT system responsive to business needs. An ICT Strategy was developed and approved by Trust Board in 2009. It is underpinned by six strategic themes.

An implementation plan was developed to identify how these strategic themes would be addressed over the following four years in NIAS. An assessment was carried out at 30 November 2011. Consideration has been given to the Trust's ability to achieve the elements of this implementation plan to be actioned by the end March 2013. The associated assurance against each of these themes is shown below using the legend.

Theme Number	Theme Description	Assurance Assessment
1:	Improving System Integration;	Amber – On Target to Achieve
2:	Enabling Improvement In Performance Management throughout NIAS using ICT	Amber
3:	Embedding an Information Governance Ethos in the Organisation;	Amber
4:	Enhancing ICT Skills and Knowledge across NIAS;	Amber
5:	Building an E-Information Culture; and	Amber
6:	Developing ICT Staff (dealt with at an operational level)	Amber

Themes 1-5 are explored in detail below with associated assurances and performance management framework.

STRATEGIC THEME 1: IMPROVE SYSTEM INTEGRATION

Enable a greater connectivity between the systems both within NIAS and with the wider HSC network.

STRATEGIC OBJECTIVES:

1. Create a single repository for data within the organisation.
2. Improve the availability of corporate information to users.
3. As part of a whole systems approach to the patient experience within the Health Service, NIAS will explore opportunities to integrate its own systems with those of the other HSC organisations.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTEGRATION – INTERNAL

Information and the systems which provide it are increasingly seen as integral to projects and work programmes across the Trust. As an example the reconfiguration of NIAS's control centres which identify, assign and manage vehicles and staff in response to patients' needs required a full programme of work to be delivered by the Finance and ICT directorate. A robust IT infrastructure has been developed in support of the business of NIAS. Such developments include the following:

Design and implementation of a full suite of NIAS command and control systems for A&E and PCS resources.

Installation, development and support of Geographical Information Systems; Mobile Data and Vehicle Location Systems; Status plan management for predictive analysis; Digital trunk radio; systems to provide on-line clinical advice to emergency callers; electronic patient monitoring etc.

Introduction of management information systems to analyse all aspects of patient interaction, patient movements pre-hospital; performance against operational and clinical indicators.

INTEGRATION – EXTERNAL

NIAS representatives are actively involved in collaborative forums such as:

Director of Finance & ICT member of:	HSC ICT Programme Board NIAS BSTP Programme Board BSTP Implementation Board
ICT Manager member of:	HSC ICT Leads Group

The Directorate works with HSC colleagues on a number of collaborative projects to integrate and make better use of existing systems. This enables NIAS to provide input to the HSC ICT Programme for procuring, developing and implementing new, integrated ICT infrastructure and systems for all HSC organisations. The Director of Finance and ICT is a member of the group which is responsible for implementing new HR and Finance systems across HSC. She also chairs the NIAS BSTP Programme Board to prepare NIAS for these new systems.

A framework is in place which provides assurances including the following:

CONTROLS ASSURANCE STANDARDS

For 2011/12 Information, Communications and Technology and Records Management standards were assessed and both met DHSSPS expected levels of compliance. For 2012/13 Controls Assurance Standards will be assessed across a range of areas including ICT. These will be reported to Trust Board, following examination by both Audit and Assurance Committees to provide a position for 2012/13 around June 2013.

INTERNAL AUDITS

Fully reviewed by Audit Committee

For 2012/13, as part of the midyear assurance process internal audit will examine any ICT recommendations outstanding from previous audits. These will be fully reviewed by Audit Committee.

IMPROVEMENT PROPOSALS

The ICT Strategy implementation plan identifies improvement proposals as priorities 1, 2 and 3.

All improvement proposals set out above within this theme 1 are described as priorities 2 and 3 with priority 2 planned to be delivered in this financial year 2012/13. A summarised update of core work in this area is shown below.

SYSTEM AVAILABILITY

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

January Command & Control

PCS network	9 Hours downtime	BT communications switch power supply failure. Telephony and network down. Contingency mobile phones and contingency handsets in use. C3 system available locally.
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February Command & Control

A&E System	5 Hours downtime	Hardware upgrade to Command and Control system in preparation for software upgrade. Paper based contingency system used.
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SYSTEM SECURITY

Security (especially of NIAS's control room systems and associated information) is seen as a priority. Any known breaches are reported in this section.

There are no security breaches to report.

STRATEGIC THEME 2: ENABLING IMPROVEMENT IN PERFORMANCE MANAGEMENT THROUGH ICT

To support managers' access relevant Information for Performance Management purposes.

Strategic Objectives:

1. To enhance our ICT infrastructure to allow the organisation to access information to meet its performance management objectives
2. Enable access to real-time Information to allow proactive decision making
3. Provide relevant Information to external stakeholders

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

All elements of the patient's interaction with NIAS are captured in the information systems used by the staff responsible for patient care (primarily through the manual patient report form and voice recording system) and the control room (primarily through the command and control system). This information enables the Trust to identify by patient, by journey, the interventions made by front line staff.

The information team, led by the Director of Finance and ICT, compiles these statistics to help inform operational management about the deployment and effective use of resources. This is designed to assist with the matching of demand for services with available resources. A suite of reports has been designed to analyse performance against key operational targets on a daily / weekly / monthly basis. With the recent inclusion of clinical audit information there is an opportunity to extend this clinical database to provide more extensive management information.

IMPROVEMENT PROPOSALS

The ICT Strategy implementation plan identifies improvement proposals as priorities 1, 2 and 3. Only those identified as priority 2 are planned to be delivered in 2012/13 and are listed below after the Priority 1 re data library:

- 2.1 Create a data library to enable users to navigate to the relevant information
- 2.2 Enable access to real-time information to allow proactive decision making
- 2.3 Provide relevant information to external stakeholders

SUMMARY OF PERFORMANCE

Performance is reported below against improvement proposals set out above and core work in this area.

IMPROVEMENT PROPOSALS

The first improvement proposal set out above which had been identified as priority 1 was planned to be delivered in 2011/12. An update on performance against this objective is shown below:

- 2.1 Create a data library to enable users to navigate to the relevant information

An information audit is currently under way within the Trust to identify software and bespoke systems which manage and capture levels of data. Once this has been completed this will enable the development of a data library. Information Asset Owners within each directorate area have been identified and are undergoing training which will support the process of the data library.

The other two improvement proposals set out above, identified as priority 2 are planned to be delivered in 2012/13. A general update on ongoing work in these areas is provided below.

CORE WORK

The Directorate manages the development, production and delivery of complex statistical and qualitative and quantitative reports on emergency and non-emergency corporate activity for Executive Directors, Senior Managers and external Health and Social Care Organisations. Proactive reporting occurs on a daily, weekly and monthly basis. This provides key information for strategic planning, decision making and statutory reporting requirements. This includes PfA monitoring of operational performance, hospital turnaround times, PCS contract monitoring, monitoring of acute service changes etc.

STRATEGIC THEME 3: EMBEDDING AN INFORMATION GOVERNANCE ETHOS IN THE ORGANISATION

Holding, obtaining, recording, using and sharing information – securely, lawfully and appropriately. Information Governance encompasses Data Protection, Freedom of Information, Environmental Information Regulations, Records Management and Information Security

Strategic Objectives

1. Promote a culture of corporate openness and transparency
2. Ensure the protection and use of personal identifiable information in compliance with legislation and guidance
3. Ensure that the organisation's information assets and resources are managed securely.
4. Improve systems and processes for the effective management of records.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTERNAL AUDITS

For 2012/13 as part of the midyear assurance process internal audit will examine any ICT recommendations outstanding from previous audits. These will be fully reviewed by Audit Committee.

Governance Structures

Assurance is also provided through a DHSSPS-wide framework of information governance roles and responsibilities as follows.

The Chief Executive as Accounting Officer has delegated the role of Senior Information Risk Officer (SIRO) to the Director of Finance and ICT. The SIRO acts as the champion for information risks to the Board and leads the information governance risk assessment and management processes within the Trust. This role has been supported by the appointment of Information Asset Owners (IAOs) across Directorate areas. IAOs role is to understand what information is held, what is added and what is removed, how information is moved, and who has access and why. As a result they are able to understand and address risks to the information, and ensure that information is fully used within the law for the public good, and provide written input to the SIRO annually on the security and use of information as a key corporate asset.

The Trust's Caldicott Guardian has been identified as the Medical Director who has responsibility for person identifiable patient information and transfers of that information to other bodies.

Any information governance risks, which may arise, will be recorded and actioned as part of the Trust's risk management process. Actions by the SIRO have been developed to minimise the occurrence of such information risks.

All contracts of employment clearly highlight responsibilities for staff in relation to information governance issues. Policies and procedures have been developed and disseminated to staff across the Trust.

Awareness sessions have informed staff of their roles and responsibilities in the area of processing, use, storage, dissemination and retention of all records in particular those which contain personal and sensitive ie staff and patient information. Such policies, procedures and information bulletins are available on the Trust's intranet, internet and form part of the induction process for new recruits or training programme for existing staff.

IMPROVEMENT PROPOSALS

The ICT Strategy implementation plan identifies improvement proposals as priorities 1, 2 and 3. Only those identified as priority 2 are planned to be delivered in 2012/13 and are listed below.

- 3.1.1 Develop and increase non-confidential information made available to the public
- 3.1.2 Establish and maintain policies, procedures and processes in compliance with current legislation and guidance.
- 3.4.1 Implement and review the corporate records management strategy
- 3.4.2 Ensure ongoing compliance with best practice standards
- 3.4.3 Establish and initiate a project to implement an Electronic Patient Report Form System.

SUMMARY OF PERFORMANCE

- 3.1.1 Work has been ongoing to develop provision of non-confidential information through both the Trust's website and the use of social media such as Facebook and Twitter. Work continues to identify relevant information of public interest and the best means of disseminating such information.

STRATEGIC THEME 4: ENHANCING ICT SKILLS AND KNOWLEDGE

Promoting staff development and learning to improve the understanding of corporate policies and procedures in the use and access to information as well as ICT systems and applications

Strategic Objectives

1. Improve staff awareness of corporate policies and procedures in relation to access and use of information
2. Enhance staff skills and knowledge in the use of ICT systems and applications based on identified need

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

As part of the implementation of core systems training and development needs in terms of ICT skills are considered.

A sample of staff is currently being reviewed to ascertain ICT skills in support of the introduction of the new HR and Finance systems.

IMPROVEMENT PROPOSALS

The ICT Strategy implementation plan identifies improvement proposals as priorities 1, 2 and 3. Only those identified as priority 2 are planned to be delivered in 2012/13. All improvement proposals set out above within this theme 4 are described as priorities 2 and 3.

SUMMARY OF PERFORMANCE

CORE WORK

New systems and upgrades of current systems are evaluated on the basis of business needs. Whilst the IT department implements and introduces new technologies, training needs are identified by Project Leads and end users in conjunction with the training department. Funds have been identified for ICT resources within the BSTP project for the implementation of these new systems and these positions were filled in August 2012. ICT Manager and newly appointed ICT Project Manager continue to fully participate in BSTP work programme.

STRATEGIC THEME 5: BUILDING AN E-INFORMATION CULTURE

Promotion and exploitation of web-based technologies to increase accessibility to systems, information and knowledge.

STRATEGIC OBJECTIVES

1. Maximise access to corporate and service information for the Trust's key stakeholders, and the public.
2. Improve and promote communication and minimise the distribution of paper based information for the organisation.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

The Trust has developed a range of policies and procedures to support the effective management of electronic records in line with legislation. This is assessed as part of the Controls Assurance Records Management Framework.

There are a number of browser based applications, which have recently been introduced by the Trust to replace paper-based systems. These are discussed elsewhere in this report and include the PCS web booking system.

The Information Audit is currently under way and will further explore the effective use of electronic and paper-based systems.

IMPROVEMENT PROPOSALS

The ICT Strategy implementation plan identifies improvement proposals as priorities 1, 2 and 3. Only those identified as priority 2 are planned to be delivered in 2012/13 and are listed below.

5.1 Develop a range of browser based applications for internal and external stakeholders

IMPROVEMENT PROPOSALS

Those improvement proposals set out above which have been identified as priority 2 are planned to be delivered in 2012/13. They are detailed below where applicable.

5.1 Develop a range of browser based applications for internal and external stakeholders

The new BSTP systems are browser based applications hosted by the BSO. NIAS ICT network infrastructure will support the implementation and rollout of these systems to core staff initially (HQ) and to a management tier at station level for self service. The rollout of self service Trust wide will require an upgrade to the Trust's network infrastructure and increased desktop access at station level.

A review of the NIAS corporate internet site is currently being undertaken by the Trust's Communication Officer. In addition the Trust is currently using social networking tools, such as Twitter and Facebook to facilitate timely communication.

CORE WORK

Those improvement proposals set out below which have been identified as priority 2 are planned to be delivered in 2012/13. An update on performance against these objectives is shown below:

The IT Department has coordinated the development and implementation of a range of web-based applications for key stakeholders. These include the following:

- Non-Emergency Web Booking System – browser based system which allows Trusts to more effectively book non-emergency patient transport
- Hospital Arrivals System – browser based system which provides acute hospitals with information on impending arrivals to their A&E Departments.

NIAS continues to facilitate a browser based system to monitor service pressures, which allows the information to be shared internally and externally. This captures information provided by acute hospitals across NI in relation to emergency medical and surgical admissions, medical outliners, trolley waits, ICU/HDU/PICU beds.

The Trust has centralized information requests through the Director of Finance & ICT to ensure effective and timely management of same. All requests are processed in line with legislative requirements including the Freedom of Information Act 2000, Data Protection 1998, Access to Health Records (NI) Order 1993. This includes the processing of Freedom of Information Requests, Assembly Questions, DPA Subject Access Requests, PSNI enquiries, Coroner, Social Worker enquiries etc. There follows a summary of performance covering aspects of these requests.

Data Protection (Subject Access)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	2	1	2	0	1	0	2	2	2	7	4	
Completed Requests processed within 40 days or less	0	1	1	0	1	0	2	2	1	3	4	
Completed Requests exceeding 40 days	2	0	1	0	0	0	0	0	1	1	0	
Identity Not Confirmed and therefore could not be further processed	2	0	1	0	0	0	0	0	0	2	0	

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	2	9*	4	6	7	7	5	7	3	8	11	
Completed Requests processed within 20 days or less	2	7	4	5	6	7	4	7	3	7	11	
Completed Requests exceeding 20 days	0	1	0	1	1	0	1	0	0	1	0	
Number of Records Fully Disclosed	2	6	3	4	6	7	5	6	1	7	8	
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0	
Number of Records for which records not held	0	3	1	1	1	0	0	1	2	0	3	
Requests where exemptions wholly/partially applied	0	2	0	1	0	0	0	0	0	1	2	
Referrals for Independent Review	0	0	0	0	0	0	0	0	0	0	0	
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0	0	0	

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Assembly Questions (Oral)	0	2	0	0	0	0	0	0	0	0	0	
Assembly Questions (Written)	7	8	7	0	0	7	3	4	3	6	11	
CORs Received	0	1	0	1	2	0	2	2	1	1	2	
TOFs Received	0	0	0	0	0	0	0	0	0	0	0	
INVs Received	0	0	0	0	0	1	0	0	0	0	0	

*Please note that Stormont was in summer recess during the period July/August 2012

ASSURANCE REPORT: HUMAN RESOURCES AND CORPORATE SERVICES

DIRECTORATE

EXECUTIVE SUMMARY

The Trust continues to work to ensure Complaints, Disciplinary, Grievance and Harassment issues are managed within Trust Policies & Procedures and the legislative frameworks surrounding these. During this reporting period, work also remained ongoing on reviewing practice and procedures regarding the management of litigation and claims.

The Trust has developed a Health & Wellbeing and Attendance Management Action Plan (2012/13) to support implementation of the Trust's Health & Wellbeing Strategy (2010-2015). This Strategy and Action Plan outlines the Trust's commitment to promoting the health and wellbeing of its staff.

The Trust remains committed to prioritising the management of sickness absence in line with the Regional Framework for Management of Sickness Absence, DHSSPS Circulars and best practice principles. Stringent performance management mechanisms are in place throughout the organisation to assist ongoing efforts to reduce absence to meet the NIAS Absence Management improvement target together with robust Trust Policies & Procedures. The Trust continues to monitor the cost of sickness absence and to benchmark absence levels with other HSC employers, NHS Ambulance Trusts and comparable Occupational Groups.

Industrial Relations during this reporting period continue to represent a challenge and work remains ongoing to finalise the review of the Trust's Trade Union Recognition Agreement, and the review of structures for engagement with Trade Unions.

Work continues on BTSP, with NIAS participation in regional structures to support its introduction. Work will continue throughout the reporting year on the implementation of BSTP within NIAS. The implementation of BSTP systems within NIAS will present significant challenges, particularly in terms of the significant resource implications on the HR Directorate.

The Trust currently has 3 jobs (Paramedics, RRV Paramedics and Emergency Medical Technicians) paid on account without prejudice on Agenda for Change pay bands, while awaiting the outcome of the full Job Evaluation (JE) process.

Trust Board have requested an indicative timeline to complete the JE process for the 3 jobs. The Trust's JE Leads have advised that the NHS Job Evaluation Handbook remains silent with regard to timescales for completion of each element of the process, up to final agreed outcome and post-holder's notified of outcome, and are therefore of the opinion that it is not within their gift to stipulate an anticipated target date for completion. Following a request for an opinion from the DHSSPSNI in this regard, the DHSSPSNI have stated "The Department takes the view that Agenda for Change should be implemented as quickly as practicable. However, it also recognises that the partnership approach has the impact of slowing processes and hinders target setting and achievements of those targets".

In addition, it should be noted that the Regional Joint Negotiating Forum (JNF) Agenda for Change Sub-Group, at their request, receive regular updates on the progression of these particular job evaluations.

The JE panel appointed to carry out the evaluation of all 3 jobs met over a period of 16 days between November 2010 and August 2012. The panel were unable to conclude the process and produce agreed outcomes. The NIAS JE leads sought Regional advice in an attempt to move the process forward, however, they also were unable to agree a way forward.

Accordingly, the Director of Human Resources and Corporate Services wrote to the Regional Joint Chairs of the Joint Negotiating Committee to request that they move the 3 related NIAS posts to the next stage of the process, ie, to the Blocked Protocol as specified in Section 15 of the Job Evaluation Handbook. In response to advice received from the Joint Chairs, the Trust has referred the matter to the Regional Quality Assurance (RQA) Team for their opinion. The RQA Team have nominated 2 representatives from the team (1 x Trade Union and 1 x Management) to form the RQA panel to take the matter forward.

The Trust's JE Leads met with the RQA panel on 1 February 2013. The panel advised they would be meeting on 12 February 2013 to progress the evaluations, and arranged to provide feedback on the outcomes to the JE Leads on 15 February 2013. However, the RQA panel postponed these arrangements due to the unavailability of one of its members, and the Trust is waiting to be advised of new dates.

The Regional Ambulance Training Centre's 2012-2013 Education, Learning and Development Plan (ELDP) has been developed following engagement with key stakeholders at monthly Training Performance, Progress and Accountability meetings and has been ratified by SEMT. The ELDP sets out and facilitates the priority clinical and non-clinical education, learning and development requirements of the Trust staff within the RATC's remit for the training year 2012-2013. The ELDP does not include the education, learning and development requirements of Emergency and Non-Emergency Ambulance Control, Emergency Planning and Hazardous Area Response Teams (HART) as they fall within the remit of the Operations and Medical Directorates respectively.

The Trust's partnership's KSF Leads have completed the preparation for the roll-out of KSF, including an agreed Action Plan, development of PDR/PDP documentation and roll-out Reviewer and Reviewee training. SEMT were notified of a "go-live" date on 3 October 2012 and Directors and Assistant Directors were subsequently supplied with the relevant KSF documentation. Individual Directorates are responsible to roll-out PDRs to staff within each area of responsibility. The Trust will continue to manage gateways in accordance with the HSC regional approach, which currently remain open across the HSC.

Following discussion at JCNC on 29 January 2013, it has been agreed in partnership to develop an addendum to the KSF PDR/PDP documentation which will address how individual members of staff meet Trust Corporate Objectives. Anticipate "go live" with effect from 01/04/13.

ENGAGING WITH THE PUBLIC TO APPRECIATE, LEARN FROM AND IMPROVE THE PATIENT EXPERIENCE

The Trust continues to work to mainstream compliance with statutory duties under Section 75 of the Northern Ireland Act, Personal and Public Involvement within the HSC Reform Act and the Human Rights Act. In particular the Trust continues to engage with key stakeholders in the delivery of this agenda.

Having secured Equality Commission of Northern Ireland approval for its revised Equality Scheme, NIAS is now working to implement the Scheme and associated action plan alongside implementing its Disability Action Plan.

In respect of Communication the Trust has produced a Communications Strategy Action Plan in order to ensure implementation of the commitments set out within its Communications Strategy.

WORKFORCE

Continually developing and delivering a regional ambulance service for the people of Northern Ireland requires significant effort and presents unique challenges and opportunities for HR management in delivering safe patient care through the provision of committed, professional and dedicated staff working for the benefit of service users.

The strategic aims in relation to the workforce are outlined below (points 1-6) and are reflected in the NIAS HR Strategy 2011-16, which takes account of Ministerial priorities, HSC Commissioning Plans and NIAS Corporate Plan.

The HR Strategy will be operating during a period of key challenges that include reduced finances; increasing public expectation regarding service delivery; structural reform and service modernisation; reduced job security in public sector organisations, maintaining skills and motivation during a period of public sector workforce reduction; the need for leadership in reorganisation and change; developing and maintaining high quality employment practice; supporting employees and maintaining NIAS as an employer of choice.

The HR vision is to develop NIAS as an organisation that is more adaptive and more able to embrace change with a real focus on patient care and safety, service modernisation and reform, clinical excellence and fair and ethical employment practices. It will enhance the Trust's leadership and management capacity and capability to support, empower, and lead staff in the achievement of NIAS strategic aims, and will ensure NIAS influences and shapes professional HR management practice in the wider healthcare environment.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

Robust performance management and assurance structures are in place. These include regular performance and accountability meetings to review progress and risks. HR Controls Assurance standards achieved substantive compliance. Health and Safety Controls Assurance achieved substantive compliance. External validation is also provided through:

STATUTORY RETURNS

Fair Employment Commission (FEC) Annual Return (employment practices)

Article 55 3-year review (employment practices)

Section 75 Annual Report (Equality Scheme – service delivery, patient care and staff focus)

Disability Discrimination Order Annual Report (implementation of Disability Duties)

Revised Equality Scheme Annual Report (service delivery, patient care and staff focus)

HEALTH AND CARE PROFESSIONS COUNCIL (HCPC) ANNUAL RE-APPROVAL

Annual external verification (HCPC approved Paramedic in Training Programme)

EDEXCEL

Annual quality review (Training School practice, policies and procedures)

Annual external verification (clinical education and ambulance driver training and assessment)

RQIA REPORT

IMPROVEMENT PROPOSALS FOR 2012/13

The strategic aims are outlined in points 1-6 and are reflected in NIAS HR Strategy 2011-16, which takes account of Ministerial priorities, HSC Commissioning Plans and NIAS Corporate Plan (2011-14). A performance commentary is outlined under each Strategic Aim with a corresponding assessment of performance.

1. SUPPORTING TRUST PRIORITIES (AS REFLECTED IN THE CORPORATE PLAN 2011-14):

- *to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;*
- *to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;*
- *to secure and deploy resources to achieve best outcomes;*
- *to ensure high quality corporate governance, probity and assurance;*
- *to build and maintain a high-performing and appropriately skilled and educated workforce;*
- *to work in partnership with other agencies and local communities to support them in influencing the shape of services and responses to issues that affect their health*

Performance Commentary

The HR & Corporate Services Directorate continues to support Trust Priorities (detailed above) as reflected in the Corporate Plan (2011-14). In delivering against its statutory requirements the HR & Corporate Services Directorate contributes to the delivery of high quality, safe, clinical services to users and carers (to include working in partnership with other agencies and local communities to support them in influencing the shape of services) and providing a safe working environment for staff (to include working with recognised Trade Unions within the Trust's Industrial Relations Structures).

Legend for Performance Reporting: Green(G) = Fully Achieved: Green-Amber(GA) = Substantially Achieved: Amber(A)= On Target to Achieve; Amber-Red(AR)Under-Achieving - Monitoring Required : Red(R) Failing to Achieve – Action Required

Ensure Statutory Compliance													
1.1 MEES and TYC/QICR													
EXCEPTION REPORT:													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.1.1	Support Trust in adhering to statutory duty in relation to Equality Screening	G	G	G	G	G	G	G	G	G	G	G	
1.1.2	Support Trust in adhering to statutory duty in relation to EQIA and public consultation	G	G	G	G	G	G	G	G	G	G	G	
1.1.3	Support Trust in adhering to statutory duty in relation to Section 75 monitoring	G	G	G	G	G	G	G	G	G	G	G	
1.1.4	Support Trust in adhering to statutory duty in relation to management of industrial relations/employee relations	G	G	G	G	G	G	G	G	G	G	G	
1.1.5	Implement and monitor NIAS Equality Scheme Action Plan	G	G	G	G	G	G	G	G	G	G	G	
1.1.6	Support NIAS PPI Lead and related workstreams in ensuring Trust compliance with statutory requirements under PPI agenda	G	G	G	G	G	G	G	G	G	G	G	
1.1.7	Complete & Submit Fair Employment & Treatment Order Statutory Annual Report	G	G	G	G	G	G	G	G	G	G	G	
1.1.8	Implement and monitor Disability Action Plan	G	G	G	G	G	G	G	G	G	G	G	
1.1.9	Complete & Submit Section 75 and Disability Duties Annual Progress Report	G	G	G	G	G	G	G	G	G	G	G	
1.1.10	Health and Safety	G	G	G	G	G	G	G	G	G	G	G	

1.2 Ensure HR and CS practice supports NIAS 2012-2013 QICR Plan, TYC/QICR

EXCEPTION REPORT (1.2.1 - 1.2.6): DRAFT TRUST DELIVERY PLAN SUBMITTED TO HSC BOARD FOR APPROVAL.

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.2.1	Contribute to the development of an Action Plan	--	--	--	--	--	--	--	--	--	--	--	
1.2.2	Support the Trust in the public consultation and related work streams	--	--	--	--	--	--	--	--	--	--	--	
1.2.3	Support the Trust in managing the organisational change and any resultant industrial/employee relations elements	--	--	--	--	--	--	--	--	--	--	--	
1.2.4	Develop and implement Recruitment & Selection Plan to support the reform programme	--	--	--	--	--	--	--	--	--	--	--	
1.2.5	Develop and implement Education Learning & Development Plan to support the reform programme	--	--	--	--	--	--	--	--	--	--	--	
1.2.6	Develop and implement appropriate communication and media management plans	--	--	--	--	--	--	--	--	--	--	--	

1.3 To develop, agree, implement and/or finalise priority action plans for the Trust for 2012/2013 MEES

EXCEPTION REPORT (1.3.5): ON TARGET FOR ACHIEVEMENT.

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.3.1	Finalise and implement KSF Action Plan	GA	GA	GA	GA	G	G	G	G	G	G	G	
1.3.2	Develop and implement Communication Strategy Action Plan	G	G	G	G	G	G	G	G	G	G	G	
1.3.3	Develop and implement Corporate Social Responsibility Action Plan	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	
1.3.4	Develop and implement Community Education Action Plan	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	
1.3.5	Develop and implement an action plan around Claims Management to include production of recommendations for improvement and learning	A	A	A	A	A	A	AG	G	G	G	G	
1.3.6	Develop and implement an action plan around Complaints Management to include production of recommendations for improvement and learning.	GA	GA	GA	GA	GA	GA	GA	G	G	G	G	

2. MODERNISATION AND REFORM

- *to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;*
- *to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;*
- *to secure and deploy resources to achieve best outcomes;*
- *to ensure high quality corporate governance, probity and assurance;*
- *to build and maintain a high-performing and appropriately skilled and educated workforce;*
- *to work in partnership with other agencies and local communities to support them in influencing the shape of services and responses to issues that affect their health*

PERFORMANCE COMMENTARY

The HR & Corporate Services Directorate continues to support Trust Priorities (detailed above) as reflected in the Corporate Plan (2011-14) by delivering against its modernisation & reform agenda. Work continues on BSTP, with NIAS participation in regional structures to support its introduction. Work will continue throughout the reporting year on the implementation of BSTP within NIAS. The implementation of BSTP systems within NIAS will present significant challenges, particularly in terms of the significant resource implications on the HR Department and the significantly ambitious timeframe of the Project.

2.1 Manage implementation of BSTP as it relates to NIAS

MEES

EXCEPTION REPORT: RESOURCE IMPLICATIONS OF BSTP ON THE HUMAN RESOURCES DEPARTMENT REMAIN SIGNIFICANT. RISK TO MAINTAINING CORE BUSINESS HAS BEEN REFLECTED IN THE TRUST'S CORPORATE RISK REGISTER AND HUMAN RESOURCES & CORPORATE SERVICES DIRECTORATE LOCAL RISK REGISTER

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2.1.1	Participate on Regional BSTP Structures e.g. Regional BSTP Implementation Board, Regional Shared Services Implementation Board, Regional Forum for Engagement with Trade Unions and related regional work streams.	G	G	G	G	G	G	G	G	G	G	G	
2.1.2	Identify NIAS specific issues and highlight to regional structures as appropriate	G	G	G	G	G	G	G	G	G	G	G	
2.1.3	Agree and implement related action plans for implementation of BSTP Shared Services within NIAS	G	G	G	G	G	G	G	G	G	G	G	
2.1.4	Agree and implement related action plans for implementation of BSTP HRPTS Systems within NIAS	G	G	G	G	G	G	G	G	G	G	G	

3. SHAPING AND DEVELOPING THE FUTURE WORKFORCE

- to build and maintain a high-performing and appropriately skilled and educated workforce;

PERFORMANCE COMMENTARY

The HR & Corporate Services Directorate continue to support the Trust Priority of building and maintaining a high performing skilled and educated workforce as reflected in the Corporate Plan (2011-14) by delivering Workforce Strategies/Action Plans and in the delivery of Education, Learning and Development Plans. In addition work continues at a national and regional level to ensure education and learning developments meet NIAS requirements.

3.1 To develop and implement effective workforce strategies and plans to provide safe patient care <i>MEES and TYC/QICR</i>													
EXCEPTION REPORT: -													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3.1.1	Agree priority workforce strategies and plans for 2012-2013	G	G	G	G	G	G	G	G	G	G	G	
3.1.2	Ensure workforce planning and strategy monitors and predicts workforce dynamics that match supply of labour to the Service demand and priorities	G	G	G	G	G	G	G	G	G	G	G	
3.1.3	Ensure workforce information is accurate and timely to aid strategic decision making	G	G	G	G	G	G	G	G	G	G	G	
3.1.4	Support the Trust in implementing the agreed strategies and plans in relation to the HR&CS elements	G	G	G	G	G	G	G	G	G	G	G	
3.2 To scope and shape the educational environment for NIAS staff, <i>MEES</i>													
EXCEPTION REPORT:													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3.2.1	Engage at National level in relation to ambulance	G	G	G	G	G	G	G	G	G	G	G	

	education and ensure related developments meet NIAS requirements												
3.2.2	Engage nationally and regionally in relation to all other aspects of education, learning and development for NIAS staff and ensure related developments meet NIAS requirements	G	G	G	G	G	G	G	G	G	G	G	

4. SUPPORTING STAFF TO ACHIEVE HIGH QUALITY PERFORMANCE

- to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;
- to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;
- to secure and deploy resources to achieve best outcomes;
- to ensure high quality corporate governance, probity and assurance;
- to build and maintain a high-performing and appropriately skilled and educated workforce;
- to work in partnership with other agencies and local communities to support them in influencing the shape of services and responses to issues that affect their health

PERFORMANCE COMMENTARY

The HR & Corporate Services Directorate continues to support Trust Priorities (detailed above) as reflected in the Corporate Plan (2011-14). In supporting the delivery of the Trust's Strategic aims, and in the absence of a PFA target, NIAS has identified its own Absence Management Performance Indicator. The target set for NIAS is an absence level of 6.7%. The development and implementation of a Health & Wellbeing and Attendance Management Action Plan 2012/13 will support the delivery of the absence target and the Trust's Health & Wellbeing Strategy (2010-15).

4.1 Develop, agree and report on a Health and Well Being and Attendance Management Action Plan for 2012-13 MEES													
EXCEPTION REPORT:													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.1.1	Review performance improvement plans and bench mark good practice for inclusion in action plan	GA	GA	GA	G	G	G	G	G	G	G	G	
4.1.2	Agree action plan at SEMT	GA	GA	GA	G	G	G	G	G	G	G	G	

4.1.3	Ratify Action Plan at Trust Board	GA	GA	GA	G	G	G	G	G	G	G		
4.2	Develop, prioritise, agree and implement 2012-13 NIAS Education Learning and Development (ELD) Plan MEES												
EXCEPTION REPORT: -													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.2.1	Engage with key stakeholders in relation to the priority ELD requirements in the plan.	G	G	G	G	G	G	G	G	G	G	G	
4.2.2	Agree Plan at SEMT	G	G	G	G	G	G	G	G	G	G	G	
4.2.3	Present Plan to Assurance Committee and report compliance	N/A	G	G	G	G	G	G	G	G	G	G	
4.2.4	Implement ELD Plan	G	G	G	G	G	G	G	G	G	G	G	

5. EQUALITY AND HUMAN RIGHTS

- to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;
- to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;
- to secure and deploy resources to achieve best outcomes;
- to ensure high quality corporate governance, probity and assurance;
- to build and maintain a high-performing and appropriately skilled and educated workforce;
- to work in partnership with other agencies and local communities to support them in influencing the shape of services and responses to issues that affect their health.

PERFORMANCE COMMENTARY

The HR & Corporate Services Directorate continues to support Trust Priorities (detailed above) as reflected in the Corporate Plan (2011-14). The Trust continues to contribute to regional workstreams and the development of a Regional HSC Equality Action Plan. In addition work continues in the mainstreaming of Equality and Human Rights mechanisms in policy development and decision making with training for managers remaining a priority.

5.1 Support the Trust in the mainstreaming of Equality and Human Rights Agenda <i>MEES</i>													
EXCEPTION REPORT: -													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
5.1.1	Review and update research and data to inform Audit of Inequalities	G	G	G	G	G	G	G	G	G	G	G	
5.1.2	Implement and monitor NIAS Equality Scheme Action Plan	G	G	G	G	G	G	G	G	G	G	G	
5.1.3	Engage in regional work streams and contribute to the implementation and monitoring of HSC Regional	G	G	G	G	G	G	G	G	G	G	G	

	Equality Action Plan												
5.1.4	Support the Trust in mainstreaming Equality and Human Rights mechanisms in policy development and decision making	G	G	G	G	G	G	G	G	G	G	G	

6.0 PARTNERSHIP AND EMPLOYEE ENGAGEMENT

- *to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;*
- *to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;*
- *to secure and deploy resources to achieve best outcomes;*
- *to ensure high quality corporate governance, probity and assurance;*
- *to build and maintain a high-performing and appropriately skilled and educated workforce;*

PERFORMANCE COMMENTARY

The HR & Corporate Services Directorate continues to support Trust Priorities (detailed above) as reflected in the Corporate Plan (2011-14) by ensuring effective industrial relations structures are in place. Industrial Relations within the Trust continue to present a challenge.

6.1 Ensure appropriate Industrial Relations systems and mechanisms are in place for engagement with managers, staff and trade unions to assist in the delivery of Trust priorities <i>MEES and TYC/QICR</i>													
EXCEPTION REPORT (6.1.1): ON TARGET FOR ACHIEVEMENT. WORK CONTINUES WITH TRADE UNIONS VIA THE TRUST'S JOINT CONSULTATIVE AND NEGOTIATING COMMITTEE (JCNC) TO FINALISE THE REVIEW OF CURRENT INDUSTRIAL RELATIONS STRUCTURES													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
6.1.1	Engage with trade unions to review existing structures and make recommendations for improvements	A	A	GA	GA	GA	GA	GA	GA	GA	GA	GA	
6.1.2	Engage in regional HSC Industrial Relations structures and contribute to delivering the priority workstreams	G	G	G	G	G	G	G	G	G	G	G	

NIAS RESPONSES TO CONSULTATIONS

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
11 January 2013	HSC Board Transforming Your Care. Proposals for changes to healthcare services following the publication of the <i>Review of Health and Social Care in Northern Ireland: Transforming Your Care</i> .	The change process must enable HSC staff to make definitive care decisions for patients and clients as soon as possible in the process and simplify both access to, and negotiation of, the healthcare system for patients and carers. The focus on unscheduled care should be pre-hospital to maximise the opportunities of preventing unnecessary and inappropriate hospital attendance. It is critical that unscheduled care is viewed and managed as a 24/7 issue, inextricably linked to emergency 999 care and response. The process should include an assessment of the operational and financial consequences for NIAS. It is important that statutory requirements under Section 75 are followed in the implementation of the proposals.	www.tycconsultation.hscni.net .
19 February 2013	NIFRS People at Risk Strategy 2012 – 2015	Welcome the Strategy and its objective to enhance fire safety for the community, and seek to work with NIFRS where possible. The strategic aspects of the document may require changes in legislation to provide for enhanced fire prevention, and this may be the best way forward to impact on people at risk.	http://www.nifrs.org/econs.php?sec=12&g=1&econ=25844
26 February 2013	Consultation on Speed Limit Exemptions	Agree with the intention to introduce high speed driver training accredited by the Driving Standards Agency and also note that there will be no requirement for the existing blue light Police, Fire and Ambulance instructors to be accredited under this scheme providing high speed driver training is part of their job role controlled under existing guidelines. Clarification should be provided with regards to what will be taken as an 'Ambulance Service' for the purposes of the legislation.	https://www.gov.uk/government/consultations/speed-limit-exemptions

PERFORMANCE INFORMATION STATISTICAL ANNEX

ATTENDANCE MANAGEMENT ABSENCE STATISTICS

TOTAL YEAR TO DATE ABSENCE 2012/13 = 7.32 % ABSENCE TARGET 2012/13 = 6.7%							2011/12 ABSENCE = 7.18%					
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE % ABSENTEEISM				WTE: 1071.89								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	7.32	7.06	7.55	6.79	7.28	6.90	7.15	7.83	9.57	9.75	8.45	
Cumulative absence (%)	7.32	7.12	7.19	7.09	7.20	7.15	7.17	7.23	7.46	10.21	7.74	
No. of employees on half pay	9	13	12	11	7	7	7	5	7	7	7	
No. of employees on no pay	2	2	2	4	4	6	4	4	4	4	2	
MEDICAL DIRECTORATE % ABSENTEEISM				WTE: 9								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	14.97	14.29	4.76	0	0	0	0	0	0	0	9.09	
Cumulative absence (%)	14.97	14.45	11.21	8.08	6.32	5.21	4.42	3.78	3.30	2.92	3.53	
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	
FINANCE & ICT DIRECTORATE % ABSENTEEISM				WTE: 29.63								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	0.18	0	0.07	0.16	0.17	0.00	0.00	0.34	0.16	2.38	0.18	
Cumulative absence (%)	0.18	0.09	0.08	0.10	0.11	0.10	0.08	0.11	0.14	0.37	0.36	
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	
HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE % ABSENTEEISM				WTE: 74.23								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	3.31	2.89	0.82	0.72	0.41	4.05	7.59	8.75	6.86	9.40	8.01	
Cumulative absence (%)	3.31	3.06	2.29	1.89	1.59	1.99	2.82	3.55	4.09	4.71	4.78	
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	

NIAS % ABSENTEEISM												
WTE: 1184.75												
Absence Target 12/13 (6.7%)	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
% short term absence	3.13	2.86	3.03	3.32	2.77	1.82	2.84	3.27	1.96	4.96	4.17	
% long term absence	3.69	3.83	3.78	2.79	3.84	3.48	3.91	4.32	5.09	4.52	3.96	
No. of employees on half pay	9	13	12	11	7	7	7	5	7	7	7	
No. of employees on no pay	2	2	2	4	4	6	4	4	4	4	2	
Monthly absence (%) 12/13	6.82	6.69	6.81	6.11	6.61	6.24	6.75	7.60	9.12	9.49	8.13	
Cumulative absence (%) 12/13	6.82	6.74	6.74	6.58	6.73	6.58	6.63	6.73	7.05	7.31	7.32	
Performance Assessment	A	A	A	G	A	G	G	A	AR	AR	AR	
Estimated Cumulative Cost of absence* (£'000)	262.3	519.9	793.7	1,033.9	1,325	1,553	1,826	2,118	2,492	2,870		
% absence 11/12 (monthly)	5.84	6.21	6.03	6.64	5.89	6.69	7.02	7.33	8.60	8.22	7.82	7.78
% absence 11/12 (cumulative)	5.84	6.12	5.97	6.22	6.14	6.31	6.42	6.53	6.85	7.02	7.11	7.18

*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.

Commentary:

NIAS cumulative absence total at end of February 2013 is 7.32%. It is therefore extremely unlikely that the Trust will meet its target of 6.7% absence.

ABSENCE COMPARISON WITH NHS AMBULANCE TRUSTS
(Comparison of Absence Statistics (%)* Across English Ambulance Services and
NIAS Jul 11 – Jun 12)

NHS TRUST	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12
N/East Ambulance Service	5.60	5.54	5.56	5.98	6.51	6.35	6.88	6.63	6.33	6.01	5.89	6.67
N/West Ambulance Service	5.51	6.11	5.79	5.99	6.17	6.25	5.53	6.02	5.24	6.11	7.30	6.24
Yorkshire Ambulance Service	5.56	5.50	5.46	5.64	6.60	6.74	6.24	6.39	6.44	6.01	5.70	5.73
E/Midlands Ambulance Service	6.89	7.08	7.11	7.32	6.70	6.69	6.51	6.56	6.35	5.63	6.03	5.82
W/Midlands Ambulance Service	4.74	5.10	5.71	5.84	5.77	5.86	5.90	5.54	4.95	4.70	4.83	4.47
East of England Ambulance Service	5.59	6.06	6.14	6.28	6.72	7.41	7.34	7.45	6.63	6.43	6.42	6.49
London Ambulance Service	5.35	5.10	4.93	5.14	5.07	6.00	6.02	5.70	5.18	5.07	5.40	5.73
S/East Coast Ambulance Service	5.75	5.72	5.26	6.21	6.46	6.23	5.82	5.49	5.72	5.36	4.81	4.83
S/Central Ambulance Service	4.99	5.49	5.69	5.87	6.48	7.56	6.80	6.23	5.86	5.20	5.48	5.26
Gt Western Ambulance Service	4.73	4.31	4.94	5.81	5.57	6.45	5.73	5.28	4.55	4.84	4.91	5.06
S/Western Ambulance Service	5.69	5.85	5.20	5.11	4.92	5.56	5.70	5.18	4.63	4.90	4.79	4.38
NIAS	6.22	6.14	6.31	6.42	6.53	6.85	7.02	7.11	6.82	6.74	6.74	6.58

*Source - The Information Centre for Health and Social Care

Commentary:

COMPARATIVE ANALYSIS OF % ABSENCE REDUCTIONS

BETWEEN NIAS AND REGIONAL HSC TRUSTS

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%	6.73%

- Source : HSCT Monitoring of Human Resource Activity

* Figures unavailable from the DHSSPSNI (as at 31 December 2012)

Commentary:

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
Station Supervisors & Clinical Support Officers	67	5.86	NIAS	6.36	5.93	4.67	7.98	8.32	8.41
Paramedics	418	36.54	NIAS	8.23	6.87	6.76	5.18	7.94	6.46
Nursing & Midwifery (formerly TC5)	N/A*	N/A*	HSC	6.25	5.97	6.26	5.90	6.41	N/A*
Social Services (formerly TC6)	N/A*	N/A*	HSC	6.57	5.98	6.42	5.89	6.23	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	HSC	4.83	4.16	4.26	3.91	4.40	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	HSC	5.06	4.89	6.25	3.78	4.82	N/A*
ACA's	239	20.89	NIAS	6.09	5.10	6.57	6.83	7.94	6.39
EMT's	191	16.70	NIAS	11.16	8.44	8.91	8.84	8.74	6.76
Control Staff	104	9.09	NIAS	8.48	10.27	13.81	7.74	9.52	10.21
Support Services (formerly TC4)	1	0.09	HSC	7.78	6.99	7.16	6.09	7.84	N/A*

- Source : HSCT Monitoring of Human Resource Activity

* Figures unavailable from the DHSSPSNI (as at 31 December 2012)

Commentary:**PERFORMANCE INFORMATION STATISTICAL ANNEX****EMPLOYEE RELATIONS**

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
No. of Grievances received	3	0	0	1	2	2	0	1	0	1	3		13
Grievances acknowledged within 2 days	2	0	0	0	2	2	0	0	0	1	3		10
Grievances at Informal Stage	0	0	0	0	0	1	0	1	0	0	2		4
Grievances resolved informally / withdrawn	2	0	0	1	2	0	0	0	0	0	0		5
Stage 1 hearing arranged within 15 working days	0	0	0	0	0	0	0	0	0	0	0		0
Stage 1 outcome conveyed within 7 working days of hearing	-	0	0	0	0	0	0	0	0	0	0		0
Stage II hearing arranged within 15 working days of notification	0	0	0	0	0	0	0	0	0	0	0		0
Stage II outcome conveyed within 7 working days of hearing	0	0	0	0	0	0	0	0	0	0	0		0
Grievance Cases Closed	3	0	0	1	2	0	0	0	0	0	2		8
Number of active Grievance Cases (2012/13)													5
Total number of active Grievance Cases													12

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	2	4	1	5	2	1	1	2	1	0	2		21
Number of HPC referrals	2	3	0	4	1	0	0	1	2	0	0		13
Number of suspensions	0	0	0	0	0	0	0	0	0	0	0		0
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Formal investigations ongoing	0	1	0	4	1	1	1	2	1	0	2		13
Formal investigations completed as soon as is reasonable	1	2	0	0	0	0	0	1	Ongoing	0	Ongoing		4
Document disclosure exchanged 5 working days prior to disciplinary hearing	0	0	0	0	0	0	0	0	0	0	0		0
Decision of Stage I Panel conveyed within 7 working days of date of hearing	0	0	0	0	0	0	0	0	0	0	0		0
Employee will be given 7 working days notice of appeal hearing	0	0	0	0	0	0	0	0	0	0	0		0
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	0	0	0	0	0	0	0	0	0	0		0
Disciplinary Cases Closed	2	3	0	1	1	0	0	0	0	0	0		7
Number of active suspensions	0	0	0	0	0	0	0	0	0	0	0		0
Number of active Disciplinary Cases (2012/13)													14
Total number of active Disciplinary Cases													21

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of harassment cases	1	4	1	0	1	0	1	3	0	0	1		12
Number of informal cases	0	4	1	0	0	0	0	0	0	0	1		6
Number of formal cases	1	0	0	0	0	0	0	3	0	0	0		4
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	1	2	0	0	0	0	0	3	0	0	0		6
Cases withdrawn	0	0	0	0	1	0	1	0	0	0	0		2
Investigation complete within 30 working days of receipt of complaint	0	0	0	0	0	0	0	0	0	0	0		0
Harassment Cases Closed	1	4	0	0	1	0	1	0	0	0	0		7
Number of active harassment cases (2012/13)													5
Total Number of Active Harassment cases													9

Industrial Tribunal Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
No. of IT Applications received	0	0	0	1	0	0	0	0	0	0	0		1
Response to IT Applications within 28 days	0	0	0	-*	0	0	0	0	0	0	0		0
IT cases Closed	0	0	0	1	0	0	0	0	0	0	0		1
Number of active IT cases (2012/13)													0
Total number of active IT cases													0

*Extension to timeframe agreed with I.T. Office and complied with.

Commentary:

PERFORMANCE INFORMATION STATISTICAL ANNEX

EDUCATION, LEARNING AND DEVELOPMENT

<u>Accredited Clinical Training Programmes</u>													
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Paramedic-In-Training Programmes	G	G	G	G	G	G	G	G	G	G	G		
Ambulance Care Assistant Programmes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
<u>Mandatory Training & Assessment Programmes</u>													
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Annual Learning & Development Workbook	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A		
Annual Assessment/Structured CPD Paramedic & Emergency Medical Technician	N/A	N/A	N/A	N/A	N/A	A	A	A	A	G	G		
Annual Assessment/Structured CPD Ambulance Care Assistant	N/A	N/A	N/A	N/A	N/A	A	A	A	A	G	G		
Care & Responsibility Refresher (1 day)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Care & Responsibility (2 day)	N/A	N/A	G	G	G	G	G	G	G	G	G		
First Aid at Work Refresher – Control Staff	G	G	G	G	G	G	G	G	G	G	G		
High Speed Competency Assessments	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<u>Continuous Professional Development (CPD)</u>													
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Knowledge & Skills Framework Reviewer	N/A	N/A	G	G	G	G	G	G	G	G	G		
Knowledge & Skills Framework Reviewee	N/A	N/A	G	G	G	G	G	G	G	G	G		
CSO - Supervision of Clinical Practice	N/A	G	G	G	G	G	G	G	G	G	G		

<u>Service Developments</u>													
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Care & Responsibility Instructor Training	G	G	G	G	G	G	G	G	G	G	G		
CSO – High Speed Assessor Training	G	G	G	G	G	G	G	G	G	G	G		
IHCD Driving Instructors – ADI Training	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
CSO – IHCD Instructor Training	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	G		
<u>Management Training</u>													
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
In-house Management Training Programme	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	G		
HSC Leadership Programme	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G		
CIPFA	G	G	G	G	G	G	G	G	G	G	G		
<u>Clinical Support Officer Work streams</u>													
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Paramedic-in-Training – Practice Placement Educator and Mentoring	G	G	G	G	G	G	G	G	G	G	G		
Ambulance Care Assistant – Post-Training Support	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Clinical Supervision of Post-Qualified Staff	G	G	G	G	G	G	G	G	G	G	G		
Pandemic Preparedness - FIT Testing	G	G	G	G	G	G	G	G	G	G	G		
Clinical Audit	N/A	N/A	G	G	G	G	G	G	G	G	G		
Alternative Care Pathways – New Guidelines	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Clinical Performance Indicators (CPIs)	G	G	G	G	G	G	G	G	G	G	G		
High Speed Driving Competency Assessments	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Patient/Client Experience Audit	G	G	G	G	G	G	G	G	G	G	G		
CPD Events	G	G	G	G	G	G	G	G	G	G	G		

Performance Information Statistical Annex

AGENDA FOR CHANGE

1. Knowledge & Skills Framework

The Trust's partnership KSF Leads have completed the preparation for the roll-out of KSF, including an agreed Action Plan, development of PDR/PDP documentation and roll-out of Reviewer and Reviewee training.

SEMT were notified of a "go-live" date on 03/10/12 and Directors and Assistant Directors were supplied with the relevant KSF documentation via email on 05/10/12. Therefore, with effect from 05/10/12, individual Directorates will be responsible for ensuring all staff within their remit are facilitated to undertake a Performance Development Review (PDR) during the forthcoming year, i.e. until 30/09/13, and on an annual basis thereafter.

The Trust will continue to manage gateways in accordance with the HSC regional approach. At this point in time gateways remain open across the HSC.

Following discussion at JCNC on 29th January 2013, it has been agreed in partnership to develop an addendum to the KSF PDR/PDP documentation which will address how individual members of staff meet Trust Corporate Objectives. Anticipate "go live" with effect from 01/04/13

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finalise and implement Knowledge & Skills Framework Action Plan as agreed in Partnership	G	G	G	G	G	G	G	G	G	G	G	
Implement Northern Ireland position on gateway progression	G	G	G	G	G	G	G	G	G	G	G	
Roll-Out of Personal Development Reviews												
Operations Directorate												
Control	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Operations	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Fleet & Estate	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Medical Directorate												
Medical & Risk Mgmt	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Emergency Planning	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
HART	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Finance Directorate												
Finance	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
ICT & Information	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Stores & Courier	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
HR Directorate												
HR	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Equality & PPI	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
Corporate Services	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
RATC	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	
2. <u>Job Evaluation for Paramedics, RRV Paramedics & Emergency Medical Technicians</u>												
The relevant parties, engaged in the job evaluation process for these jobs, have to date, despite making considerable effort, been unable to conclude an outcome for any of the three jobs. The Trust has therefore, under advisement from the Joint Chairs of the Regional Joint Negotiating Forum, referred the matter to the Regional Quality Assurance (RQA) Team for their opinion. The Trust awaits the outcome of the RQA's considerations in order to move the process forward.												
Manage Job Evaluation (JE) for all 3 jobs	G	G	G	G	G	G	G	G	G	G	G	
JE Panel meetings (10 between Nov 2010-Mar 2011)	-	2	2	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Paramedic Job												
Outcome from JE Panel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	
Consistency Check JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

RRV Paramedic Job													
Outcome from JE Panel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	
Consistency Check JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
EMT Job													
Outcome from JE Panel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	
Consistency Check JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

CLAIMS MANAGEMENT

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Total
Employers Liability													
Cases Received	2	3	1	1	0	0	3	2	2	1	1		16
Cases Settled	0	0	1	0	1	0	0	2	0	2	1		7
Cases Ongoing													26
Clinical Negligence													
Cases Received	0	1	0	0	0	0	0	0	0	0	0		1
Cases Settled	0	0	0	1	0	0	0	1	0	0	0		2
Cases Ongoing													9
Public Liability													
Cases Received	0	1	0	0	0	0	0	0	0	1	0		2
Cases Settled	0	0	0	0	0	0	0	1	0	0	1		2
Cases Ongoing													4

PERFORMANCE INFORMATION STATISTICAL ANNEX

COMPLAINTS MANAGEMENT

COMPLAINTS & COMPLIMENTS

COMPLAINTS & COMPLIMENTS

					2012-13								2011-12		
COMPLAINTS RECEIVED					Total (to date)								Total		
Total complaints received at 28/02/2013					126								98		
HANDLING TIMES OF COMPLAINTS															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	2012-13 (to date)	%	2011-12	
Total Complaints received	13	6	8	10	8	13	18	17	9	10	14	126	100%	98	100 %
Total A&E & PCS Activity (Calls)	-	-	-	-	-	-	-	32951	32803	33781	30011				
Acknowledged within 2 working days	13	6	8	10	8	13	16	17	9	10	14	124	98%	95	97%
Acknowledged after 2 working days	0	0	0	0	0	0	2	0	0	0	0	2	2%	3	3%
Response within 20 working days	9	2	2	4	4	7	6	6	0	3	0	43	34%	34	35%
Response after 20 working days	4	4	6	6	4	6	10	8	7	3	0	58	46%	64	65%

Complaints Investigations ongoing	0	0	0	0	0	0	2	3	2	4	14	25	20%	0	0%
Average Response time (Working days)												29		31	
Cases referred to NI Ombudsman (cases ongoing)	0	0	0	1	0	0	0	0	0	0	0	1 (1)	1%	4	4%

% of Complaints against Activity Levels												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
A&E & PCS Activity	-	-	-	-	-	-	-	0.05%	0.02%	0.02%	0.04%	

SERVICE AREA OF COMPLAINTS															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	2012-13 (to date)	%	2011-12	
Accident & Emergency	6	5	4	4	3	7	7	6	3	5	3	53	42%	42	43%
Patient Care Service	1	1	2	5	3	0	5	0	2	2	1	22	17%	19	19%
Control & Communications	5	0	2	1	2	5	6	10	4	3	10	48	38%	34	35%
Other	1	0	0	0	0	1	0	1	0	0	0	3	3%	0	0%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0%	3	3%
TOTAL	13	6	8	10	8	13	18	17	9	10	14	126		98	

NATURE OF COMPLAINTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	2012-13 (to date)	%	2011-12	
Staff Attitude	2	3	3	4	2	3	7	4	3	4	4	39	31%	37	38%
Ambulance Late/No Arrival	7	2	3	4	3	8	10	9	5	4	7	62	49%	39	40%
Clinical Incident	2	1	1	0	1	1	0	2	1	2	3	14	11%	17	17%
Suitability of Equip/Vehicle	0	0	0	1	1	0	0	0	0	0	0	2	1%	0	0%
Other	2	0	1	0	0	1	1	2	0	0	0	7	5%	4	4%
Patient Property	0	0	0	1	1	0	0	0	0	0	0	2	1%	1	1%
TOTAL	13	6	8	10	8	13	18	17	9	10	14	126		98	

COMPLIMENTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	2012-13 (to date)	2011-12		
RECEIVED	10	19	14	11	15	16	5	14	17	11	15	147	145		

SERVICE AREA OF COMPLIMENTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	2012-13 (to date)	%	2011-12	
Accident & Emergency	8	17	13	10	12	14	5	14	15	10	14	132	90%	128	88%
Control	2	1	1	0	3	2	0	0	0	0	0	9	6%	10	7%
Patient Care Service	0	1	0	1	0	0	0	0	2	1	1	6	4%	7	5%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0%
Other	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0%
TOTAL	10	19	14	11	15	16	5	14	17	11	15	147		145	

SECTION 75

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

** Please note amendments to figures reported for May and July, from the previous submission. This has been as a result of a clerical error.*

MEDIA MANAGEMENT

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Daily Media - Response within same day													
Number of enquiries received	18	26	25	20	31	38	27	27	20	23	26		281
Number of responses issued on day of receipt	18	26	25	20	31	38	27	27	20	23	26		281
Weekly Media - Response within three days													
Number of enquiries received	3	5	3	5	9	4	7	19*	7	8	8		78
Number of responses issued within three days of receipt	3	5	3	5	9	4	7	19*	7	8	8		78
Number of responses resulting in Media Coverage	20	31	27	25	36	42	32	46	24	29	34		346

** Increase in weekly activity during November 2012 as a result of Road Safety Week.*

COMMUNITY EDUCATION

Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of visits delivered	4	16	27	7	14	5	28	25	8	33	29		196

Appendix 1

DHSSPS GUIDANCE ON ASSURANCE FRAMEWORKS

Guidance provided by DHSSPS on introduction and use of Assurance Frameworks is intended to help the boards of HSC organisations and other arm's length bodies of The Department of Health Social Services & Public Safety (DHSSPS) improve the effectiveness of their systems of internal control. It does this by showing how the evidence for adequate control can be marshalled tested and strengthened within an Assurance Framework.

The Assurance Framework is a pivotal mechanism through which boards exert control over their organisations. As was stated when the guidance first appeared the essential point of a robust Assurance Framework is that it provides a stronger basis for effective challenge and better-informed decision-making in the boardroom. It will also be of direct relevance to senior executives risk and governance managers and clinical and social care professionals – to all those in fact with responsibility for good governance.

The board of each Health and Social Care (HSC) organisation and of each of the Department's NDPBs has therefore a duty on behalf of its service users carers staff and local communities to ensure that the organisation is carrying out its responsibilities within a system of effective control and in line with the objectives set by Ministers. Their organisations must also demonstrate value for money maximizing resources to support the highest standards of service.

The Framework supplies boards with an instrument for making fuller use of the existing governance capacity:

- in terms of how the various aspects of governance relate to organisational responsibilities accountability and to each other;
- in relation to the information they need to discharge their responsibilities and accountability;
- to know how the different facets of governance are working; and
- to ensure the effective management of risk.
-

Trusts have a duty to protect service users carers staff and others in the planning and delivery of services. Reducing risk is not just about financial or management probity. It is also – indeed it is primarily – concerned with improving the safety quality and user experience of services. This means that equal priority needs to be given to the obligations of governance across all aspects of the business whether financial organisational or in clinical and social care together with a need for governance to suffuse each organisation's culture. Good governance depends on having clear objectives sound practices a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements – in other words a sound system of organisation-wide risk management.

The six core principles of good governance as set out in the Good Governance Standard for Public Service are:

- Focusing on the organisation's purpose and on outcomes for citizens and service users

- Performing effectively in clearly defined functions and roles
- Promoting values for the whole organisation and demonstrating the values of good governance through behaviour
- Taking informed transparent decisions and managing risk
- Developing the capacity and capability of the governing body to be effective
- Engaging stakeholders and making accountability real

Appendix 2

Reporting Template

TITLE:

CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD COMMISSIONING PLANS

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

IMPROVEMENT PROPOSALS FOR 2011/12

SUMMARY OF PERFORMANCE

RISK COMMENTARY

Complaints Closed December 2012 - Januray 2013

Ref	Description	Outcome	Action taken
COMP/437	Complaint regarding the driving of a non-emergency ambulance.	Complaint upheld. Investigation found that staff member did not drive to expected standards.	Letter of explanation and apology issued. Member of staff to undertake driving assessment and cautioned on requirement to drive in a safe manner.
COMP/438	Complaint regarding the driving of a non emergency PCS vehicle.	Complaint upheld. Investigation found that staff member did not drive to expected standards.	Letter of explanation and apology issued. Member of staff to undertake driving assessment and cautioned on requirement to drive in a safe manner.
COMP/440	Complaint regarding the attitude of ambulance personnel during an emergency call.	Complaint not upheld. Investigation found that crew acted appropriately during this incident.	Letter of explanation issued. No action identified.
COMP/444	Complaint regarding a 6hr delay in the arrival of an ambulance for a GP Urgent call.	Complaint upheld. Investigation found that delay in providing transport was due to the high volume of emergency 999 calls being dealt with by Ambulance Control.	Letter of apology and explanation issued.
COMP/445	Complaint regarding a 1hr delay in the arrival of an ambulance to an emergency call and the attitude of Ambulance Control staff.	Complaint partly upheld. Investigation found that delay in arrival of the ambulance was due to the volume of 999 calls received during the time this call was received. Investigation found no evidence that crew acted inappropriately during this call.	Letter of apology and explanation issued. No action identified.
COMP/450	Complaint regarding the driving of an Ambulance car and allegation of speeding.	Complaint not upheld. Investigation found no evidence to substantiate complaint.	Letter of explanation issued. No action identified.
COMP/451	Complaint regarding the organisation of non emergency patient transport.	Complaint not upheld. Investigation found that Ambulance Control acted appropriately in arranging transport.	Letter of explanation issued. No action identified.
COMP/452	Complaint from MLA regarding a delay in the ambulance discharge of a patient by Non-Emergency Ambulance.	Complaint not upheld. Discharge transport arranged by hospital with third party transport provider. Investigation found that hospital had made other arrangements to discharge patient and did not advise Ambulance Control.	No action identified. Letter of explanation issued.
COMP/453	Complaint from MLA regarding non emergency ambulance transport for a patient.	Complaint upheld. Investigation found that delays in transport were due to demand exceeding available resources on these occasions.	Letter of explanation and apology issued. No action identified.

Complaints Closed December 2012 - Januray 2013

Ref	Description	Outcome	Action taken
COMP/454	Complaint via Northern HSC Trust regarding attitude and behaviour of ambulance personnel.	Complaint not upheld. Investigation found no evidence that crew acted inappropriately during this call.	Letter of explanation issued. No action identified.
COMP/457	Complaint via MLA regarding a delay in the conveying ambulance to transport a patient to hospital.	Complaint upheld. Investigation found that RRV was on scene when incident occurred however delay in the arrival of the transporting ambulance was due to volume of other emergency calls being dealt with at this time and the first available ambulance was dispatched to attend.	Letter of explanation and apology issued. No action identified.
COMP/458	Complaint regarding a downgrading of an emergency call by NIAS GP.	Complaint not upheld. Investigation found that call was managed appropriately by Ambulance Control and NIAS GP.	Letter of explanation issued. No action identified.
COMP/459	Complaint regarding the call handling of an emergency call by Ambulance Control, the delay in the arrival of an ambulance and the care and treatment provided by ambulance personnel. Patient died at scene.	Complaint not upheld. Investigation found that call was handled appropriately by Ambulance Control Staff. Delay in ambulance arrival due to difficulty in obtaining address from caller. Investigation also found that the responding ambulance crew acted in accordance with clinical guidelines and training.	Letter of explanation issued. No action identified.
COMP/460	Complaint regarding the recruitment and selection process used in a recruitment process.	Complaint not upheld. Investigation found that Recruitment and Selection processes used were in line with policy and procedure.	Letter of explanation issued. No action identified.
COMP/462	Complaint regarding attitude and behaviour of ambulance personnel during a 999 call and alleging that crew member was rude, abrupt and did not offer enough assistance.	Complaint not upheld. Investigation found no evidence the crew acted inappropriately during this call.	Letter of explanation issued. No action identified.

Complaints Closed December 2012 - Januray 2013

Ref	Description	Outcome	Action taken
COMP/464	Complaint regarding a delay the arrival of a conveying ambulance to take patient to hospital.	Complaint upheld. Investigation found that Paramedic Rapid Responder arrived on scene within 11 minutes however, there was a delay in the arrival of a conveying ambulance to transport the patient to hospital, which was due to the high volume of emergency calls being dealt with by Ambulance Control.	Letter of explanation and apology issued. No action identified.
COMP/466	Complaint regarding delay in non-emergency ambulance transport, Patient missed outpatients appointment as a result.	Complaint upheld. Investigation found that transport was delayed due to an administrative error.	Letter of explanation and apology issued. Staff member counselled by line manager regarding need to ensure accuracy of recording information.
COMP/467	Complaint regarding a delay in the arrival of an ambulance for a GP Urgent Call.	Complaint upheld. Investigation found that delay in providing transport was due to the volume of higher priority emergency calls being deal with by Ambulance Control at this time.	Letter of explanation and apology issued.
COMP/468	Complaint regarding the non arrival of ambulance transport for patient on two occasions. Patient missed outpatients appointment.	Investigation found that transport could not be provided due to the short notice provided by the hospital and also incorrect information regarding patient mobility which resulted in the wrong type of ambulance being sent on another occasion.	Letter of explanation issued. Patient Master record amended to ensure correct mobility of patient is recorded for patient.
COMP/471	Complaint regarding attitude of ambulance personnel during 999 call.	Complaint not upheld. Investigation found no evidence that ambulance personnel acted inappropriately during this call.	Letter of explanation issued. No action identified.
COMP/473	Complaint regarding refusal of ambulance crew not to take personal belongings with patient during transfer.	Complaint upheld. Investigation found that crew could have transported the walking aid but chose not to.	Letter of apology and explanation issued. Review of the transportation of walking aids in ambulances to be undertaken and new guidelines issued to staff.
COMP/476	Complaint regarding non arrival of ambulance transport to transfer complainants mother to hospital.	Complaint not upheld. Investigation found that hospital did provide correct information for permit transport.	Letter of explanation issued. No action identified.
COMP/477	Complaint regarding decision of non-emergency ambulance crew not to transport a patient's walking aid an ambulance.	Complaint partly upheld. Investigation found that crew could not transport walking aid as they had no means to safely secure it in the ambulance.	Letter of apology and explanation issued. Review of the transportation of walking aids in ambulances to be undertaken and new guidelines issued to staff.

Complaints Closed December 2012 - Januray 2013

Ref	Description	Outcome	Action taken
COMP/478	Complaint regarding a 10hr wait for ambulance transport from Belfast City Hospital to the Ulster Hospital.	Complaint upheld. Investigation found that delay in transferring patient was due to the required presence of a paramedic during the journey. All A&E Ambulances were responding to 999 calls during this time.	Letter of explanation issued. No action identified.
COMP/480	Complaint regarding a delay in non-emergency transport.	Complaint upheld. Investigation found that delay was due to high volume of similar requests being dealt with by Ambulance Control on this day.	Letter of explanation issued. No action identified.

Compliments Received January -February 2013

Date Received	Date of Incident	Description
07/01/2013	25/12/2012	We had to call for an ambulance. It arrived reasonably promptly and we were assisted and reassured in a very helpful manner. The crew were most professional, courteous and pleasant in their manner and assisted both in the house and the ambulance. Their actions would normally be commendable on their own but as it was Christmas Day and these gentlemen were working when most people are at home their actions projected a most positive projects of the service. Please can you forward our thanks to the member so staff involved and express our appreciation.
11/01/2013	04/01/2013	I would just like to formally acknowledge and say thank you to one of your colleagues. This person immediately took charge of the situation in a professional manner that I can only describe as second to none. Please pass on our gratitude and appreciation.
16/01/2013	14/01/2013	We would like to express our appreciation of the two paramedics who cam to our aid. They were very courteous, efficient and reassuring. I cannot speak too highly of the way in which they dealt with us.
25/01/2013	21/11/2012	I am writing to both acknowledge and thank the emergency response team who attended a member of my family. The team who attended were professional, competent and respectful. We are extremely grateful for the prompt response from the emergency services and their compassion and kindness. Their communication, reassurance and calmness helped to make a very distressing experience tolerable. The paramedics concerned did an excellent job in positively representing the Ambulance Service and I really hope you will be able to trace the individuals concerned and pass on my sincere thanks and gratitude for all they did that evening.
25/01/2013	11/01/2013	I would like to convey our intense appreciation and esteem to the ambulance crew who responded to a call out. The paramedics arrived quickly. Their approach was overwhelmingly professional as they took control of the situation reassuring and calming everyone.
27/01/2013	19/01/2013	We had to call 999 and were given great advice from the call taker. Shortly afterwards the ambulance crew arrived and provided an excellent service and were a great support to us. I would like to thank you and your staff and the Ambulance Controller for all your help. We really appreciate your professionalism.
27/01/2013	23/01/2013	I should like to say how helpful the ambulance crew were. I found their manner most pleasant and very helpful and would like to bring these two persons to your attention for doing that little bit extra over and above their job. Their concern was genuine and very welcome.
29/01/2013	11/01/2013	An ambulance was sent to me. The two men who arrived were like angels, they treated me with great respect, with dignity, reduced my pain, they were extremely professional, they reassured not only me but my family. I would like to thanks these men from the bottom of my heart, I cannot praise them highly enough and I will never forget them. All you guys do such a fabulous and at time difficult job. Thank you doesn't even say it really, I am so grateful and in awe of what you guys do.
30/01/2013	08/01/2013	I just wanted to share my experience today with an excellent PCS crew. This was obviously a traumatic experience for the crew but they responded admirably. The care that they provided to the patients was excellent. They behaved with great professionalism and I feel that they were a credit to NIAS.
30/01/2013	29/12/2012	I would like to thank the paramedics when they attended to a member of my family. At a time when we felt very out of control and vulnerable they reassured us by their professionalism and competence. As a service user I want to convey my sincere appreciation and heartfelt thanks to your staff.
30/01/2013	16/01/2013	The paramedics arrived in record time. These paramedics displayed vocational patience, courtesy and pure professionalism from the start. They are powerful ambassadors (and inspirational too) for the NI Ambulance Service. I cannot "sing their praises" highly enough. Please be so kind as to bring the contents of this letter to their attention.

Compliments Received January -February 2013

04/02/2013	31/01/2013	My reasons for writing is simply to say that the ambulance crew who attended me could not have been more professional, caring and friendly. I feel that positive feedback is even more important than negative feedback or no feedback at all and in my opinion the NIAS have got two wonderful paramedics. They are a credit to the Service and I am extremely grateful to them both for everything they did for me.
04/02/2013	28/01/2013	I am writing to express my sincere thanks and appreciation to two of your ambulance crew. The crew were extremely professional, courteous and handled what could have been a potentially very dangerous situation very well. I am requesting that you pass on my thanks and appreciation to them.
20/02/2013	11/01/2013	Just to thank you for 'rushing and racing' a member of my family to the hospital. You helped save a life. Heartfelt thanks.
20/02/2013	08/02/2013	Many thanks. You were all very good and kind. Thank you again.
20/02/2013	09/01/2013	I am writing to thank your staff for their professional and caring approach to an incident involving a member of my family. In particular I wish to compliment the support of the call taker. Please extend our thanks to your staff.
20/02/2013	05/02/2013	The ambulance crew who attended me were absolutely wonderful, calm and efficient and on the journey to hospital treated me with the greatest respect and kindness. You have staff to be proud of. Please convey my thanks to the crew and may God bless them in the work that they do.
25/02/2013	14/01/2013	I write to say thank you for the excellent service I experience from the staff in attendance. Apart from the fast response, they were calm and efficient and reassuring by their professional behaviour. Please pass on my gratitude to the crew on duty.
25/02/2013	10/12/2012	To all the ambulance drivers and medics that were such a help. This was so much appreciated.
25/02/2013	21/10/2012	I feel I must write to thank you for the great care I recently received from the ambulance crew. The lady on the phone was most reassuring. On the arrival of the single ambulance crew I was dealt with most considerately. When the other twin crew arrived they were also great. Fetching things from around the house and helping other family members as they arrived. I was keen not to go to hospital but on reflection I was dealt with in a firm but pleasant manner and also reassured that I wasn't making a fuss over nothing. Whilst I'm sure you get many complaints and thank you letters, I would be very grateful if you could pass this on to the relevant staff. Once again many thanks.
26/02/2013	24/12/2012	Having recovered I now feel I should write to apologise to the ambulance staff for any difficulty they may have had in dealing with myself. I realised that they were acting professionally and in my interests. I am very sorry that I may have caused them upset in my behaviour towards them.
26/02/2013	18/12/2012	I would like to acknowledge the excellent services of the paramedics. They arrived, quickly assessed the situation. They were professionalism and respectful. They both carried out their duties swiftly and deftly whilst taking into account our emotional state. Their actions filled me with confidence. I am writing this letter in recognition of their services as we will forever be grateful.
26/02/2013	20/01/2013	I would like to thank the ambulance men who attended me. Thank you one and all.
26/02/2013	10/12/2012	I would like to thank the ambulance crew who attended a member of my family for all their help. It was greatly appreciated. Please pass on my thanks.
26/02/2013	29/11/2012	Thank you from the bottom of my heart. I was never so glad to see an ambulance. The days on duty were two angels who saved my life.

ID	
Principal Aim, Objective. Value	Strategic Aim 2
Risk Type	CORP
Title	Organisational Cohesion
Description	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.
Risk level (initial)	Low
Risk level (Target)	Very Low
Risk level (current)	Low
Lead Director	Chair
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. All Board positions filled. 2. Membership of Trust Board Committees clearly established and terms of reference in place. 3. Cover arrangements for Chair in place. 4. Cover arrangements for CX in place. 5. Corporate Plan agreed and in place. 6. Structures and processes established to promote a professional approach by Trust Board members.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	Board effectiveness assessment planned.
Closed	

ID	
Principal Aim/Objective/Value	Strategic Aim 2
Risk Type	CORP
Title	Workforce Flexibility
Description	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.
Risk level (initial)	MOD
Risk level (Target)	Low
Risk level (current)	MOD
Lead Director	Dir of HR
Initial Action Taken to Control/Mitigate Risk	<ol style="list-style-type: none"> 1. PIT Programme established. 2. Paramedic Assistant programme in development. 3. HSC engagement to identify workforce developments as early as possible.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Review Paramedic Training Programme and approach. 2. Establish workforce developments on PMSI agenda to identify issues sooner. 3. Explore opportunities to increase workforce flexibility – part-time, temporary, voluntary.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 1
Risk Type	CORP
Title	Balancing Statutory Responsibilities
Description	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.
Risk level (initial)	Low
Risk level (Target)	Very Low
Risk level (current)	Low
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 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 provided balance on competing priorities. 4. NIAS Assurance Framework provides balance of competing priorities.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Review performance reporting processes to clarify links between finance, performance and activity. 2. Review Trust Board agenda and operation to assure due consideration of all priorities.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 1
Risk Type	CORP
Title	TYC Implementation
Description	There is a risk that that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibilities and service development aspirations.
Risk level (initial)	Mod
Risk level (Target)	Very Low
Risk level (current)	Mod
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Membership of TYC Programme Board. 2. Membership of TYC Workforce Planning Group. 3. Membership of TYC Advisory & Assurance Group. 4. Response to TYC consultation and ongoing engagement.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Submit bids to HSCB TYC Project for service developments. 2. Assess Service developments from other bodies for risks to NIAS. 3. Establish process for highlighting risks in appropriate fora for treatment. 4. Identify requirement for and establish contingency arrangements to manage risk.
Closed	

ID	
Principal Aim, Objective. Value	Strategic Aim 3
Risk Type	CORP
Title	Public Perception
Description	There is a risk 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	CX
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Public Trust Board Meetings 2. Annual Reports 3. Community engagement programme. 4. Public consultation on significant changes. 5. Social media.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Establish as key element for inclusion in communications strategy. 2. Explore further opportunities to influence public perception. 3. Present action plan to Trust Board.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 1
Risk Type	CORP
Title	Linking Demand to Funding
Description	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.
Risk level (initial)	Mod
Risk level (Target)	Low
Risk level (current)	Mod
Lead Director	Dir of Ops
Initial Action Taken to Control/Mitigate Risk	1. Both financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. 2. Both are discussed at Trust Board. 3. Process in place to secure additional resources linked to service change which could potentially be extended.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Submit proposal to link planned budget to demand analysis to HSCB. 2. Establish metrics to show correlation/relationship between planned resource – demand – performance.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 1
Risk Type	CORP
Title	Prioritising Core Activity
Description	There is a risk 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)	Very Low
Risk level (current)	Low
Lead Director	Dir of Ops
Initial Action Taken to Control/ Mitigate Risk	1. Differentiation of urgent from emergency activity on basis of clinical need. 2. Membership of governing structures, in particular TYC programme board, GPOOH. 3. Development of awareness of taking account of consequences of change on NIAS in HSCB, HSC Trust and DHSSPS.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	1. Consolidate 'same-day' ambulance urgent management in EAC. 2. Embed management of Consequences of change in relevant HSC structure eg TYC Programme Board, Financial Stability Programme.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 1
Risk Type	CORP
Title	TYC Developments
Description	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
Risk level (initial)	low
Risk level (Target)	very low
Risk level (current)	low
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Separate emergency and non emergency control structures and tiers established. 2. Separation of emergency and non emergency control personnel.
Opened	01/02/2013
Review Date	
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Monitor TYC developments at TYC programme Board and other fora to pre-alert to any change in risk. 2. Further differentiate ambulances activity where possible to ease management of any retraction.
Closed	

ID	224
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	Senior Executive Directors Retention & Succession Planning
Description	There is a risk to the Trust that the current terms and conditions of service available to senior executives may not be sufficiently attractive to support retention of existing staff or recruitment of suitably qualified and experienced applicants
Risk level (initial)	MOD
Risk level (Target)	LOW
Risk level (current)	LOW
Lead Director	CHAIR
Initial Action Taken to Control/ Mitigate Risk	<p>Existing remuneration, terms and conditions are consistent with DHSSPS guidance. <input type="checkbox"/></p> <p>Permanent Secretary has been appraised of concerns by CX NIAS. <input type="checkbox"/></p> <p>Issue has been discussed at NIAS Trust Board level by non-executive directors and at Remuneration committee. <input type="checkbox"/></p> <p>NIAS has engaged fully in all senior job evaluation processes to address issue - SSRB, HAYS. <input type="checkbox"/></p> <p>Chairman has requested re-evaluation of jobs through DHSSPS. <input type="checkbox"/></p> <p>Application has been made to secure re-evaluation through SSRB and HAYS. <input type="checkbox"/></p> <p>Directors have been appraised of developments by CX and Chair. <input type="checkbox"/></p> <p>Relevant directors have been, and will be, fully engaged in the process and appraised of developments <input type="checkbox"/></p>
Opened	28/09/2011
Review Date	10/08/2012
Action Plan to Address /Mitigate Risk	<p>1. Chair to write to DHSSPS to seek re-evaluation of jobs and regrading to address anomalies and pay differentials. <input type="checkbox"/></p> <p>1.1 DHSSPS response received after numerous requests on 30/5/2012 advising of outcomes of process. <input type="checkbox"/></p> <p>2. Issue to be raised with Permanent Secretary DHSSPS in Accountability Review meeting (July 2012) to highlight risk to NIAS and identify any other actions available to NAIS to address risk. <input type="checkbox"/></p> <p>2.1 Issue Raised at Meeting on 3/7/2012. NIAS has been advised by Permanent Secretary at accountability meeting on 3/7/2012 that the risk identified by the Trust is acknowledged but the process has been applied and the results are as notified. the risk is therefore recognised but no further steps have been identified which are available to the Trust to reduce or mitigate the risk further. <input type="checkbox"/></p> <p>3. Chair to write to DHSSPS at request of Remuneration Committee to appeal result of regrading and request further evaluation of the posts which had no change in outcome. <input type="checkbox"/></p> <p>3.1 Chair wrote to DHSSPS on 26/7/2012 requesting this. <input type="checkbox"/></p> <p>4. Chair to review risk position taking account of most recent developments. <input type="checkbox"/></p> <p>4.1 On the basis of information received as at 10/8/2012, it is recommended that the target risk level be changed to moderate, and the current level of risk accepted by NIAS. It is further proposed that the risk remain as live and active on the Corporate Risk Register to maintain focus and attention on this issue.</p>
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	<ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 3.1 Weekly/monthly by HRPTS TDG / FPL TG 4. Bid for additional resources as appropriate/available. 4.1 Ongoing and reviewed monthly by NIAS Project Board. 5. Continue to work with BSTP Central Team and suppliers as appropriate within existing resources. <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 7.1 Ongoing and reviewed monthly by NIAS Project Board. 8. Continued engagement in Change Impact Assessment Workshops. <ol style="list-style-type: none"> 8.1 Ongoing and reviewed monthly by NIAS Project Board. 9. Development of Deployment and Training Strategy <ol style="list-style-type: none"> 9.1 Ongoing and reviewed monthly by NIAS Project Board. 10. Ongoing review of key financial controls <ol style="list-style-type: none"> 10.1 Ongoing. Reviewed by IA Q3 11. Further development of NIAS Change Network and Change Action Plan. <ol style="list-style-type: none"> 11.1. Ongoing and reviewed monthly by NIAS Project Board. 12. Refresh ICT audit in line with Business Readiness/Project Plan. <ol style="list-style-type: none"> 12.1 Ongoing and reviewed monthly by NIAS Project Board. 13. Ongoing engagement with Trade Unions at regional and local level. <ol style="list-style-type: none"> 13.1 Ongoing and reviewed monthly by NIAS Project Board.
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>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)	LOW
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 for 2013/14. 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	
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	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.□ - Amended plans have been presented to the SEMT for comment in Q4 2010□ - AEPO has been appointed to develop Business Continuity Strategy, Policy and Action Plans to review existing plans.□ - A number of local BCP were implemented due to civil disturbances and adverse weather.□ - EAC evacuation plan was tested in September 2010□ - All existing plans captured and identified whether in draft, tested or implemented.□ - Four 'Critical' activities identified□ Call Taking□ Information Processing□ Ambulance Despatch□ Medical Care□ -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.□
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□ 1.1 Completed - Presented to Trust Board 17th November 2011□ 2. Action plan for review of Directorate and local BCP agreed and presented to SEMT Q1 2011/12□ 2.1 Completed - Approved by SEMT and Trust Board 17th November 2011□ 3. EAC evacuation plan to be amended and retested based on learning outcomes for evacuation exercise in September 2010□ 3.1 Completed ICT tested - Date August 2012 further test scheduled 9/9/12 during schedule fire drill.□ 4. All other areas will be captured during the next phase of the programme which is under the control of the Emergency Planning Officer.□ 4.1 Established EP and BCP group in June 2012□ 4.2 Terms of Reference and Schedule of Meetings will be submitted to the Assurance Committee Oct 2012□ :Completed October 2012□ 5. EP Team engaging with all directorates to undertake a systematic review of existing contingency plans by year end□ 5.1 Identified directorate BC leads□ 5.2 Identified and agreed with RATC training programme for BC leads, HSCB staff will also attend this programme.□ 5.3 Lead AEPO attended National training course in advance of roll out.□ 6. Programme for the testing of existing plans is being developed and a record of plan activations is being populated. 6.1 This will be within the remit of the EP and BCP group. (4.1)□ 7. Learning identified following this exercise will be incorporated into plans□ 7.1 Learning will be incorporated into future plans and exercises.
Closed	

ID	197
Principal Aim, Objective, Value	Establish and develop agreed outcome-based clinical and non-clinical quality indicators for patients to improve outcomes for patients
Risk Type	CORP
Title	Vehicle Cleaning
Description	There is a risk to the Trust from the lack of a robust reporting system for cleaning to ensure compliance with Infection Prevention and Control Policy and procedures
Risk level (initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	LOW
Lead Director	MEDDIR
Initial Action Taken to Control/ Mitigate Risk	<ul style="list-style-type: none"> - Vehicle cleaning considers as a 'standing item' on the Trust's IPC Group. Activity is reported to the Trusts Assurance Committee□ -Vehicle cleaning schedule has been introduced□ -Vehicle cleaning products have been reviewed, streamlined and are now consistent across the Trust□ -Web based reporting system developed□ -Compliance with the reporting of cleaning is improving□ - System reviewed and improvements made□ -EAC will record the cleaning on data base□ - Significant improvement in reports□ □
Opened	05/02/2010
Review Date	30/09/2012
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Vehicle Cleaning Sub group of the IPC Group established with individual representatives from across the Trust to review current reporting procedure during Q1 2011/12□ <ol style="list-style-type: none"> 1.2 Completed□ 2. Workshop for 'newly appointed Station Officer planned for Q1 2011/12□ <ol style="list-style-type: none"> 2.1 Completed□ 3. Audit of station cleanliness ongoing from Q3 2010/11□ <ol style="list-style-type: none"> 3.1 In Progress- This is an ongoing schedule part of the Health and Safety Audit carried out on a rolling basis annual□ 4. When new reporting system implemented compliance with vehicle cleaning will be subject to audit to identify any gaps in compliance□ <ol style="list-style-type: none"> 4.1 Reviewed at each meeting of the IPC Group Completed January 2013 □ 5. Vehicle cleaning has been agreed as a KPI for the IPC Group.□ <ol style="list-style-type: none"> 5.1 IPC Group to review compliance with this programme, Station Officers will record vehicle cleaning at a local level and provide feedback to staff and control Implemented Q3 2012/13□ 5.2 Ast. Director OPs (Command and Control) has reviewed the procedure and agreed that Control Staff will record the data on the vehicle cleaning spreadsheet. (This will be reviewed by the IPC Group at the meeting in Oct 2012, this meeting was postponed) Completed January 2013 6. New reporting procedure has significantly improved assurance with three Divisions providing complete reports and two almost complete reports. IPC Group has now agreed to monitor the frequency of vehicles not being stood down for cleaning and the reasons for this and recommend Risk Register be amended accordingly.
Closed	

ID	219
Principal Aim, Objective, Value	Establish and develop agreed outcome-based clinical and non-clinical quality indicators for patients to improve outcomes for patients
Risk Type	CORP
Title	Assuring Optimal Clinical experience in Patient Care
Description	There is a risk to patients in the care of NIAS that their care and treatment could be compromised by the attendant at an incident having a lower level of clinical expertise than the driver of the vehicle. The risk arises because ambulance crews currently have discretion in relation to which member of the crew operates as attendant at incidents.
Risk level (initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
Lead Director	DIROPS
Initial Action Taken to Control/ Mitigate Risk	<p>NIAS seeks to ensure that each ambulance is crewed by at least one paramedic.□</p> <p>All NIAS RRV are operated by paramedics and can be assigned to enhance level of clinical expertise at the incident in en route to hospital.□</p> <p>Paramedic have a professional responsibility and duty of care to the patient which applies whether they are designated as driver or attendant at the incident.□</p> <p>Communication between crew members is facilitated at all times by a range of technical and non-technical solutions (radios;intercoms;bulkhead doors).</p>
Opened	10/06/2011
Review Date	31/03/2012
Action Plan to Address /Mitigate Risk	<p>Instruction / guidance will be issued to ambulance personnel to clarify roles and responsibilities to remove ambiguity and ensure the members of staff with the highest degree of clinical expertise always attend to the patient while they are in the care of the ambulance service.□</p> <p>Monitoring mechanisms will be developed to provide and maintain assurance in this regard</p>
Closed	

ID	233
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 2012/13
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>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 not fully recognised and funded by Commissioners; □</p> <p>C.Non-achievement of Efficiency Savings (£1.176M in 2012/13). □</p>
Risk level (initial)	MOD
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	<p>A.Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This is 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 which highlights NIAS's planned financial position for 2012/13. Ongoing monitoring of expenditure, developments, pressures and delivery of savings plans through Trust Monitoring Returns, reports to Trust Board. Ongoing engagement with stakeholders including Performance Management (HSCB) and DHSSPS 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 consideration by Trust Board and presentation to HSCB for agreement□</p>
Opened	01/04/2012
Review Date	30/12/2012
Action Plan to Address /Mitigate Risk	<p>1.DOF will continually examine the following core assumptions which underpin the risk to financial balance□</p> <p>1.1.that the HSC Board will fund the full legitimate costs of Agenda for Change;□</p> <p>1.1.1. Position Statement (Dec 2012): Neither the timing nor the magnitude of the Agenda for Change cost pressure is known. In line with due process NIAS has requested that the Regional Joint Negotiating Committee progress this matter. The HSC Board has said that it will work constructively with NIAS to address any immediate financial pressure arising from the AfC process. In the absence of clarity this remains a 'moderate risk'.□</p> <p>1.2.that all pay and non pay pressures will be funded by the HSCB; □</p> <p>1.2.1.Position Statement (Dec 2012): All known pay and non-pay pressures highlighted by NIAS have been funded by HSCB□</p> <p>1.3.that in year developments to support acute service changes will be fully supported; □</p> <p>1.3.1.Position Statement (Dec 2012): All known acute service changes raised by HSC which have an impact on NIAS have been funded (largely on a non-recurrent basis) by HSCB□</p> <p>1.4.that the requirement for efficiency savings remains at £1.176M in 2012/13. □</p> <p>1.4.1. Position Statement (Dec 2012) HSCB has not advised that any further savings will be required in 2012/13. Implementation remains a challenge however NIAS is on track to deliver the required £1.176M using largely non-recurrent initiatives in 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>2.1.NIAS continues to seek to conclude the Agenda for Change job evaluation process within agreed framework□</p> <p>2.1.1.NIAS receives ongoing update from Joint Negotiating Committee through NIAS Director of Human Resources. At the stage of this review DOF has not received confirmation about the timing nor the magnitude of any resolution of this process. □</p>
Closed	

TB/3/28/03/13



TRUST BOARD MEETING

28 March 2013

Title:	Social Media Policy
Purpose:	This policy is intended to provide advice and guidance on the NIAS's Corporate use of social media sites and applications.
Content:	It outlines employee responsibilities when using social media sites both in a personal and work related capacity. It is intended to ensure that NIAS is not exposed to legal risks; its reputation is not adversely affected and that service users can clearly distinguish the views of the Northern Ireland Ambulance Service and individual/personal views.
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Ms Fionnuala Hoy / Mr John McPoland
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services



Title:	Social Media Policy		
Purpose of Policy:	This policy is intended to provide advice and guidance on the NIAS's Corporate use of social media sites and applications. In addition, it outlines employee responsibilities when using social media sites both in a personal and work related capacity. It is intended to ensure that NIAS is not exposed to legal risks; its reputation is not adversely affected and that service users can clearly distinguish the views of the Northern Ireland Ambulance Service and individual/personal views.		
Directorate Responsible for Policy:	Human Resources and Corporate Services Directorate		
Trade Union Side Consultation	UNISON; UNITE; NIPSA; GMB		
Equality Screened:			
Date Presented to:	Audit Committee		
	Trust Board		
	Comments		
Publication Date:		Review:	
Version:	No previous documents to supersede		
(01)			
(02)			



SECTION ONE:

- 1.1 **Introduction**
- 1.2 **Purpose of the Social Media Policy**
- 1.3 **Scope**
- 1.4 **Principles**
- 1.5 **Codes of Practice**
- 1.6 **Roles and Responsibilities**

SECTION TWO:

- 2.1 **NIAS'S Corporate Social Media**

SECTION THREE:

- 3.1 **Personal Use of Social Media**
- 3.2 **Staff *should never* do any of the following**
- 3.3 **NIAS Recommends**

SECTION FOUR

- 4.1 **Further Guidance for the Use of Social Media Professional Forums**
- 4.2 **Non-Compliance**



SECTION ONE:

1.1 Introduction

The widespread availability and use of social media sites and applications brings new opportunities for NIAS to understand, engage and communicate with our users in new ways. It is vital that these services should be used effectively and that NIAS can balance the use of social media sites and applications with its duty to patients, relatives and carers, its legal responsibility and its reputation.

The use of online social media sites and applications such as, but not limited to, Facebook, Twitter, MySpace, YouTube etc has become a very significant part of life for many people. These sites provide a very positive way to keep in touch with friends and colleagues and can be used to exchange ideas and thoughts on common interests, both personal and work related.

NIAS is aware that these sites can become a negative forum for complaining or gossiping and care must be taken not to breach NIAS policies and procedures or cause offence when using these services.

In developing this Policy NIAS has considered its duties under the following legislation:-

- Data Protection Act 1998
- Computer Misuse Act
- Employment / Equality and Human Rights legislation
- Public Interest Disclosure Act 1998

1.2 Purpose of the Social Media Policy

The purpose of this Policy is: -

- To provide advice and guidance on NIAS's responsibilities on the use of corporate social media sites;
- To provide advice and guidance to employees on the use of social media sites, both personal and work related, e.g. Trust sites; other Ambulance Services sites; NHS sites; etc.
- To ensure that employees are aware of their responsibilities when utilising social media sites/applications, both personal and work related;
- To clarify how use of media sites/applications on a personal level can be linked to employment and the implications that brings;
- To ensure that users can clearly distinguish where information provided via social media is legitimately representative of NIAS;
- To ensure the reputation of NIAS is not adversely affected by use of social media sites by users.



1.3 Scope

The Policy covers the use of social media sites and applications by NIAS for corporate communication purposes as well as the use of social media sites and applications by NIAS employees. In addition, the Policy applies whether or not an employee is using Trust equipment for accessing such media sites/applications.

Social media applications and sites include, but are not limited to, blogs, online discussion forums, media sharing services and the widely used Facebook and Twitter. The internet involves fast moving technologies and it is impossible to cover all sites/applications or scenarios. The absence of, or lack of, explicit reference to a specific website or social media application does not limit the extent of the application of this policy.

This Policy should be read in conjunction with other NIAS Policies & Procedures such as:-

- Use of the Internet
- Use of Email
- NIAS Code of Conduct
- Disciplinary Procedure
- Harassment Procedure
- Whistle blowing Procedure

1.4 Principles

The intention of this Policy is not to prevent NIAS or its employees from conducting legitimate activities on social media site/applications but to highlight the areas where difficulties can arise for both employees and NIAS when links to employment may be established in the use of social media: -

- 1.4.1 Employees should be mindful of the content of their social media, either personal or work related, where links to employment may be established e.g. employees who have named NIAS as their employer, where reference to their employment/employer is made etc.
- 1.4.2 Employees should be mindful of their responsibilities under their Contract of Employment, including their Code of Conduct, which staff should refer to in terms of Social Media.
- 1.4.3 Employees should not engage in activities which may bring NIAS into disrepute.
- 1.4.4 All employees are reminded of the need to maintain patient, colleague, employment and NIAS confidentiality at all times.
- 1.4.5 Social media sites/applications should not be used for accessing or sharing illegal content.
- 1.4.6 Social media should not be used to abuse, harass or bully.



- 1.4.7 Personal details or information disclosed on social media sites could be stolen. Employees should be aware of the potential of identity theft occurring and take appropriate precautions to prevent this.

NIAS does not discourage employees from using social media sites and application. However all staff should be aware that any breaches of this policy may be regarded as misconduct or gross misconduct under the NIAS Disciplinary Procedure.

1.5 Codes of Practice

Professional bodies may have issued their own code of practice relating to the use of social media. Staff have a personal responsibility to be aware of codes of practice relating to their professional body, however NIAS policy remains the definitive guidance for staff in the use of social media as an employee of the Northern Ireland Ambulance Service.

1.6 Roles and Responsibilities

To minimise the risks inherent in using social media, to avoid loss of productivity and to ensure that IT resources and communications systems are used only for appropriate business purposes, we expect all staff to adhere to this policy.

‘Staff’ relates to everyone on a NIAS contract, including those on temporary, student, honorary contracts as well as Agency Staff.

All staff are responsible for the success of this policy and should ensure that they take time to read and understand it. Any misuse of social media should be reported to your line manager.

Questions regarding the content or application of this policy should be directed to: the Human Resources Department.

SECTION TWO

2.1 NIAS’ Corporate Social Media

The Media and Communications Manager is responsible for managing and monitoring the Trust’s current and future Social Media sites on behalf of the NIAS. The management of those sites includes the posting of information on behalf of NIAS. This responsibility may be extended to other authorised personnel identified by NIAS to ensure consistency of management and monitoring.



- 2.1.1 The Media and Communications Manager will, on behalf of NIAS, monitor comments, feedback and messages posted on NIAS's sites Monday to Friday (9am-5pm)¹ and reserves the right to:
- Remove inappropriate comments.
 - Ban users from the site.
 - Report users to Line Managers, as appropriate.
- 2.1.2 In line with Data Protection legislation, NIAS will seek to ensure that personal data relating to patients or service users will not be included on any site except where consent has been given for inclusion of the following:
- Photograph.
 - Moving image.
 - Name.
- 2.1.3 In respect of NIAS staff, the Trust undertakes to make the subject(s) of any photograph or video footage aware of the reasonable expectation of the Trust that any such media may then be posted on current, or future, Corporate Social Media Sites including Facebook, Twitter and YouTube. In appropriate circumstances, following representation by the subjects, the Trust will consider requests not to display certain media images.
- 2.1.4 The Media and Communications Manager will, on behalf of NIAS, further ensure that it's Social Media sites;
- Are appropriately updated and not used in such a way as to be considered as impacting negatively, on core business.
 - Are respectful towards, patient, public and staff.
 - Do not reveal confidential or sensitive information about patients, staff or the service.
 - Are updated on a regular basis and that user posts or queries are responded to in a timely manner.
 - Are kept free of content posted by others that could be considered offensive or derogatory.

Monitoring reports, reflecting comments, feedback and themes posted, along with messages and queries received on NIAS social media sites will be submitted on a regular basis for consideration by the NIAS's Senior Executive Management Team.

Access to social media sites is not normally permitted on Service computers. However those staff who are authorised to access sites may do so only for appropriate purposes approved by NIAS.

¹ NIAS will not be responsible for comments posted by visitors to the site outside the monitoring period indicated above. NIAS will take all reasonable steps to ensure that any inappropriate comments that may be posted during this time are managed appropriately.



Staff authorised as site administrators to access these sites must use them in an ethical and lawful manner, considering issues such as patient confidentiality, data protection and NIAS reputation.

SECTION THREE

3.1 Personal Use of Social Media

Outside of the working environment, whether or not an individual chooses to create or participate in an online social network or any other form of online publishing or discussion, is his or her own business.

However, as a NIAS employee it is important to be aware that posting information or views about NIAS cannot be isolated from your working life. Inappropriate comments about the Trust, patients, clients or colleagues can bring the NIAS into disrepute and make both NIAS and the employee liable to legal action. Additionally, incidents may be treated as misconduct and, in some cases, gross misconduct. Staff should therefore keep their personal use of social media as separate as possible from their professional life. NIAS would therefore recommend that staff members do not identify NIAS as their employer in their personal social media profiles. However, should they wish to do so, NIAS recommends they clearly identify that any comments, views or expressions are wholly personal and are in no way reflective of those of his/her employing body.

The following policy statements are designed to protect NIAS and the employee from risk of allegation, disrepute and liability and are not exhaustive.

3.2 Staff should never do any of the following:

- 3.2.1 Share confidential work related information on personal social media networks.
- 3.2.2 Employees should never post media on their personal social media sites/applications of HSC Trust patients and/or relatives.
- 3.2.3 Post inappropriate comments about a staff member, patient or client. This includes discussion of work-related issues, conversations about patients and complaints about colleagues.
- 3.2.4 Use social media sites to bully or intimidate.
- 3.2.5 Use social media in any way which is unlawful.
- 3.2.6 Use offensive, sexist, sectarian, racist, hateful or otherwise offensive or discriminatory language which would be considered to be contrary to any NIAS policies and procedures, eg Harassment Policy etc.
- 3.2.7 Post media on personal social media sites/applications of other NIAS employees taken in a work situation and/or in NIAS uniform, without informed consent.
- 3.2.8 Post media on their personal social media sites/applications of Trust equipment or vehicles.



- 3.2.9 Use or display the NIAS corporate logo on any personal social media site/application unless formal approval is provided by NIAS.
- 3.2.10 Publish your NIAS email address on a personal social media site, or use this address as part of your login / registration on a personal site.
- 3.2.11 Use Trust networks or equipment to access or update a personal social media site.

The above statements refer to the posting of all types of content on social media sites, including (but not exclusively) text, photographs and video.

3.3 NIAS Recommends:

- 3.3.1 We recognise that Northern Ireland is a small place, and often we will provide health or social care to people who we are acquainted with; these people may also be 'friends' on sites like Facebook.
It is advised that if you do receive a friends request from a patient or client (or their family member) who was previously unknown to you and who you only know through your professional work, you should not accept this request. Any patient / client or their family member, who you only know through your professional work, who is currently an online friend, should be deleted from your friends list. In order to minimise any potential risks to employees, such links to patients may be considered as inappropriate and consequently could be treated as misconduct.
- 3.3.2 Permission should be sought from colleagues before posting any media or information on personal social media sites or applications. An individual should consider colleague's request for information or media to be removed from such a site or application.
- 3.3.3 Ensure that personal blogs have clear disclaimers that the views expressed by the author are theirs alone and do not represent the views of NIAS. Make your writing clear that you are speaking for yourself and not on behalf of NIAS.
- 3.3.4 Be mindful that what you publish will be public for a long time therefore protect your privacy and take care to understand a site's terms and conditions of use. While access to social media sites through the NIAS network are blocked to most employees, accessing the internet through personal smart phones and other mobile devices is on the increase. Therefore do not let your use of social media interfere with your job and always access these sites in your own time.

SECTION FOUR

4.1 Further Guidance for the Use of Social Media Professional Forums

Your relationship with social media changes as soon as you identify yourself as an employee of the Northern Ireland Ambulance Service, speak in any kind of professional capacity or seek to deploy social media on NIAS business.



In such circumstances there are responsibilities, standards of behaviour and other organisational considerations which apply. Remember, you are publicly identified as a NIAS employee and should participate in the same way as you would with other media, public meeting or forum.

Always remember that participation online results in your comments being permanently available and open to being published in other media.

You should also be aware that you may attract media interest in yourself or the organisation, so proceed with care. If you have any doubts, take advice from your line manager, who may in turn contact NIAS's Media and Communications Manager if required.

Professional use of Social Media is defined as participation in third party professional forums and/or discussion boards relating to your work.

The following policy statements relate to professional use of social media:

4.1.1 Staff are free to participate in professional forums relating to their area of work whilst being mindful of the codes of conduct required of them in a professional capacity as well as an employee of NIAS.

4.1.2 When participating in a professional capacity staff **must:**

- i. Seek approval from your line manager before participating, or declare any existing interests.
- ii. Clearly identify yourself as an employee of the Northern Ireland Ambulance Service, and state your role.
- iii. Only provide information about your work location if it is absolutely essential.
- iv. Be professional – make sure you are always seen to act in an honest, accurate, fair and responsible way at all times.
- v. Obtain written permission to publish any information, report or conversation that is not already in the public domain. Do not cite or reference colleagues, partners or suppliers without their written approval.
- vi. Respect copyright when linking to images or other online material.

4.1.3 When participating in a professional capacity staff **must not:**

- i. Mention **any** information relating specifically to an individual patient or client.
- ii. Use offensive, sexist, sectarian, racist, hateful or otherwise offensive or discriminatory language which would be considered to be contrary to any NIAS policies and procedures, eg Harassment Policy etc.
- iii. Endorse or appear to endorse any commercial product or service.



4.2 Non-Compliance

Breach of this policy may be considered misconduct or gross misconduct and so may result in disciplinary action up to and including dismissal. Disciplinary action may be taken regardless of whether or not Trust equipment or facilities are used for the purpose of committing the breach.

Any member of staff suspected of committing a breach of this policy will be required to co-operate with our investigation. This may include removing internet postings which are deemed to constitute a breach in this policy. Failure to comply with such a request may in itself result in disciplinary action.

Serious breaches may be reported to the PSNI, ICO or other public authority for further investigation.

Review

This policy is effective from <date> 2013 and the effectiveness of the policy shall be reviewed after 6 months of operation, in consultation Trade Union Representatives.

Signed on Behalf of Management:

Date:

Document Reference:	Document title:
Authorisation date:	Document type;
Review date:	Responsible authority
Signed off by	

TB/4/28/03/13



TRUST BOARD MEETING

28 March 2013

Title:	PPI Strategy
Purpose:	The aim of the PPI Strategy is to set out how the Trust will improve the involvement of service users, patients, communities, other stakeholders and partners in the planning, development, delivery and evaluation of our services.
Content:	Detail of NIAS corporate arrangements and commitments in respect of implementation of the PPI agenda
Recommendation:	For Approval
Previous Forum:	SEMT
Prepared by:	Mrs Michelle Lemon, Assistant Director of Human Resources; Equality, PPI and Patient Experience
Presented by:	Dr David McManus Medical Director



Northern Ireland Ambulance Service
Health and Social Care Trust



PERSONAL AND PUBLIC INVOLVEMENT STRATEGY

March 2013

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INTRODUCTION

The Northern Ireland Ambulance Service (NIAS) Health and Social Care Trust's Personal and Public Involvement Strategy sets out how we will improve the involvement of service users (which includes carers), patients, communities, other stakeholders and partners in the planning, development, delivery and evaluation of our services. Implementation of the strategy will ensure service users, patients, communities and the wider public are at the heart of everything we do and that our services are effective, innovative and centered on addressing the needs of our service users and stakeholders. NIAS has developed this strategy to provide guidance to the public and our staff on how we will incorporate PPI into our work in a way that best benefits service users.

ABOUT NIAS

NIAS was established on 1 April 1995. NIAS responds to the needs of a population in Northern Ireland in excess of 1.7 million people in the pre-hospital environment. It directly employs over 1,100 staff across 57 ambulance stations/deployment points, 2 Regional Medical Dispatch Centres (Emergency and Non-Emergency), a Regional Training Centre and Headquarters. NIAS has an operational area of approximately 5,450 square miles, serviced by a fleet of over 300 ambulance vehicles. We provide ambulance care, treatment and transportation services to the people of Northern Ireland twenty four hours per day, seven days per week, and three hundred and sixty five days per year.

NIAS's mission is to ***“deliver effective and efficient care to people in need and improve the health and well-being of the community through the delivery of high quality ambulance services”***.

The ambulance services NIAS provide are:

- Emergency response to patients with serious illness and injury;
- Provision of clinical care and treatment in an out of hospital environment.
- Non-Emergency Patient Care and Transportation. The journeys undertaken cover admissions, hospital outpatient appointments, discharges and inter-hospital transfers;
- Specialised health transport services;
- Training and education of ambulance professionals;
- Planning for and co-ordination of major events, mass casualty incidents and disasters;
- Support for community based Responder Schemes;
- Planning for and co-ordination of major events;
- Community Education;
- Out-of-hospital care research.

WHAT IS PERSONAL AND PUBLIC INVOLVEMENT (PPI)?

There is increasing recognition of the importance of meaningfully involving service users and stakeholders in all aspects of Health and Social Care service development and delivery and of the benefits of this for the organisation. PPI is a way of working which allows the public to help organisations to improve services provided, through dialogue and partnership working.

Personal refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe people who use Health and Social Care (HSC) services as individuals or as part of a group, such as a family.

Public refers to the general public and includes community and voluntary groups and other collective organisations. Individuals who use HSC services are also members of the general public.

Involvement means more than consulting and informing. It includes engagement, active participation and partnership working.

PPI includes a wide range of activities, for example:

- service user/carer and public involvement in service planning and evaluation;
- community assessment of health and social care needs;
- community development principles and processes
- patient/client centred care and involvement in their care planning;
- service user experience feedback;
- complaints management; and
- volunteering.

OUR COMMITMENT TO PERSONAL AND PUBLIC INVOLVEMENT (PPI)

NIAS is committed to embedding PPI into our culture and practice. PPI approaches will be adopted to encourage more open, accountable and collaborative service planning, design and delivery. NIAS and other HSC organisations have worked with service users and the wider public for many years. The Trust recognises that genuine involvement and partnership take time and commitment to achieve. We are committed to implementing our strategy to achieve our goals for Personal and Public Involvement within an organisational culture that is open and willing to change. Working in genuine partnership with users, carers and communities can deliver:

- better quality and more responsive services;
- Better priority setting and decision making
- improved outcomes of care for the individual and the population;
- improvement in addressing inequality;
- greater local ownership of health and social care services;
- a better understanding of why and how services need to change and develop;
- reduced and transformed complaints; and
- Increased staff and patient morale.

WHY IS PPI IMPORTANT?

The Health and Social Care (Reform) Act (Northern Ireland) 2009 placed a statutory duty of public involvement and consultation on Health and Social Care organisations including NIAS. NIAS is also fully committed to fulfilling other statutory duties to involve key stakeholders in Section 75 of the Northern Ireland Act 1998 and the Disability Discrimination Order. The DHSSPS issued guidance on strengthening and implementing effective Personal and Public Involvement in Health and Social Care in **September 2007** and **September 2012**. DHSSPS has identified three premises which must underpin PPI:

- People in receipt of services should be actively involved in decisions affecting their lives and should fully contribute to any planning, decisions and feedback about their own care and treatment.
- The wider public has a legitimate entitlement to have opportunities to influence health and social care policies and priorities. This is further reflected in the Trust's commitment to a community development approach to all its work.
- PPI is part of everyday practice within HSC organisations and should lead to improvements in an individual's personal experience of the service and the overall quality and safety of service provision.

NIAS recognises that these should result in the following outcomes:

- **Increased Ownership and Commitment** by staff, individuals and communities to finding new ways to address the diverse needs across the service;
- **Increased Sense of Self-Responsibility** for our own health and social well being and for taking action that can indeed prevent ill health and address the wider determinants of health;
- **Responsive and Appropriate Services** that are needs led and focused on the priorities of the public and users;
- **Help in Priority Setting and Decision Making** across a diverse and often competing range of priorities;
- **Increased Compliance** with agreed treatment and care plans, resulting in more effective outcomes for all parties;
- **Help in Tackling Health and Social Well Being Inequalities** where we can gain a better understanding of the circumstances and particular needs of marginalised groups and communities;
- **Increased Levels of Service Satisfaction;**
- **Increased Staff and Patient Morale** and feeling of self-worth.

STRATEGIC CONTEXT

DHSSPS Guidance on PPI was issued in order to:

- strengthen PPI in every health and social care organisation;
- promote greater uniformity and consistency in PPI activity across HSC organisations;

- improve the quality of the individual's experience of HSC services by involving people in plans and decisions about their own care or treatment and learning from their experiences to improve service delivery;
- ensure HSC organisations take the public's views into account in the planning, commissioning, delivering and evaluating services;
- support the integration of PPI into individual and organisational clinical and social care governance arrangements within HSC organisations.

PPI encompasses and embodies other core strategic elements of participation across the Trust and we have ensured that these have been fully integrated into the development of this strategy. These include the statutory requirements to consult and involve people already enshrined in Equality and Disability legislation; Standards for Improving the Patient and Client Experience; and the extensive community engagement work that the Trust engages in. This strategy is designed to integrate and enhance all these streams of work and continue to build upon them.

The DHSSPS 2012 circular on implementing effective personal and public involvement policy in the HSC outlined the importance of focusing on the outcomes of PPI activity. In implementing this circular NIAS is committed to ensuring NIAS reporting on PPI focuses on the key questions set out within this circular:

- What have we done?
- What difference has it made?
- What do we need to do next?

PPI WITHIN THE HSC

There are particular challenges associated with this work in the context of the delivery of an emergency ambulance service. In addition it is important to note that those patients and service users who access the services provided by NIAS, do so in order to access those services provided by other HSC organisations e.g. emergency transportation by NIAS to a hospital within an acute Trust. NIAS recognises the importance of the avoidance of duplication in involvement processes in this regard. Consequently the Trust is committed to working in partnership with HSC colleagues to maximise resources, avoid duplication and minimise burden on those engaged in involvement processes around HSC services.

NIAS PPI CONSULTATION SCHEME

The Trust published its PPI Consultation Scheme in December 2009. This Consultation Scheme outlines the arrangements which the Trust will put in place to ensure that the statutory requirements in the Health and Social Care Reform Act (Northern Ireland) Sections 19 and 20 (DHSSPS, 2008) are fully met. These include commitments to organisational arrangements such as:

- The identification of a lead Executive Director with responsibility for PPI,
- The identification of a lead manager to develop and lead a programme of work to mainstream PPI within the organisation.
- The establishment of a PPI Steering Group
- The creation of a PPI Panel constituted by representatives of NIAS and patients/carers and service users.

NIAS PPI AIMS

NIAS recognises significant benefit and value in ensuring effective client, patient and public involvement as it seeks to provide a responsive, equitable and efficient service and will:

Ensure that the service is accessible and responsive

The Trust will create a culture that is open to listening to the views, opinions, issues and concerns of individuals, groups and communities, based on the principles of integrity, equality and partnership ;

Ensure patient and public involvement is central to all aspects of Trust activity, is genuine and not a token gesture.

The Trust will ensure that the views and opinions of individuals, groups and communities are listened to, respected and considered in the decisions of the organisation. The Trust will ensure everyone who needs and wishes to be involved is facilitated to do so irrespective of culture, language, skills, knowledge and experience.

PPI will be reflected in our corporate objectives and will underline our commitment to make sure the Trust delivers person-centred care

The Trust will ensure that the involvement of clients, patients and communities is a key priority for the organisation at the highest level and will establish clear lines of accountability to reflect this.

Ensure patients/carers are informed about and involved in treatment and care

The Trust will provide meaningful, timely, accurate and appropriate information to clients, patients and communities and will ensure that communication is an effective two-way process;

Build capacity and confidence with staff, patients and the public in engagement and involvement activities

The Trust will, in partnership with the community and voluntary sector, actively seek to build the capacity and confidence of individuals to be involved through learning, opportunity and experience;

Help patients and the public develop a sense of ownership of the Trust

The Trust will utilise a wide range of methods and approaches to involve people and will ensure that staff respect the views and opinions expressed and are skilled in the ways that they engage with and involve individuals.

The Trust is committed to the development of PPI across five key levels as reflected in DHSSPS circular Guidance on PPI:

Level	Examples of involvement
Level 1 - Individual Level	Service users are directly involved in the planning, delivery and monitoring of their individual care or service.
Level 2 - Service Level	Individuals, families, carers and the community are supported to influence and shape the provision of care and quality of services provided.
Level 3 - Issue Specific Level	Individuals, families, carers and the community are supported to influence and shape the planning, development and delivery of services on specific issues or areas.
Level 4 - Directorate and Strategic Level	Service users, carers, and communities are actively involved in strategy development, including needs analysis, planning and action that will result in changes to significant areas of service development and provision.
Level 5 - Corporate and Wider Strategic Partnership Level	Communities, stakeholders and partner organisations are actively involved in shaping the corporate and organisational priorities and the overall direction of the Trust.
Feedback at all levels	Feedback processes on how the Trust has responded to ideas and suggestions, concerns and issues will be developed. They will be appropriate to the requirements of the different levels.

COMMITMENT TO PERSONAL AND PUBLIC INVOLVEMENT

In the 2007 circular, the DHSSPS issued guiding principles for PPI activities that the Trust fully endorses. These principles will guide our approach to involving users, carers and communities and support best practice. The Trust is committed to the principles as follows:

1	Leadership and Accountability
	The Trust's commitment to PPI will be reflected in the leadership and accountability arrangements in Health and Social Care organisations.
2	Part of the job
	The Trust will ensure that PPI is the responsibility of everyone in HSC organisations.
3	Supporting involvement
	The Trust will provide appropriate assistance that is required to support and sustain effective PPI.

4	Everyone's an expert
	Everyone is an expert in their own right, whether by experience, by profession or through training. The Trust will recognise and support this.
5	Creating opportunity
	The Trust will facilitate opportunities to be created to enable people to be involved at the level of their choosing.
6	Clarity of Purpose
	The Trust will ensure that the purpose and expectations of PPI are clearly understood within the organisation .
7	Doing it the right way
	The Trust is committed to ensuring that different forms of PPI need to be used to achieve the required outcomes and to meet the needs of the people involved.
8	Information and communication
	Timely, accurate, user-friendly, accessible information and effective two-way communication are key to the success of PPI activities. Particular consideration to appropriate communication with groups such as ethnic minorities, people with disabilities and children and young people.
9	Accessible and responsive
	The organisation's commitment to PPI will be demonstrated through its recognition of the right of people to initiate engagement with it.
10	Developing understanding and accountability
	The Trust will ensure that people's understanding of service provision and the reasons for decisions are improved through PPI activity.
11	Building capacity
	The Trust will ensure people's capacity to get involved is increased and the PPI processes are improved through learning from experience. Training and development in community development principles and practice will be key to building capacity.
12	Improving quality and safety
	The Trust will put in place systems and processes to ensure that any learning from PPI should lead to improvements in the safety, quality and effectiveness of service provision.

KEY AREAS FOR ACTION

The following areas are proposed as key areas for action in respect of the PPI agenda.

Strategic Theme 1: Leadership and commitment to involvement

Strategic Theme 2: Improving Health and Social Care experience

Strategic Theme 3: PPI in service planning, evaluation and service design

Strategic Theme 4: Tackling health inequalities

A full outline is provided in Appendix 1.

MONITORING AND EVALUATION

Monitoring our performance is important so that we can be held accountable for the commitments made in this Strategy and can continuously improve the way we involve users and engage communities. We have proposed short and medium term indicators of progress against each of the key themes, based on our understanding of how increased user involvement and community engagement will improve outcomes (see Appendix 1).

As a Trust we will ensure that the public is engaged throughout the strategy development process and we will listen to and work with service users and providers. This includes services users, carers, family members, advocacy groups, charity organisations, community networks, voluntary groups, members of the public and other interested parties.

Appendix 1

KEY THEME SPECIFIC AREAS FOR ACTION

Theme Specific Actions

AREA TO DEVELOP	Lead Title	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16
Strategic Theme 1: Leadership and commitment to involvement				
<ul style="list-style-type: none"> ➤ Trust is recognisably committed to promoting personal and public involvement in all activities. ➤ Service users, carers and communities know how to get involved at different levels and are supported to contribute. ➤ Staff should recognise Personal and Public Involvement as part of their job and are developed to maximise involvement activities in their service(s). ➤ Personal and public involvement is an integral part of the Trust's performance framework. Involvement activities result in improvements to Trust Services. 				
Establish and maintain a Trust Personal and Public Involvement Steering Group.	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Establish and maintain a system of 1/4ly reporting from each Directorate on progress on PPI. Present to PPI Steering group for scrutiny and discussion. Present to Trust Board.	Directorate PPI leads & Assistant Director Equality, PPI & Communications			
Develop training for staff in respect of the concept and the Trust's expectation of staff members	Training Manager & Assistant Director Equality, PPI & Communications	√		
Establish PPI Champions in each Directorate	Directors	√		
Ensure that as part of the Trust's performance framework	Assistant Director of	√		

all service activity includes a measure of public involvement analysis.	Human Resources; Equality, PPI & Patient Experience			
Scope the current process and systems that are in place and membership of the various decision making management forums within the Trust	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Audit the public perception of their ability to become involved in the Trust's decision making processes	Assistant Director of Human Resources; Equality, PPI & Patient Experience		√	√
Publication of annual report on PPI activity and its impact on service improvement and/or development	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	√

AREA TO DEVELOP	Lead Title	Year 1 2012/13	Year 2 2013/14	Year 3 2014/15
Strategic Theme 2: Improving Health and Social Care experience by patients/clients/users and carers.				
<ul style="list-style-type: none"> ➤ All staff genuinely want to know if care provision meets user expectation. ➤ Service users believe that by informing the Trust of their negative or positive experience, change will occur. ➤ The Trust can link changes in how services are provided to user feedback. ➤ All service users feel they are treated with dignity and respect. ➤ Staff at all levels feel that they can contribute to the improvement of the service user's experience. 				
Develop methods to establish if care provision meets user expectations linking in with regional work	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Support the development and ongoing management of existing user groups as a tool for service improvement	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Undertake scoping exercise to determine existing systems within the Trust in relation to patient and client experience	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Review existing information systems i.e. complaints and compliments to identify trends and areas for improvement	Complaints Manager & Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Assess the culture of the organisation for the receptiveness of Trust staff in capturing and responding to patient and client experience	Assistant Director of Human Resources; Equality, PPI & Patient Experience		√	
Continue to promote and engage with the regional patient and client methodologies which includes patient experience questionnaires, observations of practice and patient stories	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	√

Based on the themes arising from the review of existing information, agree one key corporate theme against which each Directorate will develop an action plan to bring about improvements	Directors & Assistant Director of Human Resources; Equality, PPI & Patient Experience		√	
AREA TO DEVELOP	Lead Title	Year 1 2012/13	Year 2 2013/14	Year 3 2014/15
Strategic Theme 3: PPI in service planning , evaluation and service design				
<ul style="list-style-type: none"> ➤ Service users and communities are meaningfully engaged in service planning, evaluation and re-design. ➤ Views of service users and staff demonstrably influence service planning. ➤ The Trust actively promotes and supports volunteering ➤ Regular evaluation of involvement processes 				
Mapping Services				
Review and validate the existing engagement map across all Directorates.	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Gap Analysis				
Work with other HSC Trusts patient, user and carer focus groups.	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	√
Where new services are developing or existing services are remodelled – identify specific needs and issues for the relevant stakeholders.	All Trust Managers	√	√	√
Facilitate their involvement in planning and development.	All Trust Managers	√	√	√
Evaluation process				
Initiate an ongoing process to assess and evaluate the appropriateness of current user involvement mechanisms and as a result identify areas for development and	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	√

improvement				
Hold an annual public event at which we will report progress on the actions identified in the Action plans	Assistant Director of Human Resources; Equality, PPI & Patient Experience		√	√
Ensure that Each Directorate has a process established that allows the accurate monitoring of who they are engaging with within the Communities.	Directorate PPI Champions	√	√	√
Communication				
Provide regular updates on PPI issues in NIAS News and internet site	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	√
Provide an explanation of our services and management structures through a variety of media including the internet on an annual basis.	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	√
Provide information for users, patients, carers and local communities, outlining ways in which people can become involved in Trust business, using a range of methods.	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	√

AREA TO DEVELOP	Lead Title	Year 1 2012/13	Year 2 2013/14	Year 3 2014/15
Strategic Theme 4: Tackling health inequalities				
<ul style="list-style-type: none"> ➤ The Trust tackles health inequalities through strong leadership and innovative approaches. ➤ Through a Community Development Strategy the Trust will identify key health inequality issues and develop creative partnership solutions. ➤ The Trust supports a community engagement programme that provides insight into the health and wellbeing of service users and the public and their health and social care needs. ➤ Trust priorities are influenced by the need to tackle health and wellbeing inequalities in a particular geographical area or within relevant communities. 				
Provide information and training for staff in relation to the community/voluntary sectors to develop awareness of what they do and what services they provide.	Training Manager & Assistant Director Equality, PPI & Communications	√		
Work with communities and populations we serve in partnership with other agencies to tackle health and social inequalities and develop a Trust wide approach to health improvement	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	Ongoing	
Hold information sessions/consultations/engagements in partnership with local organisations	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√	√	
Complete an audit of all patient, user, public and carer involvement and engagement with community and voluntary organisations	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		
Develop an action plan for Personal and Public Involvement, identifying existing involvement and gaps, identifying appropriate ways to feed user and community views into the annual service plans, and committing to	Assistant Director of Human Resources; Equality, PPI & Patient Experience	√		

develop new areas of involvement within each Service Group where there are gaps identified				
Take forward and support priorities/actions in relation to Section 75 groupings and rural communities	Asst Dr of HR; Equality, PPI & Patient Experience	√	Ongoing	

Appendix 2

PPI STRATEGY CONSULTATION REPORT



Northern Ireland Ambulance Service
Health and Social Care Trust



PPI STRATEGY

CONSULTATION REPORT

Introduction

The aim of the PPI Strategy is to set out how the Trust will improve the involvement of service users, patients, communities, other stakeholders and partners in the planning, development, delivery and evaluation of our services. Implementation of the strategy will ensure that our services are effective, innovative and centered on addressing the needs of our service users and stakeholders. The Strategy provides guidance to the public and our staff on how we will incorporate PPI into our work in a way that best benefits service users.

Developing and consulting on the Strategy

NIAS was involved in regional work streams designed to involve service users in the development of PPI Strategy for the Public Health Agency, the lead organisation for PPI in HSC. Following on from this NIAS based its strategy on this and also considered existing strategies for HSC Trusts.

In addition we invited service users, patients, carers and voluntary sector representatives to work with us on the development of the Strategy. In this regard we wrote to PPI contacts throughout Trusts and placed an invitation to contribute to the development of the Strategy on the Patient Client Council website.

NIAS is very grateful to those who took the time to engage with us in this regard including considering draft documents in advance of the publication of the strategy for consultation.

The PPI Strategy was approved by NIAS Trust Board in May 2012 and was issued for consultation on 25th June 2012 closing on 5 October 2012. To facilitate consultation an Easy Read version was also produced and in addition to provision of formal consultation responses consultees were invited to meet with us to discuss the strategy further.

Five formal responses were received which included community and voluntary organisations and individual service users and carers. Again we are very grateful to those who took the time to consider the strategy and provide considered comment.

Taking Comments on Board

The following table outlines the key themes which emerged from this consultation exercise and explains how we have taken the comments received on board in the final strategy document and in taking our PPI agenda forward.

Comment	NIAS Response
The detailed appendix on key actions - many of the issues are already covered in the main text of the Strategy.	Noted
Welcome the juxtaposition of comments and complaints as comments and feedback are often overlooked.	Noted
Carers should be included from the start of the document either as part of service users, or as a separate identity: e.g. service users (including carers).	Strategy changed to reflect comment.
Strategy should include reference to rights as well as needs.	Strategy changed to reflect comment.
Should be more use of words such as "accessible" and "appropriate", particularly in relation to communication and publications.	Strategy changed to reflect comment.
Training and awareness for staff should involve user and carer led trainers and not just individuals from the community and voluntary sectors.	Committed to reviewing training to include appropriate opportunities for involvement of service users/carers. NIAS is participating in regional work streams lead by PHA in this regard.
Inclusion of a sensitive system which can engage patients (and families, relatives and friends) to gauge their views, opinions, concerns and comments on the service as a follow up from actually using the ambulance service (at an appropriate time) and from an individual viewpoint. This would provide valuable information in developing a safe and sensitive service provision.	Strategy changed to reflect comment.
The section 'About NIAS' should be included earlier in the Strategy document than the section about PPI.	Strategy changed to reflect comment.

As part of required compliance with the Autism Act (NI) 2011, there will be a requirement for policies like the PPI Strategy to take account of the social and communication barriers faced by individuals with Autistic Spectrum Disorders (ASD) in accessing public services and public facilities, e.g. improved visual signage, clearly structured public areas delineated by function, assessments based upon social functioning, not merely mental and physical ability, adjustments to “customer service” procedures that provide for people with ASD, and specific workforce ASD training to assist compliance.	Noted. NIAS is committed to full consideration of responsibilities under all relevant legislation in this regard. Document contains a general commitment to linking PPI with responsibilities under equality legislation generally.
Recommend appropriate accessible information and a specific statement in relation to effective two way communication with children and young people and people with disabilities.	Committed to appropriate and accessible communication.
Clarity on whether service users and providers will be included in the monitoring and evaluation process.	Commitment that service users and carers will be involved in the monitoring and evaluation process

Comments on key Strategic Themes:

Strategic Theme 1	
Composition of PPI Steering Group must include service users to provide opportunities to influence and direct the Strategy from the beginning.	Noted. Structures will be reviewed under Action Plan
Development of policies and procedures to support engagement.	Policies and procedures will be developed as appropriate e.g. reimbursement of expenses policy.
Allocation of resources and training for staff and service users.	Appropriate resources will be allocated for training of staff and service users. This will also be considered across HSC through PHA regional PPI Forum.
Details of feedback and evaluation mechanisms to ensure improved service delivery.	Patient Client Experience and PPI work streams link development of these mechanisms.

Strategic Theme 2	
Involve service users from the start ensuring influence at planning stage.	Noted. Strategy will emphasise commitment to involving users as soon as possible.
Provide service users with the right level of training and/or capacity building to enable them to fully engage at all levels.	Noted. NIAS will work with regional HSC partners on training and capacity building.
Strategic Theme 3	
Service users should be involved in the design and delivery of evaluation processes.	Noted. Service users will be involved in the design and delivery of evaluation processes through regional work streams.
Involve service users from the start.	Noted. Strategy will emphasise commitment to involving users as soon as possible.
Specific training for service users in regard to evaluating processes.	Training for service users will be developed collaboratively with regional HSC partners.
Strategic Theme 4	
The action plan must provide details of engagement methods e.g. information sharing or influencing services.	We will review range of methods to ensure appropriate influence on decision making.
Must hold information and awareness campaigns to raise awareness of action plan.	Noted. Will be taken forward through PPI and Community Education work streams.
Recommend measures around capacity building, training and accessibility to encourage inclusive engagement of people with disabilities.	NIAS will work with regional HSC partners on training and capacity building.

TB/5/28/03/13



Minutes of a Meeting of the Assurance Committee held on Monday 14 January 2013 at 11.00am, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT	Prof M Hanratty	Non-Executive Director (Chair)
	Miss A Paisley	Non-Executive Director
	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 D McManus	Medical Director
	Mr B McNeill	Director of Operations
	Mrs S McCue	Director of Finance
	Ms R O'Hara	Director of Human Resources & Corporate Services
	Dr N Ruddell	Assistant Medical Director
	Mr P Nicholson	Assistant Director of Finance
	Ms L Rafferty	Assistant Director of Human Resources, Education, Learning & Development
	Ms L Gardner	Employee Relations Manager
	Mr T McGarey	Risk Manager
	Mr P Archer	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

Noted. 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 11 October 2012

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by Professor Hanratty (Chair) and presented to Trust Board on 15 November 2012.

4.0 Matters Arising

It was agreed that the Committee be updated on improvements in feedback to staff who have reported untoward incidents.

Further matters arising are dealt with as agenda items.

5.0 Chairman's Business

Two new members of the Committee were introduced and welcomed: Mr Robin Mullan and Dr Jim Livingstone.

6.0 Presentation

6.1 Operations Service Delivery

A presentation was given on Operations Service Delivery.

The Committee thanked the Director of Operations for a very useful presentation, and clarification was provided on a number of issues raised by members following the presentation.

7.0 Audit Assignment Plan

It was noted that an audit of the Trust's performance management framework, assurance framework and risk management processes is currently being undertaken by internal audit as part of a programme of work agreed by the Audit Committee.

Not all Executive / Non-Executive Directors had been asked to complete the performance management survey as part of this process, and the scope of the work will be confirmed.

The report, once considered by Audit Committee, will be brought to the Assurance Committee and any recommendations will inform the further development of the Assurance Framework.

It was agreed that an assessment of board effectiveness will be incorporated into the assurance processes in the future.

8.0 Draft Assurance Framework 2012/13

A draft document to support the Assurance Framework report was presented to the Committee for comment. It was proposed that this form the basis for the Assurance Framework from April 2013, with the contents reviewed to prevent unnecessary repetition of information.

The Committee commented that this was a useful enhancement to the Assurance Framework and discussed emerging risks. The strategic objectives were considered in the light of the earlier presentation on operations service delivery.

9.0 Standing Items

9.1 Assurance Framework

The Assurance Framework was reviewed with the relevant Executive Directors reporting on particular elements as follows:

Medical Director

- The introduction of new national clinical guidelines is expected in early 2013 and CPIs will be amended to reflect these.
- NIAS has been asked to present on its response to a chemical incident at a national group meeting as an example of good practice.
- NIAS continues to work with other Trusts on PPI. Results of patient experience surveys were noted and the high level of patient satisfaction reflected in theses was commended. Work in this area continues to be developed regionally.

Director of Operations

- The Business Case for Ballymena Ambulance Station has been approved.
- Plans for a new Ambulance Station on the current Erne site are being developed.
- NIAS has engaged with Commissioners on revised ambulance operational performance targets and their response is awaited.
- The Committee noted that recent protests and civil disturbance have impacted on response times and therefore performance due to traffic disruption. Senior managers have been redeployed to PSNI Gold Command at these times.

Director of Finance & ICT

- Three areas linking directly to strategic aims were presented – financial break even, control of capital expenditure and prompt payment. The introduction of the BSTP finance system was reported as a further pressure, which may lead to the Trust not being able to achieve the target for prompt payment by year end. It was noted that the logistics element of the new BSTP system was due to go live at the start of December 2012, but due to difficulties experienced by first wave users, NIAS has delayed its introduction until further improvements are made. A new date for implementation has not yet been agreed.
- ICT – in response to a request on system availability, the Director of Finance clarified that system downtime is identified in the report and is managed on an ongoing basis.

Director of Human Resources & Corporate Services

- The Committee thanked and commended those involved in the development of absence management systems.
- In response to a question regarding the report on the number of harassment cases included within the employee relations report, it was agreed that more detail, including a trend analysis and learning outcomes, would be provided to the Committee.

- The Committee was assured that NIAS is in regular contact with DHSSPS regarding progress on the outstanding Agenda for Change banding outcomes for Paramedics, RRV Paramedics and Emergency Medical Technicians, and NIAS will continue to move this forward.

Areas within the Assurance Framework which require highlighting should be brought to the Medical Director's attention for inclusion on the Agenda for Assurance Committee meetings.

9.1.1 Untoward Incidents Report as at 31 December 2012

The Report was noted.

The Committee discussed the terminology used in relation to the definition of incidents and was assured that this was consistent with regional HSC policy and practice.

It was noted that a significant number of incidents being reported had an impact on staff as opposed to patients. It was clarified that incidents with a direct impact on patients were recorded as clinical incidents within the report. The Committee was advised that incidents are regularly reviewed in detail and consideration given to potential impact on patients.

9.1.2 Serious Adverse Incidents as at 31 December 2012

The Report was noted.

Two incidents were highlighted for information:

- **UIR 23652** – Joint investigation has been undertaken with the Western HSC Trust. Report is due for submission on 6 February 2013.
- **UIR 19302** – Report submitted to HSCB and response awaited. Incident also currently being investigated by NI Police Ombudsman and Coroner.

The Committee requested confirmation that where learning has been identified, this is noted in the report.

9.1.3 Controls Assurance Standards

The DHSSPS has notified NIAS which controls assurance standards will be subject to audit in the coming year. The preparatory work for this is ongoing.

NIAS has reminded DHSSPS of their undertaking to review the content of the controls assurance standards.

9.2 Risk Register as at 31 December 2012

The Risk Register and Risk Map were noted.

The assessment of emerging risks was discussed.

The Committee discussed the current position regarding risks to financial balance as at end of March 2013, and the Committee will be advised of any further changes.

A paper identifying the potential risks to financial balance for 2013/14 and 2014/15 was circulated for the Committee's consideration.

9.3 RQIA Action Plan

Progress against the action plan following the most recent RQIA review was noted.

RQIA is currently working with all Trusts in regard to the implementation of NICE guidelines, and a meeting with NIAS has been scheduled for February 2013.

9.4 Medical Device Alerts

The Trust continues to review all Medical Device Alerts and none of relevance to NIAS have been received since the previous Assurance Committee meeting.

9.5 Coroner's Rule 43

The report on Coroner's Rule 43 recommendations was presented to the Committee and progress was noted against a number of recommendations with a number of actions being fully completed.

9.6 Reports from Groups and Committees

9.6.1 Health & Safety Committee – Minutes of Meeting 25 August 2012

Noted.

9.6.2 Health & Safety Committee – Management Summary 21 November 2012

Noted.

9.6.3 Fire Compliance Sub Committee – Minutes of Meeting 8 October 2012

Noted.

9.6.4 Infection Prevention & Control Group – Notes of Meeting 30 October 2012

Noted. The "Ten Elements" booklets relating to board-to-ward assurance on HCAs will be circulated to Non-Executive Directors at the next Trust Board meeting.

9.6.5 Medical Equipment Group – Notes of Meeting 10 October 2012

Noted.

9.6.6 Emergency Planning & Business Continuity Group – Notes of Meeting 25 September 2012

Noted.

10.0 Pharmacy and Medicines Management Update

Station inspections by the DHSSPS Pharmacy Inspection Team continue and there have been no major issues reported to date.

The results of the annual audit of compliance with controlled drug legislation are currently being compiled as part of the renewal of the Trust's licence to hold controlled drugs. The results will be available at the next Assurance Committee meeting.

The Committee asked that staff be commended on their safe management of controlled drugs.

11.0 Outbreak Management

The final draft of the Outbreak Contingency Plan was presented and agreed. It was noted that NIAS has worked closely with the Public Health Agency in the compilation of this Plan.

The Committee discussed the responsibilities of nursing homes and hospitals to inform NIAS of patients with infectious diseases and any special precautions that may be required.

12.0 The Safety of Services Provided by HSC Trusts – NIAS Response

A concern was raised regarding the accuracy of the figures provided in Figure 2: National Ambulance Service Benchmarking Exercise 2011/12. This will be followed up with the providers of the figures and DHSSPS.

The Committee was advised that the sharp increase in incidents reported between 2008 and 2010 in Figure 1 was coincidental with management and staff representatives engaging with staff to encourage the reporting of incidents of violence/aggression towards NIAS staff as untoward incidents.

The Committee discussed staff appraisal and the 2010 HSC Staff Survey. The opportunity to ensure information is being conveyed to staff in an appropriate manner consistent with NIAS practices was noted.

The response to Question 11 was discussed in detail, and the view was expressed that NIAS does not have the information to enable a response, rather than the question not being applicable to NIAS. This will be factored in to any further discussion with DHSSPS should clarification be requested.

13.0 Whistle-Blowing Policy Monitoring

The Officer on the Board responsible for Whistle-Blowing has not received any reports, and the definition of and reporting mechanism for whistle-blowing were discussed. The Committee agreed that a short paper on whistle-blowing would be helpful, and this will be provided at the next meeting.

14.0 Staff Appraisal

A paper will be presented to the Assurance Committee and to Trust Board.

15.0 Any Other Business

No further business.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Thursday 14 March 2013 at 11.00am** at NIAS HQ.

Signed: Mary Hanratty
(Professor Hanratty, Chairman)

Date: 28 February 2013

TB/6/28/03/13

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Monday 14 January 2013 at 2.30pm
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

PRESENT	Mr N McKinley	Non Executive Director (Chair)
	Professor 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
	Ms C McKeown	BSO Internal Audit
	Mr D Charles	BSO Internal Audit
	Mr D Lynn	NIAO External Audit
	Mr J Poole	KPMG External Audit
	Mrs S McMullan	Personal Assistant

Welcome and Introduction to the Meeting

The Chairman expressed his gratitude to all involved in the early circulation of papers for this 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 & Confirmation of Quorum

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

3.0 Minutes of Previous Meeting of the Audit Committee held on 11 October 2012 (for noting)

Minutes had been previously agreed and presented to Trust Board on 15 November 2012.

4.0 Matters Arising

Ms Paisley highlighted that she would like to discuss item 10.4 Revised Code of Conduct of the previous minutes under the Chairman's Business of this meeting.

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

5.0 Chairman's Business

5.1 Appointment of New Non-Executive Directors

Mr McKinley advised the Committee of the appointments of two new Non-Executive Directors – Dr Jim Livingstone and Mr Robin Mullan. He informed the Committee that Ms Angela Paisley will withdraw from membership of the Remuneration Committee and remain an Audit Committee member. These changes had been confirmed by the NIAS Chairman Mr Paul Archer. This will bring the Trust into line with the Revised Code of Conduct issued in July 2012 which states that no member of a Remuneration Committee should also be a member of Audit Committee.

5.2 Audit Committee Chairs Meeting

Mr McKinley noted that he is unable to attend the Audit Committee Chairs meeting scheduled for 18 February 2013 and that Professor Hanratty would be attending in his place. It was noted that Professor Hanratty would provide any feedback to the next Audit Committee.

6.0 Internal Audit

6.1 Public Sector Internal Audit Standards (PSIAS) (HSC) (F)74/2012 and DAO(DFP) 11/12

Mrs McKeown presented paper AC/02/14/01/13 highlighting the introduction of the new Public Sector Internal Audit Standards (PSIAS) to replace Government Internal Audit Standards (GIAS) from 1 April 2013. Mrs McKeown highlighted that new standards were intended to promote consistency, best practice and improved quality and effectiveness across Public Sector Internal Audit. The Committee were advised that the impact of the new standards and the differences between GIAS and PSIAS were highlighted in bold in the report. The impact on the Trust will be low as Internal Audit is already compliant with GIAS, however documentation, for example the Internal Audit Charter, will be reviewed and reissued as necessary.

Mrs McCue stated that the document highlights the role of the Chief Executive much more clearly as Accounting Officer.

There followed a discussion on the arrangements in place for the external independent assessment of Internal Audit. Mrs McKeown advised that an independent peer review report was awaited from DHSSPS Internal Audit and that this would be shared with the Audit Committee in due course.

6.2 Progress Report (For Noting)

Mrs McKeown referred members to page three of the report which provides a summary of progress against the Internal Audit plan. She advised that the plan of audit work had been profiled towards the end of the year to allow for the introduction of new Finance, Procurement and Logistics (FPL) systems, and that this was the reason why there remained a significant amount of work to complete.

Mrs McCue advised that the new systems had gone live in a number of Health and Social Care Organisations, however due to concerns over system stability and performance in some areas, the planned go live date for NIAS and the remaining HSC

organisations of 17 December 2013 had been postponed.

Mr Nicholson noted that a full update on the Business Services Transformation Programme (BSTP) was on the Agenda under Any Other Business, but added that there was currently no revised go live date for FPL. He added that, while the Internal Audit programme had been built around a first review of the new systems, the delay in go live may mean that the audit plan would need to be adjusted to be a last look at the legacy systems in operation in order to provide the required assurances in the current financial year. This revised approach was endorsed by the Audit Committee.

In respect of the completed audits, Mrs McKeown reported as follows:

Workforce Planning and Establishment – Satisfactory Assurance – There was one Priority 1 finding and two Priority 3 findings

Key Financial Controls – Satisfactory Assurance – There were no Priority 1 findings, but three Priority 2 findings

Management had accepted all of the findings. There followed a discussion on elements contained within the reports. Ms Paisley asked about the arrangements for the reporting and approval of budgets by Trust Board. Mrs McCue advised that these are presented and approved by Trust Board at a high level through the Trust Delivery Plans and associated financial information detailing pay and non-pay forecasts. Trust Board also receive reports in relation to financial position and cash releasing efficiency plans. The audit recommendations related to the numbers of vacancies at particular grades and reporting of this information to Trust Board.

Mr McKinley noted that Assistant Directors were responsible for developing the terms of reference for Steering Groups. Mrs McCue confirmed that Assistant Directors develop the terms of reference for final consideration and approval of Directors.

Mrs McKeown noted that the Key Financial Controls should not be considered to be a comprehensive view of the control weaknesses that may exist in each system, but rather that key controls in the current system continue to operate effectively in the run up to the introduction of new systems. She highlighted issues with regard to the Cycle to Work Scheme control account and confirmed there were no major issues identified with other control accounts that were examined as part of the audit. Performance against the public sector payment policy target and a number of points in relation to changes to the Trader Master File were noted.

Professor Hanratty queried the position of staff seconded to BSTP posts. Mrs McCue confirmed that a number of staff have been seconded to support BSTP and a number of other absences of key experienced staff had increased the challenges faced by such a small Finance Department. The delay in FPL go live and the position in respect of Shared Services implementation has also added to difficulties in this area and posts are being covered through a combination of temporary recruitments and agency staff. Performance of 93.12% in respect of prompt payment compliance was also discussed. Mrs McCue advised that given the pressures outlined, there was the potential that the target of 95% cumulative compliance for the year may not be met. It was envisaged that the new FPL systems would address control weaknesses identified and assist in the performance against the prompt payment target once they had stabilised and been introduced to the remaining HSC organisations.

7.0 External Audit

7.1 2012/13 Financial Statements Audit Strategy (for approval)

Mr Poole distributed a new Annex 2 of the Audit Strategy to members of the Audit Committee as it was not available at the time the papers were being distributed. This covered relevant Value for Money (VFM) studies carried out by the NIAO in the last five years. Mr Lynn confirmed that there are currently no NIAS specific VFM studies underway, however NIAO were carrying out an update on a 2008 report into Sickness Absence in the Public Sector which would have relevance to NIAS. This report would be made available in due course.

Mr Poole introduced the Audit Strategy for the year ended 31 March 2013. He highlighted that there were no significant changes in how the Trust undertakes its business in the current year compared to previous years. Mr Poole outlined that the audit is designed to allow the Comptroller and Auditor General (C&AG) to give an opinion on whether:

- the financial statements are 'true and fair' and that the underlying transactions are in accordance with the Northern Ireland Assembly's intentions and any other relevant authorities – known as regularity;
- the remuneration report has been properly prepared and that the information given in sections of the Annual report is consistent with the financial statements;
- a number of further matters reported by exception, including whether or not adequate accounting records have been maintained or if the Governance Statement reflects Department of Finance and Personnel guidance

There was also a requirement to examine and report on the financial statements of the Trust's Charitable Funds Accounts and to report if the financial statements do not comply in any material aspect with relevant guidance.

He also highlighted the actions for those charged with governance, in particular whether the assessment of potential risks of material misstatement of the accounts was complete and whether management responses to these risks are adequate.

He highlighted the relationship between NIAO and KPMG, the general audit approach, the reliance placed on others and consideration of materiality.

Mr Poole highlighted the following significant risks of material misstatement that had been identified as part of the work to develop the audit plan:

- The ability of the Trust to breakeven
- Agenda for Change
- Capital accounting
- Regularity of transactions and financial governance
- Procurement and business case approval
- Implementation and Migration to new IT systems.

He also highlighted the findings of the 2011/12 Internal Audit on the Management of Maintenance Contracts and the introduction of the Governance Statement in 2012/13 to replace the Statement on Internal Control.

There followed a discussion on various elements of the strategy, in particular on the final accounts timetable. It was agreed that draft, unaudited accounts would be presented to Audit Committee in mid May with a later meeting in June to consider draft, audited accounts in order to ensure that matters could be appropriately considered and deadlines met. Mrs McKeown advised that it would be the intention to have the final Internal Audit reports available for the May meeting.

Ms Paisley referred to the element within the audit strategy in respect of the remuneration report and the work during the year in respect of Executive Director posts. It was confirmed that External Audit would provide an assurance that the remuneration report had been properly prepared and that relevant guidance had been applied.

8.0 For Noting

8.1 Charitable Trust Fund Accounts 2011/12 Report To Those Charged With Governance

Mrs McCue presented the final Charitable Trust Fund Accounts Report to Those Charged with Governance (RTTCWG) which had been issued by the NIAO. The Audit Committee had previously considered this document in draft and there were no significant changes in the final document. The work in respect of the future production and audit of Charitable Trust Fund Accounts, in particular with regard to streamlining the process, was ongoing.

8.2 Laying of Annual Report and Accounts as One Document (HSC)(F) 65/2012)

The circular issued by the DHSSPS directed that Trusts must prepare and publish an Annual Report and Accounts as a single document. Mrs McCue noted that this will bring the health sector into line with the rest of the public sector and that there would no longer be a requirement to include summary financial statements within the annual report. It was noted that this would create one significant document that would require coordination across directorates in order to meet the deadlines.

8.3 Introduction of The Governance Statement for the 2012/13 Accounting Period (HSC)(F) 62/2012 and DAO(DFP)10/12)

The Statement of Internal Control which forms part of the Annual Accounts is to be replaced in 2012/13 with a Governance Statement. Some guidance has already been issued to Trusts and a pro forma Governance Statement was being developed and would be issued in due course. Mr Lynn outlined that the Governance Statements of each HSC body would be used to inform the content of the DHSSPS Governance Statement. He also highlighted the need to balance the use of a prescriptive pro forma and the requirement for full disclosure.

Ms Paisley questioned the timeframe of the statement and the planning and work involved in producing it. The Trust needs to be aware of the required date and prepare in good time. There were a number of other work streams that would need to be completed before the Governance Statement could be finalised.

Mr Lynn advised that a template is available at the moment for Board effectiveness should the Trust wish to use it this year. Mr McKinley suggested having sight of the template to guide conversation and debate at Trust Board next week on this issue.

Professor Hanratty also noted that the new Non-Executives would need to be brought up to speed on this. Professor Hanratty suggested that the new Governance Statement be added to the agenda of the Audit Committee Chairs meeting on 18 February 2013. Mr McKinley agreed to send an email requesting this.

9.0 Any Other Business

9.1 Update on Priority 1 Finding

Mrs McCue gave an update on the Priority 1 finding in the Management of Contracts Audit. In response to an anonymous allegation, the Trust had engaged the Counter Fraud and Probity Service to carry out an investigation. The draft copy of the findings of the investigation was tabled and it was noted that reproduction or disclosure of the document was expressly prohibited. The report highlighted the extensive investigation that had taken place and concluded that no further action should be taken in respect of the allegation which remained unsubstantiated. No evidence of fraud or bribery had been identified by the investigation. The report did highlight findings similar to those identified by Internal Audit, for example sub orders consistently not being counter signed. These would be taken forward now that the investigation was complete.

There followed a detailed discussion on the information contained within the report. A small amendment to the report was suggested. Mr Nicholson was asked to highlight the suggested change to CFPS ahead of the issue of the final report. It was noted that Internal Audit would be carrying out further detailed work on the management of contracts before the end of the year.

9.2 Fraud Update

Mr Nicholson provided an update on the National Fraud Initiative data matching exercise. The Trust continued with efforts to secure the release of data in respect of the investigation in order to progress the cases effectively. Mr Lynn offered the support of the NIAO with progressing matters in this area.

Mr Nicholson also advised that the PSNI were continuing their investigation into low value equipment being offered for sale.

9.3 Business Services Transformation Project (BSTP)

Mr Nicholson informed the Committee that the first wave of Finance, Procurement and Logistics (FPL) went live during the middle of October 2012. NIAS were due to go live along with three other Trusts and the Northern Ireland Medical and Dental Training Agency (NIMDTA) in December 2012. However, due to system issues and instability experienced by the organisations that had already gone live, the go live date for NIAS and the other organisations has been postponed. Work is ongoing to address the system and stability issues with a view to issuing a revised go live date.

Human Resources, Payroll and Travel Systems (HRPTS) work is still ongoing to develop a revised timeline for implementation of the new systems. It is expected that this will be considered by the Project's Regional Implementation Board at the end of January 2013.

Date, Time and Venue of Next Meeting

The next meeting of the Audit Committee is scheduled for Thursday 14 March 2013 at 2.00pm in the Boardroom, NIAS Headquarters. Additional meetings will be scheduled in May and June to accommodate the final accounts timetable.

Signed

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

(Chairman)

Date

13 March 2013

