HSC Northern Ireland Ambulance Service
Health and Social Care Trust

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

A G E N D A

Welcome, Introduction and Format of Meeting		Paper Enclosed
1.0	**Apologies**	
2.0	**Procedure:** Declaration of potential Conflict of Interest: Quorum:	
3.0	**Minutes of the previous meeting of the Trust Board held 15 November 2012** (for approval and signature)	TB/1/24/01/13
4.0	**Matters Arising**	
	4.1 Trend Analysis on Recruitment	TB/2/24/01/13
5.0	**Chairman's Business**	
	5.1 Visit to Dungannon Ambulance Station	
	5.2 Chairman's Update	
	5.3 Appointment of Non Executive Directors	
6.0	**Chief Executive's Business**	
	6.1 Chief Executive's Update	
	6.2 Transforming Your Care Update	
7.0	**Assurance Framework as at 30 November 2012**	TB/3/24/01/13
8.0	**Items for Approval**	
9.0	**Items for Noting**	
	9.1 Response to Consultation on Transforming Your Care	TB/4/24/01/13
	9.2 Disability Action Plan	TB/5/24/01/13
	9.3 Letter from Mr John Compton - Christmas Cover	TB/6/24/01/13
10.0	**Application of Trust Seal**	
11.0	**Forum for Questions**	

12.0   Any Other Business

13.0   Summary & Forward Agenda

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

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, 24 January 2013 at Ranfurly Arts & Visitor Centre, 26 Market Square, Dungannon, Co Tyrone. BT70 1AB

TB/1/24/01/13

NORTHERN IRELAND AMBULANCE SERVICE

> ## *Minutes of a Trust Board Meeting held on Thursday, 15 November 2012 at 1.30pm at the Northern Ireland Ambulance Service Headquarters, Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG*

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Dr J Livingstone	Non-Executive Director
Ms A Paisley	Non-Executive Director
Prof M Hanratty	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 E Hamilton	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 Dr Jim Livingstone, newly appointed Non Executive Director. Dr Livingstone thanked the Chairman for his welcome advising that he was delighted to be a member of the Board and was looking forward to the challenges ahead. He described how he trained initially as a psychologist , then joined the NI Civil Service in 1979 and had just retired from the Department of Health where he was the Director of Safety, Quality & Standards.

1.0 **Apologies**

Mr N McKinley, 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.

Item 4.1 dealt with at this time

4.1 **Quality 2020: A 10 Year Strategy to Protect & improve Quality in Health &Social Care in Northern Ireland**

A presentation was made by Dr Paddy Woods, Deputy Chief Medical Officer, DHSSPS. In the discussion which followed, key areas were highlighted including, measuring quality and managing expectations, defining and measuring success and holistic approach including spiritual care.

3.0 **Minutes of the Previous Meeting of the Trust Board held on 20 September 2012**

One amendment to be made Page 5, Medical 'treat and leave' should read 'treat and refer'. Subject to this amendment members accepted the minutes as a true reflection of discussions held on the proposal of Prof Hanratty seconded by Mr McIvor.

4.0 **Matters Arising**

4.2 **Trend Analysis on Recruitment**

The Director of HR&CS advised that a paper will be presented at the next board meeting.

4.3 **Corporate Workshop 9 November 2012**

The Corporate Plan was refreshed during the workshop to ensure that it is relevant and appropriate. Executive team are tasked with developing options, choices and consequences paper for presentation to Trust Board. It was agreed that it was a good workshop which provided the opportunity for the Executives and Non Executives to work together to face the difficult future which lies ahead. It was suggested that further workshops should be planned to consider progress made. Members of the Board concurred that it was good to keep the Non Executives in the 'loop' and get more exposure. It may also be useful for Non Executives to attend other events which would help inform them of the wider health care and where NIAS fits, budget permitting. The Chief Executive advised that NICON hold a number of events which may be of interest to the Non Executives. Mr Samson from the PCC offered membership to Board members of the PCC's Members Forum which would provide them with monthly updates of any events across the HSC.

4.4 **Agenda For Change Communication**

Paper presented for Board's information which related to a request by a staff member at the AGM in September 2012; this has been issued to all staff. Director of HR&CS provided an update of current position which is that 3 posts have been forwarded for consideration to the Regional Quality Assurance (RQA) who has identified personnel to look at these posts. Board to be kept appraised of situation.

4.5 **Whistle Blowing Training**

The recent excellent training on Whistle Blowing was raised and it was considered that it may have been beneficial to have had a joint training session between Non executives and the Executive team rather than a separate

sessions. The Board inquired as to what level of monitoring will be required for issues raised and how it will be reported to the Assurance Committee. It was also noted that there are some aspects of the policy that require to be reviewed however it was agreed that the existing policy should settle for 6-12 months before review.

5.0 Chairman's Business

5.1 Visit to Ardoyne Ambulance Station

The Board enjoyed their visit this morning to Ardoyne adding that it is a very busy station. Staff did bring the Board's attention to some issues with the building ie heating and restricted toilet facilities. The Board enquired if there were any year-end non-recurrent funds that could be used to update the air conditioning system. Minor schemes may be an option and if so the Division as a whole would be looked at for possible prioritised improvements. There is a notable team spirit within the station which is well run and the Board wished to convey their thanks to the staff. Dr Livingstone asked if it would be possible for him to spend a day at an ambulance station to give him experience of what actually happens. The Chief Executive advised that he would arrange, as part of his induction, a programme to cover different aspects of the service to give him experience of the challenges faced.

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 he has not yet been informed of the appointment of a second Non Executive Director.

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:

27/09/12   Met with the Minister to discuss winter pressures and planning. This will be a major challenge and measures are to be put in place to manage moving the quality agenda forward with safer practice.

24/10/12   Attended an Emergency Care Learning Event where learning was shared. NIAS will work with them to enhance the service

02/10/12   GP Out of Hours – There was a good attendance with a good debate. Who will manage unscheduled care going forward? Discussion should take place with NIAS before decisions are made. Regional Destination Protocols (RDP), NIAS should be front and centre with this and possible progress has been made to support development.

          o Has the service directory been completed?

          ➢ Work is ongoing with the Public Health Agency but no decision has been taken by HSCB on the development of a Directory of Services.

24/10/12   Took part in a teleconference to Ambulance Service Network of which the Chief Executive is a member of the Board. ASN will fold from next April 2013. Martin Flaherty will be the Chief Executive of Association of Ambulance Chief Executives (AACE) from January 2013 and has offered NIAS 50% discount for associate membership. This would be of benefit as it would secure membership on the various national Directors fora which will give access to influencing and shaping various UK initiatives, NHS pathways etc.

Prof Hanratty added that she also met with Chief Executive as Chair of the Assurance Committee to discuss the most recent meeting of the Committee.

7.0   Assurance Framework as at 30 September 2012

The Chief Executive advised that he is currently redeveloping the framework document which will report on the three strategic aims and nine strategic objectives of the service and will aim to go live with the document in April 2013. A slight rewording at the introduction will allow for the definition of quality encompassing safety, to reflect the Minister's definition of quality within the Health sector.

Medical

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

o The Board commended the Medical Director for his comprehensive report which feeds in very clearly to the strategic aims and objectives of the Trust. The Chief Executive added that it is important that the Board are appraised of serious adverse incidents.
o It is difficult to identify when it happens and when it is reported?
➢ The criteria is set for the definition of serious adverse incidents. However it was advised that it is not always immediately apparent that an incident falls into the category of a Serious Adverse Incident and it is only when further information is provided that it is noted as such. There is learning to be gained from each incident. It was considered that the Trust should have the ability to de-escalate serious adverse incidents as appropriate.

Operations

The Director of Operations updated members on his report. He added that the Trust has introduced a Liaison Officer at both the RVH and Ulster hospitals to work with staff to improve patient flow from ambulances. The following comments/issues were raised:

o   In regard to strategic objectives, is the Trust deluded regarding the financial situation and whether there is a solution to the rural problems?

➤ The relevance of this target has been discussed with the Commissioners who did not feel that it was appropriate to divert resources to improve below target LCG areas.   It was added that the targets are not set by NIAS however the LCG target is useful in planning as it allows the focus to remain on difficult areas. It was stated that the Trust is at breaking point which makes it difficult to motivate staff under increasing pressure. Discussion ensued and it was suggested that other regional resources such as the 1800 district nurses could potentially be used as first responders in rural areas.

The Board was updated on the Enniskillen Business case where it was advised that further discussions are being held. While a bid for the proposed relocation site is in place, this is a lengthy process and in the interim the Western Trust has proposed to decommission the existing site, transferring all except the area occupied by NIAS, which the Trust could acquire. Board will be kept appraised of the situation.

Finance & ICT

The Director of Finance & ICT updated members on her report referring to the capital spend advising that fleet replacement is a staged process with invoices being issued toward the end of the year. It is intended that this spend will be complete by year end. Impact has already been felt of the new system being introduced for procurement at BSO with NIAS due to 'go live' in December 2012.

o   The new system will be challenging for staff.   It was considered appropriate to communicate the Board's appreciation to staff concerned for all their efforts to date.

➤ A report will be presented to Trust Board in January 2013 after the 'go live' in December 2012.

Human Resources & Corporate Services

The Director of Human Resources & Corporate Services updated members on her report and advised that KSF had gone 'live' on 3 October 2012 and would feature within her report for the next Board meeting.

The Board were referred to Page 66 which records grievances and disciplinaries. It was commented that Board level awareness of such issues was shown to be a problem at NIFRS.

8.0   Items of Approval

8.1   Management of Aggression Policy

The Director of HR&CS presented the policy advising that the policy was developed in partnership. It had been benchmarked with other ambulance trusts and HSC trusts; it had been equality screened and did not require a full EQIA.

The following minor amendments were suggested:

4.2	Where it states that the policy outlines preventative measures. This is not the case and would feature in the procedure only.
8.2	Further clarification of the risk owner is required.
Appendix 3	Under 'assault' where 'resulting in serious physical injury' is answered as yes, it should state the need to 'document on PRF' as well as 'get medical treatment'.

Adoption of the policy was proposed by Prof Hanratty seconded by Dr Livingstone.

8.2 Policy for Safe Management of Water Systems (including Legionella and Pseudomonas)

The Board were advised that all Trusts must have a policy in place and monitored through Controls Assurance. The risk for NIAS is low as the Trust does not manage patient areas.

The policy was adopted on the proposal of Prof Hanratty seconded by Dr Livingstone.

9.0 Items for Noting

9.1 GP Out of Hours

While noting the response to the consultation on GP Out of Hours service the Non Executives requested review of the mechanism by which they get an opportunity to comment on relevant consultations before they are returned. It was agreed that the Board would be included in the circulation list for comment on any consultation the Trust is responding to.

Action: Non Executives to be included in circulation list for future responses to consultations.

9.2 Minutes of Audit Committee held 11 October 2012

Noted.

9.3 Minutes of Assurance Committee held 11 October 2012

Director of HR&CS undertook to convey the Board's thanks to staff involved in the very useful presentation made on clinical supervision and the role of CSOs.

The Chairman advised that it is his intention to attend future Assurance Committee meetings.

Noted.

9.4 The Safety of Services provided by Health & Social Care Trusts

This document has been circulated to the Board and a response has been issued. This matter will be picked up for further discussion by the Assurance Committee.

Action: NIAS response to be shared with the Board.
    To be placed on agenda for Assurance Committee.

9.5 Long Service Medal Ceremony – 18 January 2013

Noted.

10.0 Application of Trust Seal

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

11.0 FORUM FOR QUESTIONS

No questions received from the floor.

12.0 Any Other Business

12.1 Board Meetings

The Chairman summarised discussions and actions required, advising that it is his intention to finish Board meetings in time for a summary of actions before concluding. The Board considered that the Clinical Strategy 'treat and refer' is of interest to the public and should be on the agenda for a future meeting.

12.2 Queens Ambulance Medal

It was advised that Mr McNeill has received his award from Prince Charles and the Board extended their congratulations.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 24 January 2012. Venue to be confirmed.

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

Signed: _____

Date: _____
                Chairman

TB/2/24/01/13

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

24 January 2013

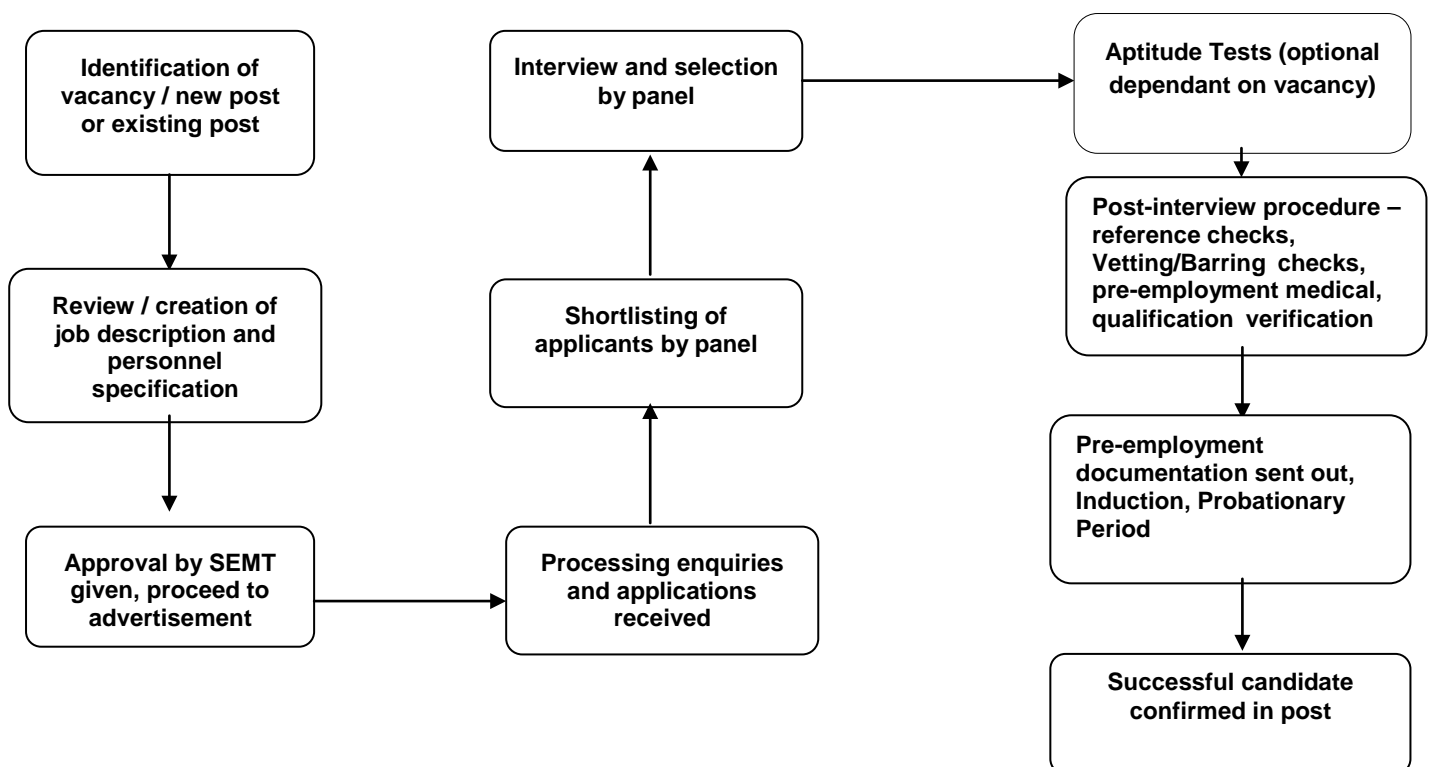|	
Title:	HR Annual Report: Analysis of Recruitments between 2006 and 2011, by S75 Categories, throughout all stages of the Recruitment Process.
Purpose:	To provide further analysis on all stages of the Recruitment Process in relation to Community Background and Gender for Recruitments active between 2006 and 2011.
Content:	Trend Analysis of all stages of the Recruitment Process, by Community Background and by Gender between 2006 and 2011.
Recommendation:	For information.
Previous Forum:	Trust Board.
Prepared by:	Mrs Janette Boyle, HR Officer
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

INTRODUCTION

At the Trust Board meeting on 20 September 2012, a request was made for a trend analysis to be conducted on Recruitments processed by the HR & CS Directorate between 2006 and 2011, specifically in relation to Community Background and Gender at the various stages of the recruitment process.

SUMMARY OF RECRUITMENT PROCESS

Effective and fair recruitment and selection processes are essential to ensure the Trust's success in appointing the best candidate to each position within the Service. For recruitment and selection procedures to be effective, it is essential that they are fair, rigorous, transparent and based on merit.

The flowchart below depicts the stages which are followed in the recruitment and selection for vacancies within NIAS:

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┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐
│  Identification of  │      │ Interview and       │      │ Aptitude Tests      │
│  vacancy / new post │      │ selection by panel  │ ───► │ (optional dependant │
│  or existing post   │      │                     │      │ on vacancy)         │
└──────────┬──────────┘      └──────────▲──────────┘      └──────────┬──────────┘
           │                            │                            │
           ▼                            │                            ▼
┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐
│ Review / creation of│      │ Shortlisting of     │      │ Post-interview      │
│ job description and │      │ applicants by panel │      │ procedure –         │
│ personnel           │      │                     │      │ reference checks,   │
│ specification       │      │                     │      │ Vetting/Barring     │
│                     │      │                     │      │ checks,             │
│                     │      │                     │      │ pre-employment      │
│                     │      │                     │      │ medical,            │
│                     │      │                     │      │ qualification       │
│                     │      │                     │      │ verification        │
└──────────┬──────────┘      └──────────▲──────────┘      └──────────┬──────────┘
           │                            │                            │
           ▼                            │                            ▼
┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐
│ Approval by SEMT    │      │ Processing enquiries│      │ Pre-employment      │
│ given, proceed to   │ ───► │ and applications    │      │ documentation sent  │
│ advertisement       │      │ received            │      │ out, Induction,     │
│                     │      │                     │      │ Probationary Period │
└─────────────────────┘      └─────────────────────┘      └──────────┬──────────┘
                                                                      │
                                                                      ▼
                                                           ┌─────────────────────┐
                                                           │ Successful candidate│
                                                           │ confirmed in post   │
                                                           └─────────────────────┘
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COMMUNITY BACKGROUND: APPLICATIONS RECEIVED

During the 6 year reporting period, the Trust received approximately 11,500 applications (on average, made up of 45.3% Protestants and 46.1% Roman Catholics). From 2006 – 2008, marginally more applications were received from members of the Protestant Community, than from the Roman Catholic Community. However more recently (2009 – 2011) the trend has seen a reversal, with more Roman Catholics applying for posts than Protestants.
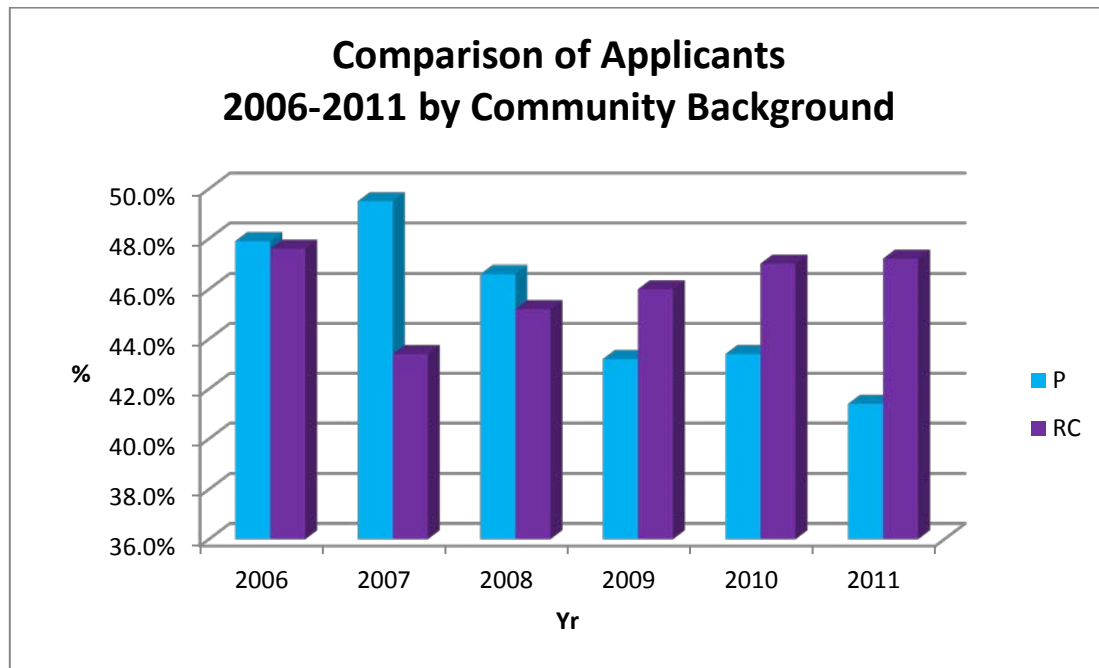
COMMUNITY BACKGROUND: SHORTLISTED

Approximately 6,900 applications were shortlisted between 2006 and 2011 (on average, made up of 46.1% Protestants and 43.7% Roman Catholics). Of the applications shortlisted, fewer Applicants were shortlisted from the Roman Catholic Community between 2007 and 2009 than from the Protestant Community. This is in contrast to the composition of the Community Background in the Applicant pools for the same period, which were also marginal. More recently these shortlisted figures have increased.
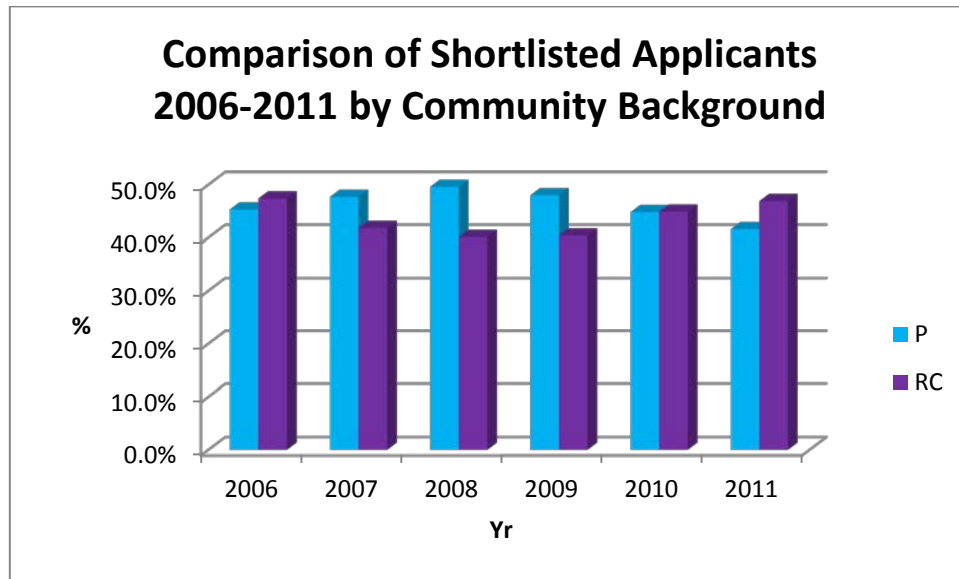
COMMUNITY BACKGROUND: TEST REQUIRED & RESULTS

In the 6 year reporting period, 112 recruitments did not require tests, or were not recorded as requiring tests. Of the remaining 42 recruitments, which were recorded as requiring tests, these were only for recruitments which were active in 2008, 2009 and 2010.

Figures show that of the successfully shortlisted Candidates, who were invited to sit tests, on average, there were more Protestants (46.6%) than Roman Catholics (43.6%).

COMMUNITY BACKGOUND: APPOINTEES

Throughout the reporting period, there have been more Protestant Appointees than Roman Catholics, however in the most recent years, the difference between Protestant and Roman Catholic Appointees appear to be more dramatic, however it is important to note that the number of Appointees is small.

Year	P Appointees	RC Appointees
2006	42	38
2007	40	33
2008	33	27
2009	14	8
2010	26	15
2011	19	9

Comparison of Appointees 2006-2011 by Community Background
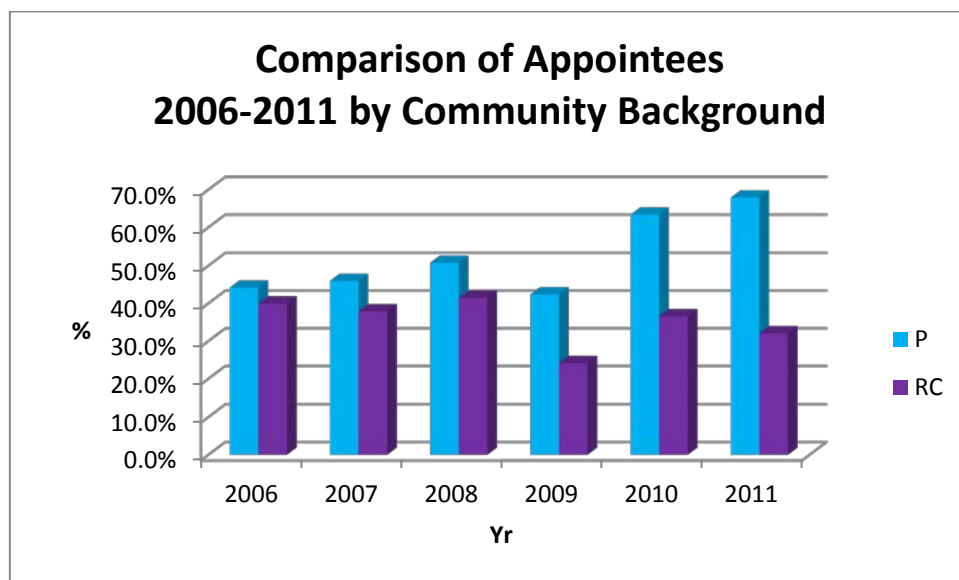
COMMUNITY BACKGROUND: SUMMARY

Overall more Roman Catholics than Protestants applied for posts. In analysing trends by year there have been more applications received from 2009 to 2011 from members of the Roman Catholic community. The figures for applications, which were shortlisted, fluctuated during the reporting period across both Protestant and Roman Catholic Applicants.

Success Rates between Protestant Applicants and Appointees and Roman Catholic Applicants and Appointees during 2006 - 2011 were also analysed, showing Protestants (3.6%) faring better in appointments than Roman Catholics (2.6%).

| Year	P Applicants	P Appointees	Success Rate	RC Applicants	RC Appointees	Success Rate
2006	794	42	5.3%	789	38	4.8%
2007	792	40	5.1%	695	33	4.7%
2008	511	33	6.5%	496	27	5.4%
2009	1036	14	1.4%	1104	8	0.7%
2010	1162	26	2.2%	1259	15	1.2%
2011	518	19	3.7%	591	9	1.5%
TOTAL	4813	174	3.6%	4934	130	2.6%

GENDER: APPLICATIONS RECEIVED

During the 6 year reporting period, the Trust received on average, made up of 56.9% Males and 43.1% Females. For 1 year only, 2008, the Trust received more applications from women than from men. It is also encouraging to note that the difference in percentage split between Male and Female Applicants decreased in the last 3 years.


Comparison of Applicants 2006-2011 by Gender
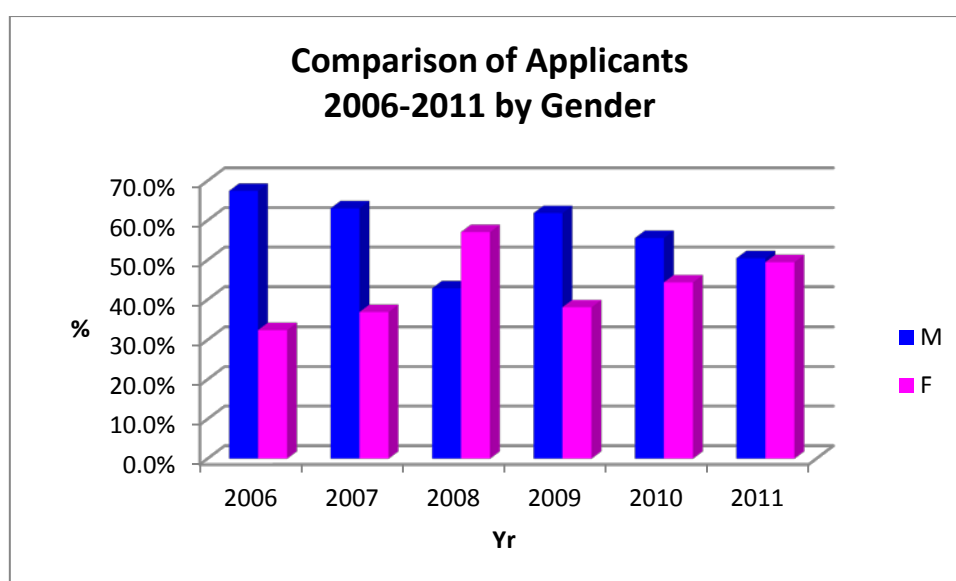
Generally, more Women were marginally more successfully shortlisted than Men, in all but 1 year (2010).
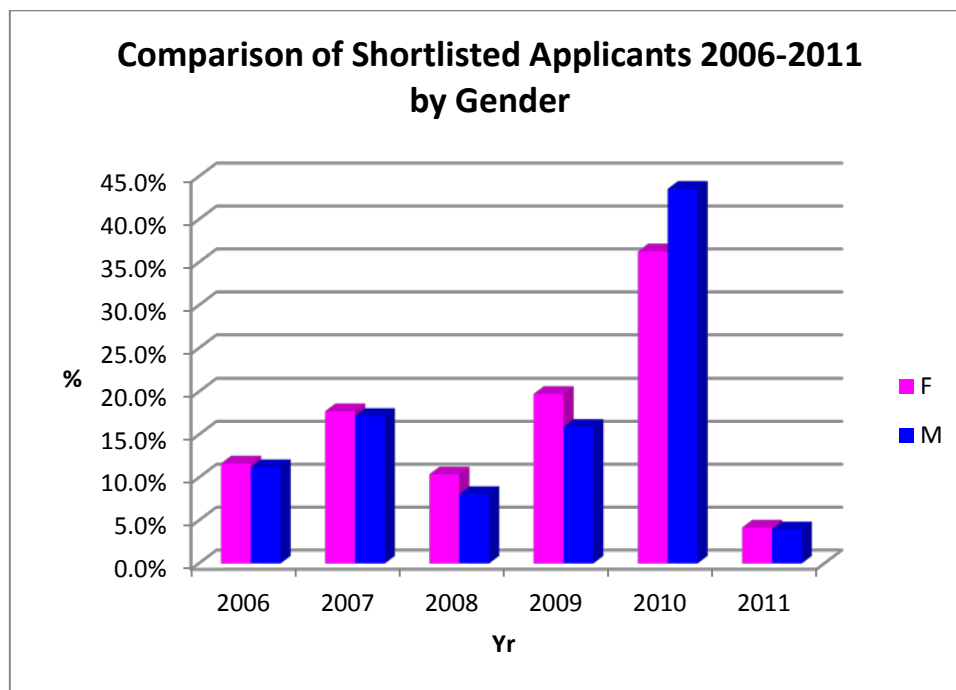

GENDER: TEST RESULTS

The trend, in relation to those recruitments requiring tests, shows a similar pattern to shortlisted applications, namely that overall marginally more Women were successful at Test Stage in the Recruitment Process than Men, with the exception of 1 year (2010). However, the number of recruitments requiring tests account for approximately 60% of the total recruitments in the 6 year monitoring period.
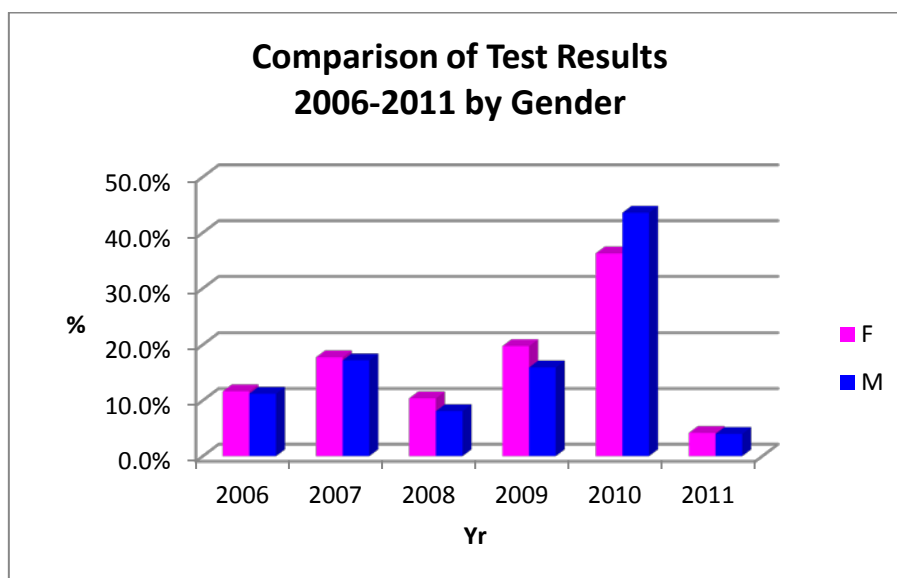
GENDER: APPOINTEES

Despite the fact that more Women were successful both at shortlisting and test stages of the Recruitment Process, more Men were appointed to posts. It is important to note that the Appointee figures include all Appointees, regardless of whether or not they were required to sit tests.
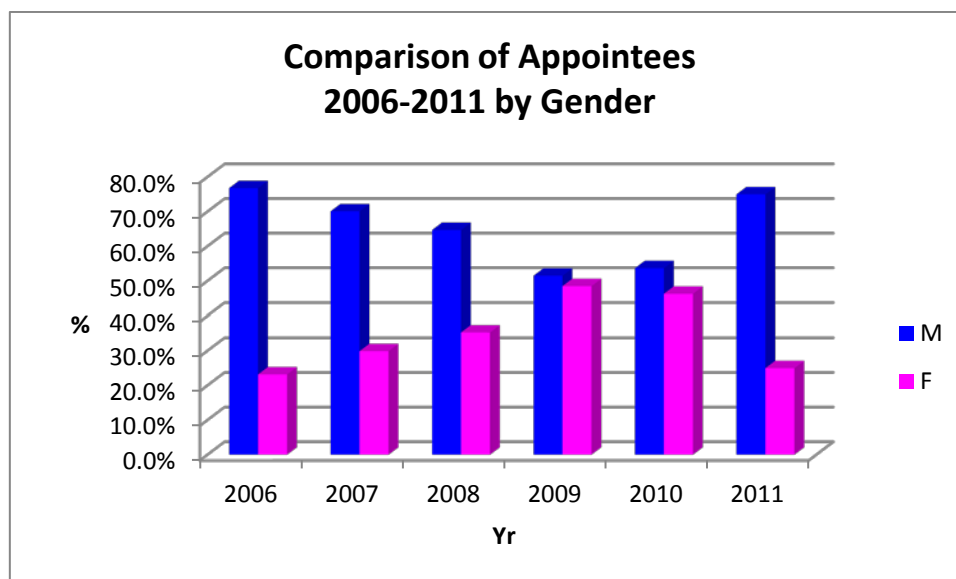
Success Rate between Male Applicants and Appointees and Female Applicants and Appointees during 2006 - 2011.

Year	Male Applicants	Male Appointees	Success Rate	Female Applicants	Female Appointees	Success Rate
2006	1119	73	6.5%	540	22	4.1%
2007	1010	61	6.0%	591	26	4.4%
2008	449	44	9.8%	598	24	4.0%
2009	1485	17	1.1%	913	16	1.8%
2010	1487	22	1.5%	1189	19	1.6%
2011	632	21	3.3%	619	7	1.1%
TOTAL	**6182**	**238**	**3.8%**	**4450**	**114**	**2.6%**

RECRUITMENT & SELECTION PROTOCOLS

NIAS uses a variety of advertising media to advertise its recruitments, including HSCRecruit.com (a publicly accessed e-recruitment website which advertises Health Service vacancies), NIJobs.com, its own website, local job markets and the "Belfast Telegraph". The advertised criteria for all posts are relevant and justified and each advertisement carries an equal opportunities employer statement.

Structured selection procedures are followed throughout, in that the criteria for shortlisting and interview are based on personnel specifications/job content and the panels are constituted, so far as practicable, on a cross-community and gender basis. Also, all Recruitment & Selection Panels must have undertaken the Trust's Recruitment & Selection Training, before participating in a recruitment and selection process. Each Panellist is also required to undertake Refresher Training every 3 years from their original training.

For each recruitment exercise, all Shortlisted Candidates are asked the same questions at interview stage.

NIAS continues to regularly review each and every aspect of the selection process, including personnel specifications, job descriptions, the shortlisting and the interview/decision stage to ensure fairness and consistency, in line with legislation and good practice, to eliminate any potential direct or indirect discrimination.

NIAS benchmarks its HR Policies and Procedures against the recommendations in the Fair Employment Code of Practice, Section 5.3, good practice and legislation. A review of practices, together with monitoring evidence in respect of recruitment, promotion and also training, confirmed that:

(a) The Trust maintains and meticulously practises its commitment to equality of opportunity for all and to work towards fair participation throughout the organisation;

(b) NIAS's procedures and practices in relation to recruitment and promotion are designed to be systematic and objective in accordance with the Equal Opportunities protocols. There has been no reduction in NIAS's aim to be an organisation where all applications, regardless of the 9 Protected Categories under S75 of the NI Act 1998, are equally welcomed and valued, or in its commitment to ensure that, within a framework of selection and advancement on merit;

(c) NIAS continues to actively seek to ensure a non-sectarian and harmonious working environment acceptable to all staff.

The review, which was undertaken as part of the most recent Article 55 (2008-2010, submitted in January 2012) confirmed that NIAS has robust and well established employment procedures and practices in place, but nevertheless, the Trust continues to critique these procedures and practices, to ensure that they contribute fully to the objective of equality of opportunity and fair participation in employment for both sections of the community, as per legislation, best practice and the Equal Opportunities protocols. NIAS remains committed to its objective of continued improvement in the day-to-day practice of equality of opportunity.

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

ASSURANCE FRAMEWORK

(as at 30 November 2012)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2012-2013

"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 – NIAS STRATEGIC AIMS & OBJECTIVES

Having considered the health priorities and key challenges within the context of the ambulance services' purpose, mission, vision, principles and values, 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.

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 aim. In order to deliver the strategic aims, to secure the future of the organisation 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:

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

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

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 Key Objectives are as follows:

1. Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients.
2. Develop a service delivery model for scheduled and unscheduled care and transportation which addresses rural issues.
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. Review and develop operational systems and processes to support the service delivery model which provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
5. Promote and develop an open, transparent and just culture focussed on patients and patient safety.
6. Review existing resources and ensure those resources are aligned with delivery of agreed outcome-based quality indicators for patients.
7. Review resource utilisation and ensure those resources are aligned with delivery of high quality corporate governance, risk management and probity.
8. Identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
9. Establish processes, built around our Patient and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives.
10. Use those processes to clarify the ambulance role, function and resource with the community and test this against their perceived needs and expectations.
11. Use those processes to clarify the ambulance role, function and resource with those agencies responsible for setting policy and commissioning ambulance services and test against their assessments of community needs and expectations.
12. Establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.
13. Work with all stakeholders, in particular regional and local commissioners and providers of services, to develop and deliver responsive integrated services.

NIAS PERFORMANCE MANAGEMENT PROCESS

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, they set the strategic direction in promoting the health and well-being of the citizens and communities of

Northern Ireland who use the Trust's services. They set the values and standards and ensure that the necessary financial and human resources are in place for the organisation to meet its objectives.

The Board defines 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 professional Executive Directors and lay 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.

The 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 for the period of the plan This Assurance Framework outlines the key actions which NIAS has identified as being necessary to deliver strategic objectives, and identifies principal risks to delivery of objectives. Where possible objective measures of performance against objectives are presented in support of an internal self-assessment of performance against objectives and key actions.

The objectives set by the Trust Board are cascaded through the Chief Executive, the Executive Directors, and through senior managers and embedded within service delivery models for all aspects of the organisation. This process seeks to align activity with objectives reflecting Ministerial priorities, which correspond to the delivery of safe, high-quality care within available resources.

A performance management framework is in place whereby the chief executive meets weekly with executive directors to review activity and performance issues by exception and where necessary provide direction and intervention to achieve goals. In addition, the chief executive meets monthly with each director on an individual basis to consider and address specific issues relevant to their area. Executive directors similarly meet with their senior managers and teams on a regular basis to review performance against objectives, identify issues and address.

Progress against objectives and risks to delivery of objectives are presented to the Trust Board through the Assurance Framework to report ongoing performance against delivery of objectives and highlight, by exception, risks to delivery of objectives. Trust Board committees have been established to provide necessary assurance as to the existence and effectiveness of control systems and processes within the organisation, as outlined in the terms of reference of each committee.

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 TREAT AND LEAVE PROTOCOL FOR PATIENTS PRESENTING WITH ACUTE HYPOGLYCAEMIA

Following initial presentation at Assurance Committee in October, the first "treat and leave" protocol, relating to acute hypoglycaemia, has been 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 cascaded through the clinical support Officers to operational staff regionally. A&E vehicles including RRVs have been supplied with the final checklists which include instructions for their use on the cover. The protocol will be closely monitored and audited with the results forwarded to operational staff and used to refine the process and inform the development and introduction of further condition specific "treat and leave" protocols in the near future. Initial results from the implementation protocol are still awaited and will be presented in due course.

1.2 TREAT AND REFER PROTOCOL FOR MANAGEMENT OF PATIENTS WHO PRESENT WITH A FALL AT HOME

In conjunction with the Southern Trust, NIAS commenced the pilot of a treat and refer protocol for falls occurring in the elderly population in the SHSCT area on 14th December 2012. The joint protocol, which has been agreed between NIAS and the Southern HSC Trust, and previously presented in the Trust's Assurance Framework, is now being distributed to operational staff in the Southern Division through the regional training team. The process will be jointly monitored and audited through joint working between the Southern Trust and NIAS' own information team. This is the first process of its kind in NIAS, with changes to the Southern Trust's processes having been made on the basis of NIAS recommendations. NIAS crews will have the ability to refer patients initially over the age of 75 who have suffered a fall but no significant injury for follow-up by the hospital-based Falls Assessment Team. Those patients who do require transport to hospital for assessment and treatment of injuries will be referred internally by the Emergency Department as required. Initial activity data is currently awaited and will be reviewed and reported in the coming weeks and months.

1.3 CLINICAL AUDIT

The presentation of the Patient Report Form Audit was included in the Assurance Framework submitted to the previous Trust Board and Assurance Committee meetings. This showed a marked increase in Patient Report Form completion with a significant increase in workload and productivity within the Clinical Audit function. Following this Audit, an extensive data cleaning and quality assurance exercise to ensure the extraction of accurate clinical performance data for a number of clinical conditions is now being undertaken. This will 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 (CPIs) 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.

As a result of this process the first clinical performance indicator in the new format is presented below. This reflects clinical performance in relation to the management of Diabetic Hypoglycaemia for the full year from April 2011 to 31st March 2012 which is the most recent year for which full data from the previously revised patient report form is available. Data from the 2012/13 year is currently being collated using this revised process to facilitate a production of further more up to date reports and ultimately benchmarking.

The clinical performance indicator is based on the current JRCALC Clinical guidelines and is included below. New national clinical guidelines are anticipated in early 2013 and all NIAS clinical performance indicators will be revised to reflect these new guidelines when issued.

CLINICAL PERFORMANCE INDICATORS: DIABETIC PATIENTS
PERFORMANCE AREA: HYPOGLYCAEMIA MANAGEMENT
CRITERIA FOR INCLUSION: PATIENTS WITH CLINICAL DIAGNOSIS OF HYPOGLYCEMIA ON REVISED PRF
PERIOD OF MONITORING: 01 APRIL 2011 TO 31 MARCH 2012
Evidence Base: JRCALC Clinical guidelines 2006

Month	All PRFs per month	Diabetic Patients		HYP1 O2 admin	HYP1 Exceptions	HYP2 Pulse rate observed	HYP2 Exceptions	HYP3 Blood Glucose Observed	HYP4 Patient Given Glucagon	HYP4 Exceptions	HYP5 2nd Blood glucose reading taken	HYP5 Exceptions	HYP6 Blood Glucose level improved	HYP7 GSC completed / observed	HYP8 Transport to hospital	HYP8 Exceptions
Apr 2011	13909	206	N	68	4	202	4	191	56	4	102	1	99	205	142	64
			%	33.0%	1.9%	98.1%	1.9%	92.7%	27.2%	1.9%	49.5%	0.5%	48.1%	99.5%	68.9%	31.1%
May 2011	14074	224	N	77	7	217	7	194	59	7	110	7	96	221	172	52
			%	34.4%	3.1%	96.9%	3.1%	86.6%	26.3%	3.1%	49.1%	3.1%	42.9%	98.7%	76.8%	23.2%
June 2011	14290	207	N	66	10	197	10	183	46	10	105	5	105	195	179	28
			%	31.9%	4.8%	95.2%	4.8%	88.4%	22.2%	4.8%	50.7%	2.4%	50.7%	94.2%	86.5%	13.5%
July 2011	12195	203	N	67	9	193	9	180	51	9	104	1	101	190	156	47
			%	33.0%	4.4%	95.1%	4.4%	88.7%	25.1%	4.4%	51.2%	0.5%	49.8%	93.6%	76.8%	30.1%
Aug 2011	14663	226	N	70	7	218	7	190	45	7	98	4	97	219	172	54
			%	31.0%	3.1%	96.5%	3.1%	84.1%	19.9%	3.1%	43.4%	1.8%	42.9%	96.9%	76.1%	23.9%
Sep 2011	13905	191	N	46	6	185	6	166	46	6	88	2	79	190	148	43
			%	24.1%	3.1%	96.9%	3.1%	86.9%	24.1%	3.1%	46.1%	1.0%	41.4%	99.5%	77.5%	22.5%
Oct 2011	14278	203	N	63	6	197	6	174	40	6	97	1	90	199	151	52
			%	31.0%	3.0%	97.0%	3.0%	85.7%	19.7%	3.0%	47.8%	0.5%	44.3%	98.0%	74.4%	25.6%
Nov 2011	13974	221	N	58	8	210	8	190	49	8	106	5	101	216	176	45
			%	26.2%	3.6%	95.0%	3.6%	86.0%	22.2%	3.6%	48.0%	2.3%	45.7%	97.7%	79.6%	20.4%
Dec 2011	15659	227	N	59	6	221	6	195	49	6	99	6	94	225	167	60
			%	26.0%	2.6%	97.4%	2.6%	85.9%	21.6%	2.6%	43.6%	2.6%	41.4%	99.1%	73.6%	26.4%
Jan 2012	14769	220	N	54	11	208	11	193	64	11	110	10	115	217	154	66
			%	24.5%	5.0%	94.5%	5.0%	87.7%	29.1%	5.0%	50.0%	4.5%	52.3%	98.6%	70.0%	30.0%
Feb 2012	14230	232	N	54	7	224	7	198	57	7	113	11	117	229	159	73
			%	23.3%	3.0%	96.6%	3.0%	85.3%	24.6%	3.0%	48.7%	4.7%	50.4%	98.7%	68.5%	31.5%
Mar 2012	16228	242	N	54	6	235	6	203	54	6	124	4	118	236	167	75
			%	22.3%	2.5%	97.1%	2.5%	83.9%	22.3%	2.5%	51.2%	1.7%	48.8%	97.5%	69.0%	31.0%
Total	172174	2602	N	736	87	2507	87	2257	616	87	1256	57	1212	2542	1943	659
			%	28.3%	3.3%	96.3%	3.3%	86.7%	23.7%	3.3%	48.3%	2.2%	46.6%	97.7%	74.7%	25.3%

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

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

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

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 NOVEMBER TO 31 DECEMBER 2012

KPI No		Total from April
2	**NO OF POTENTIAL MAJOR INCIDENTS**	**16**
	No of Declared Major Incidents	**3**
	NO OF AIRPORT ALERTS	
	Belfast International Airport	**1**
	Belfast City Airport	**3**
	City of Derry Airport	
	St Angelo Airport	
	Newtownards Airfield	**1**
	Other airfields	**1**
	BUSINESS CONTINUITY	**10**
	HAZARDOUS MATERIAL INCIDENTS (HART CALLS)	**51**
	HART PRE-PLANNED DEPLOYMENTS	**8**
4	**TRAINING SESSIONS**	
	EMERGENCY PLANNING	**29**
	HART	**48**
	BUSINESS CONTINUITY	**2**
5	**EXERCISES**	
	Live	**5**
	Tabletop	**8**
	Observer	**1**
6	**Updates or amendments to MIP**	

Potential Major Incidens

On the 6 November at 22.21 NIAS received a call to the Altnagelvin Hospital to the seventh floor for a report of a fire. Despatched to the scene 3 A&E crews, 1Pateint (PCS) Care Service crew & 6 officers. A further 5 officers, 2 doctors, the Emergency Equipment Vehicle(EEV) and Mobile Control Vehicle (MCV) made themselves available but were ask to stand by. The first officer on scene assessed the situation and stood further NIAS resources down at 22.58 hrs.

The fire was an electrical fire in the switch room with a lot of smoke in the building but no patients were transferred by ambulance and no injuries were reported. 20 patients were moved within the hospital.

On the 27 November at 09.46 NIAS received a report of explosion with one casualty in the Ballykinler Army Base. Tasked to the scene were 3 A&E crews, 2 Officer (Oscar) call signs and 1 Hazardous Area Response Team (HART) call sign. There was one patient confirmed by first crew on scene and the incident was stood down at 10.00. One patient was taken by ambulance to the Royal Victoria Hospital, Belfast.

On the 5 December at 9.08am NIAS received a report of a bus crash with 60 children on board on the Knockadoo Road, Moneymore. Tasked to the scene 5 A&E crews, 7 Patient Care Services /Intermediate Care Service crews, 1 Rapid Response Vehicle(RRV), 6 Officer (Oscar) call signs, 1 doctor (Delta) call sign and 1 Emergency Equipment Vehicle (EEV). Antrim Hospital was the only hospital alerted for this incident. All crews were warned of hazard of ice in the area of the accident. First crew on scene had to proceed on foot for the last 600 metres due to weather conditions. There were reports of a fire engine responding to the call also leaving the road. All crews warned of ice on roads and given alterative directions to the scene. 1 patient was taken to Antrim Area Hospital. The incident was stood down at 09.43am.

On the 5 December at 14.37 NIAS received a call for a bus crash opposite St Patricks Centre in Downpatrick. Tasked to the scene 3 A&E crews, 5 officer (Oscar) call signs, 2 Rapid Response Vehicles(RRV) and 1 Doctor (Delta) call sign. Before any staff arrived on scene Translink had phoned to say it was one of their buses but there was only the driver on board. Three hospitals were alerted and two patients were taken to the Ulster Hospital. The incident was stood down at 14.51.

Later in the afternoon on the 5 December NIAS received a report of a 5 car Road Traffic Accident near Sprucefield. At the time resources were already deployed to two ongoing incidents. Despatched to the scene were 1 doctor (Delta) vehicle, 3 Rapid Response Vehicle(RRV) and 2 A&E crews. The incident was stood down by the first Rapid Response Vehicle(RRV) on scene.

On the 9 December at 23.00 NIAS received a call for a house explosion in Pomeroy. Tasked to the scene 3 A&E crews, 1 Rapid Response Vehicle(RRV) , 6 officers and 1

Doctor (Delta) call sign, Emergency Equipment Vehicle(EEV) and Mobile Control Vehicle (MCV). Two patients were taken to Craigavon Hospital. Incident stood down at 23.28.

Major Incidents

On 23 November there was a fire at Altnagelvin hospital on the tenth floor. The building was evacuated, 120 patients were moved within the hospital. 1 patient was transferred to The South West Acute Hospital. NIAS deployed 14 A&E crews, 11 Patient Care Service(PCS)/ Intermediate Care Service crews (ICS), 3 Rapid Response Vehicles (RRV), 1 Hazardous Area Response Team (HART), 2 Emergency Equipment Vehicle (EEV), 2 Mobile Control Vehicle (MCV), 12 Officer (Oscar) call signs and Non Emergency Ambulance Control (NEAC) staff stayed behind after their shift to assist. In addition the National Ambulance Service (Ireland) also deployed 3 A&E crews and an Officer. The Voluntary Ambulance Services form St John's Ambulance deployed 4 ambulances and the Order of Malta deployed 1 A&E crew and an officer.

On the 5 December at 09.47 NIAS were alerted to an incident in Warrenpoint Harbour involving Aluminium Phosphate pellets coming into contact with water and releasing Aluminium Phosphide, a toxic gas. The first crew to arrive were advised to standoff until further information was available. Tasked to the scene 6 A&E crews, 1 Rapid Response Vehicle (RRV), 2 Officer (Oscar) call signs, 4 Hazardous Area Response Team (HART) call signs, 1 Doctor (Delta) call sign and the Emergency Equipment Vehicle (EEV) & Mobile Control Vehicle (MCV) . Officers were also tasked to Craigavon and Daisy Hill Hospitals to act as Hospital Ambulance Liaison Officers. The first crew arrived on scene at 10.02 with the last vehicle to leave the scene at 16.54. Whilst still en route to the scene it became apparent that resources were required at the hospital to assist with decontamination. Hazardous Area Response Team (HART) 4 and 1 Officer (Oscar) call sign were redirected to Daisy Hill Hospital. The incident required the full deployment of NIAS decontamination equipment. At the scene (the ship) 10 ships crew members and 2 ambulance staff were decontaminated by the NIAS Hazardous Area Response Team (HART). At Daisy Hill Hospital a further 9 ships crew and 6 ambulance staff were decontaminated by hospital staff and the NIAS Hazardous Area Response Team (HART).

Airport Alerts

On the 12 December at 10:47 hrs NIAS responded to an alert at Belfast International Airport with the first officer arriving on scene at approximately 10:57.

Emergency Ambulance Control (EAC) instructed responding crews to switch to an alternative radio channel and the incident was subsequently managed on this channel independently of normal operations with an Rapid Response Vehicle (RRV) paramedic who had been deployed to the airport dispatch point acting as Bronze Incident officer. The incident was stood down at 11.03am. The incident was well managed and Rondevu Point (RVP) procedures worked as planned. There was good interagency liaison with Airport Fire and Police Services.

NIAS Resources in attendance at scene 4 A&E crews, 2 Rapid Response Vehicle(RRV) and 3 Officer (Oscar) call signs. Also enroute = 3A&E crews, 5 officer (Oscar) call signs and the Emergency Equipment Vehicle (EEV).

On the 14 December at 14.13 NIAS received an alert to the George Best Belfast City Airport for an aircraft approaching with difficulties with the undercarriage and braking system. The report stated that there were 109 persons on board the aircraft. Tasked to the scene 5 A&E, 1 PCS, 2 Delta call signs, 6 officers, 1 Rapid Response Vehicle (RRV),1 Hazardous Area Response Team (HART) and the Emergency Equipment Vehicle (EEV) & Mobile Control Vehicle (MCV). The plane landed safely and all passengers continued on their journey. The incident was stood down at 14.45.

On 19 December at 20.40 NIAS received an airport alert to the George Best Belfast City Airport for a DASH 8 aircraft with 40 persons on board. The captain reported electrical problems and declared a full emergency. Enroute to the scene were 2 RRV, 8 A&E crews, 4officer (Oscar) call signs, 2 delta call signs, the Mobile Control Vehicle (MCV) & Emergency Equipment Vehicle(EEV). The incident was stood down at 21.03. No passengers required treatment or transport.

HAZMAT / Hazardous Area Response Team (HART) deployments

03.11.12	NIFRS PSNI	Jeep hit front of house- **HART Advisor Only**
09.11.12		Attempted chemical suicide - **HART Advisor only**
11.11.12	PSNI	Liquids sent in post
15.11.12	PSNI	Suicide using helium gas
15.11.12	NIFRS	Boy fall unto River Bank from 20ft Wall
22.11.12	NIFRS	Carbon Monoxide Alarm Cookstown - **HART ADVISOR ONLY**
23.11.12	NIFRS PSNI	Fire Altnagelvin Hospital
27.11.12	PSNI	Explosion Ballykinler Barracks
28.11.12	NIFRS	Trench Collapse Bessbrook
28.11.12	NIFRS	Multi victim fire call - **HART Advisor only**
29.11.12	NIFRS	Carbon Monoxide Alarm Mayobridge
29.11.12	NIFRS	Carbon Monoxide Alarm
01.12.12	NIFRS, PSNI	Inhalation of Butane gas
01.12.12		Smoke inhaled - Dup of above??- **HART advisor only**
01.12.12	NIFRS	Carbon Monoxide monitor pre alarmed
01.12.12	NIFRS	2 Patients showing signs of Carbon Monoxide Poisoning
03.12.12	NIFRS	Female inhaled smoke - **HART Advisor only**
04.12.12	NIFRS	Patient fallen down stairs
04.12.12	NIFRS	CO2 from fire training in eyes - **HART Advisor only**

05.12.12	NIFRS, PSNI, PHA,	Chemical spill on ship
06.12.12		?Chemical in bin resulting in burns(ref N921) - **HART Advisor Only**
06.12.12		Smoke inhalation - **HART Advisor**
06.12.12		Gas Leak 78yr old feeling weak - **HART Advisor Only**
10.12.12	NIFRS, SHSCT	Person trapped in washer
11.12.12	NIFRS	House Fire - **HART Advisor Only**
12.12.12		Possible Carbon Monoxide Poisoning
13.12.12	NIFRS	RTC involving lorry and Car
14.12.12	NIFRS	Carbon Monoxide Poisoning 3 patients brought to hospital
14.12.12	NIFRS	Airport Alert
15.12.12	NIFRS	Patient Gassed using cooker
15.12.12	NIFRS	House Fire - HART Advisor Only

William Newton

EMERGENCY PLANNING OFFICER

2.2 RISK REGISTER

2.3 RISK MAP

Please refer to Risk Register and Risk Map which are now submitted as separate documents.

2.4 INCIDENT REPORTS

SIGNIFICANT UNTOWARD INCIDENT REPORTS

Introduction

This report covers the period 1 October 2012 through until the 31 December 2012. During this period there were a total of 645 reported incidents compared to 666 in the same period last year. Please note that due to the holiday period there is a slight backlog in data input. This would account for a further 90 incidents not yet entered onto the system.

Overview

There are no clear trends emerging.

Figure One: Represents the spread of reported incidents throughout this period with 'verbal assaults' being identified as the most frequently reported type of incidents. Missed meal break reports are declining as are equipment failures.

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

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

Zero Tolerance (Violence to Staff)

Figure Four: Identifies the number of violent incidents by sub category. There have been 67 incidents reported over this period in comparison with 62 in the same period last year.

Equipment

There were a total of 73 equipment incidents in this period compared to 84 in the same period last year.

Incidents by Incident date and Sub category (Financial Quarters 1/2/3)

Legend:
- 12/13 Q1
- 12/13 Q2
- 12/13 Q3
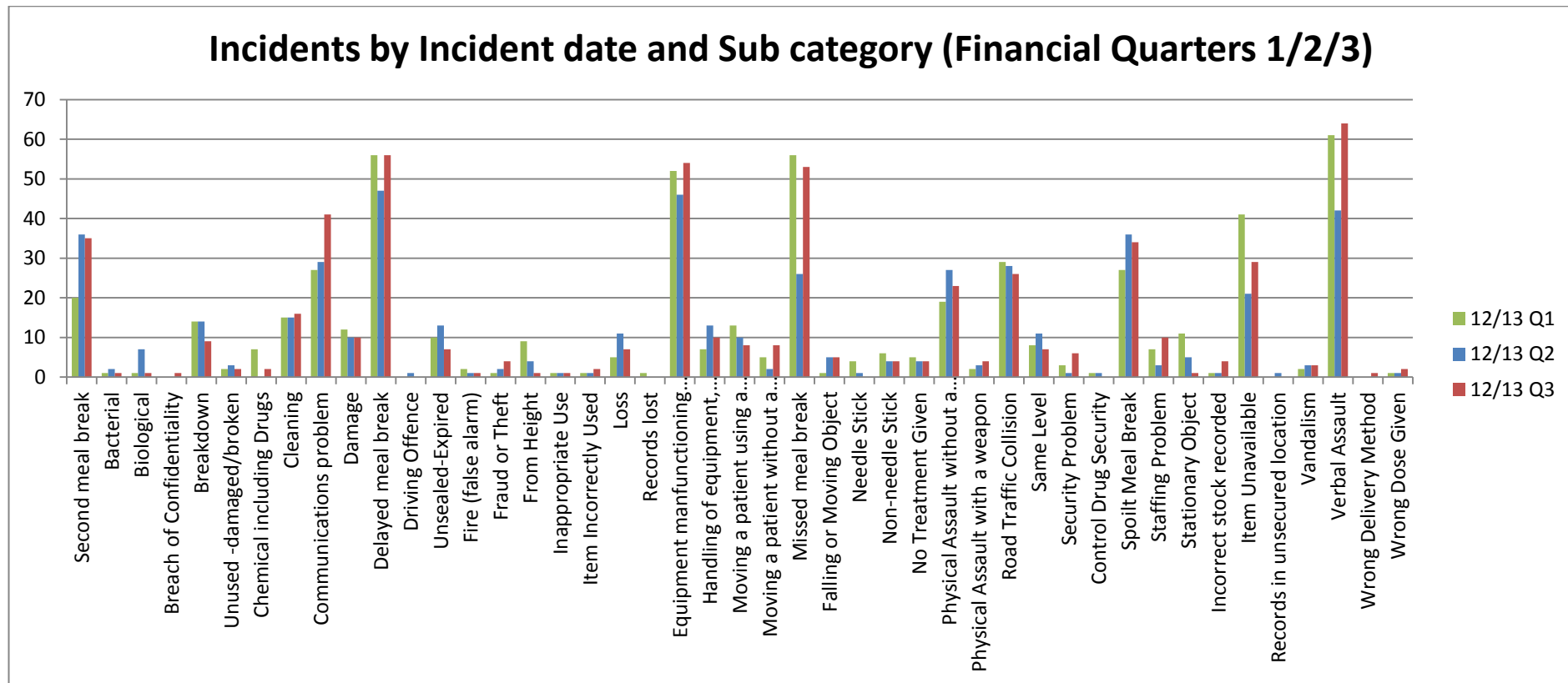
Figure One: Total Number of Incidents by Sub Category 2491 (2274)

Incidents by Incident date (Month and Year) 2012

Month	Incidents
2012 01	254
2012 02	209
2012 03	195
2012 04	181
2012 05	208
2012 06	148
2012 07	181
2012 08	235
2012 09	235
2012 10	270
2012 11	250
2012 12	125
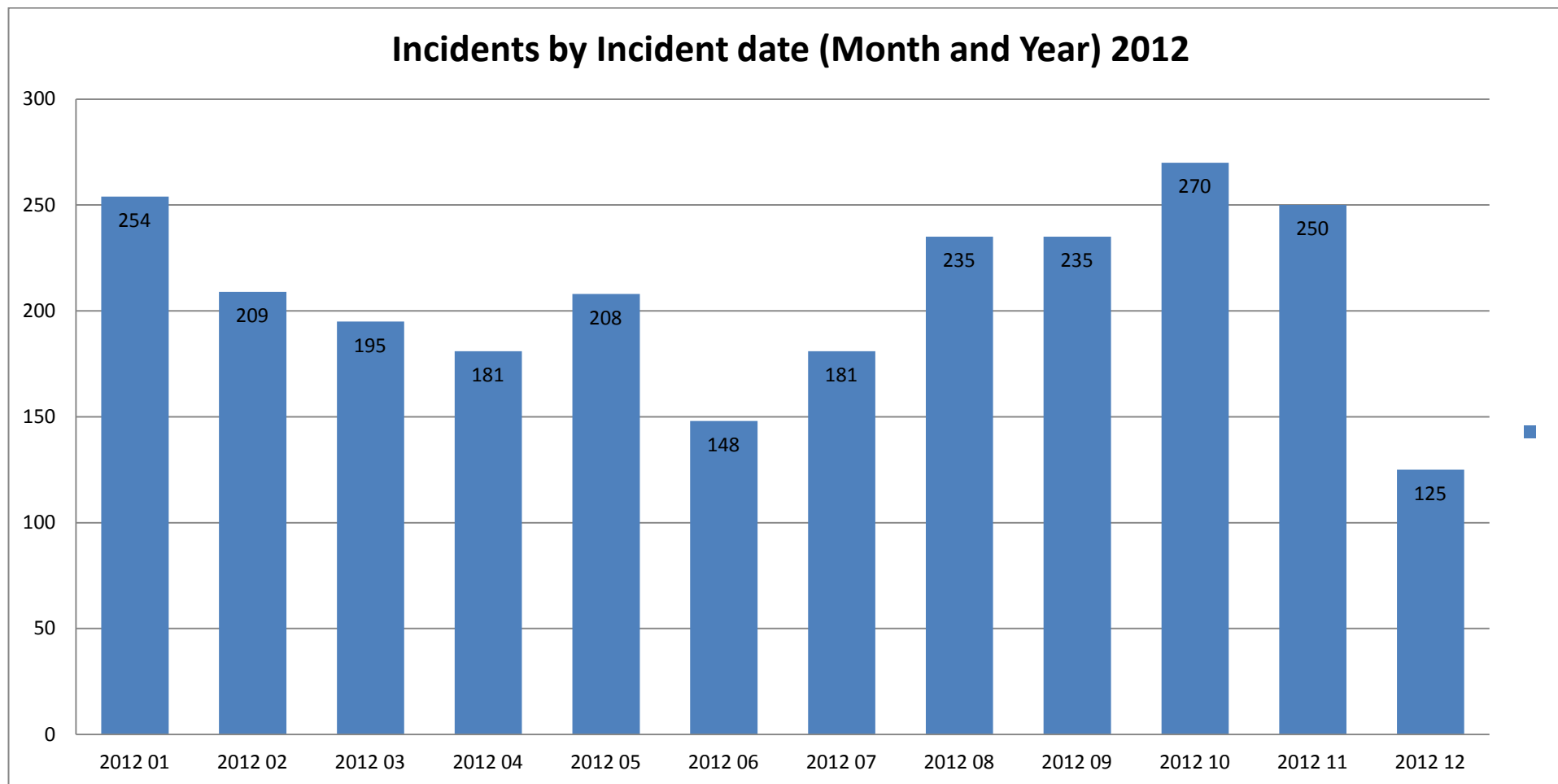
Figure One (a) Incidents by month rolling calendar year 2012 (Note that due to the holiday period there is a backlog in data input)

Incidents by Category - Top (10) 1/10/12 - 31/12/12

Category	Value
Late Meal Break	179
Equipment	90
Assault	83
Vehicle	71
Organisational	36
Manual Handling	26
Drug	21
Slip, trip or fall	17
Contact with something	13
Asset loss, damage etc	12
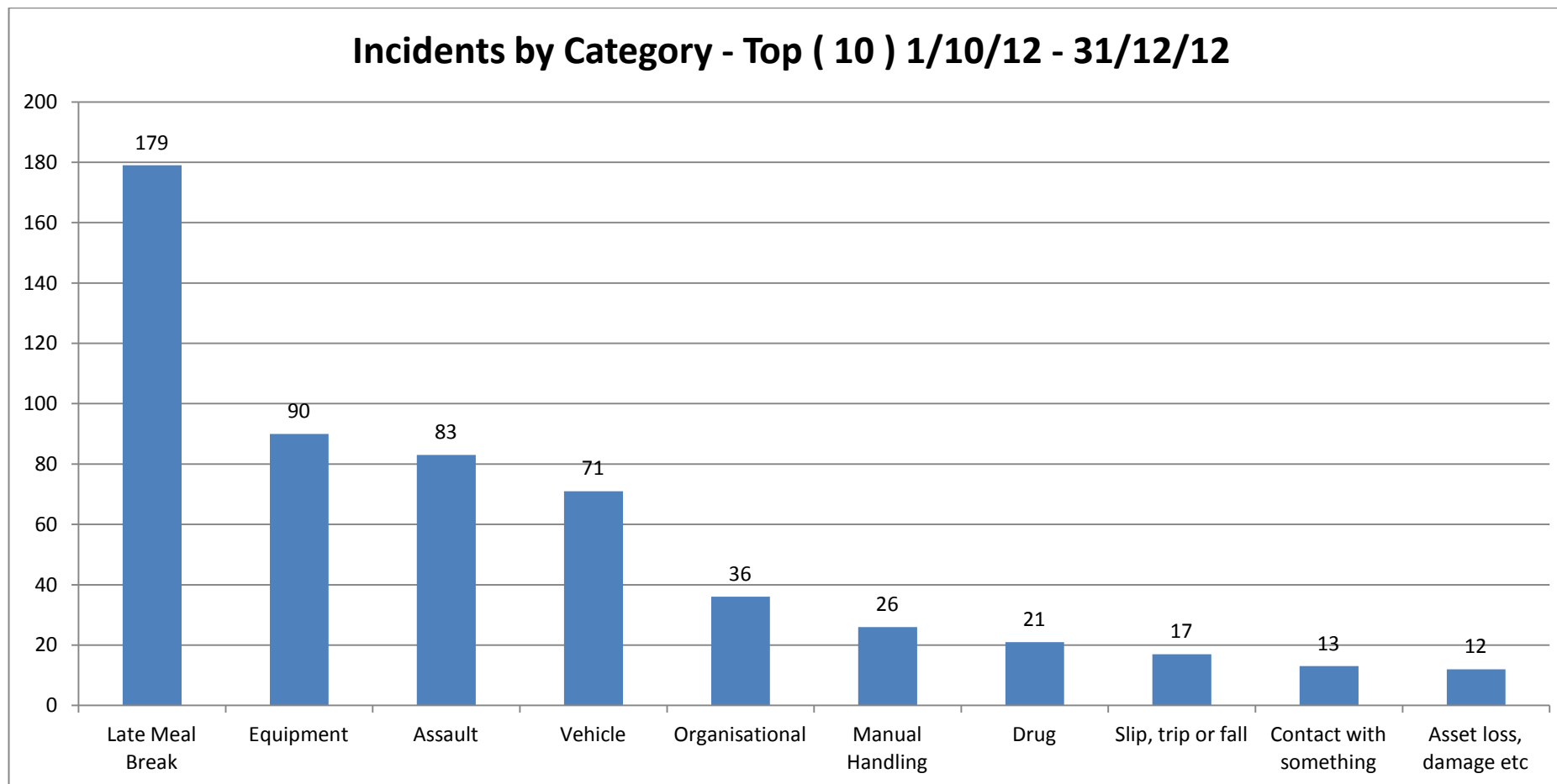
Figure Two: Top Ten Incidents, 1 October – 31 December 2012

Incidents by Severity and Incident date (Month) grouped by Incident date Q3

CATA
0%

MOD
3%

HIGH
0%

INSIGN
2%

MINOR
95%

Figure Three: Incidents by Severity: 1 October – 31 December 2012

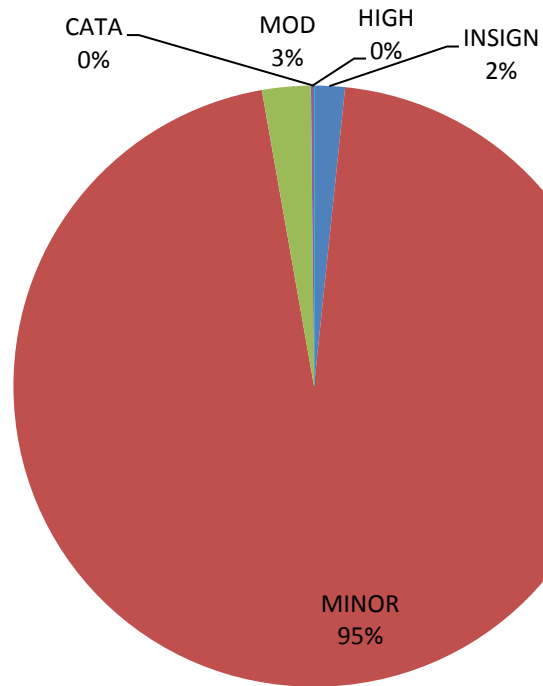**Incidents by Sub category and Incident date grouped by Division Q3**

	2012 10	2012 11	2012 12	Total
Belfast Area	**12**	**11**	**3**	**26**
Physical Assault without a weapon	4	2	0	6
Verbal Assault	8	9	3	20
Emergency Ambulance Control	**2**	**2**	**0**	**4**
Physical Assault without a weapon	2	0	0	2
Verbal Assault	0	2	0	2
NIAS Headquarters	**1**	**0**	**0**	**1**
Physical Assault without a weapon	1	0	0	1
Northern	**4**	**4**	**2**	**10**
Physical Assault without a weapon	1	1	1	3
Physical Assault with a weapon	0	0	1	1
Verbal Assault	3	3	0	6
South Eastern	**4**	**2**	**3**	**9**
Physical Assault without a weapon	0	1	2	3
Verbal Assault	4	1	1	6
Southern	**6**	**2**	**1**	**9**
Verbal Assault	6	2	1	9
Western	**2**	**4**	**1**	**7**
Physical Assault without a weapon	0	2	1	3
Verbal Assault	2	2	0	4
Totals:	31	25	10	66

Figure Four: – Violent Incidents by Sub Category 67 (62)

Incidents by Incident date and Sub category (Financial Quarter 1/2/3)

Legend:
- 12/13 Q1
- 12/13 Q2
- 12/13 Q3
- 12/13 Q4
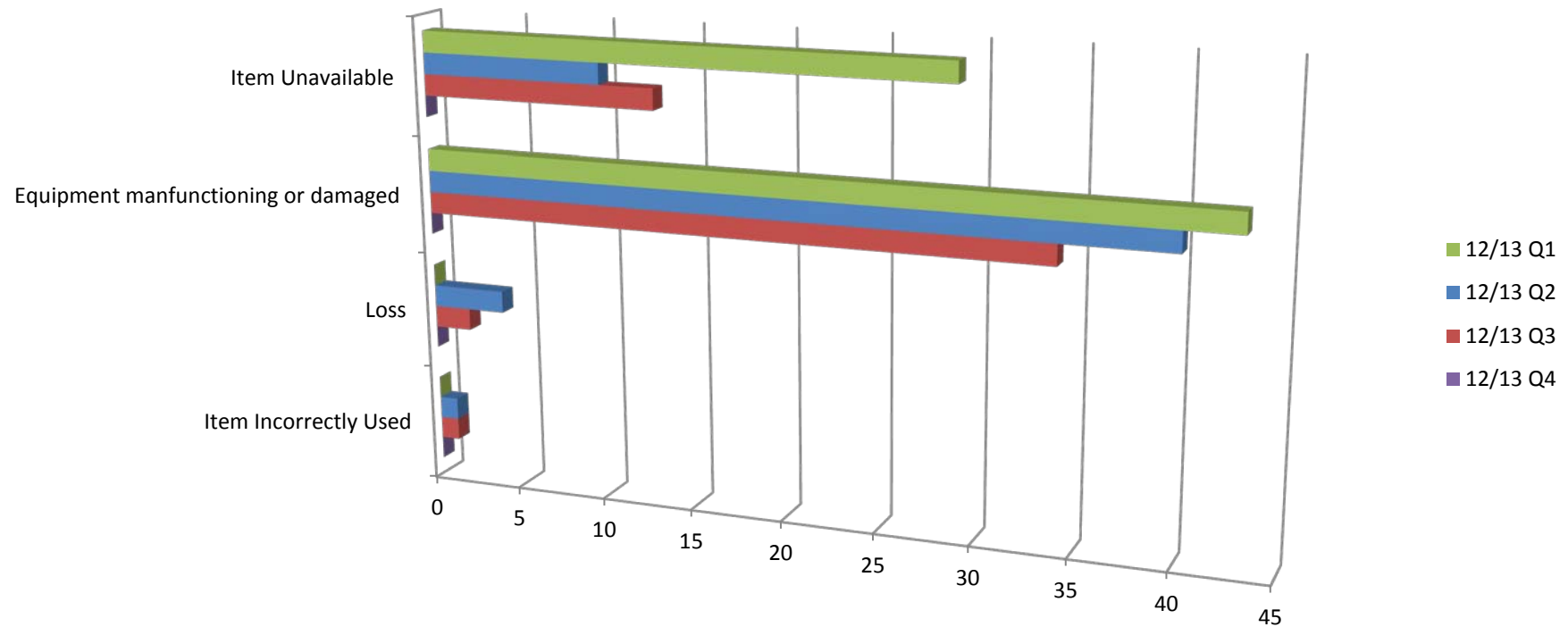
Figure Five – Asset /Equipment Incidents 73 (84)

Incidents by Sub category and Incident date grouped by Division (Q3)

	2012 11	2012 12	Total
Belfast Area	4	2	6
Northern	1	0	1
South Eastern	4	1	5
Western	3	0	3
Totals:	12	3	15

Figure Six: Vehicle Cleaning - Incident Reports 15 (21)

Clinical Incident Reports

This area of the report covers Clinical Incidents. There were 31 clinical incidents reported during this period as compared with 20 during the same period last year.

Incidents by Sub category and Incident date 1/10/12 - 31/12/12
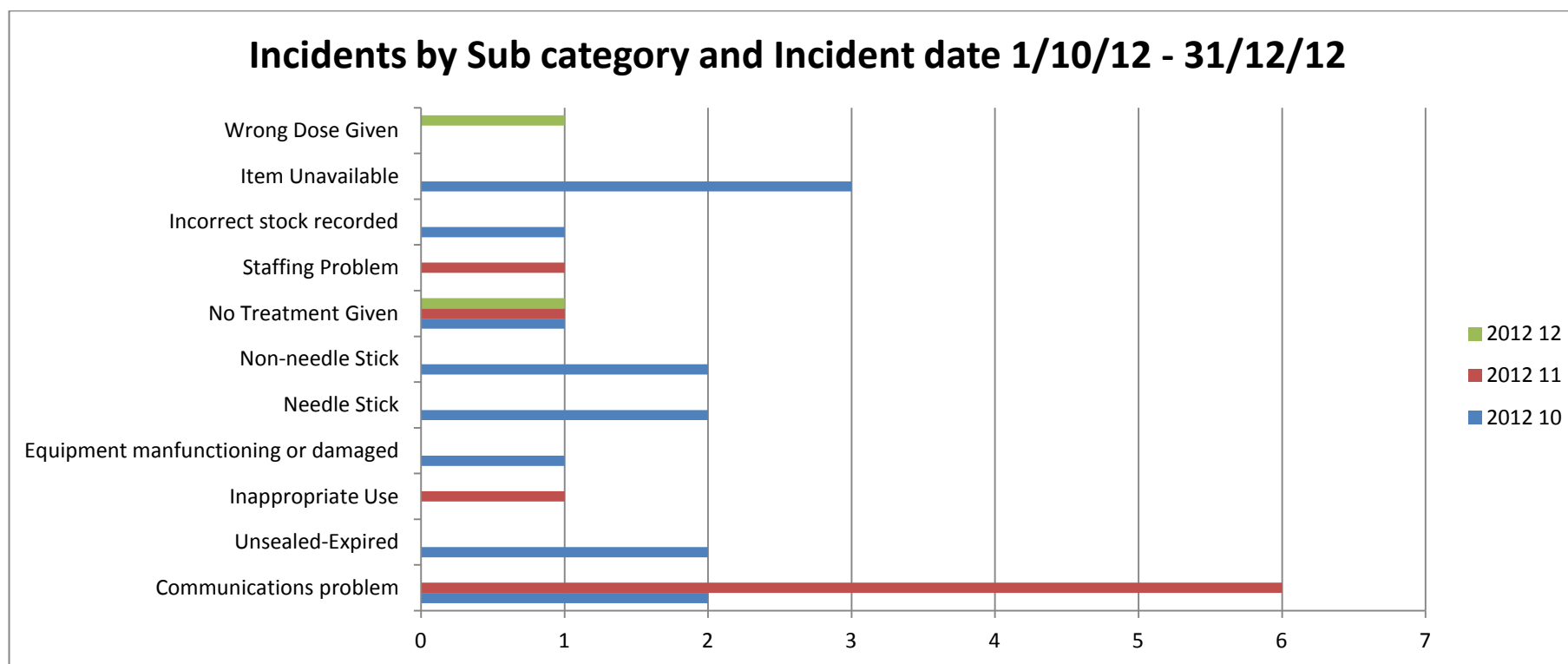
Figure 1: Clinical Incidents by Sub Category 31 (20)

Ref	Status	Subject	Speciality	Description	Location
SAI 679W / UIR18267	*Joint Investigation underway by NIAS and WHSCT* **This SAI was closed on 16 December 2011.** 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 **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**	Serious injury to staff member	Accident & Emergency	A member of staff was seriously injured during an inter hospital emergency transfer	Western Area
SAI A1059/ UIR 22371	Reported to HSCB on the 27 April 2012 following a front page story in the Irish News in April 2012. The report highlighted that although NIAS had provided a Paramedic Response within 03:07 minutes to the scene. The media reported that there was a delay in providing an A&E Crew to back up the RRV	Serious incident of public interest or concern	Accident and Emergency	Patient suffered Cardiac Arrest and did not survive.	Belfast Area

	Paramedic. **Report submitted to HSCB** **This incident was closed by the DRO on the 17 December 2012.**				
Ref	**Status**	**Subject**	**Speciality**	**Description**	**Location**
SAI A1087/ UIR 19337	Reported to HSCB 0n 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. **Report submitted to HSCB.** **The DRO requested that NIAS provide further information regarding the engagement with the family.**	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Cardiac Arrest and did not survive.	South Eastern Area
SAI A1262/ UIR 7517	Reported to the HSCB on the 22 June 2012 in relation to an elderly patient who had attended OPD at BCH and was subsequently discharged without treatment as he was too ill to receive treatment. Patient was found unresponsive in the PCS sitting case vehicle. Full resuscitation carried however patient did not survive. **Following receipt of the information from the Belfast HSC Trust this incident was de-**	Serious injury to, or the unexpected death of a service	Patient Care Service :	Patient suffered Cardiac Arrest and did not survive.	Northern Area/

Ref	Status	Subject	Speciality	Description	Location
	escalated from an SAI. This was confirmed by the DRO following discussions with the Risk Manager. This incident is closed on the 26 November 2012.				
SAI A1678 / UIR23652	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. **A joint investigation has been undertaken with the Western HSC Trust. Report is due for submission on the 6 February 2013.**	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	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	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Respiratory Arrest and did not survive.	South Eastern Area.

	patient recovered but refused to go to hospital despite being clearly advised of the potential risks over a period of time. The crews also called the police in an attempt to have them intervene and ensure the patient went to hospital. The police advised they could do nothing and the patient left the scene. A second call was received at 1824 hours relating to this patient who had been found collapsed on a bus in Donaghadee. **Report submitted to HSCB and response awaited. Incident also currently being investigated by NI Police ombudsman and Coroner.**			

2.5 CONTROLS ASSURANCE STANDARDS REPORT – SCORES 2012

NO	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	2012 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	Medicines Management	McManus	Self	90	90	90	N/A	85	95	95	95	N/A	95	N/A	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	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																																	

19/04/2012

KEY= Core 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 30 November 2012

PPI

Consultation on the Trust's Draft PPI Strategy closed in October 2012. Four formal responses were received, providing detailed comment on the strategy. Work has been undertaken to consider these responses in redrafting a finalised PPI Strategy for NIAS for approval 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: • 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:	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. 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.

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?

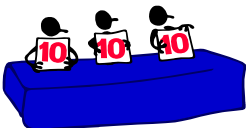| *Respect*	**100% (29/29)** treated you as an individual	**100% (29/29)** considered and respected your wishes	**100% (29/29)** made you feel safe and secure
Attitude	**100% (29/29)** were polite and courteous		

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.

COMPLIMENTS and COMPLAINTS FOR PERIOD : 1 Jul – 30 Sep 2012		
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** *ILLUSTRATIVE EXTRACTS (UP TO A MAXIMUM OF 5 FOR EACH STANDARD)*	*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 70.2% up to November against the 72.5% Regional Category A performance target. The 65% target was not achieved in Northern and South Eastern LCG area.

NIAS provided an average of 88.2% 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 56.1% 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 NOVEMBER 2012

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 Calls Responded to Within 8 Minutes CUMULATIVE from April 2012 to end November 2012

	Belfast LCG	South Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI Total
% Cat A within 8 min	84.0%	63.6%	62.7%	66.3%	68.2%	70.2%
Cat A within 8 min	7,449	3,587	4,441	3,458	3,503	22,438
Total No. of Cat A	8,865	5,642	7,081	5,216	5,140	31,944

From April 2011, an average of 72.5% of Category A ambulance calls should be responded to within 8 minutes,
(and not less than 65% in any LCG area).
Please note: PFA targets for 2012-13 have not yet been set

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

	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					
Belfast	85.7	84.7	84.9	85.0	84.3	83.9	83.9	84.0					
South East	63.4	64.7	64.6	64.7	64.1	63.9	63.9	63.6					
North	62.2	63.7	63.6	62.3	61.8	61.8	62.3	62.7					
South	63.5	64.5	65.3	66.0	66.2	65.6	66.2	66.3					
West	68.8	71.0	70.0	69.8	69.3	68.9	68.8	68.2					

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

Monthly Cat A Performance -v- Demand 2012-13
NI
Cat A Emergency

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
No of Cat A Calls	3,761	4,078	3,953	3,865	3,965	3,920	4,247	4,155	0	0	0	0
Cat A Performance	70.1%	72.0%	71.1%	70.3%	68.5%	68.6%	71.4%	69.8%	0.0%	0.0%	0.0%	0.0%
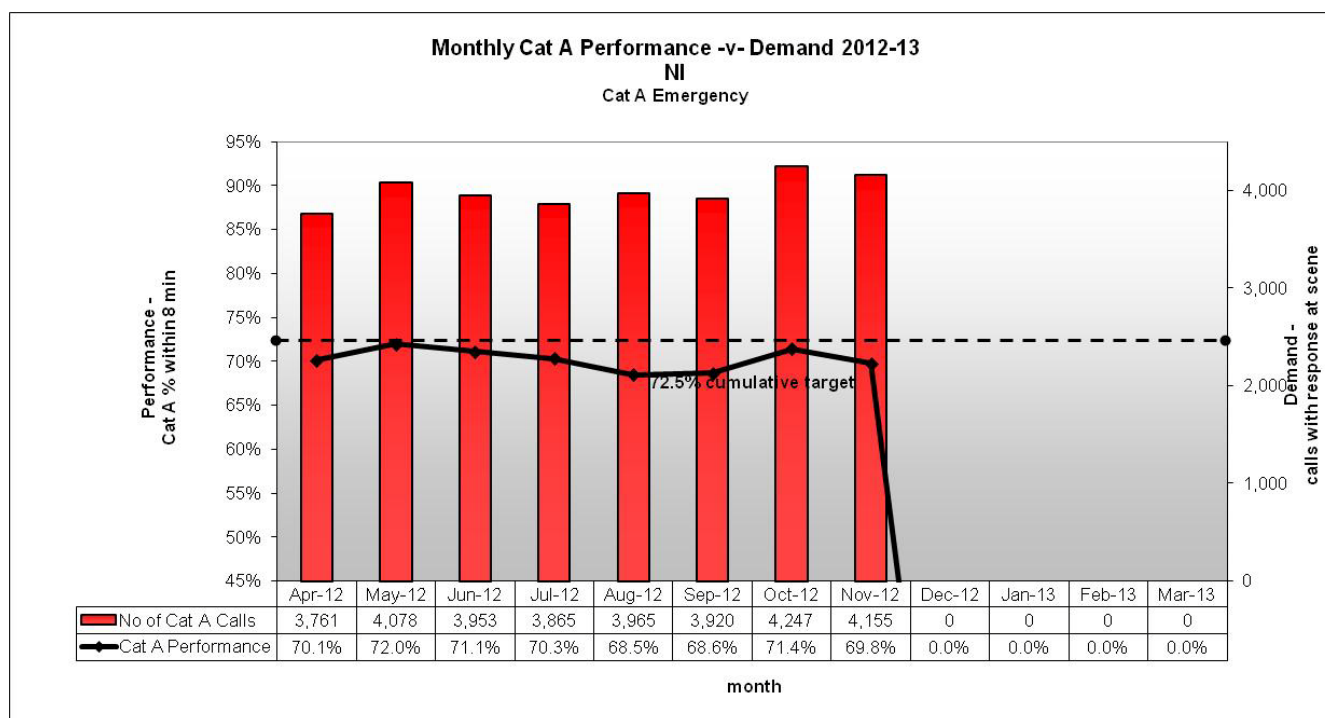
CAT A PERFORMANCE – Monthly LCG Position 2012/13 as at November 2012

	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**					
Belfast	85.7	83.9	85.4	85.0	81.7	81.7	84.5	84.6					
South East	63.4	66.1	64.4	64.9	62.1	62.9	63.6	61.5					
North	62.2	65.0	63.5	58.7	59.8	62.0	65.1	65.2					
South	63.5	65.4	67.0	68.1	66.8	62.8	69.9	66.7					
West	68.8	73.1	67.9	69.3	67.3	66.8	68.3	63.9					

Key:

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

PERFORMANCE COMMENTARY:

Performance Review November 2012 v November 2011 (cumulative data)

Activity	November 2012	November 2011	Variance %
Emergency	98,666	88,866	5.6 %
Category A	31,944	29,698	7.6 %
Urgent	23,397	22,445	4.2 %

The 65% target was not achieved in South East however 61.5% was realised. At November 2011 (Cat A) performance was 3.9% higher. There has been a regional increase of 7.6%, this has resulted in performance falling in the Belfast Division by 5.3% as a consequence of an 11% increase in Cat A activity. Similarly the South Eastern Division performance fell by

5.7% as a consequence of a 7.7% increase in Cat A activity. NIAS are currently responding to an additional 31 emergency calls per day compared to November 2011.

Local context :

- Closure all day of M1 and M12 interchange on 1 November 2012 due to shooting incident
- Potential major incident at Altnagelvin Derry 6 November 2012 due to fire
- Apprentice Boys of Derry Parade in Belfast on 10 November 2012
- Major incident at Altnagelvin on 23 November 2012 due to fire
- Potential major incident at Ballykinler MOD 27 November 2012

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**				
Belfast	89.5	90.2	91.6	92.8	93.3	91.4	91.0	90.3				
South East	84.9	86.7	87.5	88.9	84.1	83.1	85.8	83.1				
North	90.8	89.8	89.2	89.4	87.0	87.6	88.2	88.6				
South	90.9	89.6	92.6	89.8	90.4	88.9	92.2	87.3				
West	90.1	90.3	89.6	90.1	88.9	90.3	92.7	90.6				

PERFORMANCE COMMENTARY:

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

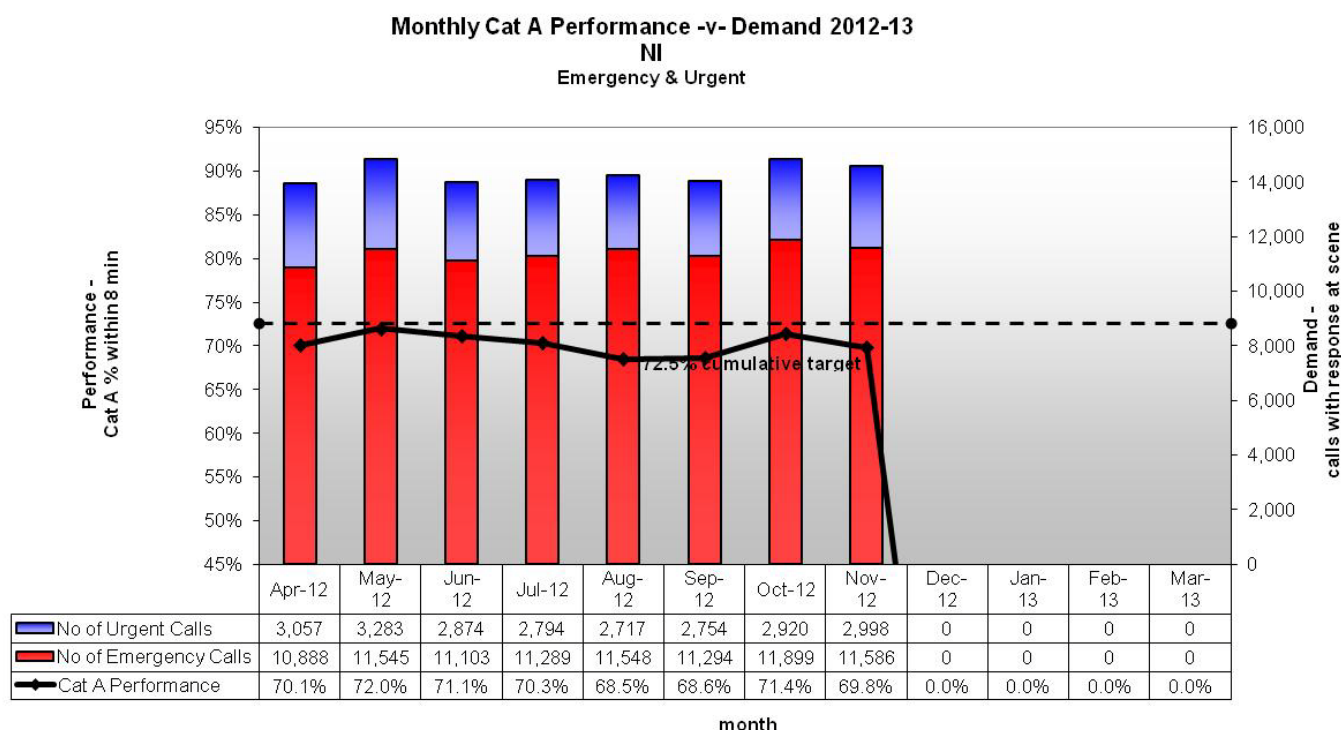## Non-Conveying Resource (RRV Etc) - contribution to Cat A

NCR first at scene contribution to Cat A Performance - Nov 2012
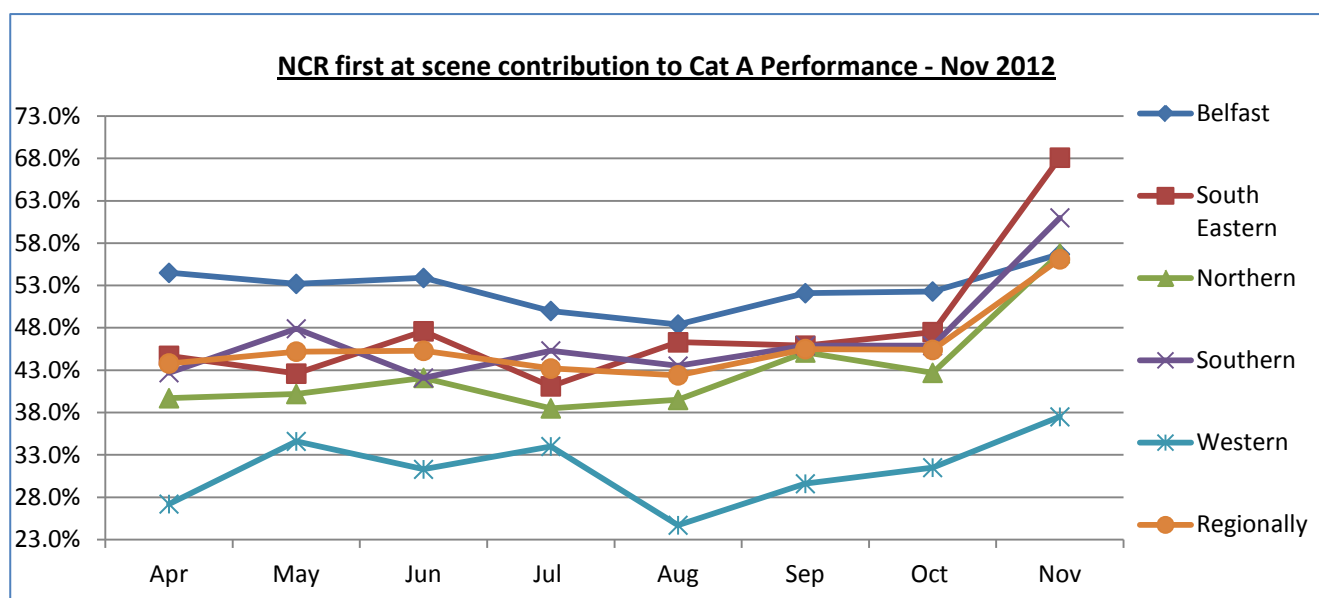
Non-Conveying Resource (RRV etc) - contribution to Cat A data

|	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Belfast	476	520	511	458	430	477	515	536				
Belfast (%)	*54.5%*	*53.2%*	*53.9%*	*50.0%*	*48.4%*	*52.1%*	*52.3%*	*56.7%*				
South East	191	197	211	174	206	198	235	314				
South East (%)	*44.7%*	*42.6%*	*47.6%*	*41.1%*	*46.3%*	*45.9%*	*47.5%*	*68,1%*				
Northern	201	221	228	198	217	251	268	338				
Northern (%)	*39.7%*	*40.2%*	*42.1%*	*38.5%*	*39.5%*	*45.1%*	*42.7%*	*56.8%*				
Southern	166	218	186	199	183	183	218	267				
Southern (%)	*42.7%*	*47.9%*	*42.1%*	*45.3%*	*43.5%*	*45.9%*	*45.9%*	*61.0%*				
Western	120	170	136	145	114	115	142	172				
Western (%)	*27.2%*	*34.6%*	*31.3%*	*34.0%*	*27.7%*	*29.6%*	*31.5%*	*37.5%*				
Regionally	1154	1326	1272	1174	1150	1224	1378	1627				
Regionally (%)	***43.8%***	***45.2%***	***45.3%***	***43.2%***	***42.4%***	***45.5%***	***45.4%***	***56.1%***				

PERFORMANCE COMMENTARY:

The above table shows show that the number of calls where a non-conveying response is first on scene has increased by 10.7% in comparison with the previous month.

Urgent Calls (non-life-threatening):

Monthly Cat A Performance -v- Demand 2012-13
NI
Emergency & Urgent

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
No of Urgent Calls	3,057	3,283	2,874	2,794	2,717	2,754	2,920	2,998	0	0	0	0
No of Emergency Calls	10,888	11,545	11,103	11,289	11,548	11,294	11,899	11,586	0	0	0	0
Cat A Performance	70.1%	72.0%	71.1%	70.3%	68.5%	68.6%	71.4%	69.8%	0.0%	0.0%	0.0%	0.0%

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. There has been a slight increase in the number of Doctors Urgent calls responded to in November 2012.
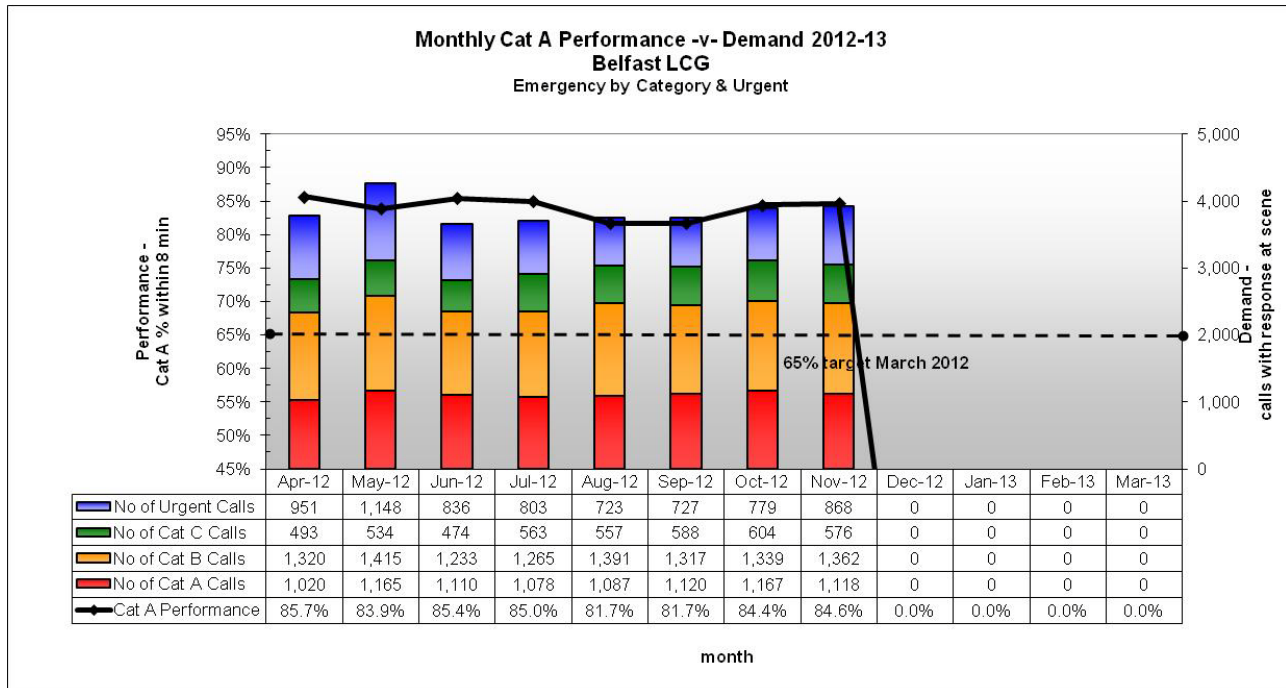
TURNAROUND TIMES AT HOSPITALS

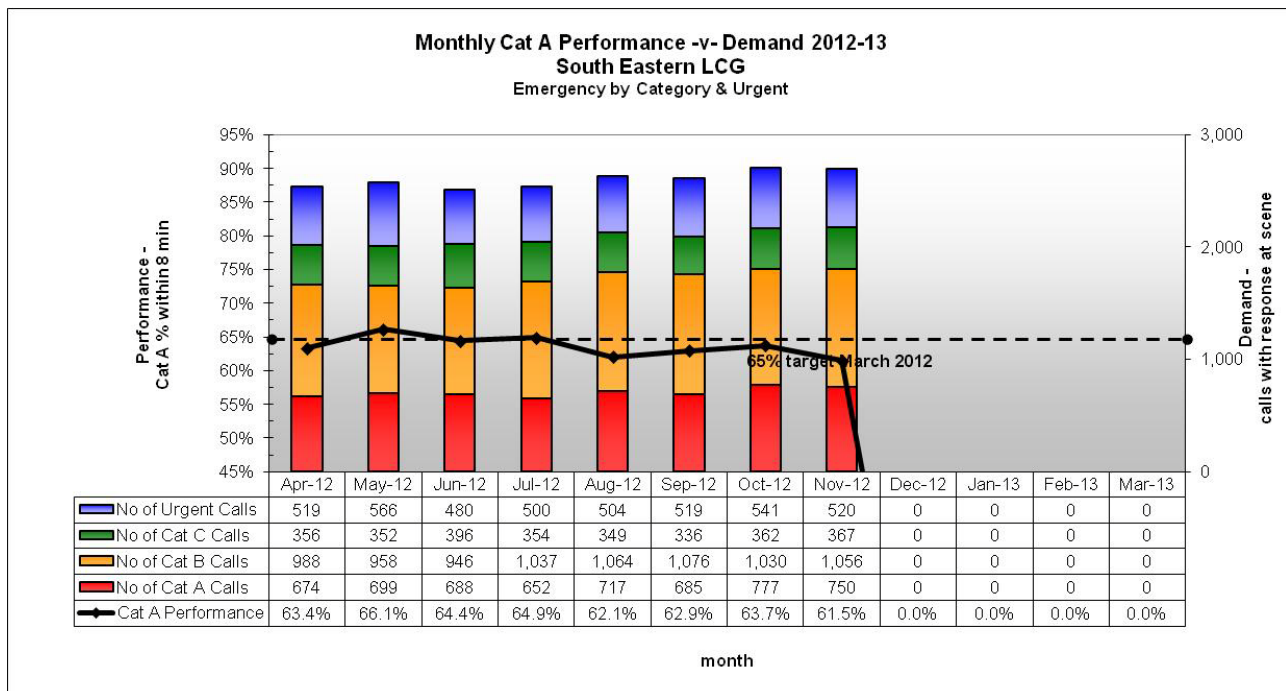NIAS Ambulance Turnaround Times at main hospitals in Nov 2012
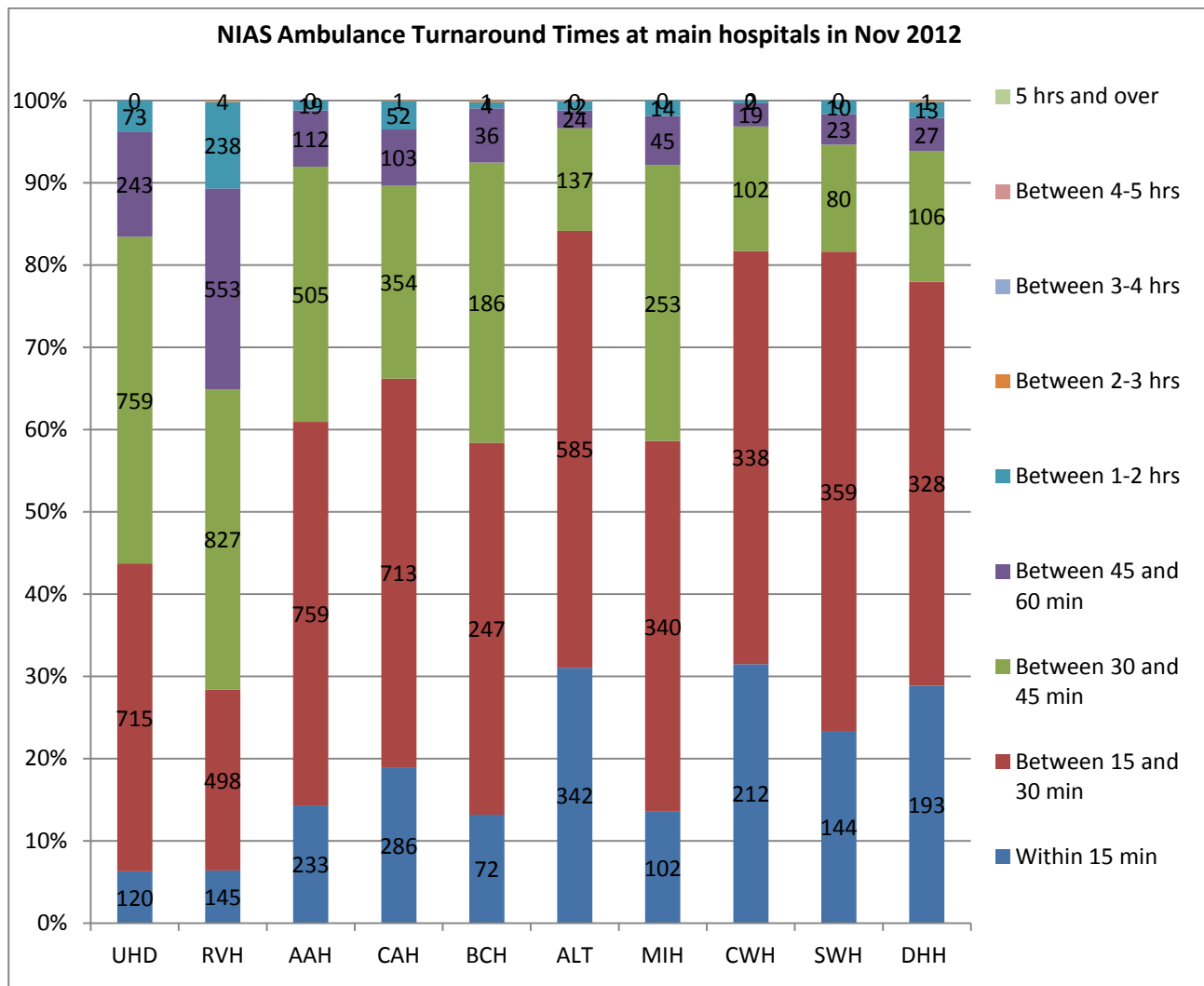
- 58.5% of ambulances arriving at Emergency Departments are turning around in 30 minutes or less.
- NIAS continues to work with HSCB and Trusts in improving patient handover and turnaround times.
- There were 67 diverts for November 2012
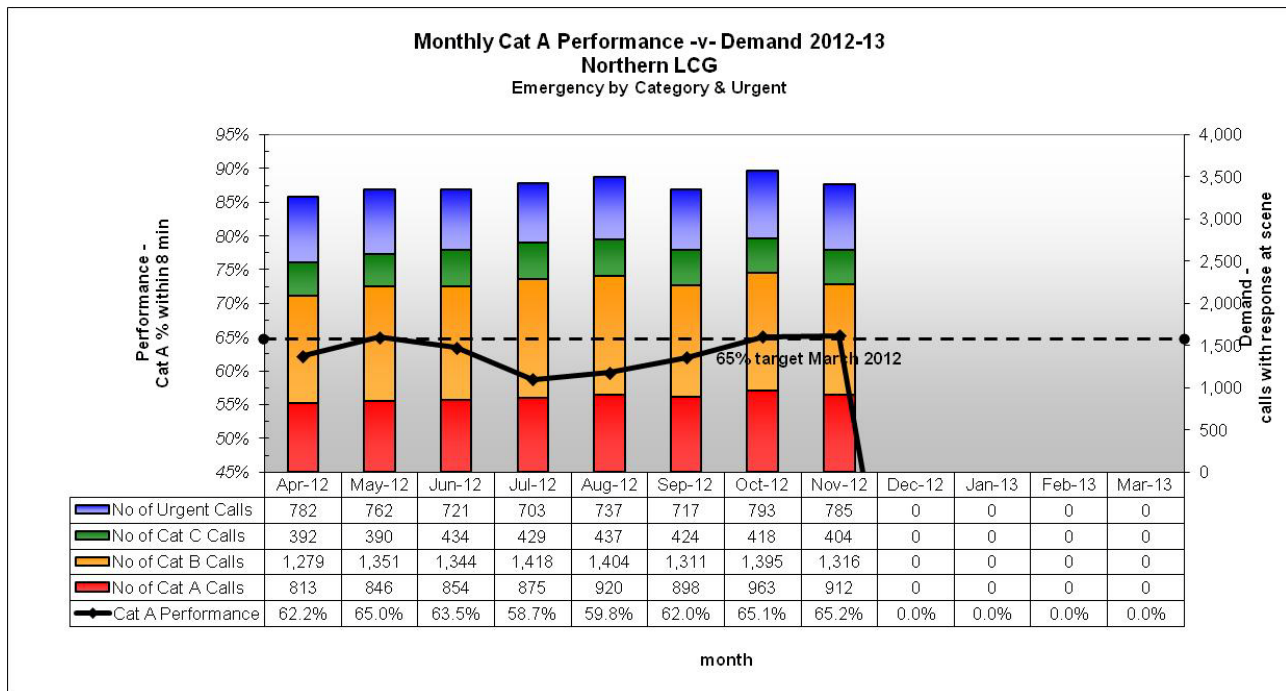
PERFORMANCE REVIEW BY DIVISION
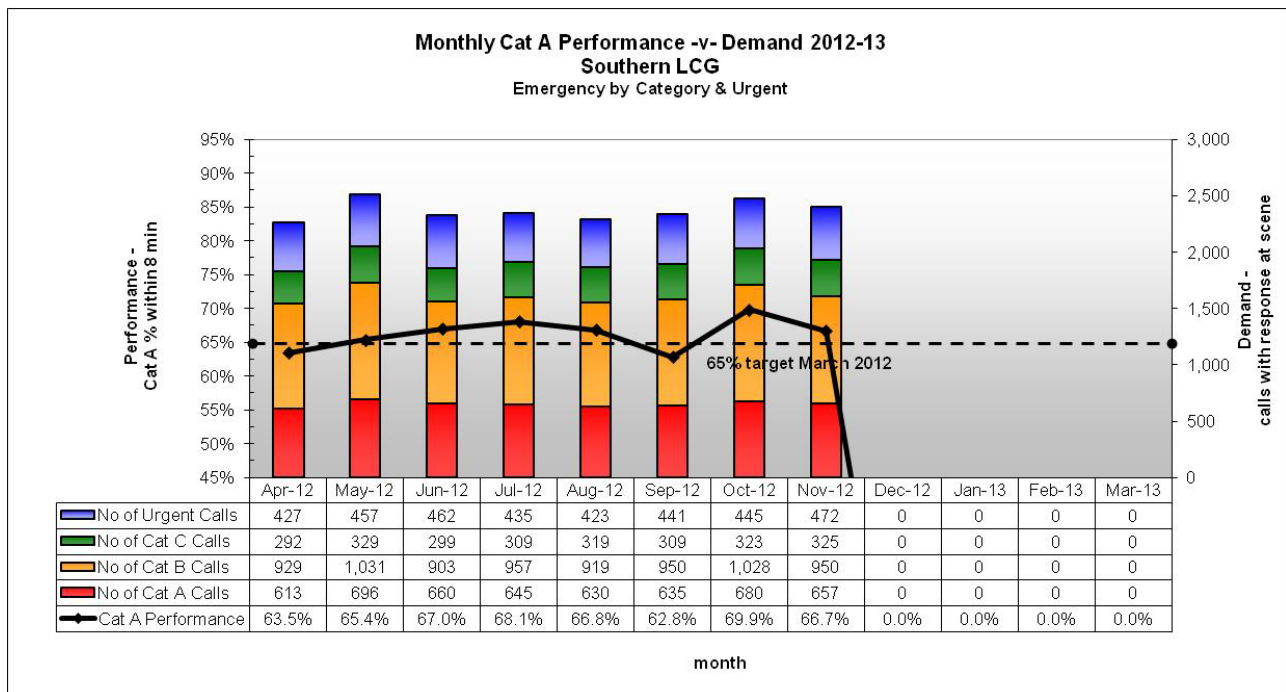
Belfast Division

Monthly Cat A Performance -v- Demand 2012-13
Belfast LCG
Emergency by Category & Urgent

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
No of Urgent Calls	951	1,148	836	803	723	727	779	868	0	0	0	0
No of Cat C Calls	493	534	474	563	557	588	604	576	0	0	0	0
No of Cat B Calls	1,320	1,415	1,233	1,265	1,391	1,317	1,339	1,362	0	0	0	0
No of Cat A Calls	1,020	1,165	1,110	1,078	1,087	1,120	1,167	1,118	0	0	0	0
Cat A Performance	85.7%	83.9%	85.4%	85.0%	81.7%	81.7%	84.4%	84.6%	0.0%	0.0%	0.0%	0.0%

South Eastern Division

Monthly Cat A Performance -v- Demand 2012-13
South Eastern LCG
Emergency by Category & Urgent

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
No of Urgent Calls	519	566	480	500	504	519	541	520	0	0	0	0
No of Cat C Calls	356	352	396	354	349	336	362	367	0	0	0	0
No of Cat B Calls	988	958	946	1,037	1,064	1,076	1,030	1,056	0	0	0	0
No of Cat A Calls	674	699	688	652	717	685	777	750	0	0	0	0
Cat A Performance	63.4%	66.1%	64.4%	64.9%	62.1%	62.9%	63.7%	61.5%	0.0%	0.0%	0.0%	0.0%

Northern Division

Monthly Cat A Performance -v- Demand 2012-13
Northern LCG
Emergency by Category & Urgent

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
No of Urgent Calls	782	762	721	703	737	717	793	785	0	0	0	0
No of Cat C Calls	392	390	434	429	437	424	418	404	0	0	0	0
No of Cat B Calls	1,279	1,351	1,344	1,418	1,404	1,311	1,395	1,316	0	0	0	0
No of Cat A Calls	813	846	854	875	920	898	963	912	0	0	0	0
Cat A Performance	62.2%	65.0%	63.5%	58.7%	59.8%	62.0%	65.1%	65.2%	0.0%	0.0%	0.0%	0.0%

Southern Division

Monthly Cat A Performance -v- Demand 2012-13
Southern LCG
Emergency by Category & Urgent

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
No of Urgent Calls	427	457	462	435	423	441	445	472	0	0	0	0
No of Cat C Calls	292	329	299	309	319	309	323	325	0	0	0	0
No of Cat B Calls	929	1,031	903	957	919	950	1,028	950	0	0	0	0
No of Cat A Calls	613	696	660	645	630	635	680	657	0	0	0	0
Cat A Performance	63.5%	65.4%	67.0%	68.1%	66.8%	62.8%	69.9%	66.7%	0.0%	0.0%	0.0%	0.0%

Western Division

Monthly Cat A Performance -v- Demand 2012-13
Western LCG
Emergency by Category & Urgent

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
No of Urgent Calls	378	350	375	353	330	350	362	353	0	0	0	0
No of Cat C Calls	263	269	288	268	253	244	292	273	0	0	0	0
No of Cat B Calls	815	838	833	824	890	819	861	802	0	0	0	0
No of Cat A Calls	641	672	641	615	611	582	660	718	0	0	0	0
Cat A Performance	68.8%	73.1%	67.9%	69.3%	67.3%	66.8%	68.3%	63.9%	0.0%	0.0%	0.0%	0.0%

month

65% target March 2012

SECURING THE INFRASTRUCTURE – FLEET ESTATE

OBJECTIVES

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

CONTROLS ASSURANCE PROGRESS REPORT

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

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

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

	Score in March 2012	RAG Rating	Rating (75% required)	Comment
Buildings & Land	80%		Substantive	2nd quarter review carried out Oct 2012
Environmental Mgt	88%		Substantive	2nd quarter review carried out Oct 2012
Fire Safety	93%		Substantive	2nd quarter review carried out Oct 2012
Fleet & Transport	83%		Substantive	2nd quarter review carried out Oct 2012
Security	85%		Substantive	2nd quarter review carried out Oct 2012
Waste Management	88%		Substantive	2nd quarter review carried out Oct 2012

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				
Non-Emergency Ambulances	84.8	88.6	90.5	91.4	93.3	93.3	93.3	92.4				
Rapid Response Vehicles	78.9	78.4	78.4	81.1	81.1	81.1	86.8	89.7				
Support Vehicles	55.8	48.1	48.1	46.2	50.0	50.0	51.9	48.0				

PERFORMANCE COMMENTARY:

IMPROVEMENT PROPOSALS FOR 2011/12

As at 30 November 2012 only one vehicle remains to be commissioned.

IMPROVEMENT PROPOSALS FOR 2012/2013

80% of A&E and 50% of PCS Ambulances have been delivered to Northern Ireland and are currently undergoing quality checks.

Cars have been ordered and the converter appointed.

ESTATE CAPITAL PROGRAMME

BALLYMENA:
Queries from DHSSPS have been responded to and the Business Case has been forwarded to DFP.

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 awaited.

BELFAST:
No further sites identified.

RISK COMMENTARY:

FLEET

Fleet addendum submitted in November for additional 2 year extension to replacement programmes.

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 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.

*C*ROSS-*R*EFERENCE TO *M*INISTERIAL *P*RIORITIES AND/OR *HSC* *B*OARD *C*OMMISSIONING *P*LANS

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

*A*SSESSMENT OF *C*ONTROLS AND *A*SSURANCE 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 (31st March) and in the Mid Year Assurance Statement (30th 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 30th 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 30th 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 31st March 2013 DOF has developed a strategy (for consideration by audit committee on 14th 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				
Approval of TDP by HSC Board	A	A	A	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				
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				
Ongoing monitoring of capital expenditure and confirmation of HSCB and DHSSPS support for capital developments.	A	A	A	A	A	A	A	A				

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				
Review of Authorisation Frameworks	A	A	A	A	A	A	A	A				
Prepare NIAS for Business Service Transformation Programme changes.	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				

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				
Other Expenditure		1,962	2,551	3,423	4,180	5,020	5,929	6,813				
Expenditure Total		9,774	14,326	19,135	23,854	28,621	33,462	38,286				
Income		285	465	619	783	924	1,055	1,206				
Net Expenditure		9,489	13,861	18,516	23,071	27,697	32,407	37,080				
Net Resource Outturn		9,489	13,861	18,516	23,071	27,697	32,407	37,080				
Revenue Resource Limit (RRL)		9,489	13,844	18,493	23,049	27,674	32,403	37,104				
Surplus/(Deficit) against RRL		0	(17)	(23)	(22)	(23)	(4)	24				

The Trust is reporting a small surplus of £24k at the end of November 2012 (Month 8). 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 any issue 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				
Estate		0	0	0	0	0	0	0				
Medical Equipment		0	0	0	0	0	0	0				
IT Equipment		0	0	0	0	0	0	0				
General Capital		0	0	0	0	35	35	35				
Total		0	0	0	0	35	190	581				
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 £50k in respect of Increased Access to Patient Care Data schemes and now stands at £2,632k (split between General capital of £300k, Fleet Replacement for 2012/13 of £2,200k and Improved Access £132k). The profile of spend for Improved Access to Patient Care Data schemes is included in the revised forecast profile of expenditure.

Capital Spend Actual v Forecast 2012/13
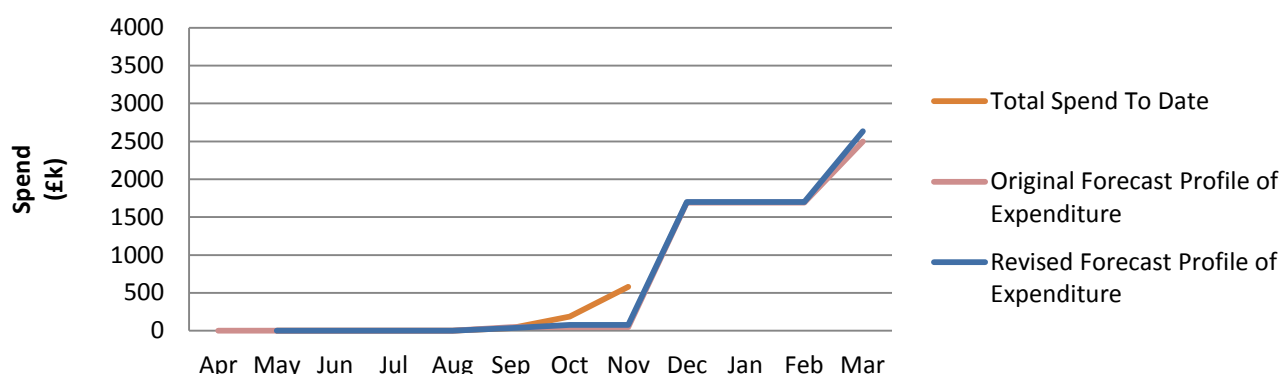
Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	0	0	0	0	47	14	9	0				
Actual Disposals	0	0	0	0	47	14	9	0				

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				
Cumulative	97.1	93.4	93.0	92.1	92.5	92.9	93.1	93.1				

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.

October	C3 PCS System	3.5 Hours downtime	System migrated to Virtual environment
October	Voice Recorder	7.15 Hours downtime	Software upgrade to voice recorder system. Hardware failure when restoring system to users and rollback required.
November	Voice Recorder	3.5 Hours downtime	Software upgrade to voice recorder system due to previous failure. Successful outcome and system restored to users.

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.

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 in 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 N I 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				
Completed Requests processed within 40 days or less	0	1	1	0	1	0	2	2				
Completed Requests exceeding 40 days	2*	0	1*	0	0	0	0	0				

* Requests were not processed further as awaiting documentation to confirm identity.

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				
Completed Requests processed within 20 days or less	2	7	4	5	6	7	4	7				
Completed Requests exceeding 20 days	0	1	0	1	1	0	1	0				
Number of Records Fully Disclosed	2	6	3	4	6	7	5	6				
Vexatious Requests	0	0	0	0	0	0	0	0				
Number of Records for which records not held	0	3	1	1	1	0	0	1				
Requests where exemptions wholly/partially applied	0	2	0	1	0	0	0	0				
Referrals for Independent Review	0	0	0	0	0	0	0	0				
Appeals to the Information Commissioner	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				
Assembly Questions (Written)	7	8	7	0	0	7	3	4				
CORs Received	0	1	0	1	2	0	2	2				
TOFs Received	0	0	0	0	0	0	0	0				
INVs Received	0	0	0	0	0	1	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 & CS 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 have met over a period of 16 days between November 2010 and August 2012. The panel were unable to conclude the process and get to an agreed outcome. 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 take the matter forward. A meeting of the 2 RQA representatives with the Trust's JE Leads has been arranged to take place on 16 January 2013.

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 of 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.

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):

    o   *to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;*
    o   *to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;*
    o   *to secure and deploy resources to achieve best outcomes;*
    o   *to ensure high quality corporate governance, probity and assurance;*
    o   *to build and maintain a high-performing and appropriately skilled and educated workforce;*
    o   *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				
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				
1.1.3	Support Trust in adhering to statutory duty in relation to Section 75 monitoring	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				
1.1.5	Implement and monitor NIAS Equality Scheme Action Plan	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				
1.1.7	Complete & Submit Fair Employment & Treatment Order Statutory Annual Report	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				
1.1.9	Complete & Submit Section 75 and Disability Duties Annual Progress Report	G	G	G	G	G	G	G	G				
1.1.10	Health and Safety	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. PLANS IN PLACE TO FINALISE WORK AND SUBMIT TO SEMT FOR APPROVAL IN OCT 2012

		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				
1.3.2	Develop and implement Communication Strategy Action Plan	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				
1.3.4	Develop and implement Community Education Action Plan	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				
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				

2. MODERNISATION AND REFORM

  o *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				
2.1.2	Identify NIAS specific issues and highlight to regional structures as appropriate	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				
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				

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 *MEES and TYC/QICR*												
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				
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				
3.1.3	Ensure workforce information is accurate and timely to aid strategic decision making	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				
3.2	To scope and shape the educational environment for NIAS staff, *MEES*												
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 education and ensure related developments meet NIAS requirements	G	G	G	G	G	G	G	G				
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				

4. SUPPORTING STAFF TO ACHIEVE HIGH QUALITY PERFORMANCE

   o *to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;*
   o *to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;*
   o *to secure and deploy resources to achieve best outcomes;*
   o *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				
4.1.2	Agree action plan at SEMT	GA	GA	GA	G	G	G	G	G				
4.1.3	Ratify Action Plan at Trust Board	GA	GA	GA	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				
4.2.2	Agree Plan at SEMT	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				
4.2.4	Implement ELD Plan	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.

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 *MEES*												
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				
5.1.2	Implement and monitor NIAS Equality Scheme Action Plan	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 Equality Action Plan	G	G	G	G	G	G	G	G				
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				

6.0 PARTNERSHIP AND EMPLOYEE ENGAGEMENT

- o *to deliver high-quality services to users and carers which are timely, accessible, appropriate and cost effective;*
- o *to provide safe services to users and carers which prevent or reduce the risk of harm to staff, and create an appropriate care environment;*
- o *to secure and deploy resources to achieve best outcomes;*
- o *to ensure high quality corporate governance, probity and assurance;*
- o *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 *MEES and TYC/QICR*

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				
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				

NIAS RESPONSES TO CONSULTATIONS

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
2 October 2012	Road Traffic (Drink Driving) (Amendment) Bill and Additional Measures to Tackle Drink and Drug Driving in Northern Ireland	Definition of Registered Healthcare Professional required in legislation.	http://www.doeni.gov.uk/

PERFORMANCE INFORMATION STATISTICAL ANNEX

ATTENDANCE MANAGEMENT ABSENCE STATISTICS

TOTAL YEAR TO DATE ABSENCE 2012/13 = 6.73 % 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: 1051.55									
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				
Cumulative absence (%)	7.32	7.12	7.19	7.09	7.20	7.15	7.17	7.23				
No. of employees on half pay	9	13	12	11	7	7	7	5				
No. of employees on no pay	2	2	2	4	4	6	4	4				
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				
Cumulative absence (%)	14.97	14.45	11.21	8.08	6.32	5.21	4.42	3.78				
No. of employees on half pay	0	0	0	0	0	0	0	0				
No. of employees on no pay	0	0	0	0	0	0	0	0				
FINANCE & ICT DIRECTORATE % ABSENTEEISM			WTE: 28.43									
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	0.34				
Cumulative absence (%)	0.18	0.09	0.08	0.10	0.11	0.10	0.08	0.11				
No. of employees on half pay	0	0	0	0	0	0	0	0				
No. of employees on no pay	0	0	0	0	0	0	0	0				
HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE % ABSENTEEISM			WTE: 73.20									
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				
Cumulative absence (%)	3.31	3.06	2.29	1.89	1.59	1.99	2.82	3.55				
No. of employees on half pay	0	0	0	0	0	0	0	0				
No. of employees on no pay	0	0	0	0	0	0	0	0				

NIAS % ABSENTEEISM					WTE: 1162.18								
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				
% long term absence	3.69	3.83	3.78	2.79	3.84	3.48	3.91	4.32				
No. of employees on half pay	9	13	12	11	7	7	7	5				
No. of employees on no pay	2	2	2	4	4	6	4	4				
Monthly absence (%) 12/13	6.82	6.69	6.81	6.11	6.61	6.24	6.75	7.60				
Cumulative absence (%) 12/13	6.82	6.74	6.74	6.58	6.73	6.58	6.63	6.73				
Performance Assessment	A	A	A	G	A	G	G	A				
Estimated Cumulative Cost of absence* (£'000)	262.3	519.9	793.7	1,033.9	1,325	1,553	1,826	2,118				
% 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:

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		2009-10 Q3&4	2010-11 Q1&2	2010-11 Q3&4	2011-12 Q1&2	2011-12 Q3&4	2012-13 Q1&2
Regulated									
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)

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					9
Grievances acknowledged within 2 days	2	0	0	0	2	2	0	1					7
Grievances at Informal Stage	0	0	0	0	0	2	0	1					3
Grievances resolved informally / withdrawn	2	0	0	1	2	0	0	0					5
Stage 1 hearing arranged within 15 working days	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
Stage II hearing arranged within 15 working days of notification	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
Grievance Cases Closed	3	0	0	1	2	0	0	0					6
Number of active Grievance Cases (2012/13)													2
Total number of active Grievance Cases													11

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					18
Number of HPC referrals	2	3	0	4	1	0	0	1					11
Number of suspensions	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
Formal investigations ongoing	1	1	0	4	1	1	1	2					11
Formal investigations completed as soon as is reasonable	1	2	Ongoing										3
Document disclosure exchanged 5 working days prior to disciplinary hearing	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
Employee will be given 7 working days notice of appeal hearing	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
Disciplinary Cases Closed	1	3	1	0	1	0	0	0					6
Number of active suspensions	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**					0
Number of active Disciplinary Cases (2012/13)													12
Total number of active Disciplinary Cases													20

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of harassment cases	1	4	1	0	1	0	1	3					**11**
Number of informal cases	0	4	1	0	0	0	0	0					**5**
Number of formal cases	1	0	0	0	0	0	0	3					**4**
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	1	2	0	0	0	0	0	3					**6**
Cases withdrawn	0	1	0	0	1	0	1	0					**3**
Investigation complete within 30 working days of receipt of complaint	0	0	0	0	0	0	0	0					**0**
Harassment Cases Closed	1	3	0	0	1	0	1	0					**6**
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					**1**
Response to IT Applications within 28 days	0	0	0	-*	0	0	0	0					**0**
IT cases Closed	0	0	0	1	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

Accredited Clinical Training Programmes												
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				
Ambulance Care Assistant Programmes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Mandatory Training & Assessment Programmes												
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				
Annual Assessment/Structured CPD Paramedic & Emergency Medical Technician	N/A	N/A	N/A	N/A	N/A	A	A	A				
Annual Assessment/Structured CPD Ambulance Care Assistant	N/A	N/A	N/A	N/A	N/A	A	A	A				
Care & Responsibility Refresher (1 day)	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				
First Aid at Work Refresher – Control Staff	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				
Continuous Professional Development (CPD)												
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				
Knowledge & Skills Framework Reviewee	N/A	N/A	G	G	G	G	G	G				
CSO - Supervision of Clinical Practice	N/A	G	G	G	G	G	G	G				

Service Developments												
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				
CSO – High Speed Assessor Training	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				
CSO – IHCD Instructor Training	N/A	N/A	N/A	N/A	N/A	G	G	G				
Management Training												
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				
HSC Leadership Programme	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
CIPFA	G	G	G	G	G	G	G	G				
Clinical Support Officer Work streams												
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				
Ambulance Care Assistant – Post-Training Support	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				
Pandemic Preparedness - FIT Testing	G	G	G	G	G	G	G	G				
Clinical Audit	N/A	N/A	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				
Clinical Performance Indicators (CPIs)	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				
Patient/Client Experience Audit	G	G	G	G	G	G	G	G				
CPD Events	G	G	G	G	G	G	G	G				

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, ie 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.

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				
Implement Northern Ireland position on gateway progression	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				
Operations	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
Fleet & Estate	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
Medical Directorate												
Medical & Risk Mgmt	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
Emergency Planning	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
HART	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
Finance Directorate												
Finance	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
ICT & Information	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
Stores & Courier	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
HR Directorate												
HR	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
Equality & PPI	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
Corporate Services	N/A	N/A	N/A	N/A	N/A	N/A	A	A				
RATC	N/A	N/A	N/A	N/A	N/A	N/A	A	A				

2. Job Evaluation for Paramedics, RRV Paramedics & Emergency Medical Technicians

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.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Manage Job Evaluation (JE) for all 3 jobs	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				
Paramedic Job												
Outcome from JE Panel	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				
Consistency Check JE Outcome	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				
Notify Payroll of JE Outcome	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				
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	G	G				

Consistency Check JE Outcome	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				
Notify Payroll of JE Outcome	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				
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	G	G				
Consistency Check JE Outcome	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				
Notify Payroll of JE Outcome	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	Mar	Total
Employers Liability													
Cases Received	2	3	1	1	0	0	3	2					**12**
Cases Settled	0	0	1	0	1	0	0	2					**4**
Cases Ongoing													**25**
Clinical Negligence													
Cases Received	0	1	0	0	0	0	0	0					**1**
Cases Settled	0	0	0	1	0	0	0	1					**2**
Cases Ongoing													**10**
Public Liability													
Cases Received	0	1	0	0	0	0	0	0					**1**
Cases Settled	0	0	0	0	0	0	0	1					**1**
Cases Ongoing													**5**

PERFORMANCE INFORMATION STATISTICAL ANNEX

COMPLAINTS MANAGEMENT

COMPLAINTS & COMPLIMENTS

	2012-13	2011-12		
COMPLAINTS RECEIVED	Total (to date)	Total		
Total complaints received at 30/09/2012	**93**	**98**		

HANDLING TIMES OF COMPLAINTS

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	2012-13 (to date)	%	2011-12	
Total Complaints received	13	6	8	10	8	13	18	17	**93**	*100%*	**98**	**100%**
Acknowledged within 2 working days	13	6	8	10	8	13	16	17	**91**	*98%*	95	97%
Acknowledged after 2 working days	0	0	0	0	0	0	2	0	**2**	*2%*	3	3%
Response within 20 working days	9	2	2	4	4	7	6	5	**39**	*42%*	34	35%
Response after 20 working days	4	4	6	6	4	6	8	1	**39**	*42%*	64	65%
Complaints Investigations ongoing	0	0	0	0	0	0	4	11	**15**	*16%*	0	0%
Average Response time (Working days)									***27***		***31***	
Cases referred to NI Ombudsman (cases ongoing)	0	0	0	1	0	0	0	0	**1 (1)**	*1%*	4	4%

SERVICE AREA OF COMPLAINTS

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	2012-13 (to date)	%	2011-12	
Accident & Emergency	6	5	4	4	3	7	7	5	41	*44%*	42	43%
Patient Care Service	1	1	2	5	3	0	5	0	17	*18%*	19	19%
Control & Communications	5	0	2	1	2	5	6	10	32	*34%*	34	35%
Other	1	0	0	0	0	1	0	1	3	*3%*	0	0%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	*0%*	3	3%
TOTAL	**13**	**6**	**8**	**10**	**8**	**13**	**18**	**17**	**93**		**98**	

NATURE OF COMPLAINTS RECEIVED												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	2012-13 (to date)	%	2011-12	
Staff Attitude	2	3	3	4	2	3	7	4	**28**	*30%*	37	38%
Ambulance Late/No Arrival	7	2	3	4	3	8	10	9	**46**	*49%*	39	40%
Clinical Incident	2	1	1	0	1	1	0	2	**8**	*9%*	17	17%
Suitability of Equipment/Vehicle	0	0	0	1	1	0	0	0	**2**	*2%*	0	0%
Other	2	0	1	0	0	1	1	2	**7**	*7%*	4	4%
Patient Property	0	0	0	1	1	0	0	0	**2**	*3%*	1	1%
TOTAL	13	6	8	10	8	13	18	17	93		98	

COMPLIMENTS RECEIVED										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	2012-13 (to date)	2011-12
COMPLIMENTS RECEIVED	10	19	14	11	15	8	5	11	**93**	**145**

SERVICE AREA OF COMPLIMENTS RECEIVED												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	2012-13 (to date)	%	2011-12	
Accident & Emergency	8	17	13	10	14	7	5	11	**85**	*91%*	128	88%
Control & Communications	2	1	1	1	1	1	0	0	**7**	*8%*	10	7%
Patient Care Service	0	1	0	0	0	0	0	0	**1**	*1%*	7	5%
Voluntary Car Service	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%
TOTAL	10	19	14	11	15	8	5	11	93		145	

Performance Information Statistical Annex

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				

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

PERFORMANCE INFORMATION STATISTICAL ANNEX

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					**212**
Number of responses issued on day of receipt	18	26	25	20	31	38	27	27					**212**
Weekly Media - Response within three days													
Number of enquiries received	3	5	3	5	9	4	7	19*					**55**
Number of responses issued within three days of receipt	3	5	3	5	9	4	7	19*					**55**
Number of responses resulting in Media Coverage	20	31	27	25	36	42	32	46					**259**

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

PERFORMANCE INFORMATION STATISTICAL ANNEX

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					**126**

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

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)	VLOW
Risk level (current)	MOD
Lead Director	CHAIR
Initial Action Taken to Control/ Mitigate Risk	Existing remuneration, terms and conditions are consistent with DHSSPS guidance. ☐ Permanent Secretary has been appraised of concerns by CX NIAS. ☐ Issue has been discussed at NIAS Trust Board level by non-executive directors and at Remuneration committee. ☐ NIAS has engaged fully in all senior job evaluation processes to address issue - SSRB, HAYS. ☐ Chairman has requested re-evaluation of jobs through DHSSPS. ☐ Application has been made to secure re-evaluation through SSRB and HAYS.☐ Directors have been appraised of developments by CX and Chair.☐ Relevant directors have been, and will be, fully engaged in the process and appraised of developments☐
Opened	28/09/2011
Review Date	10/08/2012
Action Plan to Address /Mitigate Risk	1. Chair to write to DHSSPS to seek re-evaluation of jobs and regrading to address anomalies and pay differentials. ☐ 1.1 DHSSPS response received after numerous requests on 30/5/2012 advising of outcomes of process.☐ ☐ 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. ☐ 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. ☐ ☐ 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. ☐ 3.1 Chair wrote to DHSSPS on 26/7/2012 requesting this.☐ ☐ 4. Chair to review risk position taking account of most recent developments.☐ 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.

ID	232
Principal Aim,Objective.Value	Build and maintain a high performing, appropriately skilled and educated workforce, suitability equipped and fit for purpose
Risk Type	CORP
Title	Business Services Transformation Programme (BSTP)
Description	"There are three distinct projects within BSTP that represent various risks to NIAS: 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)"
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	"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. "
Opened	01/04/2012
Review Date	30/10/2012
Action Plan to Address /Mitigate Risk	1. Recruitment to vacant posts and backfill as appropriate. 1.1 Ongoing and reviewed monthly by NIAS Project Board. 2.Continue prioritisation of core business requirements. 2.2 Ongoing and reviewed monthly by NIAS Project Board. 3.Continue to review priorities, engaging with other HSC Trusts 3.1 Weekly/monthly by HRPTS TDG / FPL TG 4. Bid for additional resources as appropriate/available. 4.1Ongoing and reviewed monthly by NIAS Project Board. 5.Continue to work with BSTP Central Team and suppliers as appropriate within existing resources. 5.1 Weekly/monthly by HRPTS TDG / FPL TG 6.Focus on resolution of critical issues, for example rostering interfaces, multiple employment, Collaborative Planning, IT Infrastructure. 6.1 Ongoing and reviewed monthly by NIAS Project Board. 7.Further development of business continuity, recovery and contingency measures 7.1 Ongoing and reviewed monthly by NIAS Project Board. 8.Continued engagement in Change Impact Assessment Workshops. 8.1 Ongoing and reviewed monthly by NIAS Project Board. 9.Development of Deployment and Training Strategy 9.1 Ongoing and reviewed monthly by NIAS Project Board. 10. Ongoing review of key financial controls 10.1 Ongoing. Reviewed by IA Q3 11.Further development of NIAS Change Network and Change Action Plan. 11.1.Ongoing and reviewed monthly by NIAS Project Board. 12.Refresh ICT audit in line with Business Readiness/Project Plan. 12.1 Ongoing and reviewed monthly by NIAS Project Board. 13. Ongoing engagement with Trade Unions at regional and local level. 13.1 Ongoing and reviewed monthly by NIAS Project Board.

ID	4
Principal Aim,Objective.Value	To deliver a Safe,High Quality Ambulance Service providing emergency and non emergency care and trasportation which is appropriate, 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	- 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	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 Novemeber 2011☐ ☐ 2. Action plan for review of Directorate and local BCP agreed and presented to SEMT Q1 2011/12☐ 2.1Completed - 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 of 'testing' plans will be developed☐ 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.

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	- 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	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 1.2 Completed 2. Workshop for 'newly appointed Station Officer planned for Q1 2011/12 2.1 Completed 3. Audit of station cleanliness ongoing from Q3 2010/11 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 4.1 Reviewed at each meeting of the IPC Group 5. Vehicle cleaning has been agreed as a KPI for the IPC Group. 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 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)

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	NS
Initial Action Taken to Control/ Mitigate Risk	NIAS seeks to ensure that each ambulance is crewed by at least one paramedic. □ All NIAS RRV are operated by paramedics and can be assigned to enhance level of clinical expertise at the incident ir en route to hospital.□ 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.□ Communication between crew members is facilitated at all times by a range of technical and non-technical solutions (radios;intercoms;bulkhead doors).
Opened	10/06/2011
Review Date	31/03/2012
Action Plan to Address /Mitigate Risk	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.□ Monitoring mechanisms will be developed to provide and maintain assurance in this regard

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	There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. There are a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely : 1)Overspending against core budget; 2)Cost Pressures and Service changes not fully recognised and funded by Commissioners; 3)Non-achievement of Efficiency Savings (£1.176M in 2012/13). Initial Action taken to mitigate each of these factors is as follows: 1)Applying internal budgetary control processes led by Director of Finance reporting to Chief Executive as Accounting Officer; 2)Submission and engagement with HSCB re NIAS's Trust Delivery Plan which highlights NIAS's planned financial position for 2012/13. Ongoing monitoring, review and engagement with stakeholders 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); 3)Presentation of savings plan to HSCB for agreement. Implementation remains a challenge however NIAS is on track to deliver the required £1.176M using some non-recurrent initiatives in 2012/13.
Risk level (initial)	MOD
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	1. DOF continually examines the following core assumptions which underpin the risk to financial balance 1.1that the HSC Board will fund the full legitimate costs of Agenda for Change; 1.2that all pay and non pay pressures will be funded by the HSCB; 1.3that in year developments to support acute service changes will be fully supported; 1.4that the requirement for efficiency savings remains at £1.176M in 2012/13. 2. The Plan to mitigate this risk includes the following actions with Director of Finance having lead responsibility: 2.1Monthly reports and support from finance for budget holders 2.2Monthly engagement between Accounting Officer and Director of Finance re financial position 2.3Weekly report by Director of Finance at SEMT to test assumptions 2.4Ongoing monitoring of expenditure, developments, pressures and delivery of savings plans through Trust Monitoring Returns, reports to Trust Board, reports to Performance Management (HSCB) 2.5NIAS continues to seek to conclude the Agenda for Change job evaluation process within agreed framework. At the stage of this review DOF has not received any indication (from NIAS DHR) that this matter will be resolved during 2012/13 2.6Completion of financial statements by DOF for 2012/13 (finalized c. July 2013) will allow audit to test the Trust's financial position and achievement of break even duty
Opened	01/04/2012
Review Date	30/12/2012
Action Plan to Address /Mitigate Risk	

Risk Map as at 31/12/12 Identifying Current Risk Level

Likelihood of Recurrence	Most likely consequences				
	Insig-nificant	Minor	Moderate	Major	Cata-strophic
Almost Certain 90%-100% of chance of occurrence	5	10	15	20	25
Likely 60%-90% of chance of occurrence	4	8	12 (224)	16	20
Possible 30%-60% of chance of occurrence	3	6 (233)	9 (219)	12 (232)	15
Unlikely 10%-30% of chance of occurrence	2	4	6 (197)	8 (4)	10
Rare 0%-10% of chance of occurrence	1	2	3	4	5

Risk No	Risk Description	Current Score
224	Senior Executive Directors Retention & Succession Planning	12
232	Business Services Transformation Programme (BSTP)	12
4	Business Continuity P.FA 1.2.	10
197	Vehicle Cleaning	9
219	Assuring Optimal Clinical experience in Patient Care	9
233	Achieving Financial Balance 2012/13	9

Risk Map as at 31/12/12 Identifying Current Risk Level

Complaints Closed October - November 2012

Ref	Description	Outcome	Action taken
COMP/396	Complaint regarding the lack of care and rudeness shown by crew member towards patient.	Complaint not upheld. Investigation found no evidence that crew acted inappropriately during this call.	Letter of explanation issued. Staff reminded of the need for effective communication with patients and carers
COMP/398	Complaint regarding lack of treatment/care afforded to patient.	Complaint not upheld. Investigation found no evidence that the crew acted inappropriately during this call.	Letter of explanation issued. Crew reminded of need to ensure effective communications with patient's and service users.
COMP/410	Complaint regarding the loss of personnel belongings of a patient.	Complaint not upheld. Investigation concluded that NIAS personnel have no recollection of belongings during this incident.	Letter of explanation issued. No action identified.
COMP/411	Complaint regarding attitude of staff during emergency call.	Complaint not upheld. Investigation found no evidence that the crew acted inappropriately during this call.	Letter of explanation issued. No action identified.
COMP/414	Complaint regarding treatment and lack of assistance provided by ambulance personnel during 999 call.	Complaint upheld. Investigation found that crew did not provide appropriate care or treatment.	Letter of explanation and apology issued. Matter referred for further investigation under Trust's Disciplinary Procedure.
COMP/429	Complaint regarding attitude and behaviour of ambulance personnel.	Complaint upheld. Investigation found that crew acted inappropriately during this incident.	Letter of apology and explanation issued. Matter referred for further investigation under Disciplinary Procedure.
COMP/435	Complaint regarding the ambulance response after a 999 was placed. Patient later died.	Complaint not upheld. Investigation found that the nearest available ambulance was dispatched to attend.	Letter of explanation and apology for delay issued. Staff involved to receive refresher training.
COMP/436	Complaint from MLA regarding the ambulance response to a 999 call and also querying the ambulance provision in the West Tyrone Area.	Complaint not upheld. Investigation found that call was managed appropriately by Ambulance Control nearest available ambulance was dispatched to respond.	Letter of explanation issued. No action identified.
COMP/439	Complaint regarding attitude of ambulance personnel during an emergency call.	Complaint not upheld. Investigation found no evidence to substantiate claim that crew were rude or dismissive.	Letter of explanation issued. No action identified.
COMP/441	Complaint regarding the hospital the patient was transported to from his home during an emergency call.	Complaint not upheld. Investigation found that crew acted appropriately in determining the destination of the patient and patient was brought to the nearest appropriate Emergency Department.	Letter of explanation issued. No action identified.

Complaints Closed October - November 2012

Ref	Description	Outcome	Action taken
COMP/442	Complaint regarding the length of journey for a patient transfer and also allegation that patient was taken to wrong hospital.	Complaint upheld. the investigation found that incorrect information on the destination of the patient was entered into the Ambulance Control record by Ambulance Control staff.	Letter of explanation and apology issued. Member of staff reminded of the need to record accurate information.
COMP/443	Complaint regarding the attitude of ambulance personnel when treating complainant's daughter.	Complaint not upheld. Investigation found no evidence to substantiate claim that crew was rude or dismissive.	Letter of explanation issued. No action identified.
COMP/447	Complaint regarding a delay in transferring patient home from hospital.	Complaint not upheld. Investigation found that NIAS personnel acted appropriately during this call and delay was due to the required attendance of a second crew to assist which had not been notified previously to Ambulance Control.	Explanation provided to NHSCT. No action identified.
COMP/449	Complaint regarding medical advice issue to caller during a 999 call by Ambulance Control.	Complaint not upheld. Investigation found that call was managed appropriately by Ambulance Control.	Letter of explanation issued. No action identified.
COMP/456	Complaint via Northern HSCT regarding actions of crew during patient transfer. Complaint alleges there was confusion on how to transfer patient into house which led to an undue delay.	Complaint not upheld. Investigation found that information provided regarding patients mobility was incorrect and a second crew was required to undertake the transfer. Delay was due to the need for a second crew.	Letter of explanation issued. No action identified.

NIAS COMPLIMENTS - OCTOBER / NOVEMBER 2012

02/10/2012	23/09/2012	The ambulance crew who took me to hospital were two gentlemen and showed great care and respect. We would just like to say congratulations to all concerned. We were delighted with the way we were treated. We do appreciate your work can be difficult and not always appreciated. Thanks for all your help.
10/10/2012	15/02/2012	Thanks for your kindness and care whilst attending to members of my family.
16/10/2012	19/09/2012	I needed to call an ambulance and ambulance staff were excellent, they were quick, calm and professional and my family and I would like to thank them for their care and prompt attention given to me so readily on that occasion. Although I was not aware at the time, I didn't know where I was, the crew very quickly took me to the Hospital. I believe their swift action and the speedy action of the ICU staff saved my life. I would like to let them know how grateful I am and how much my family and I appreciate the excellent work they do in the ambulance service.
23/10/2012	07/10/2012	Just a note to say thank you for helping a member of my family. You do a very special job and I think you were brilliant at calming him down. He keeps telling everyone that you are his new mates. A big thank you from us all. Your help was greatly appreciated.
30/10/2012	07/10/2012	Following a 999 call I was rapidly transported to Hospital. I am writing to express my sincere thanks to all the staff involved in my treatment and the excellent level of care I received. My particular thanks are due to the rapid response ambulance and the rest of the crew who arrived at my home so quickly and transported me to hospital. At a time when H&SCTs appear to be under almost constant criticism, I am delighted to be able, through you, to express my sincere thanks to all. I would be so grateful if you would ensure that my comments reach the appropriate staff. Thank you again for all the kindness and the level of care I received from the Ambulance Crew and the Hospital staff.
05/11/2012	07/10/2012	I would like to pass on my thanks to your staff for the excellent service I received. Within minutes of the 999 call your staff attended. Their fast response may well have saved my life. I would like to pass on my thanks and best wishes to the team that attended.
05/11/2012	22/10/2012	Your ambulance team who attended to me last evening were great. Unfortunately I was in no form to memorise their names. They did your service proud with their professionalism, care and humour. Please convey my thanks to them.
05/11/2012	04/11/2012	May I thank and congratulate the excellent teams who assisted us today. From the quietly confident gentleman on the end of the 999 call to the personable and practical ambulance crew. Everyone was more than approachable, very helpful and importantly listened/worked with us. Much appreciated and thanks again.

NIAS COMPLIMENTS - OCTOBER / NOVEMBER 2012

06/11/2012	14/08/2012	Firstly, apologies for the delay in writing to do this, but I'm only now up to doing so, and better late than never. I really wanted to write to send a huge measure of gratitude to those who dealt with my emergency call on behalf of a member of my family. On calling an emergency ambulance, we were truly so impressed to have a first responder with us within 10 minutes who was just wonderful. She was gently, hugely respectful and exceptionally capable. We were put at east and really appreciated that. The ambulance staff too were superb - arrived about another 10 mins later and wasted no time in transferring to hospital. Personally I found it somewhat ironic that that was when speed then seemed to come to an abrupt end and everything took a long time to sort out but appreciate that it was out of the hands of the ambulance staff who were equally caught having to wait for admission to A&E properly. At a time when we hear so much about how the ambulance service is stretched and waiting times sometimes very lengthy or problems caused by delays etc. I really did just want to ensure those on our case were commended (sadly don't know their names) and to encourage you that many of the public like myself do appreciate the huge restraints the service now has to operate under and yet it does a superb job despite them. THANK YOU to all concerned.
14/11/2012	24/10/2012	I write to express our gratitude for the care provided. We are grateful to NIAS for the prompt and attentive service.
15/11/2012	07/09/2012	Thank you and God bless.
19/11/2012	14/11/2012	Very impressed at how fast the ambulance car arrived to be followed by the ambulance. Praised the crews who attended and stated that they did a very good,
23/11/2012	06/11/2012	I wanted to write and thank the crews who attended a member of my family. I hope you will be sure to pass my thanks to the crew members concerned. I want them to know that, in the midst of all the difficulties that might make their job frustrating, there are times when they are genuinely appreciated and valued, and that their efforts, in this case, as I'm sure in many more, have most certainly prevented much further suffering. My thanks to them again.
23/11/2012	06/11/2012	Just wanted to say thanks for your help. You all do a fantastic job.
23/11/2012	16/10/2012	Just a wee card to say big thank you to the crew. You were both so good, kind and considerate toward me. You were great! Thank you again.
23/11/2012	27/10/2012	The ambulance crew were very courteous toward the patient and reassuring.
26/11/2012	18/11/2012	I would like to say thank you to the staff who looked after a member of my family .
26/11/2012	17/11/2012	I would like to take this opportunity to thank the ambulance crew for not only the lifesaving care they gave to me but the patience and care they gave to my immediate family. Thank you again it is something I will not forget.
28/11/2012	22/11/2012	I has to call the Ambulance Service for a colleague. The way the entire incident was handled was outstanding. The Emergency Dispatcher who took the call stayed on the line until the ambulance arrived on site providing advice and updates. I found this very reassuring. On arrival the paramedic and ambulance crew who dealt with the incident on site, immediately created an air of confidence. On behalf of myself and my colleagues please pass on our heartfelt thanks to all involved in dealing with the incident which thankfully had a happy outcome.

TB/4/24/01/13

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

24 January 2013

Title:	Northern Ireland Ambulance Service Response to Consultation on Transforming Your Care
Purpose:	Seeking views on proposed changes to Health Service
Content:	Trust response to questionnaire on the HSC Board consultation on Transforming Your Care.
Recommendation:	For Noting
Previous Forum:	SEMT
Prepared by:	Mr John Gow, Equality & PPI Officer
Presented by:	Mrs Roisin O'Hara, Director of Human Resources and Corporate Services

Consultation Questionnaire

Please use this questionnaire to give us your views on Transforming Your Care. Please send your responses to:

Transforming Your Care Programme Team,
3rd Floor,
HSCB HQ,
12-22 Linenhall Street,
Belfast,
BT2 8BS

Website:	www.TYCconsultation.hscni.net
Email:	tycconsultation@hscni.net
Telephone:	02890 553790
Textphone:	18001 02890 553790
Fax:	02890 553625

However you choose to give us your views, we want to hear from you. Please send us your comments by 15 January 2013.

Alternative formats of this document including EasyRead, Braille, audio formats, large print or minority languages (for those not fluent in English) are available on request. Please contact as above with your request.

Introduction

To have your say, please complete the questionnaire below.
Further information on the Transforming Your Care consultation is available on the 'What we are consulting on' page.

Note: Questions marked with an asterisk (*) indicate required information.

Freedom of Information – Please Read

The HSCB will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request under the terms of the Freedom of Information Act 2000. The HSCB can only refuse to disclose information in exceptional circumstances. The HSCB cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances.

If you do not wish information about your identity to be made public please select the 'Yes' option below to request that your response be treated as anonymous.

*Please indicate if you wish your response to be treated as anonymous.

~~Yes~~ / No

About you or your organisation:

*Are you responding (please tick):	On behalf of yourself?	☐
	On behalf of someone else?	√
*Are you/they (please tick):	a) over 65;	☐
	b) under 65;	☐
	c) disabled;	☐
	d) a carer;	☐
	e) a parent;	☐
	f) other?	√
Organisation (if applicable):	**Northern Ireland Ambulance Service Health and Social Care Trust**	
Name	**Liam McIvor**	
Job Title (if applicable):	**Chief Executive**	
Postal Address:	**Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**	
Email Address:	**Karen.baxter@nias.hscni.net**	
Contact Telephone Number:	**02890 400999**	

Transforming Your Care:
Consultation Response Questionnaire: Downloadable Form

Please fill in any boxes marked with an asterisk, this will allow us to ensure that we have received a cross section of responses

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Question 1.

Do you agree that our health and social care services need to change in order to meet the needs of the community and promote health and well-being through prevention and early intervention so that as much acute illness as possible is avoided?

Strongly agree [√]   Strongly disagree [ ]   Have no opinion [ ]

Agree [ ]   Disagree [ ]

Comments:

A compelling case for change has been made. The change process must empower and enable HSC staff to make definitive care decisions for patients and clients as soon as possible in the process of engaging with patients and clients. We must put in place the mechanisms necessary to support patients and staff in this decision-making process (before, during and after the decision). This change process must simplify both access to, and negotiation of, the healthcare system for patients and carers in Northern Ireland.

Question 2.

Do you agree that people who need care and support should have control over how their assessed care and support needs should be met?

Strongly agree [ ]   Strongly disagree [ ]   Have no opinion [ ]

Agree [√]   Disagree [ ]

Comments:

People who need care and support should have an <u>appropriate</u> degree of control over how their assessed care and support needs are met. However, care standards must be maintained and mechanisms must protect those patients and clients who require support and assistance in accessing and managing the delivery of their care and support needs.

Transforming Your Care:

Consultation Response Questionnaire: Downloadable Form

Question 3.

Do you feel the provision of individualised budgets and self-directed support should be more widely promoted?

Yes ☑ *No* ☐

Comments:

As one means of empowering patients, clients and carers specifically, and the whole community generally. This should be limited to the areas outlined in the consultation document and implemented in a way which does not jeopardise the viability of efficient services.

Question 4.

Do you agree we should organise our services to enable people to stay at home for as long as possible and / or be cared for at home?

Strongly agree ☑ *Strongly disagree* ☐ *Have no opini* ☐

Agree ☐ *Disagree* ☐

Comments:

Central to this aspiration is the requirement to build <u>confidence</u> in the community that care can be delivered/provided safely in the home setting in line with the needs and wishes of the patient/carer. This confidence is underpinned by an absolute assurance that the unscheduled/emergency care system (ambulance and others) will be protected and maintained at an appropriate state of readiness. This is particularly important for rural communities.

Transforming Your Care:
   Consultation Response Questionnaire: Downloadable Form

Question 5.

   Given the choice, who would you like to provide your care and support in your home?

1. **Statutory bodies** ☐
2. **Voluntary and community groups** ☐
3. **Independent sector** ☐
4. **A mixture of the above** ☐
5. **You would prefer to receive the money yourself to choose** ☐

Comments:

Not applicable.

Question 6.

   Do you agree that Integrated Care Partnerships could make a positive contribution to the delivery of care closer to home rather than in hospitals?

Strongly agree ☐√   **Strongly disagree** ☐   **Have no opinion** ☐
Agree ☐   **Disagree** ☐

If your response is 'disagree' or 'strongly disagree', do you think there are any alternative ways to deliver care closer to home? Please provide details

ICPs should be locally-based collectives of local care providers, drawn from the wide community of local providers. They should shape local care provision, within regionally-established standards and guidance, with the aim of exceeding those regional standards with locally sensitive solutions. For example, Health Visitor and Community Nursing resources could be used in support of NIAS's "treat and leave" policy and in conjunction with community parameics to offer an additional support to enable patients to manage and maintain their care closer to home.

Transforming Your Care:
   Consultation Response Questionnaire: Downloadable Form

Question 7.

   Do you agree with the proposals set out in respect of older people's services?

| **Strongly agree** | ☐ | **Strongly disagree** | ☐ | **Have no opinion** | ☐ |
| **Agree** | ☑ | **Disagree** | ☐ | | |

Do you believe there are better alternatives? Please provide details

In this change process we need to ensure that our elderly population are viewed not as a burden, but as a valuable resource – a repository of knowledge, experience, enthusiasm and commitment. Older people are more vulnerable and less vocal about the quality of care they receive and need to be especially protected during a period of service change. Poor standard of care in a domiciliary setting is often not as visible as in a hospital, nursing or residential home. Better regulation of domiciliary care is required although challenging in many respects.

Question 8.

   With regard to Long Term Conditions, would it be helpful to

a)   make more information and education available to help those with a long term condition to monitor and manage their own condition?

Yes   ☑   *No*   ☐

b)   enable those with long term conditions to make more use of technology in their home to help problems be identified earlier, and reduce the need for avoidable visits to hospital or the doctor?

Yes   ☑   *No*   ☐

Comments:

There is a great opportunity to use local GP resources more proactively by:

   (i) Video links to Outpatient Consultations – patient goes to GP who acts as adviser/advocate in online consultation with specialist.

   (ii) More use of e-mail/instant messaging by patient to GP/Consultant to encourage continuous care and engagement rather than fragmented and spasmodic.

   (iii) Subject to practicality and adequate protection being put in place, give the patient record (electronic health record) back to the patient!

Transforming Your Care:
   Consultation Response Questionnaire: Downloadable Form

Question 9.
   Do you agree that the proposals set out in respect of palliative and end of life care would support you to be cared for in a place of your choice?

Strongly agree	☑	**Strongly disagree**	☐	**Have no opinion**	☐
Agree	☐	**Disagree**	☐		

Do you believe there are better alternatives? Please provide details

If we wish to change the practice of end-of-life patients being disruptively transferred from home to hospital to die, we must focus on the decision to <u>move</u> the patient and the clinician who makes it. Information on the patient's wishes should be centrally held and available 24/7. It should be presented to the clinician in advance of a decision to move the patient, requiring mandatory consideration of the expressed wish of the patient. The Ambulance Service's 24/7 communication hub is well-placed to fulfil a key role in this regard.

Question 10.
   Do you agree with the proposals set out in respect of mental health services?

Strongly agree	☐	**Strongly disagree**	☐	**Have no opinion**	☐
Agree	☑	**Disagree**	☐		

Do you believe there are better alternatives? Please provide details

Transforming Your Care:
Consultation Response Questionnaire: Downloadable Form

Question 11.

Do you agree with the proposals set out in respect of learning disability services?

Strongly agree ☐   **Strongly disagree** ☐   **Have no opinion** ☐
Agree ☑   **Disagree** ☐

Do you believe there are better alternatives? Please provide details

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Question 12.

Do you agree with the proposals set out in respect of physical disability and sensory impairment services?

Strongly agree ☐   **Strongly disagree** ☐   **Have no opinion** ☐
Agree ☑   **Disagree** ☐

Do you believe there are better alternatives? Please provide details

Transforming Your Care:

Consultation Response Questionnaire: Downloadable Form

Question 13.

Do you agree with the proposals set out in respect of Family and Child Care?

Strongly agree ☐   **Strongly disagree** ☐   **Have no opinion** ☐

Agree ☑   **Disagree** ☐

Do you believe there are better alternatives? Please provide details

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Question 14.

Do you agree with the proposals we have set out in respect of maternity and child health services?

Strongly agree ☐   **Strongly disagree** ☐   **Have no opinion** ☐

Agree ☑   **Disagree** ☐

Do you believe there are better alternatives? Please provide details

Transforming Your Care:
  Consultation Response Questionnaire: Downloadable Form

Question 15.

  Do you agree with our proposals in respect of acute hospital services?

Strongly agree	☑	**Strongly disagree**	☐	**Have no opinion**	☐
Agree	☐	**Disagree**	☐		

Do you believe there are better alternatives? Please provide details

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 regional management of 999 response should be extended to and replicated in the management of unscheduled care beginning with the introduction of simplified access via urgent number 111. We welcome the statement on page 103 of the original Transforming Your Care Review that "NIAS will play a pivotal role in managing unscheduled care into the future", and would wish to see this assigned a more urgent priority than it has been to date.

Question 16.

  Do you agree that the criteria set out in Appendix 1 against which acute services have been assessed remain the most appropriate criteria?

Strongly agree	☐	**Strongly disagree**	☐	**Have no opinion**	☐
Agree	☑	**Disagree**	☐		

If you disagree or strongly disagree, please provide specific details on what you see are more appropriate criteria. Please give reasons for your comments.

The process should include an assessment of the operational and financial consequences for NIAS. The operational and resource implications for NIAS for each of the options should be considered as part of the process and not come as a surprise after decisions have been taken.

Transforming Your Care:
Consultation Response Questionnaire: Downloadable Form

Question 17.

To what extent do you agree we should develop closer working relationships with the Republic of Ireland and Great Britain?

Strongly agree ☐   **Strongly disagree** ☐   **Have no opinion** ☐

Agree ☑   **Disagree** ☐

Comments:

There are benefits for patients and NIAS of better collaboration and closer working relationships. This is evident in the arrangements for cross-border ambulance response to emergency incidents and major incidents.

Question 18.

Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Comments:

It is important that statutory requirements under Section 75 are followed in the implementation of the proposals. Robust screening, Equality Impact Assessment and monitoring are required in order to fully assess impacts in this regard.

Transforming Your Care:
Consultation Response Questionnaire: Downloadable Form

Question 19.

Are you aware of any indication or evidence – qualitative or quantitative – that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Comments:

Question 20.

Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

Comments:

Transforming Your Care:

Consultation Response Questionnaire: Downloadable Form

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Question 21.

Are there any aspects of the proposals where potential human rights breaches may occur?

Comments:

Welcome the commitment set out within the screening of Transforming Your Care to a Human Rights based approach and to delivery of training in this regard.

TB/5/24/01/13

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

24 January 2013

Title:	Northern Ireland Ambulance Service Disability Action Plan
Purpose:	Required Under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) to promote: • Promote positive attitudes towards disabled people; and • Encourage participation by disabled people in public life ('the Disability Duties').
Content:	Disability Action Plan
Recommendation:	Trust Board to note the Trust's Disability Action Plan which has been issued for consultation. The consultation closes on Thursday 28 March 2013.
Previous Forum:	None
Prepared by:	Mr John Gow, Equality & PPI Officer
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services

Northern Ireland Ambulance Service
Health and Social Care Trust

Disability Action Plan

➢ **To promote positive attitudes towards disabled people**

➢ **To encourage the participation of disabled people in Public Life**

April 2013 – March 2016

Alternative Formats

This document is available in alternative formats including:

- Large font
- Audiocassette
- Braille
- Computer Disc
- Main minority ethnic languages
- DAISY
- Easy-read
- Electronic version.

English: This Disability Action Plan can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English.

Polish: Aby wyjść naprzeciw potrzebom osób, które nie mówią biegle po angielsku, Plan Działania ds. Niepełnosprawności może być udostępniony w językach mniejszości etnicznych na życzenie.

Lithuanian: Šis veiksmų dėl neįgalumo Planas pareikalavus gali būti pateiktas tautinių mažumų kalbomis, kad atitiktų sklandžiai nemokančių anglų kalbos poreikius.

Portuguese: O Plano de Ação para a Disabilidade está disponível, à pedido, em outras línguas, para atender às necessidades das pessoas que não são fluentes na língua Inglesa.

Tetum: Planu ida né, husi Disability Action, hakerek ho lián oin-oin husi minoria etnika sira, nebe bele husu, ba ema nebe la hatene lian Inglés.

Latvian: Šis Invaliditātes Darbības Plāns var būt pieejams mazākumtautību valodās pēc pieprasījuma tiem, kam nav pietiekamu angļu valodas zināšanu.

Russian: Сейчас план работы по инвалидности может быть доступен на языках этнических меньшинств по требованию, чтобы помочь тем , кто не владеет свободно английским языком.

Czech: Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu pro osoby s postižením na požádání poskytnout v jazycích etnických menšin.

Slovak: Tento náčrt Plánu akcie pre postihnutých ľudí môže byť na požiadanie dostupný v jazykoch národnostných menšín, aby pokryl potreby tých ktorý nie sú spôsobilý porozumieť mu v angličtine.

Contact details for this Plan are as follows:

Michelle Lemon
Assistant Director Equality, PPI & Patient Experience
Knockbracken Healthcare Park
Saintfield Road
BELFAST
BT8 8SG

Phone: 028 9040 0999

Textphone: 028 9040 0871

Email: michelle.lemon@nias.hscni.net

Website: www.niamb.co.uk

Disability Action Plan

<u>Contents</u>

Foreword

This Disability Action Plan (hereinafter referred to as 'the Plan') for the Northern Ireland Ambulance Service Health and Social Care Trust has links to the Disability Action Plans produced by the other Health and Social Care Trusts within Northern Ireland. The content of the Plan has been informed by engagement with service users through a regional workshop involving other HSC Trusts. It is demonstrated that this approach has been successful and is in keeping with Equality Commission's guidelines. Partnership working, if carried out effectively, can help pull resources and maximise the impact of measures.

The other HSC Trusts involved are:

- Belfast Health and Social Care Trust

- Northern Health and Social Care Trust

- Southern Health and Social Care Trust

- South Eastern Health and Social Care Trust

- Western Health and Social Care Trust.

Northern Ireland Ambulance Service is committed to the effective implementation of this Plan.

When disability discrimination legislation was amended in 2006, public authorities were therein required to demonstrate how they would fulfil their duties to promote positive attitudes towards disabled people; and to encourage participation by disabled people in public life. Health and Social Care Trusts took the opportunity to forge stronger collaborative partnerships with disability organisations and acknowledge the value of these ongoing joint working arrangements. Indeed, these partnerships have been instrumental in helping to achieve the successful outcomes obtained in the first Disability Action Plan and HSC Trusts propose to continue with a similar approach in this second Disability Action Plan.

Northern Ireland Ambulance Service seeks to avoid duplication where appropriate work with other HSC Trusts and Emergency Services. Similar to the previous Disability Action Plan, common priorities have been identified and the Trusts agreed that it would increase the

effectiveness of its Plan to agree key actions which all of the Trusts could take forward both on a regional and local basis. This collaborative approach is intended to maximise the impact on disabled persons and ensure consistency and equity in terms of service provision and employment.

The Trust looks forward to working with individuals and organisations on an ongoing basis to ensure the successful implementation of this Plan.

Signed by:

Paul Archer
Chairman
Northern Ireland Health and Social Care Trust

Liam McIvor
Chief Executive

DISABILITY ACTION PLAN

Northern Ireland Health and Social Care Trust

1. Introduction

Under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), the Trust is required, when carrying out its functions, to have due regard to the need to:

- Promote positive attitudes towards disabled people; and

- Encourage participation by disabled people in public life ('the Disability Duties').

Under Section 49B of the DDA 1995, the Trust is also required to submit to the Equality Commission a Plan showing how it proposes to fulfill these duties in relation to its functions.

1.1 Commitments:

The Chair and Chief Executive are committed to effectively implementing the Disability Duties and this Plan.

- **Mainstreaming the Duties**
  The Trust is committed to successfully mainstreaming the Disability Duties throughout the organisation.

- **Resources**
  In order to deliver the actions detailed in this Plan, the Trust is aware that additional resources will have to be allocated. The Trust is committed to allocating all reasonable, additional resources (in terms of people, time and money) required to implement this Plan.

- **Internal Arrangements**
  The Trust will put appropriate internal arrangements in place to ensure that the Disability Duties are complied with and the Plan is successfully implemented.

The Assistant Director of HR; Equality, PPI, and Patient Experience within the Trust will have operational responsibility for ensuring the implementation and monitoring of the Plan. Regular and Annual Progress Reports will be provided through the normal reporting structures, i.e. the Trust's Senior Executive Management Team and Trust Board.

- **Communication to staff**
  The Trust will ensure effective communication of the Plan to staff and will provide training and guidance. All staff will be provided with information on the Plan via staff meetings, NIAS News in-house magazine, intranet and e-mail.

- **Training**
  The Trust is committed to providing ongoing training for staff and office holders on the Disability Equality legislation and Disability Awareness.

- **Consultation**
  The Trust is committed to ensuring meaningful and effective public involvement and participation. To inform the development of this Plan, the Trust, will continue to engage with a wide range of key stakeholders including consultation with disabled people when implementing and reviewing the Plan.

  The Trust will ensure that people with disabilities and disability advocacy groups are involved when implementing, monitoring and reviewing the Plan or deciding any further actions to be included in the Plan.

1.2 Reporting Arrangements

The Trust confirms its commitment to submitting Annual Progress Reports on the implementation of this Plan to the Equality Commission and carrying out a review of this Plan, in line with current review arrangements for Section 75 of the Northern Ireland Act 1998. This will ensure the alignment of Section 75 and disability duties.

A copy of this Plan, the Trust's Annual Progress Reports and review of this Plan will be made available on the Trust's web site www.niamb.co.uk.

1.3 Functions

1.3.1 Background to the Trust

The Northern Ireland Ambulance Service was established by the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995 as amended by the health and Social Services Trusts (Establishment) (Amendment) Order (Northern Ireland) 2008 and Section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

The mission of the Northern Ireland Ambulance Service 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 Trust responds to the needs of a population in Northern Ireland in excess of 1.8 million people in the pre-hospital environment. It directly employs over 1,100 staff, across 57 ambulance stations/deployment points, two Ambulance Control Centre (Emergency and Non-Emergency), a Regional Training Centre and Headquarters. The Trust has an operational area of approximately 5,450 square miles (14,100 square kilometers), 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.

The principal ambulance services we provide are:

- Emergency response to patients with sudden illness or injury. In addition to providing timely ambulance response and transportation to hospital we offer clinical triage and advice to non-emergency callers and offer alternatives to hospital attendance and emergency ambulance response;
- Non-emergency patient care and transportation. The journeys undertaken cover admissions, hospital outpatient appointments, discharges and inter-hospital transfers and we seek to prioritise on the basis of clinical condition with high priority accorded to cancer, renal and terminally-ill patients;
- Specialised health transport services. We liaise directly with clinical professionals in Northern Ireland and beyond in an effort to ensure seamless movement of patients with specialist health

needs such as organ transplant and access to critical/intensive care facilities ;

- Education and training of ambulance professionals. We are solely responsible for the recruitment and training of ambulance professionals up to and including Health Care Professions Council registered paramedics in Northern Ireland;
- Co-ordination of planning for major events and response to mass casualty events and disasters. We have a defined role to play in the assessment of major events and in co-ordinating the health response to major incidents; and
- Community engagement and education. We seek through engagement with the public and specifically our community education programme to raise awareness of the role we play in society, ensure that our service is recognised and valued, and support and educate the public on how they can access and use the service effectively. In addition, we seek to build and maintain confidence in the ambulance service.

The Northern Ireland Ambulance Service carries out its functions and duties through the following means:

- Developing strategies to deliver safe and effective care;
- Setting and monitoring quality and performance standards;
- Carrying out reviews of service areas;
- Resource allocation and financial management;
- Human resource management in relation to its staff; and
- Corporate and clinical governance i.e. ensuring safe practices.

The Trust also has the power to exercise statutory functions which embrace all the activities undertaken by the Trust including the recruitment/employment/training of its staff, financial arrangements, contracted-out services, maintenance of its property and the delivery and development of services, including the purchase of equipment and facilities needed to do this.

1.3.3 Structure of the Northern Ireland Ambulance Service

The main decision making bodies in the Trust are the Trust Board and Senior Executive Management Team. The Trust has a Chief Executive and a Chairman. The Chief Executive is the accountable officer for the Trust. The Chairman works very closely with the Chief Executive and is responsible for the operation of the Trust Board. The Trust Board

consists of 6 Non-Executive Directors, of which the Chairman is one, the Chief Executive and 5 Executive Directors.

1.4 Public Life Positions

The public life positions which exist in the Trust are:

- Non-Executive Director posts

The Trust is committed through its Personal and Public Involvement (PPI) Strategy to giving full consideration to the Disability Duties in involvement activities. Trust staff are also members of a wide range of partnerships. They will use their influence to raise issues in relation to the participation of people with disabilities where under–representation is apparent. The Department of health, Social Services and Public Safety Northern Ireland (DHSSPSNI) is responsible for the appointment of Non-Executive Directors within the Trust. The Trust is aware that there is currently an under-representation of disabled people in public life positions.

2. Previous Measures

Under the Disability Discrimination Act 1995, the Trust has undertaken a number of previous measures to promote positive attitudes towards disabled people and to encourage their participation in public life. The Trust works closely with people with disabilities as well as disability advocacy groups. Already there are many examples of imaginative good practice in existence, as outlined below.

2.1 Promoting positive attitudes towards disabled people

- Employability

- Member of Employers' for Disability

- Contributed to regional policies on the Employment of People with Disabilities, Reasonable Adjustments Guidance and Disability Etiquette Guide

- Mandatory Equality Training

- Corporate Induction Programmes

- Selection & Recruitment Training

- Disability Action's Train the Trainer Training

- Contributed to development of regional e-learning training on disability

2.2   Encouraging the participation of disabled people in public life

- Workplace policies

- User involvement practices

- Policy screening

- Disabled Employee Procedures

- Working with British Deaf Association on meeting the needs of service users with hearing impairments

- Working with Guide Dogs for the Blind and Assistance Dogs Northern Ireland in developing policy for the transportation of patients with Guide/Assistance Dogs

2.3 How the Plan will be published

When the Plan is submitted to the Equality Commission for Northern Ireland it will be placed on the Trust's website and intranet and will be available from the Trust's Assistant Director Equality, PPI & Patient Experience (see page 3 for contact details).

The Plan will be produced in clear print and plain language and will be available in alternative formats, including large print, DAISY, Braille, Easy-read, audio cassette and computer disc on request.

The Trust will consult directly with disability organisations and representative groups on the Plan.

2.4 Proposed Measures

The actions that the Trust intends to take in this plan are outlined in the table on pages 19 to 24. These were developed from the ongoing engagement with disabled people and representative groups with all HSC Trusts. Their generosity in making their time, expertise and experience available to us is very much appreciated.

3. Guiding Principles on the Implementation of the Plan

- All actions detailed below will be discussed, developed and delivered in collaboration with people with disabilities and disability advocacy groups.

- When working with disabled people we are committed to making the necessary changes in how we conduct our meetings to ensure meaningful participation by all involved.

- The Trust will recognise and take into account the varying needs of people with different disabilities. The Trust will also address the needs of people with multiple identities, such as ethnic minority women with disabilities, children and elderly people with disabilities etc. and will take account of these in the implementation of the following Plan.

- The Trust recognises the benefits of working in partnership with a range of other organisations in the implementation of this Plan.

- NIAS has a well-established Equality and PPI Steering Group which includes the Trust's Senior Executive Management Team. The Group monitors the implementation of the Trust's Disability Action Plan.

- We are committed to working in partnership with the Disability sector in the implementation and review of the Disability Action Plan.

4.   Five year review of previous plan

Much work has been completed since the Trusts published their first Disability Action Plans in December 2007. The Trust has carried out a five year review of its plan and the table below details the key achievements during the lifespan of the previous plan. The table below details the completed actions and outcomes in each of the key areas of the first plan. The outcomes below would not have been possible without the ongoing collaborative working of Health and Social Care Trusts and more importantly, disabled people and their representative organisations.

The Trust's Section 75 Annual Progress Reports to the Equality Commission Northern Ireland, which is approved by Trust Board and published on the Trust website, details progress on the implementation of the Disability Action Plan.

Key areas	Actions taken	Outcomes
Staff Training and Development	Regional working group established	High level ongoing involvement by people with disability and Disability Groups in this workstream. Significant exchange of models of good practice between Trusts and Disability Advocacy Groups.
	Development of disability equality module of Discovering Diversity E-Learning Package.	Module launched May 2011.
	Priority areas for staff	More positive attitudes to

	training identified e.g. senior/middle managers, front-line staff. Mandatory Equality training for staff and managers Disability Awareness – Staff Learning and Development Annual Workbook includes sections on Disability Discrimination Act and Disability Discrimination Order.	people with disabilities. Greater confidence of staff in providing services for people with disabilities. Greater understanding of issues facing people with disabilities and clear guidance for staff in how to respond to these in a positive manner.
Communication	Regional Accessible Communication Group established to make sure that the information provided by the Trusts is accessible to people with a sensory disability, learning disability, low literacy levels and those with communication difficulties. Membership includes a wide range of disabled people and their representative organisations. Communications regional working group identified models of good practice. Regional Accessible Communication Group produced Accessible Communication Staff Guidance - developed in partnership with disabled	Improved networking and building of relationships with disabled people and representative organisations. Resource detailing models of good practice in effective communication. Accessible Communication Guidance for HSC staff developed.

| | people and representative groups.

In order to ensure that the resource is up-to-date, fully inclusive and accurate, HSC Trusts in conjunction with disabled representative organizations will commit to review the resource on an annual basis. | This will be reviewed on an Annual basis. |
|---|---|---|
| **Employment** | Regional Employment Working Group established.

Regional Framework on the Employment of People with a disability produced which draws on best practice across the HSC and is underpinned by ECNI best practice guidance.

Guide for Managers on Reasonable Adjustments developed to facilitate the timely provision of reasonable adjustments for persons with a disability in the workplace.

Disability Etiquette Guide produced to promote positive attitudes towards disabled people.

Resurvey of the workforce across all 9 | High level ongoing involvement by people with disability and Disability Groups in this workstream.

Regional Framework formally consulted on and officially launched in May 2011.

Work on Reasonable Adjustments Guide continuing through NIAS Equality Forum which includes representatives of staff with disability.

Disability Etiquette Guide launched May 2011.

Staff resurvey commenced |

	Section 75 categories including disability. Established Equality Forum for the Trust with representatives from staff with a disability Participation in Emergency Services Equality Group with colleagues form PSNI, NIFRS and Employers for Disability Accreditation from Employers for Disability.	NIAS Equality Forum held its first meeting in March 2011 and has continued to meet on a quarterly basis NIAS participated in Emergency Services Conferences on disability and mental health in the workplace in October 2009 and January 2011. EfD accreditation received in September 2012
Encouraging Participation	Develop policy on the Transportation of patients with Guide/Assistance Dogs Engagement with hearing impaired services user representatives in developing guidance on accessing emergency services via text message in partnership with other emergency services.	Working with Guide Dogs for the Blind and Assistance Dogs Northern Ireland to develop policy System for accessing emergency services via text message established. Guidance being reviewed.
Mainstreaming the New Disability Dutie and Monitoring	Regional working group established to develop a system of internal monitoring, review and evaluation of the Disability Action Plan and associated actions.	Effective monitoring system established through continual reviews and annual reporting system to ECNI. Regular progress submitted to Trust Board and Senior Management

| | | Team through Assurance Framework and performance management reporting. |
| | Consideration given to the new Disability Duties in policy development and decision making by integrating the duties into the equality screening and equality impact assessment processes. | Decision-making and policy development at all levels. |

5. Proposed actions for lifespan of the Disability Action Plan – 1 April 2013 to 31 March 2016

The actions that the Trust intends to take in this plan are outlined in the table below. These were developed from the ongoing engagement with disabled people and representative groups. Their generosity in making their time, expertise and experience available to us has been invaluable and their ongoing involvement will be an integral part of this plan's implementation.

Measures	Timescale	Performance indicators/targets	Responsible
Participation in Public Life			
Trusts have established a number of involvement mechanisms for disabled people to be involved in decision making. In addition to this the Trusts will work in partnership with disability groups to		Create greater awareness of opportunities in public life position. Increased confidence and knowledge among interested disabled people. Uniform approach adopted by all Trusts.	All Trust Equality Leads

Measures	Timescale	Performance indicators/targets	Responsible
enhance participation in public life positions and involvement activities.		Clarification on the role and responsibility of Service Users, Carers and Stakeholders.	
In recognition of the need and right of service users, carers and stakeholders to be effectively and meaningfully engaged the Trusts will develop guidance on the timely reimbursement of out of pocket expenses for service users, carers and stakeholders involved in decision making. This will contribute to service users and carers feeling supported and that their contribution is valued by both the organisation and its staff.	By September 2013	Guidance on eligibility, exclusions and payment issues.	All Trust Equality Leads.
To increase accessibility to information, the Trust will increase number of its documents produced in an easy read	By end October 2013 and end October 2014.	Evidence of increased number of Trust documents produced in easy read.	All Trust Equality Leads and Communication Departments.

Measures	Timescale	Performance indicators/targets	Responsible
format and to ensure that this information is readily available in an online easyread library.			
Exploring options for the establishment of a Regional Easyread Forum	End of March 2014	Outcome Report on options.	
Create an exemplar facility in each Trust area in terms of accessibility and disability good practice. A multi disciplinary project group will be established to ensure implementation of good practice recommendations in terms of signage, physical access, lighting etc. This group will consider the full range of disabilities and remove potential barriers to their full access of the facility and service. This good practice can then be readily transferred across facilities in each Trust area.	April 2014.	Measure impact against access audit standards.	BHSCT Multi-disciplinary group.

Promoting Positive Attitudes			
The UN Convention on the Rights of Persons with Disabilities (UNCRPD) reaffirms disabled people's human rights and signals a further major step in disabled people's journey to becoming full and equal citizens. The Trusts will develop and deliver a training programme on the Convention for Trust staff including Trust Board and Senior Managers.	Trust Board trained by end March 2014 and rolled out across senior managers and identified Trust staff during lifespan of this DAP.	Masterclass delivered to Trusts Board, Senior Managers and identified staff. Increase staff understanding of the principles of the Convention and the mechanisms and frameworks needed to translate the Convention into practice. Training Module included in Induction Workbook Involvement of disabled individuals and representatives in design and delivery of further disability training e.g deaf awareness Increased skills and knowledge in translating Convention rights.	
The Trusts will host a regional event for Trust staff focusing on the Disability Duties	First event March 2013 Second event March 2014	Increased compliance with Convention in Trust policies and strategies. Increased awareness and understanding of Disability Duties. Events will be evaluated.	
Achieve and maintain	September	Accredited	

accreditation with Employers' for Disability.	2012 and thereafter	Organisation.	
Publication of accessible guidance for disabled service users on accessing emergency services	May 2013	Publication of accessible guidance on accessing emergency services for deaf service users. Publication of policy for transporting guide/assistance dogs	
Take forward the elements of the Trust Health and Well Being Action Plan as it relates to disability with a focus on the development of Mental Health Guidance and support and initiatives to address stress and musculoskeletal conditions in the workplace in collaboration with occupational Health, Health and Safety and Health Improvement workforce.	March 2013 and in line with future action	Achievement of objectives set out in Health and Well Being Action Plan.	
Ensure the continued provision of mandatory equality training for managers and staff, access to the e	Reflected in Training Plan from April 2013	Mandatory training achievement as required by Trust's Mandatory Training Policy. Increased attendance at courses.	

learning Discovering Diversity disability module and the provision of Disability Awareness training for senior managers, office holders and staff.			
Ensure support for the implementation of the Disabled Employees' Network Action Plan.	Ongoing.	Support for staff release, provision of resource as appropriate in implementation of specific initiatives.	

Contributors to the draft Plan

The Trust is grateful to those organisations which contributed to the regional work streams leading to development of HSC Trust DAPs.

Action on Hearing Loss
Artability
British Deaf Association
Clanrye Group
College of Occupational Therapists
Community Transport Association
Co-operation & Working Together Social Inclusion (CAWT) – Southern Trust
Disability Action
Disabled Employees Network - Belfast Health & Social Care Trust
Equality Commission NI
Hands that Talk
HR - Western Health & Social Care Trust
Jigsaw NI
Mindwise
National Deaf Children's Society
Northern Ireland Ambulance Service
Northern Ireland Association for Mental Health (NIAMH) - (Day support)
Public & Personal Involvement – (PPI Panel) - Southern Trust
SENSE
Shopmobility NI
Speech & Language - Belfast Health & Social Care Trust
Stroke Association
Ulster Supported Employment Ltd
Unison
Willowbank Community Resource Centre
Windsor Baptist Church

TB/6/24/01/13

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Health and Social
Care Board

Mr Liam McIvor
Northern Ireland Ambulance
Service HSC Trust
Site 30
Knockbracken Healthcare Park
Saintfield Road
BELFAST
BT8 8SG

4 January 2013

Dear Liam

Over the Christmas period I was regularly briefed on the pressures in the service and in particularly the pressures in the Emergency Departments. Pressures in Emergency Departments inevitably reflect the pressures on the Ambulance Service, but as always your staff responded to this challenge.

Can I particularly acknowledge the support and contribution made by Gabriel McLean. His timely and professional interventions helped the whole system manage the challenges that faced us all. Please also pass on my thanks to all of your team, whether at control or at the front line, for their significant efforts in providing an excellent service over this holiday period..

Yours sincerely

John Compton
Chief Executive