



***A Meeting of Trust Board to be held at 2.00pm on
Thursday, 30 May 2013 at NIAS Headquarters, Site 30, Knockbracken
Healthcare Park, Saintfield Road, Belfast***

A G E N D A

Welcome, Introduction and Format of Meeting

Paper Enclosed

1.0 Apologies

2.0 Procedure:

Declaration of potential Conflict of Interest/Pecuniary Interest
Quorum:

3.0 Minutes of the previous meeting of the Trust Board held 28 March 2013 (for approval and signature)

TB/1/30/05/13

4.0 Matters Arising

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

Summary & Action:

- 4.2 Francis Report – Workshop

Summary & Action:

- 4.3 Assurance Framework – Workshop

Summary & Action:

5.0 Chairman's Business

- 5.1 Visit to HR & CS Directorate, HQ

Summary & Action:

- 5.2 Chairman's Update

Summary & Action:

6.0 Chief Executive's Business

- 6.1 Chief Executive's Update

Summary & Action:

6.2 Transforming Your Care Update

Summary & Action:

7.0 Assurance Reports

7.1 Assurance Report 2012/13 as at Year End - 30 March 2013

TB/2/30/05/13

Summary & Action:

7.2 Assurance Report 2013/14 as at 30 April 2013

TB/3/30/05/13

Summary & Action:

8.0 Items for Approval

8.1 NIAS Annual Plan & Trust Delivery Plan 2013-14

TB/4/30/05/13

Summary & Action:

8.2 Claims Management Policy & Procedure

TB/5/30/05/13

Summary & Action:

8.3 Disability Action Plan

TB/6/30/05/13

Summary & Action:

8.4 Health & Wellbeing Attendance Management Action Plan

TB/7/30/05/13

Summary & Action:

9.0 Items for Noting

9.1 NIAS Management Statement and Financial Memorandum

TB/8/30/05/13

Summary & Action:

9.2 Minutes of Assurance Committee held 14 March 2013

TB/9/30/05/13

Summary & Action:

9.3 Minutes of Audit Committee held 14 March 2013

TB/10/30/05/13

Summary & Action:

10.0 Application of Trust Seal

11.0 Forum for Questions

12.0 Any Other Business

13.0 Forward Agenda

Next meeting of Trust Board will be held on Thursday, 25 July 2013 at in the Northern 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, 30 May 2013 at NIAS HQ,
Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG***

TB/1/30/05/13



**Minutes of a Trust Board Meeting held on Thursday, 28 March 2013,
2.00pm at the Fir Trees Hotel, Dublin Road, Strabane, BT28 9EA**

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Mr N McKinley	Non-Executive Director
Ms A Paisley	Non-Executive Director
Prof M Hanratty	Non-Executive Director
Mr R Mullan	Non-Executive Director
Dr J Livingstone	Non-Executive Director
Mrs S McCue	Director of Finance & ICT
Dr D McManus	Medical Director
Mr B McNeill	Director of Operations
Ms R O'Hara	Director of Human Resources & Corporate Services

In Attendance:

Mrs M Crawford	Executive Administrator
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 apologised for the late start of the meeting.

1.0 Apologies

None.

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

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

3.0 Minutes of the Previous Meeting of the Trust Board held on 24 January 2013

Members accepted the minutes as a true reflection of discussions held on the proposal of Mr McKinley seconded by Prof Hanratty subject to the following addition to Page 4, second last paragraph of item 7:

The Chief Executive highlighted to the Board that NIAS was not currently achieving the targets set for Cat A response for the reasons outlined by Director of Operations.

Chief Executive asked that the Board specifically consider today's report and the actions outlined by Director of Operations to improve response performance to assure itself that all necessary and appropriate steps were being taken to deliver safe, high-quality ambulance response in the current context. Board members affirmed their satisfaction that all necessary and appropriate steps were being taken.

4.0 Matters Arising

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

The Director of HR&CS reported that the Trust has engaged with the HSC Leadership Centre who will collate responses from Board members. Dates have been canvassed for a Board workshop to complete this work and this will be confirmed as soon as possible. A meeting is being arranged with the facilitator, Chief Executive, Chairman and Director of HR&CS to plan the programme for the workshop.

Action: Director of HR&CS to progress.

4.2 Trend Analysis on Recruitment

Director of HR&CS confirmed that a paper is being prepared which will be presented to the Assurance Committee. The Trust has met with the Equality Commission and shared the concerns of the Board. Partnership training for panel members has been incorporated into the coming year's training programme.

5.0 Chairman's Business

5.1 Visit to Strabane Ambulance Station

The Board were impressed with Strabane Station adding that it was well maintained. The Board were grateful for the hospitality shown by staff which was provided through their own funds and enquired if there was an opportunity to make a modest investment which would give the station garage facilities which would provide protection whilst washing vehicles.

This matter is listed under minor schemes and will be given consideration.

5.2 Chairman's Update

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

5.3 Minutes of Trust Board Meeting held on 15 November 2012

The Chairman advised that it was brought to his attention that the minutes of 15 November 2012 did not reflect accurately the discussion held. It was considered that clarification was required to item 7 under Operations where the following question was asked:

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

The Director of Finance requested confirmation that the Trust is fully aware of the Trust’s financial situation and is not deluded. The Board agreed that the statement did not accurately reflect the discussion and the following amendment was agreed. A query was raised as to whether NIAS was deluded in relation to having a strategic objective which sought to address rural response, given the current financial pressures. Response was that the existing service model could not address this issue and that financial considerations were one key issue. However, a revised service model, consistent with TYC, whereby out of hospital community based clinical professionals such as district nurses and midwives were empowered and enabled (and possibly required) to respond to emergencies in their locality, did offer the potential to provide rapid response in rural and non-rural areas in line with NIAS objectives. In this scenario, NIAS strategic objective was valid and viable, therefore NIAS was not deluding itself.

The Chief Executive raised the issue of the Mid Staffordshire report and advised the Board that a copy of this report will be issued to all Board members. Some discussion ensued around how the Trust applies learning from this report to the setting of NIAS. All Trusts are expected to examine governance arrangements and report to the HSCB. It was suggested that an opportunity be given to engage with frontline staff and service users. A workshop is to be planned to consider the recommendations of the report prior to the Department sending out guidance after the GB Department of Health make their announcements.

Action: Workshop for Board members to be arranged and Director of Finance undertook to provide Board members with a copy of the HFMA summary of the Francis report.

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:

- 14/01/13 Met with representatives from the DHSSPS to assist with the development of a regional Community Resuscitation Strategy on how care can be improved in rural areas.
- 15/02/13 Telephone conversation with Department of Health, Wales regarding a review of the Welsh Ambulance Service.
- 27/03/13 Met with a prospective private air ambulance company and outlined the Trust’s position.

6.2 Transforming Your Care Update

An update was provided by the Chief Executive who advised that all Trusts are moving forward to implementation. A series of investment proposals are being developed.

Further advice is being sought regarding delivery and resourcing of '111' as some problems have been experienced in England.

7.0 Assurance Report as at 28 February 2013

The Chief Executive advised that the document has been updated to reflect discussions at recent Committees. The key change is the presentation of strategic aims and objectives. There are nine objectives relating to three strategic aims which have been aligned to the Strategic Plan. The priority of the Trust is to continue to deliver safe high quality care prioritising emergency, urgent and non urgent calls within the context of achieving financial balance and planned savings. Contingencies are in place but with increased demand on resources it is very difficult. A robust plan is in place and has been presented to the HSCB which has not yet been approved. Difficult decisions will be needed as the Trust cannot continue to absorb demand without parallel investment. The Trust is working with the Commissioners regarding current resources. The following points/issues were raised:

- Has NIAS been engaged in the process?
- There is clear recognition that Paramedics are part of Integrated Care Partnerships and NIAS needs to be involved.
- Are the Integrated Care Partnerships(ICPs) yet to be established?
- The Chief Executive is a member of the TYC Programme Board. The intention is for nine ICPs initially, and 17 eventually. These will be local in nature. While this may not be ideal for a regional service, NIAS is going to be involved.

Medical

The Medical Director presented his report advising that further information will be presented to the Assurance Committee in relation to alternative care pathways. Clinical Audit has undertaken work to improve reporting of data. JRCALC National guidelines have just been received and are being issued to all Divisions. Clinical Performance Indicators will be updated to reflect the new guidelines. The following comments/issues were raised.

- Serious Adverse Incidents. It would be useful to demonstrate within the report the lessons learned from investigating SAs.
- It was noted that NIAS relies on the other five Trusts to provide information on patient feedback, which incurs a significant delay. The delay has been discussed with the Public Health Agency.
- '1000 voices' funding has been made available to all Trusts except NIAS which has been highlighted to the HSCB. This was considered to unhelpful as the Trust should not be so reliant on other Trusts to meet strategic objectives.

Operations

The Director of Operations updated members on his report adding that performance for Cat A was down by 4% for the same timeframe last year. The two main issues are turnaround times at hospitals and hospital divers. The following comments/issues were raised:

- The Director of Operations was commended for his report and it was noted that there are a lot of factors the Trust does not have control over. Is there a risk that performance could be viewed negatively and can the Board do anything? The Board is also concerned that staff are not getting their breaks.
- There is a clear risk that poor Cat A performance could be viewed negatively, and also that a focus on one element of performance above all others can divert attention from other matters which also require attention. It is important that the board considers all performance issues and assures itself that activity is appropriate, relevant and proportionate.
- The Trust has a duty of care to staff and discussions are ongoing to resolve this problem which may mean changing shift patterns. Procedures have been put in place for staff meal breaks which should be taken after six hours and staff should only be disturbed in the case of a life threatening call.
- The Trust is in an invidious position, delivering care within increasing financial constraints. A demand capacity analysis should be completed and if additional resources are required then the Trust should make an application for funding.
- The performance of this Trust is being affected by other Trusts. Can we determine if turnaround times impact on Cat A performance? Have turnaround times increased on the previous year and is it possible to quantify?
- Turnaround at hospital is a constant and growing pressure which removes response capacity, thereby contributing to deterioration in Cat A response performance. Given the range of pressures impacting on performance, it has not been possible to isolate the specific impact of this one issue. However, NIAS is working with HSC and Trusts to identify and introduce measures to prevent excessive, unnecessary waits at hospital. It is worth noting that in some instances, an extended period at hospital is clinically appropriate.
- The target is not being met because of others and therefore the target should be adjusted.
- Are staff reluctant to work overtime?
- The service is highly reliant on overtime and with the closure of the Belfast City Hospital NIAS has had to rely on overtime to provide cover. There are plans in place regarding the reliance on overtime.

Finance & ICT

The Director of Finance & ICT presented her report advising that the target of 95% for the payment of invoices within 30 days was unlikely to be achieved; the cumulative performance being 92%. She added that the Trust is predicting a breakeven position with a small surplus of £90K.

- It had been previously indicated that the new finance system may be creating errors in procurement, is this still the case?
- Work is still ongoing with the new finance system however there is no anticipated impact to NIAS.
- Has the Senior Executives' accrual of arrears been made?
- The accrual of arrears to Senior Executives has been incorporated.
- Is there not a high risk with capital spend of 45% being spent in the last month of the year?
- It is difficult when an allocation is given late in the year however this was specifically for chassis for vehicles and should be progressed by year end, with the main work for completion under other secured funds in the coming year

Human Resources & Corporate Services

The Director of Human Resources and Corporate Services updated members on her report adding that the Operations department was the only area not to achieve the target for sickness absence. Musculoskeletal problems remain the most significant reason for absence. The following comments were made:

- The Board requested that a summary of the staff survey be presented at the next Board meeting.
- It was advised that the report will not be available until the end of May 2013 where it is proposed that it be presented to the Assurance Committee in the first instance.

The Chief Executive suggested that a workshop should take place for the Board to consider risks. Risks should be reviewed and evaluated in turn.

- Will learning be identified?
- Learning outcomes are reviewed and reported through the HR Annual Report however the Director of HR&CS is happy to amend her report for the next meeting.

Action: Workshop for Board members to be arranged to consider risks.

8.0 Items of Approval

8.1 Social Media Policy

The unions requested that social media for NIAS be removed until a Social Media policy is in place. Consultations have taken place with the Unions who have agreed the policy with a review to take place in six months.

The Board welcomed the policy which provides clear guidelines and congratulations were offered to the authors of the policy.

Will the Executive team be able to demonstrate that this policy will have been disseminated to all staff? The Trust is currently investing in new software which will require the user to confirm they have read policies issued.

The Chief Executive set aside the decision regarding the use of social media on two occasions, issuing releases during the winter pressures and the plans in place for control when the electricity went down during the recent snow blizzard.

The policy was approved on the proposal of Mr McKinley and seconded by Dr Livingstone.

Action: Approved.

8.2 PPI Strategy

The PPI Strategy has been revised to reflect new guidance issued from the Department in conjunction with the responses from the consultation. It was considered that resources will now be needed to convert the plans into reality and the Non Executives members would support the Executive team in their bid for resources.

Mrs Lemon was commended for her leadership in this area. The PPI Strategy was approved on the proposal of Prof Hanratty and seconded by Dr Livingstone.

Action: Approved.

9.0 Items for Noting

9.1 Minutes of Assurance Committee held 14 January 2013

Noted.

9.2 Minutes of Audit Committee held 14 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

In relation to Strategic Aim 3 and the public's perception of the ambulance service. Is it possible to issue new photographs to the media as current photographs usually show ambulances queued up outside hospitals?

The Trust is in regular contact with the media regarding the photographs used, however it cannot prescribe the images to be used.

12.0 Any Other Business

None.

13.0 Forward Agenda

The Chair summarised actions as follows:

A number of workshops are to be arranged for Board members and the secretariat will be in contact to canvass dates.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 30 May 2013 at NIAS Headquarters.

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

Signed: _____

Date: _____
Chairman

TB/2/30/05/13



Northern Ireland Ambulance Service
Health and Social Care Trust



ASSURANCE **REPORT**

(as at 31 March 2013)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE REPORT

2012-2013

MISSION

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

DELIVERING SAFE, HIGH-QUALITY CARE

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

The Board identifies the strategic, corporate objectives and risks and monitors the achievement of these in the public interest. It has established a framework of prudent and effective controls to manage these risks, underpinned by core controls assurance standards. Decisions are taken by the Board within a framework of good governance to ensure a successful organisation, which is always striving to achieve excellence. The Chief Executive is accountable to the Trust Board, which consists of 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.

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

STRATEGIC AIMS & OBJECTIVES

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

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

The Strategic Aims are as follows:

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

The Strategic Objectives underpinning these aims are as follows:

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

STRATEGIC AIMS AND OBJECTIVES: DELIVERY ASSESSMENT

RAG REPORT

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

STRATEGIC AIMS: PERFORMANCE & RISK ASSURANCE REPORT

Ref	Strategic AIM	Performance Commentary	RAG Rating	Risk Assessment	RAG Rating
SA1	To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	NIAS continues to deliver a safe, high-quality ambulance service within available resources. It is necessarily one based on strategic choice which prioritises emergency response over urgent and non-emergency response while seeking to address the needs and expectations of all patients.	A	The pressures on NIAS and the whole HSC system, both financial and non-financial are impacting negatively on our ability to sustain response performance and provide timely ambulance transportation. We have not been able to deliver response performance in line with targets during 2012-13.	A
SA2	To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity	NIAS remains on target to achieve financial balance and associated financial imperatives including the delivery of planned savings. Demand growth and other resource pressures have been absorbed within existing resources at the cost of timely response performance.	G	Pressure on resources results in strategic choices which prioritise emergency response, and may result in unrealised expectations for patients and staff. Provision needs to be made within HSCB commissioning for growth in demand for ambulance services linked to demographics in addition to that linked to service change.	A
SA3	To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services	NIAS continues to increase efforts to engage with stakeholders, particularly through PPI processes and TYC engagement.	G	Our efforts are insufficient to achieve our ambitions of wide and consistent penetration of the communities we serve. NIAS is looking to the developing role and constitution of ICPs as a means of enhancing our efforts in this area, and securing the resources necessary to achieve this. In the interim we have met the requirements established in this area.	A

SUMMARY CORPORATE RISK REGISTER				
Ref	Title	Description	Initial rating	Current rating
233	Achieving Financial Balance 2012/13	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :</p> <p>A. Overspending against core budget;</p> <p>B. Cost Pressures and Service changes not fully recognised and funded by Commissioners;</p> <p>C. Non-achievement of Efficiency Savings (£1.176M in 2012/13).</p>	Mod	Mod
4	Business Continuity	There is a risk to the Trust from the failure to review, update and test the internal disaster management plans.	High	Mod
197	Hygiene & Cleanliness	There is a risk to the Trust from the lack of a robust reporting system for cleaning to ensure compliance with Infection Prevention and Control Policy and procedures	Mod	Low
219	Clinical experience in Patient Care	There is a risk to patients in the care of NIAS that their care and treatment could be compromised by the attendant at an incident having a lower level of clinical expertise than the driver of the vehicle. The risk arises because ambulance crews currently have discretion in relation to which member of the crew operates as attendant at incidents.	Mod	Mod
232	Business Services Transformation Programme (BSTP)	<p>"There are three distinct projects within BSTP that represent various risks to NIAS:</p> <p>Finance, Procurement, Logistics (FPL)</p> <p>Human Resources, Payroll, Travel and Subsistence (HRPTS)</p> <p>Shared Services (SS).</p> <p>Each of these projects present risks across three broad areas -</p> <p>Business as Usual: The ability to maintain core business requirements prior to and during implementation of BSTP</p> <p>Implementation: Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP</p> <p>Benefits Realisation: The project is unable to realise anticipated benefits (financial and non financial)"</p>	High	Mod
239	Achieving Financial Balance 2013/14 and 2014/15	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.</p> <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :</p> <p>A. Overspending against core budget;</p> <p>B. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners;</p>	High	Mod

		C. Non-achievement of Efficiency Savings - through staff and/or public non-acceptance which may create time delays and the need for alternative (and increasingly radical) plans. Initial estimate for savings is £2.245M in 2013/14; £3.047M in 2014/15		
	Organisational Cohesion	There is a risk to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function.	Low	Low
	Workforce Flexibility	There is a risk that NIAS workforce strategy will not be sufficiently flexible to respond effectively to the challenges/opportunities of TYC and other strategic change.	Mod	Mod
	Balancing Statutory Responsibilities	There is a risk that that excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff.	Low	Low
	TYC Implementation	There is a risk that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibilities and service development aspirations.	Mod	Mod
	Public Perception	There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service.	Mod	Mod
	Linking Demand to Funding	There is a risk that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned/approved budget to demand.	Mod	Mod
	Prioritising Core Activity	There is a risk that unscheduled care services will develop in an uncoordinated manner in HSC without reference to NIAS, leading to disconnect in service provision. This could result in a risk of compromise of core NIAS activity.	Low	Low
	TYC Developments	There is a risk that the further development of TYC may lead to a retraction of ambulance services to core 999 response and transportation only	Low	Low

STRATEGIC OBJECTIVES: PERFORMANCE & RISK ASSURANCE REPORT

<u>To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective</u>				
Strategic Objectives	Quarter 4 Assessment 2012-13	RAG Rating	Issues/Risks	RAG Rating
Develop a service delivery model for scheduled and unscheduled care and transportation which addresses rural issues.	NIAS service delivery model was subject to revision associated with CSR 2008-11 and remains subject to ongoing review. The current delivery model has not delivered Category A performance in line with commissioner targets for 2012-13 at NI level and in 3 of 5 LCG areas. The service model	R	<ul style="list-style-type: none"> • Cat A Response Performance remains below established targets. • Performance measurement below LCG Level, if introduced, will present major challenges with the current service delivery model. • An opportunity exists with the development of a commissioner specification for ambulance services to revisit performance measurement to address issues of measuring and reporting rural performance along with an opportunity to introduce outcome measurement. • NIAS is vigorously pursuing opportunities to engage locally with ICPs to influence local service enhancement. 	R
Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.	NIAS has maintained HPC and IHCD accreditation for our training. Clinical supervision is in place and operating effectively. Workforce Planning is well-developed for internal change pressures and responsive to external emerging pressures – evidenced by NIAS response to BCH closure and other issues.	G	<ul style="list-style-type: none"> • Future education for paramedics – NIAS is now the only UK ambulance service which does not require a third level qualification for paramedic training • Workforce planning for reactive acute sector change, and planned change linked to TYC etc presents an issue due to lead times for recruitment and training, and the use of temporary funding to support change. • Supporting investment in training etc in time of financial constraint will be a pressure. 	A
Review and develop operational systems and processes to support the service delivery model	NIAS operational systems and processes were subject to revision associated with CSR 2008-11 and remain subject to ongoing review. The current	A	<ul style="list-style-type: none"> • Whole-system integrated management of unscheduled care characterised by 111 and Directory of Services 	A

<p>which provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.</p>	<p>operational systems and processes have delivered Category A performance above commissioner targets for 2011-12 at NI level and in 4 of 5 LCG areas, however, this has proved difficult to maintain in 2012 operating environment.</p> <p>Performance management systems are in place and a series of actions have been identified and commenced to improve service delivery and response performance going forward.</p> <p>Technical systems to support delivery are in place, and continue to be developed. Alternatives to ambulance attendance and transportation (GP in control, ICV) have been maintained and will be developed further.</p> <p>An audit of Information systems across the Trust is underway and related training is being delivered. This information governance framework is designed to embed the principles of good record management and provide evidence (to both internal and external stakeholders) of the extent to which this strategic aim is being achieved.</p> <p>A full suite 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. is in place</p>		<p>supported by robust commissioning direction is required to address existing issues around management of and interface between emergency and unscheduled care and associated pressures.</p> <ul style="list-style-type: none"> • Reluctance of wider system to accept patient referral from NIAS paramedics remains an issue which would appear to be best addressed through TYC implementation (particularly 111 and Directory of Services introduction) and engagement with clinicians in Integrated Care Partnerships and at LCG level. • Availability of staff from across the Trust to avail of IG training may impact upon achievement of this objective. 	
<p>Promote and develop an open, transparent and just culture focussed on patients and patient safety.</p>	<p>Regular investment of time and financial resources by NIAS managers is slowly building the necessary culture. Investments such as Clinical supervision have been key enablers which support staff in the delivery of quality care. Clinical audit and CPD support providing feedback at organisational and individual levels have also been instrumental in this development.</p>	<p>A</p>	<ul style="list-style-type: none"> • Resolving Agenda for Change evaluations (Paramedic/RRV Paramedic/Emergency Medical Technician) remains an issue and contributes to a culture of mistrust which deflects attention from core goals and values. • Outcomes measurement for ambulance patients remains relatively under-developed and presents an opportunity to move the debate from time of arrival to clinical quality and patient outcomes. 	<p>A</p>

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

Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients.	<p>KPIs based on internal NIAS data are in place and reported through Assurance committee, however, visibility and communication to a wider audience remains a challenge.</p> <p>Clinical Support Officers have brought team and individual clinical performance closer to front-line practitioners, and this has been well-received.</p>	A	<ul style="list-style-type: none"> NIAS is still unable to secure and link hospital data with NIAS data. Commissioner targets remain based on response time rather than clinical outcomes 	A
Review existing resources and ensure those resources are aligned with delivery of agreed outcome-based quality indicators for patients.	<p>Resources, in particular clinical supervision and are aligned to delivery of patient-focussed outcome and process measures.</p> <p>Local management teams are aligned to delivery of key performance indicators, with an emphasis on response time to Category A as a proxy for clinical effectiveness.</p>	G	<ul style="list-style-type: none"> Commissioner targets remain based on response time rather than clinical outcomes Clinical Supervision measures are internally-generated. 	A
Review resource utilisation and ensure those resources are aligned with delivery of high quality corporate governance, risk management and probity.	<p>A strong system of internal control is in place including centralised rostering systems, fleet management and resource deployment which align service delivery with of high quality corporate governance, risk management and probity.</p> <p>In addition there are significant responsibilities for the Trust in relation to ensuring financial stewardship and probity. The budget management process effectively allocates resources / the ability to spend against various pay / non-pay elements. Monitoring and taking corrective action is an essential factor in ensuring good corporate governance. 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.</p>	G	<ul style="list-style-type: none"> Additional pressures continue to be placed on trust in the form of new requirements with resource implications without necessary investment (eg PPI,) Use of temporary funding to support acute service change increases reliance on overtime to provide resource which presents ongoing and increasing operational challenges. Resolving Agenda for Change evaluations (Paramedic/RRV Paramedic/Emergency Medical Technician) remains an issue. Efforts continue to resolve within established Agenda for Change processes. Financial scenarios have been developed and shared with HSCB & DHSSPS which model the potential financial impact of outcomes and the relationship with financial balance. Supporting the BSTP programme with NIAS personnel will continue to 	A

			impact on capacity for core business and create internal performance pressures.	
Identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.	<p>Opportunities such as Falls Management, Treat & Leave/Refer Protocols, etc have been identified and pursued with local trusts and commissioners/PHA.</p> <p>Diabetes Treat & Leave protocol introduced. Falls pilot commenced with SHSCT.</p>	G	<ul style="list-style-type: none"> Resources remain constrained slowing progress and limiting ambitions in some instances. Lack of progress and engagement on GPOOH and 111 developments is generating frustration linked to system pressures, particularly ED issues. 	A
<u>To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services</u>				
<p>Establish processes, built around our Patient and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives.</p> <p>Use those processes to clarify the ambulance role, function and resource with the community and test this against their perceived needs and expectations.</p> <p>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.</p> <p>Establish processes to enable and support full participation of the ambulance service in the development</p>	<p>The key driver in this has been NIAS input to the development of TYC, and our engagement in the development of local population planning and regional planning for TYC implementation.</p> <p>NIAS' developing role in the context of unscheduled care, particularly 111, has been strongly articulated in TYC, and we have lobbied hard for strong representation in the aggregate regional population plan document to be personated to the Minister.</p> <p>This provides a platform for engagement with communities on the developing role of the ambulance service, which is supported by our PPI strategy and work programme.</p>	A	<ul style="list-style-type: none"> Lack of resources for PPI linked to a focus on a 5-Trust model for investment is a limiting factor. Absence of regional structures/approach to PPI reinforces a locality focus which does not serve NIAS well. Lack of HSCB strategic direction for ambulance – eg commissioning specification etc is potentially limiting attention to ambulance contribution to potential solutions Lack of integration at delivery level of health organisations, with ambulance viewed as stakeholder to be consulted (or-worse-subordinate to be instructed) rather than partner in delivery, is a barrier to effective working. Uncertainty around ICPs and their role/function/priorities etc is a barrier to effective engagement. 	A

<p>and delivery of responsive integrated health services.</p> <p>Work with all stakeholders, in particular regional and local commissioners and providers of services, to develop and deliver responsive integrated services.</p>				
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ASSURANCE REPORT: MEDICAL DIRECTORATE

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

STRATEGIC OBJECTIVES

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

Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

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

The first “treat and leave” protocol, relating to acute hypoglycaemia, was issued to Operational Staff through the Regional Ambulance Training Centre (RATC) and became operational regionally at the end of 2012. The protocol is being closely monitored and audited (see Table 1). In the first four months following the introduction of the protocol, a total of 478 emergency calls were received by NIAS with the chief complaint being assessed as a diabetic problem by Ambulance Control at the time of the call. Of these patients, the treat and leave protocol was applied 121 times (in 25% of these patients). In total 227 (47.5%) patients presenting with a diabetic problem did not travel to hospital, with at least 121 (53%) of those who did not travel to hospital being as a result of the protocol being applied. Those who did not travel in the absence of the protocol being applied can be attributed to them being assessed as not having a diabetic problem by the attending paramedics following their arrival or the diabetic problem not being hypoglycaemia. Of the patients who were left at home as a result of the application of the protocol, no adverse incidents have since been reported. This is encouraging and this information will be fed back to operational staff and the compliance with the protocol will continue to be monitored by the clinical support team. It may now also be possible to review the documentation associated with the protocol.

Currently a number of “treat and leave” protocols are being developed for a number of other clinical conditions such as asthma, epilepsy and minor head injury and it is anticipated that these will now be introduced on a phased basis during the incoming year. Engagement is still ongoing with other agencies both at a regional and local level in regard to the development of “treat and refer” protocols for patients who contact us with certain mental health issues that would be more appropriately dealt with by, for example, community mental health teams.

In conjunction with the Southern Trust, NIAS commenced a pilot of a “treat and refer” protocol for falls occurring in the elderly population in the SHSCT area in December 2012. The process is being jointly monitored and audited through joint working between the Southern Trust and NIAS’ own information team. The initial data following the introduction of the pilot is presented in Table 2. To date 72 referrals have been received from attending ambulance crews and RRV paramedics as part of the pilot. This represents only 32% of the number of patients who may have been suitable for

referrals under the scheme in accordance with the criteria for the pilot. It is also noted that a number of patients who did not meet the inclusion criteria for the pilot were also referred such as 30 who were in fact transported to hospital. The remaining 42 patients remained at home and were referred to the local falls team appropriately. The number of referrals is disappointing and lower than expected. As a result of this initial data, a further reminder has been issued to operational staff in the Southern Trust area and the Clinical Support Officers have been asked to give this particular attention. Interestingly, a monthly analysis of the data from the pilot shows a decreasing number of calls in that area to elderly people who have fallen. It is not possible at this stage to attribute this to the introduction of the pilot. Another area of concern is the potential delay in engagement by the local Trust Falls Team with the patients following initial referral from NIAS. This is currently being addressed with the local Trust.

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

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

Revised JRCALC National Clinical Guidelines were published in April 2013 and are currently being reviewed by the Trust's Training Officers to identify any significant training needs or significant changes in practice that require to be highlighted before issue to all staff. As part of this process, all of the Clinical Performance Indicators and the Patient Report Form will be reviewed in accordance with the new guidelines.

A previous report to the Assurance Committee has shown a marked increase in Patient Report Form completion with a significant increase in workload but also productivity within the Clinical Audit function. As previously presented, an extensive data cleaning and quality assurance exercise to ensure the extraction of accurate clinical performance data for a number of clinical conditions has been undertaken to allow the publication of reports of clinical performance in relation to a full range of clinical conditions and ultimately for them to be benchmarked with similar Clinical Performance Indicators in other UK ambulance services. Further cross-referencing of the clinical data with the information from the Command and Control system, which uses Advanced Medical Priority Dispatch System (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.

The Northern Ireland Ambulance Service contributes to the national Myocardial Infarction National Audit Project (MINAP) database. At present Belfast is the only other acute Trust in Northern Ireland participating in the project. Table 3 is an extract from the recent national MINAP report and while overall numbers are lower than elsewhere due to this constraint, the performance figures compare very favourably and indeed exceed those in other parts of the UK. An extract from the report outlining the use of MINAP data to develop and evaluate the 24/7 primary Percutaneous Coronary Intervention (pPCI) service, acknowledging NIAS as a key partner, is also appended.

TABLE 1 – INITIAL DATA FOR HYPOGLYCAEMIA “TREAT AND LEAVE” PROTOCOL

01/02/2013 to 30/04/2013

Command and Control Systems - Chief Complaints: Diabetic

Category of Call	A	B	C	Urgent	Routine	Grand Total
Did Not Travel	61	150	16	1		228
Travelled	45	165	41	41	1	293
Grand Total	106	315	57	42	1	521

NIAS Safety Checklist for Non-Transport of Patients Recovered from an Episode of Acute Hypoglycaemic - Forms Received in Clinical Audit

Feb-13 31

Mar-13 44

April -13 46

TABLE 2 – INITIAL DATA FROM FALLS “TREAT AND REFER” PILOT



FALLS REFERRAL SCHEME - SHSCT

Incidents suitable for the Falls Referral Scheme are those where the patient:

- * lives within the Southern HSCT
- * suffered from a fall
- * did not travel to Hospital
- * is aged 75 and above.

Period of monitoring: 14 December 2012 to 12 May 2013

Number of Incidents suitable for the Falls Referral Scheme: **227**

Referral forms received: 72 *

** Based on date of incident, not date form received.*

Date	Total forms received	Patient remained at home (appropriate referral)	Patient transported to hospital (inappropriate referral)
December 2012	3	2	1
January 2013	25	15	10
February 2013	11	9	2
March 2013	21	4	17
April 2013	8	8	0
May 2013	4	4	0
Total	72	42	30

Produced by NIAS Information Department
 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.
 Tel: 028 9040 0710 - Fax: 028 9040 0908 - Email: statistics@nias.hscni.net

TABLE 3 – AMBULANCE SERVICES IN ENGLAND, WALES AND BELFAST (EXTRACT FROM NATIONAL MINAP DATA REPORT)

This table presents results of 12 Ambulance NHS Trusts in England. Wales is served by Welsh Ambulance Services NHS Trust that covers the entire region. 'n' represents all patients that meet inclusion criteria for each analysis.

	Patients having thrombolytic treatment within 60 mins of calling for help				Patients having pre-hospital thrombolysis		Primary PCI within 150 minutes of calling for help for patients with direct admission to Heart Attack Centre				Primary PCI within 120 minutes of calling for help for patients with direct admission to Heart Attack Centre				Primary PCI within 150 minutes of calling for help for patients transferred to Heart Attack Centre				Primary PCI within 120 minutes of calling for help for patients transferred to Heart Attack Centre			
Year	2010/11		2011/12		2011	2012	2010/11		2011/12		2010/11		2011/12		2010/11		2011/12		2010/11		2011/12	
	n	%	n	%	n	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
England: Overall	1731	69%	480	52%	765	210	10008	89%	12860	89%	10008	67%	12860	67%	1561	49%	2044	50%	1548	28%	2016	29%
East Midlands	512	72%	133	52%	298	66	673	89%	1112	88%	673	69%	1112	71%	25	12%	26	31%	25	0%	26	12%
East of England	47	72%	7		44	1	1320	90%	1461	89%	1320	64%	1461	64%	278	53%	268	60%	277	29%	267	34%
Great Western	29	52%	7		14	0	546	84%	602	87%	546	56%	602	64%	75	57%	146	35%	75	36%	146	21%
Isle of Wight	26	85%	7		17	5	2		2		2		2		0		0		0		0	
London	7		9		3	1	1411	88%	1528	90%	1411	65%	1528	68%	268	50%	316	56%	266	33%	313	39%
North East	6		1		1	0	888	97%	989	97%	888	88%	989	90%	165	58%	141	66%	165	43%	139	51%
North West	580	73%	133	62%	142	51	848	94%	1492	87%	848	78%	1492	67%	329	45%	457	38%	322	15%	445	12%
South Central	52	38%	5		4	1	876	93%	987	91%	876	75%	987	75%	64	31%	60	55%	64	9%	59	22%
South East Coast	103	72%	12		45	9	808	80%	1042	89%	808	50%	1042	59%	91	69%	193	75%	91	48%	192	58%
South Western	204	68%	105	55%	130	55	464	90%	849	87%	464	71%	849	63%	29	90%	23	74%	29	86%	23	65%
West Midlands	124	67%	41	63%	58	21	1141	88%	1422	88%	1141	63%	1422	66%	125	48%	112	46%	125	22%	106	33%
Yorkshire	41	34%	20	5%	9	0	1031	84%	1374	85%	1031	56%	1374	59%	112	16%	302	28%	109	8%	300	16%
Wales	401	53%	320	49%	213	154	221	75%	381	80%	221	46%	381	60%	6		38	47%	6		37	41%
Belfast	1		1		0	1	89	89%	96	89%	89	70%	96	83%	36	92%	10		36	78%	10	

9. Use of MINAP data to develop and evaluate a 24/7 primary PCI service.

Lynne Charlton - Clinical Co-ordinator, Cardiology
The Belfast Trust pPCI Group
Belfast Health & Social Care Trust

The Cardiology Team in the Belfast Health & Social Care Trust (BHST) delivers care on three acute hospital sites within the City of Belfast, and in addition provides a regional cardiac catheterisation service for the Northern Ireland population. In 2008, following a review of trial evidence and clinical guidelines, the BHST Cardiology team decided to develop a primary PCI pilot service delivered on the Royal Victoria Hospital site on a '24/7' basis and accessible to all patients with STEMI within the Belfast Trust City catchment area.

The Belfast Trust has submitted data to MINAP for several years. MINAP data from all three acute sites was instrumental from the outset of the primary PCI pilot implementation plan to estimate the number of potential patients who would access the service, and to determine trends in method, time and site of presentation. Analysis of the data was key to informing discussions and in engagement with our colleagues from the Emergency Departments (ED) and the Northern Ireland Ambulance Service (NIAS), in order that they could assess the potential impact on their services.

In 2008/9 47% of patients in England and Wales received primary PCI as their treatment for STEMI. Our Primary PCI pilot, which commenced in December 2009, was the first in Ireland to offer a primary PCI service on a 24/7 basis and to date there have been 603 activations of this service.

Evaluating the safety and quality of the pilot service is of paramount importance. Robust audit is carried out by collating individual patient level data. The data extracted from MINAP, alongside other data sources, is used to construct timelines relating to each patient's pathway of care which are crucial in assessing how well the pilot service is performing in relation to national and international standards.

Data is reviewed at the primary PCI steering group where the primary PCI Co-ordinator, nurses, clinicians and managers meet regularly to review performance and quality matters, identify potential ways of improving the patient pathway and highlight excellent practices and outcomes to staff within the Belfast Cardiology team, and also to our ED and NIAS colleagues.

As part of the Programme for Government, the Department of Health, Social Services & Public Safety Northern Ireland plan to further develop a new primary PCI service model in Northern Ireland.



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 FROM 1 MARCH TO 31 MARCH 2013

KPI No		This Month
2	<u>NO OF POTENTIAL MAJOR INCIDENTS</u>	3
	No of Declared Major Incidents	
	<u>NO OF AIRPORT ALERTS</u>	
	Belfast International Airport	
	Belfast City Airport	
	City of Derry Airport	
	St Angelo Airport	
	Newtownards Airfield	
	Other airfields	
	<u>BUSINESS CONTINUITY</u>	4
	<u>HAZARDOUS MATERIAL INCIDENTS (HART CALLS)</u>	13
	<u>HART PRE-PLANNED DEPLOYMENTS</u>	
<u>4</u>	<u>TRAINING SESSIONS</u>	
	<u>EMERGENCY PLANNING</u>	5
	<u>HART</u>	15
	<u>BUSINESS CONTINUITY</u>	
5	<u>EXERCISES</u>	
	Live	2
	Tabletop	
	Observer	
6	Updates or amendments to Major Incident Plan (MIP)	

POTENTIAL MAJOR INCIDENT

On 10 March at 2013 16.58 the Northern Ireland Ambulance Service received a call for a 3 car Road Traffic Collision with 8 reported patients. Tasked to the scene were 6 A&E crews, 2 Rapid Response Vehicles, 2 Officer call signs and one Doctor call sign. Eight patients were assessed on scene. Only one patient required hospital treatment but travelled to hospital in the family car. The incident was stood down at approximately 17.20.

On 15 March 2013 at 12.03 the Northern Ireland Ambulance Service received a call for a road traffic collision on the Glenshane Road, Londonderry for a collision between a bus and a car. The first report stated that there were approximately 17 persons involved. The bus driver was not hurt but could not get out of the bus as the door was jammed. Tasked to the scene were 13 A&E crews, 3 Patient Care Service crews, 3 Rapid Response Vehicles, 3 Officers and the Emergency Equipment Vehicle. Three patients were taken to Altnaglevin Hospital and the incident was stood down at 13.03.

On 15 March 2013 at 150.01 the Northern Ireland Ambulance Service received a call from the Northern Ireland Fire & Rescue Service to a fire call at Brownhill Fold, Irvinestown, with 22 elderly persons reported. Tasked to the scene were 7 A&E crews, 4 Patient Care Services crews, 1 Rapid Response Vehicles and 1 Officer. There were three additional officers on standby to respond if required. The fire was dealt with and no patients required hospital treatment. The incident was stood down after eight minutes.

MAJOR INCIDENTS

There were no declared Major Incidents during this period.

AIRPORT ALERTS

There were no Airport alerts during this period.

HAZMAT / HAZARDOUS AREA RESPONSE TEAM (HART) DEPLOYMENTS

02.03.13	NI Fire & Rescue Service	Slipped in caves – HART staff deployed to scene patient rescued.
13.03.13	Mourne Mountain Rescue Team	Person injured on Mountain – HART staff deployed to scene patient rescued.
21.03.13	NI Fire & Rescue Service	House Fire - HART ADVISOR ONLY
22.03.13	NI Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
23.03.13	NI Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
23.03.13	PSNI Search & Rescue	Assisting Police with severe weather conditions – HART staff deployed in Mountain Rescue Personal Protective Equipment to assess patients.
24.03.13	PSNI Search & Rescue	Assisting Police with severe weather conditions – HART staff deployed in Mountain Rescue Personal Protective Equipment to assess patients.
25.03.13	PSNI Search & Rescue	Assisting Police with severe weather conditions – HART staff deployed in Mountain Rescue Personal Protective Equipment to assess patients.
25.03.13	NI Fire & Rescue Service	Smell of gas – HART ADVISOR ONLY
28.03.13	NI Fire & Rescue Service	Carbon Monoxide Incident – HART ADVISOR ONLY
29.03.13	NI Fire & Rescue Service & PSNI	House Fire – HART staff deployed to scene as persons reported in side.
30.03.13	NI Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
31.03.13	NI Fire & Rescue Service	House Fire – HART ADVISOR ONLY



William Newton
EMERGENCY PLANNING OFFICER

2.2 EMERGENCY PREPAREDNESS & RESPONSE – ANNUAL REPORT TO PHA/HSCB

FROM 1 APRIL 2012 TO 31 MARCH 2013

INTRODUCTION

This report reflects the activity of the Northern Ireland Ambulance Service for the period April 2012 to March 2013. The Ambulance Service responded to four declared major incidents and twenty Potential Major Incidents which is an increase on last year. In addition, there were six Airport Alerts this year. Furthermore, on 5 December 2012, the Northern Ireland Ambulance Service activated to two simultaneous actual and one potential major incidents. Training remained a high priority during the Olympic year which included taking part in nineteen exercises to test the Major Incident Plan and specific training for areas such as chemical personal protective suits and decontamination equipment. In addition, the announcement of significant events such as the G8 summit in Enniskillen, the World Police & Fire Games, the City of Culture and the Fleadh in 2013 has required the Northern Ireland Ambulance Service to commit additional resources to planning and training for the summit for both the Ambulance Service and partner agencies.

The Hazardous Area Response Team (HART) in Northern Ireland has continued to embed into the service and deployed to 158 incidents with 72 to Hazardous Materials specific calls.

The emergency planning function is a responsibility within the Medical Directorate.

The lines of responsibility are:

Chief Executive

Medical Director

Emergency Planning Officer

Three Assistant Emergency Planning Officers

Two Emergency Planning Support Officers

Two administrative support staff

The Trust has an Emergency Planning & Business Continuity Group who meet to review Emergency Planning issues or incidents and where necessary report to the Assurance Committee with recommendations. They will also review the Major Incident Plan as part of a normal review cycle as well as when necessary following an incident. The Emergency Planning & Business Continuity Group is made up of a number of representatives from Emergency Planning (chair), Operations, Finance, Human Resources & Training and Control departments.

The Emergency Planning Officer provides a monthly report to the Medical Director including all monthly emergency planning activity.

The Medical Director in turn presents this to the Assurance Committee and to Trust Board as part of the Trust's Assurance Report.

Emergency Planning & Business Continuity is a standing item on the Agenda for the Assurance Committee who meet quarterly and report directly to Trust Board.

NOTIFICATION OF INCIDENTS TO TRUST

The number of incidents alerted to the Trust shows an increase on the same period last year.

Table 1 identifies the incidents that were alerted in the time period April 2012 to March 2013 via the 999 system or by direct lines from Airports, Police Service of Northern Ireland (PSNI) or the Northern Ireland Fire and Rescue Service (NIFRS).

TABLE 1

Date	Time	Incident	Level of Response Activated/Outcome
2 April 2012	15:28	Gas leak in Old Peoples Home Joymount Old Peoples Home, Carrickfergus	DECLARED 67 patients assessed at scene – 2 taken to Hospital Incident stood down as actual number of patients was low
10 April 2012	23:15	Fire in Private Nursing Home, Belfast	Escalated to Potential Major Incident Short duration incident – evacuation of the Nursing Home was not required Incident stood down @23:57
12 April 2012	08:39	Smell of Gas in Ulster Hospital Dundonald (UHD) Emergency Department (ED) being evacuated, Ulster Hospital	Activated = Potential Major Incident Divert put in place from UHD Incident stood down at 09:48 and divert lifted
30 April 2012	15:52	Road Traffic Collision: school bus verses car, Londonderry/Derry	Activated = Potential Major Incident Only minor injuries Incident stood down by first officer on scene
28 May 2012	12:49	Explosion at private dwelling, Dundonald	Activated = Potential Major Incident Report of explosion at house 1 patient taken to UHD Incident stood down at 13:54
28 May 2012	17:59	Airport alert to Ards Airport for aircraft accident, Ards Airport	Activated = Airport Alert Light aircraft crash on runway Pilot and co-pilot assessed at scene Incident stood down at 18:04
13 June 2012	15:55	Chemical incident at Industrial premises, Crumlin	Activated = Potential Major Incident 9 patients assessed at scene, 1 patient taken to Antrim Area Hospital Incident stood down at 16:53
19 June 2012	11:27	Road Traffic Collision involving Bus with children on board, Kells	Activated = Potential Major Incident Incident stood down as only 2 patients taken to hospital Issue identified with the alert number at hospital (issue addressed)

30 June 2012	03:35	House explosion, Belfast	Activated = Potential Major Incident On call officers tasked to scene Incident stood down on arrival as incident was a flat fire under control
26 July 2012	18:45	Road Traffic Collision Train verses car at level crossing	Escalated to Potential Major Incident as information on the call was lacking No patients taken to hospital and incident was stood down at 19:15
23 August 2012	13:38	Chemical Spill at School, Omagh	Activated = Potential Major Incident 1 patient decontaminated at scene by Northern Ireland Fire & Rescue Service 6 patients (in total) taken to Hospital
31 August 2012		Airport Alert, Dublin Airport	Mutual Aid assistance call for Potential Major Incident (Airport Alert) at Dublin Airport Resources moved to Newry but incident stood down prior to despatching into Eire
3 September 2012	11:30	Fire at HMP Maghaberry, Lisburn	Activated = Potential Major Incident Fire in dining room. On arrival HMP staff informed us that all prisoners accounted for Incident stood down at 12:00
10 September 2012	15:19	Airport Alert at George Best Belfast City Airport, Belfast	Activated = Airport Alert Report of smoke in cabin 68 souls on board All passengers disembarked and crew assessed before being discharged
6 November 2012	22:21	Report of Fire in Altnagelvin Hospital, Londonderry	Activated = Potential Major Incident Report of fire on seventh floor. Fire was an electrical fire in the switch room causing a lot of smoke No patients taken by ambulance but 20 patients moved within the hospital. Incident stood down at 22:58
23 November 2012	19:08	Fire on tenth floor in Altnagelvin Hospital, Londonderry	DECLARED Building evacuated due to fire on tenth floor 120 patients moved internally and 1 patient moved to SW Acute hospital Mutual Aid from HSE Ambulance and Voluntary Ambulance Services
27 November 2012	09:46	Explosion at Army Base, Ballykinlar	Activated = Potential Major Incident Report of explosion at Ballykinlar Army Base One patient taken to Royal Victoria Hospital (RVH) Incident stood down at 10:00

5 December 2012	09:08	Road Traffic Collision involving Bus with 60 children on board, Moneymore	Activated = Potential Major Incident Report of Road Traffic Collision involving Bus in extremely icy conditions. Northern Ireland Fire & Rescue Service appliance skidded off road so alternative access directions required to scene One patient taken to Antrim Area Hospital Incident stood down at 09:43
5 December 2012	09:47	Gas discharge on board grain ship, Warrenpoint Harbour and Daisy Hill Hospital	DECLARED Discharge of Gas from Aluminium Phosphate Pellets on board grain vessel Full decontamination facilities established and subsequently redirected to Daisy Hill Hospital Patients decontaminated: Scene: 10 crew and 2 NIAS staff Hospital: 9 more crew and 6 more NIAS staff Incident lasted for over seven hours
5 December 2012	12:31	Road Traffic Collision involving multiple vehicles, M1 Sprucefield	Activated = Potential Major Incident Incident occurred whilst NIAS was already deployed to the two incidents detailed above. Sufficient resources found to despatch to scene. Incident stood down by first Rapid Response Vehicle on scene.
5 December 2012	14:37	Road Traffic Collision involving Bus, St Patrick's Centre, Downpatrick	Activated = Potential Major Incident Report of Road Traffic Collision involving bus. Prior to Northern Ireland Ambulance Service arrival Translink confirmed that it was one of their vehicles with only the driver on board. Two patients taken to Ulster Hospital Dundonald and incident stood down at 14:51
9 December 2012	23:00	Report of explosion at a house, Pomeroy	Activated = Potential Major Incident Explosion at house in Pomeroy. Two patients taken to Craigavon Area Hospital. Incident stood down at 23:28.
12 December 2012	10:47	Airport Alert at Belfast International Airport (BIAL), Aldergrove	Activated = Airport Alert Airport Alert at Belfast International Airport Procedures worked well and incident stood down at 11:03

14 December 2012	14:13	Airport Alert at George Best Belfast City Airport, Belfast	Activated = Airport Alert Inbound aircraft with undercarriage difficulties 109 souls on board Plane landed safely no patients identified Incident stood down at 14:45
19 December 2012	20:40	Airport Alert at George Best Belfast City Airport, Belfast	Activated = Potential Major Incident Inbound aircraft with electrical problems 40 souls on board No casualties as aircraft landed safely Incident stood down at 21:03
4 January 2013	16:59	Light aircraft crash into mountain, Benbradagh Mountain	Activated = Potential Major Incident Incident turned out to be a fire on the mountainside with a possibility of the aircraft being a hoax Incident stood down at 17:23
26 February 2013	09:15	Road Traffic Collision involving Bus, Downpatrick	DECLARED Road Traffic Collision Bus rolled over 9 patients taken to hospital: 4 to Ulster Hospital Dundonald, 5 to Down Hospital Communications issues identified and resolved
10 March 2013	16:58	Road Traffic Collision Multiple vehicles, Dungannon	Activated = Potential Major Incident 8 patients assessed at scene of which 1 patient made their own way to hospital Incident stood down at 17:20
15 March 2013	12:03	Road Traffic Collision Bus versus Car, Glenshane Road, Londonderry	Activated = Potential Major Incident Initial reports of 17 casualties 3 patients taken to Altnagelvin hospital Incident stood down at 13:03
15 March 2013	15:01	Fire at sheltered housing fold, Irvinestown	Activated = Potential Major Incident 22 elderly persons initially reported by Northern Ireland Fire & Rescue Service Fire under control and no patients required hospital treatment Incident stood down at 15:09

The Trust is represented on all the Emergency Planning groups for the airports and as such participates in regular reviews of recent incidents at the airfields. Any issues that have been identified have been minor and any issues raised by the Trust are always acted upon by the airport management.

The Trust alerts the other Health & Social Care Trusts when incidents as listed above are happening in their area.

INCIDENTS RESPONDED TO BY TRUST

Police Service of Northern Ireland GOLD Command room was opened for civil disturbance during December. The Trust supported this with on-call senior officers being present.

Police Service Northern Ireland GOLD and SILVER command rooms were in operation throughout the Olympic torch run Northern Ireland leg. The Trust supported Police GOLD with senior officers. The Trust had multiple Chemical, Biological, Radiological & Nuclear (CBRN) teams on standby throughout the torch run Northern Ireland leg.

A familiarisation tour of the new Police GOLD facilities took place on 24 May 2012.

EMERGENCY PREPAREDNESS TRAINING

ANNUAL TRAINING SUMMARY:

Session	Total Staff	Details
Emergency Planning	40	Major Incident Medical Management and Support (MIMMS) course 12/03/13 Hospital Major Incident Medical Management Support (HMIMMS) course 21/02/13 Interagency Liaison Officer (ILO) course 25/02/13
HART- Hazardous Areas Response Team	66	Breathing Apparatus(BA) refresher training Mountain rescue assessments Mountain rescue training (NWMRT) Mountain rescue training Tullymore Port-a-count with PSNI
Business Continuity	1	New ISO 22301 conversion 18/10/12

INDIVIDUAL SPECIALISED TRAINING

2 April two officers attended a confined space training course with the estates service.

14 April one officer attended a Project Argus event in the City of Derry Airport.

9 May one Officer attended a tabletop exercise held by the South Health and Social Care Trust.

22 May two Officers attended a workshop for emergency support centres hosted by the Health Social Care Board.

23 to 25 May one Officer course directed the new MIMMS course in Manchester. This was the first delivery of the new style MIMMS course. Jeff McClure, Assistant Emergency Planning Officer was asked to be the course director.

30 May two Officers attended a National Workshop for Chemical, Biological, Radiological & Nuclear (CBRN) Decontamination.

2 June NIAS participated in a National Ambulance Co-ordinating Centre exercise. This was completed by the Senior Officer on duty for the Olympic Torch Run.

12 June five Officers attended a training seminar hosted by Public Health Agency (PHA), speaker Dr Paul Biddinger, Massachusetts General Hospital, Boston, Massachusetts, USA.

19 & 21 June one Officer attended two Exercise Argus events in Belfast.

20 June one Officer participated in a POD activation exercise in conjunction with the Belfast Health & Social Care Trust looking at setting up a Mass Prophylaxis Centre. As a follow up to this small exercise the PODs were activated to a training Emergency Planning Training Day in conjunction with the South Eastern Health and Social Care Trust, held in Newtownards Hospital.

22 June two Officers and one Hazardous Area Response Team Rapid Response Vehicle person assisted with CBRN training for the South Eastern HSCT in Newtownards Hospital. In conjunction with this training a POD activation exercise was used to deliver a short session on the PODs.

20 Sept 2012 Ambition 2012 conference was attended by the one Hazardous Area Response Team (HART) manager.

15 Oct 2012 one Hazardous Area Response Team (HART) manager and 1 officer attended a rope rescue trainer's course in Cumbria.

18 Oct 2012 one officer participated in the New ISO 22301 conversion course.

3- 4 Dec 2012 Annual PSNI conference – Northern Ireland Ambulance Service had officers attending.

10-15 Dec 2012 one officer attended the Chemical Biological Radiological Nuclear (CBRN) Silver Commander's course in Ryton.

30 Jan 2013 Hazardous Area Response Team (HART) manager attended the National Chemical, Biological, Radiological & Nuclear (CBRN) practitioner's meeting.

GROUP TRUST STAFF TRAINING

During April staff who were planned to attend the next Quick Don Personal Protective Equipment course were fit tested.

2 May Emergency Planning Training was delivered to Emergency Ambulance Control staff as part of their annual refresher training programme.

4 May Emergency Planning Training for new recruits to Regional Pressures Coordination Centre.

17, 24, 25 & 28 May Hazardous Area Response Team (HART) manager gave a presentation to Emergency Ambulance Control staff entitled "an overview of HART".

TRAINING PROVIDED TO OUTSIDE AGENCIES

6 July 2012 POD training for Ulster Hospital pharmacy staff.

18-19 July 2012 Chemical, Biological, Radiological & Nuclear (CBRN) / Powered Respirator Protective Suit (PRPS) training for Northern Health and Social Care Trust staff at Coleraine hospital.

15 Aug 2012 Mass Prophylaxis Centre (MPC) exercise with Belfast Health and Social Care Trust at Beech Hall, Belfast.

9 Oct 2012 Northern Ireland Ambulance Service participated in Northern Ireland Fire & Rescue Service multi-agency show-and-tell of specialist Major Incident equipment. All agencies understood the footprint size and issues of such a response.

15 Nov 2012	Northern Ireland Ambulance Service assisted Northern Ireland Fire & Rescue Service in delivering a successful Road Traffic Collision seminar held in Boucher, Belfast.
22 Nov 2012	Chemical, Biological, Radiological & Nuclear (CBRN) / Powered Respirator Protective Suit (PRPS) training for Northern Health Social Care Trust staff in Antrim hospital.
11 Jan 2013	Northern Ireland Ambulance Service hosted an Emergency Planning seminar for medical students.
28-30 Jan 2013	Powered Respirator Protective Suit (PRPS) training for South Eastern Health Social Care Trust staff held at Downpatrick hospital.
14 Feb 2013	Chemical, Biological, Radiological & Nuclear (CBRN) / Powered Respirator Protective Suit (PRPS) training for Western Health and Social Care Trust staff held at South West Area Hospital, Enniskillen.
8 Mar 2013	Mass Prophylaxis Centre (MPC) exercise for South Eastern Health and Social Care Trust in Ulster hospital Mass Prophylaxis Centre (MPC) site.

EXERCISES

14 Apr 2012	Exercise Argus Londonderry – a multi-agency table top exercise to prepare the public and private sector to prepare for emergencies.
9 May 2012	Southern Health and Social Care Trust exercise – a table top in the Southern Health & Social Care Trust area.
19,21 June 2012	Exercise Argus Belfast x 2 these were a multi-agency table top exercise to prepare the public and private sector to prepare for emergencies .
20 June 2012	POD deployment exercise held in conjunction with the Belfast Health & Social Care Trust.
6 August 2012	Exercise FUSEBOX – an internal evacuation exercise for resource management centre.
19 Aug 2012	Exercise Cloughan Point – a multi-agency table top exercise.
12 Sept 2012	Exercise DLOG 7 – an internal alerting / communications exercise.
18 Sept 2012	Exercise EMERALD table top in the Belfast Harbour Commissioners' was attended by 1 officer.
23 Sept 2012	Exercise DIAMOND was held in Belfast Lough. Multi-agency exercise to crash in Lough. Northern Ireland Ambulance Service objectives were in command, control and communications and all were met.
27 Sept 2012	Exercise DOMINO – a flooding exercise in Craigavon.
27 Sept 2012	Covenant Parade Exercise – a table top to test preparations for the Covenant parade.
30 Oct 2012	2 officers attended at PSNI Hydra exercise in Steeple in relation to a simulated plane crash.
3- 4 Nov 2012	Exercise FUSION George Best Belfast City Airport. Testing response to an air accident with a cross-border dimension.

12 Feb 2013	Exercise DLOG 8 (was followed up as DLOG 8A).
12 Feb 2013	National Chemical, Biological, Radiological & Nuclear (CBRN) exercise held at Steeple.
16 Feb 13	Exercise overflow – a multi-agency live flooding exercise.
16 Mar 13	Exercise Slemish walk – a mountain rescue live exercise.
27 Mar 13	Exercise Argus Hilton - a multi-agency table top exercise to prepare the public and private sector to prepare for emergencies.

CONTROLS ASSURANCE STANDARDS

The Trust achieved 93% in the self-assessment of Controls assurance standard for 2012/2013.

BUSINESS CONTINUITY MANAGEMENT PROGRESS

The Trust's Business Continuity Strategy and Policy are being reviewed and an overarching Business Continuity Plan developed. Existing directorate Business Continuity Plans require updating as part of the next phase of the Business Continuity Programme.

A training plan for directorate leads in business continuity will be implemented during the next financial year and a programme for exercising existing plans.

EMERGENCY PREPAREDNESS & RESPONSE AUDIT

Business Services Organisation completed an internal audit during February 2012.

AREAS OF FUTURE RISK IN RELATION TO EMERGENCY PREPAREDNESS & RESPONSE WITHIN THE TRUST

During 2012 NIAS was involved in planning for, supporting and responding to the large number of events that took place in Northern Ireland in relation to the Olympics, the Queen's Jubilee, the 100th Anniversary of the Titanic.

2013 will also be a busy year with the G8 and World Police and Fire Games being hosted in Northern Ireland as well as the City of Culture and Fleadh. In particular the heightened levels of training and responses required for these events means that the Northern Ireland Ambulance Service is anticipating pressure on continued delivery of services against the backdrop of the comprehensive spending review efficiency savings expected from the Northern Ireland Ambulance Service.

The Northern Ireland Ambulance Service has introduced an events management process designed to co-ordinate all events notified to assist managers in mitigating the impacts to service delivery of multiple events.

On one day (5 December 2012) the Trust dealt with two actual major incidents and one potential major incident simultaneously. Given the increasing demand being experienced by the Service, and in a climate of financial constraint, maintaining normal service provision during these incidents is becoming more challenging, for example the chemical incident mentioned above that lasted for over eight hours occurred on the same day as two other potential major incidents involving public transport.

ACTION PLAN FOR THE NEXT 12 MONTHS TO MANAGE IDENTIFIED RISKS AND AREAS OF CONCERN RAISED DURING RESPONSES TO ACTUAL INCIDENTS

The Emergency Planning Department will carry out a review of emergency preparedness within the service.

The Northern Ireland Ambulance Service emergency planning committee has changed its name and function it is now known as the Emergency Preparedness and Business Continuity Group and reports to the Assurance Committee.

2.3 INCIDENT REPORTS

INTRODUCTION

These reports cover the period to end March 2013.

Incidents by Incident date and Sub category (Financial Quarter)

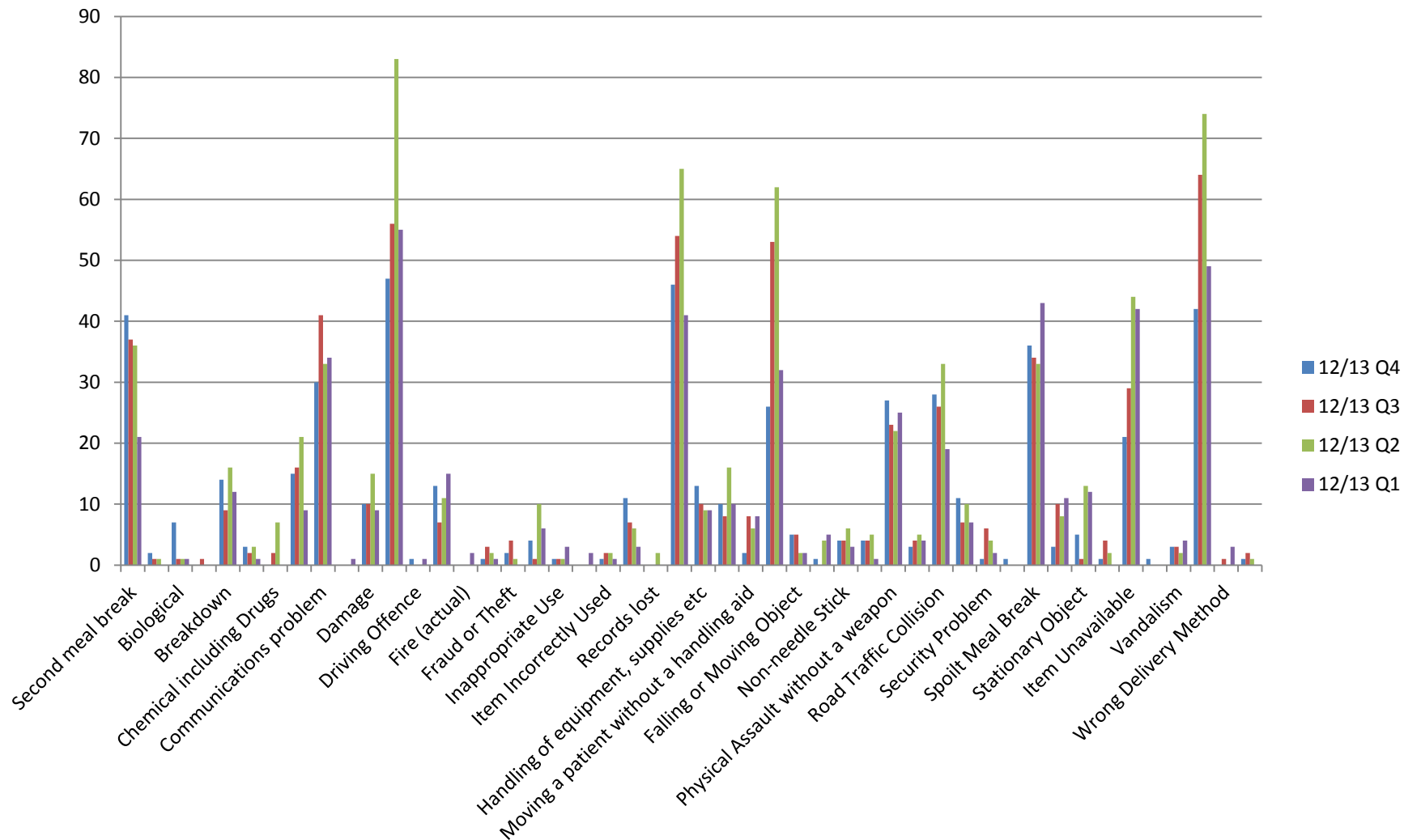


Figure 1: Total Number of Incidents by Sub Category

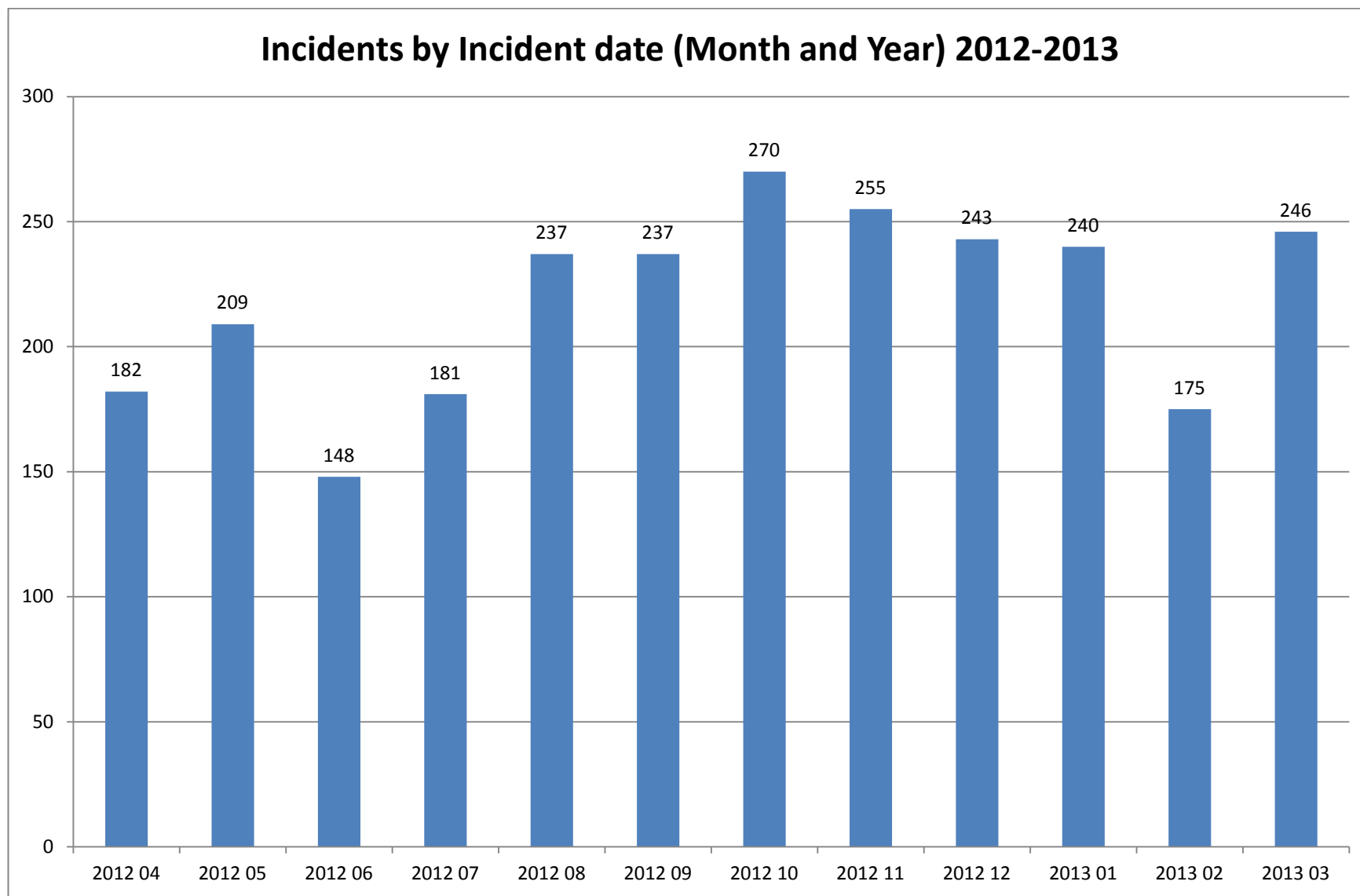


Figure 1 (a) Incidents by month rolling calendar year 2012-2013

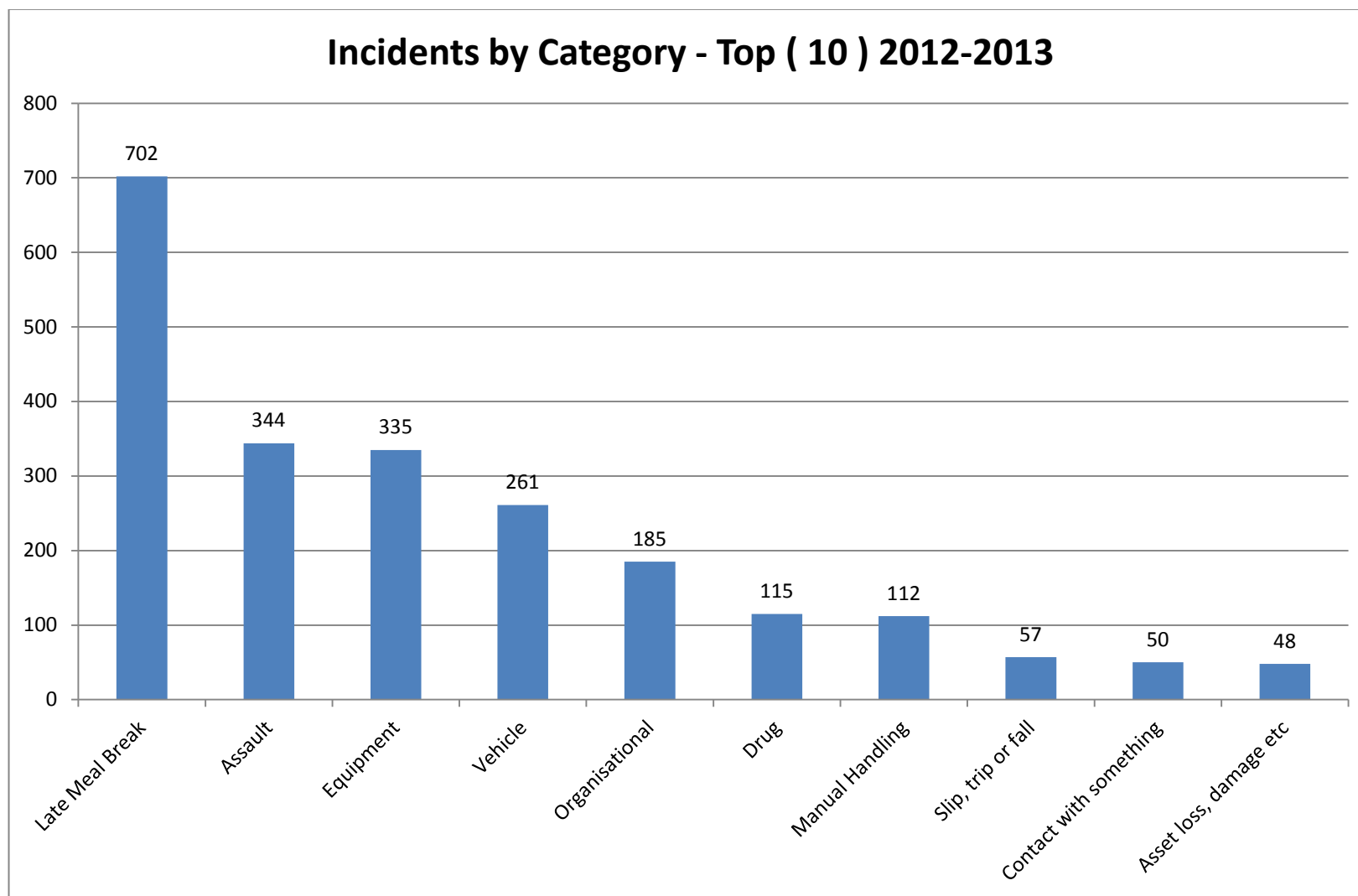


Figure 2: Top Ten Incidents, 1 March – 31 March 2013

Incidents by Sub category and Incident date grouped by Division

	2013 03	Total
Belfast Area	7	7
Physical Assault without a weapon	3	3
Verbal Assault	4	4
Northern	3	3
Physical Assault without a weapon	1	1
Verbal Assault	2	2
South Eastern	10	10
Physical Assault without a weapon	1	1
Physical Assault with a weapon	1	1
Verbal Assault	8	8
Southern	3	3
Physical Assault without a weapon	1	1
Physical Assault with a weapon	1	1
Verbal Assault	1	1
Western	1	1
Physical Assault without a weapon	1	1
Totals:	24	24

Figure 3: Incidents of Violence to staff by Sub Category

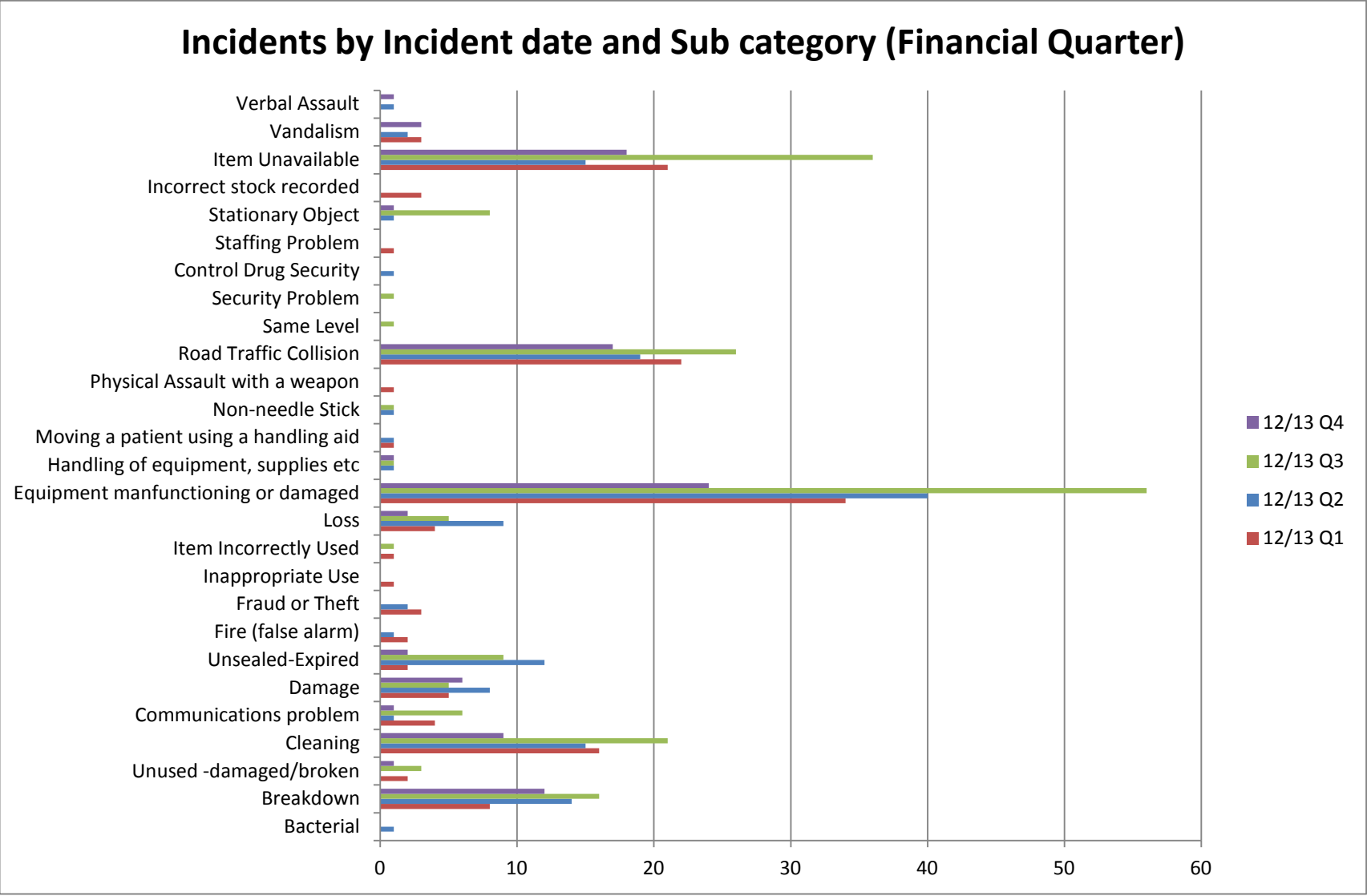
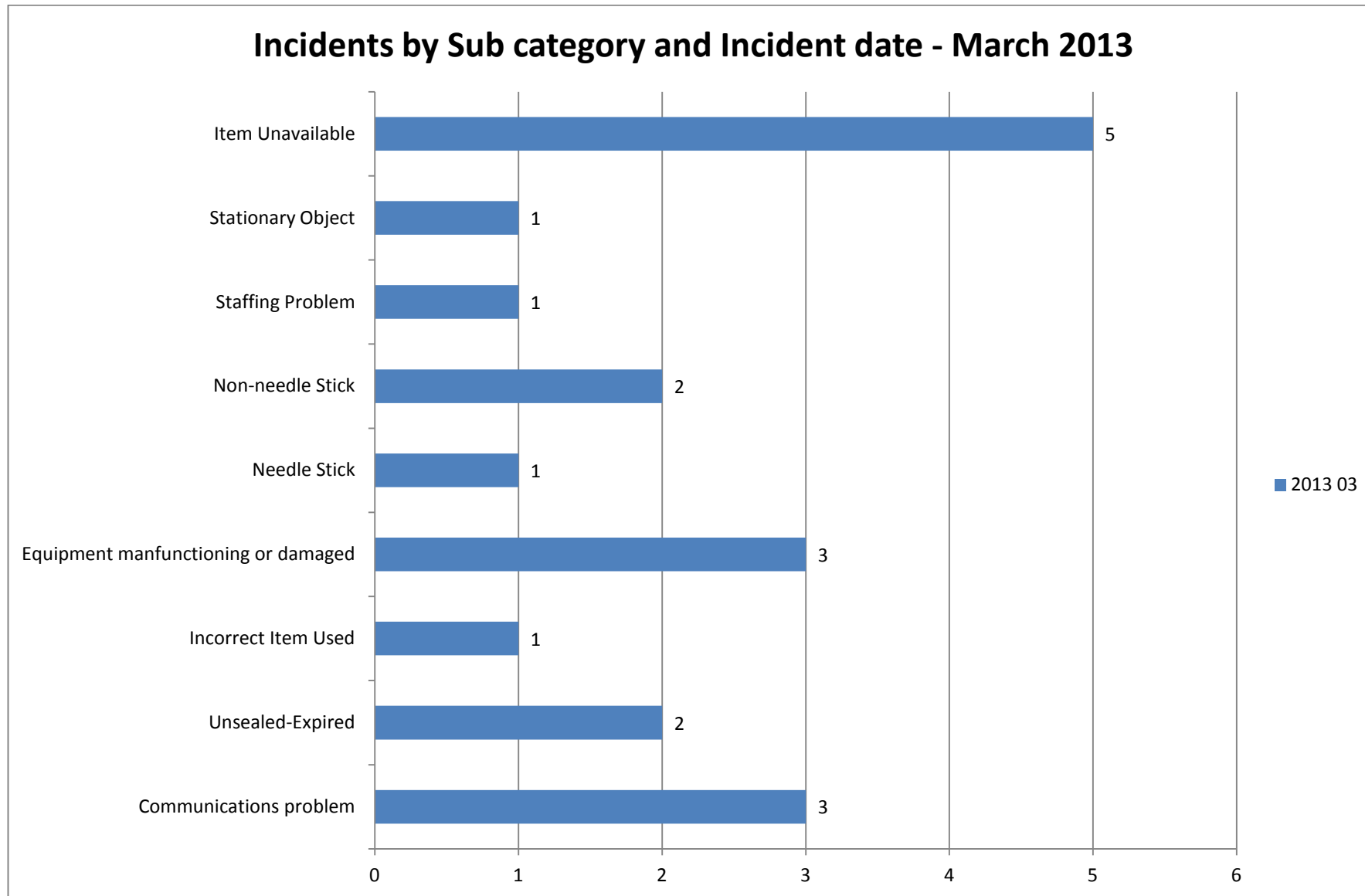


Figure 4: Asset /Equipment Incidents

Incidents by Sub category and Incident date grouped by Division

	2012 03	2012 04	2012 05	2012 06	2012 07	2012 08	2012 11	2012 12	2013 01	2013 02	2013 03	Total
Belfast Area	1	2	0	1	5	6	4	4	3	0	0	26
Cleaning	1	2	0	1	5	6	4	4	3	0	0	26
Northern	0	0	0	0	1	0	1	1	1	0	0	4
Cleaning	0	0	0	0	1	0	1	1	1	0	0	4
South Eastern	2	2	2	1	2	1	4	3	0	0	0	17
Cleaning	2	2	2	1	2	1	4	3	0	0	0	17
Southern	0	0	1	0	0	0	0	0	2	0	0	3
Cleaning	0	0	1	0	0	0	0	0	2	0	0	3
Western	1	2	3	1	0	1	3	1	2	1	0	15
Cleaning	1	2	3	1	0	1	3	1	2	1	0	15
Totals:	4	6	6	3	8	8	12	9	8	1	0	65

Figure 5: Vehicle Cleaning – Incident Reports



-Figure 6: Clinical Incident Reports by Sub Category March 2013

SERIOUS ADVERSE INCIDENTS REPORTS AS AT 31 MARCH 2013

Ref	Status	Subject	Speciality	Description	Location
SAI A1678 / UIR23652	<p>Reported to the HSCB on the 13 November 2012 in relation to an ambulance breakdown during the emergency inter hospital transfer of a one year old child. The child suffered a cardiac arrest shortly after arrival at RBHSC ED. A full resuscitation was carried out however the patient did not survive.</p> <p>A joint investigation has been undertaken with the Western HSC Trust. Submission of the report originally due in February 2013 was delayed for incorporation of further information following completion of incident investigation. The report was submitted to HSCB in March 2013, who confirmed that the incident has been closed as no further issues or learning were identified in relation to this case.</p>	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Cardiac Arrest and did not survive.	Western Area

Ref	Status	Subject	Speciality	Description	Location
SAI 1701 / UIR19302	<p>Reported to the HSCB on the 19 November 2012. An ambulance crew and an RRV paramedic attended a male collapsed in a street in Bangor at 1540 hours. The patient was a known heroin addict who had taken a mixture of tablets and methadone. The crew successfully resuscitated the patient, including the administration of Naloxone IV. The patient recovered but refused to go to hospital despite being clearly advised of the potential risks over a period of time. The crews also called the police in an attempt to have them intervene and ensure the patient went to hospital. The police advised they could do nothing and the patient left the scene. A second call was received at 1824 hours relating to this patient who had been found collapsed on a bus in Donaghadee.</p> <p>Report submitted to HSCB. Designated Responsible Officer (DRO) has responded requesting review by independent expert. Following discussion, consultant in emergency medicine has agreed to undertake review. Initially a local consultant in emergency medicine had agreed</p>	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Respiratory Arrest and did not survive.	South Eastern Area.

	<p>to undertake this review, but in the absence of a response from them, the incident has now been reviewed by the Medical Director of the HSE National Ambulance Service in Ireland, who advises that their report will be submitted to us for incorporation during May 2013.</p> <p>Incident also currently being investigated by NI Police Ombudsman and Coroner. Staff involved have now been interviewed and statements and other evidence submitted to facilitate enquiries, the outcome of which is awaited.</p>				
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Ref	Status	Subject	Speciality	Description	Location
SAI A2127 / UIR 2200210	<p>Reported to HSCB on 26 March 2013 in relation to an incident where a 999 call was received for an elderly lady who had fallen outside a shop in Belfast who was unable to get up. An ambulance resource was not deployed to attend the call for a further 47 minutes, when the first available resource, a Rapid Response Vehicle (RRV) was dispatched. There was a further delay of approximately 40 minutes in the arrival of an ambulance to transport the patient to hospital. Initial review of the sequence of events and associated delay indicates potentially that there were no ambulance vehicles immediately available to respond as resources were depleted due to significant numbers of ambulances waiting for extended periods to hand over patients at emergency departments of both the Royal Victoria and Ulster Hospitals.</p> <p>While the call was still ongoing, ambulance control was contacted by an MLA regarding the incident.</p>	<p>Unexpected serious risk to service user and / or staff member and / or member of the public.</p> <p>Unexpected or significant threat to provide service and / or maintain business continuity.</p>	Accident & Emergency	Injured person experienced extreme delay in receiving an ambulance response and subsequent transport to hospital.	Belfast area.

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

2.4 CONTROLS ASSURANCE STANDARDS REPORT – COMPLIANCE 2012/13

	Standard	Lead		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	T	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	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	90	90	80	84	84	2285	88%				
16	Management	McManus	Self	90	90	90	N/A	85	95	95	95	N/A	95	N/A	95	95	95	95	95	95	1305															93%		
17	Records Management	S McCue	I/A	90	85	80	85	85	80	505																										84%	84%	
18	Risk Management	D McManus	I/A	95	90	90	90	90	80	90	90	805																								89%	86%	
19	Waste Management	B McNeill	Self	85	76	90	90	92	90	90	90	N/A	90	89	90	90	82	88	90	1322															88%			
20	Security	B McNeill	I/A	92	87	87	85	92	92	92	92	75	89	91	90	1064																				89%	85%	
21	Food Hygiene		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																			
22	Research Governance		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																			
	KEY=	ore Standard		Not Assessed			Self Audit						I/A= Internal Audit																					V1final2 2012				

3. STRATEGIC AIM: TO ENGAGE WITH LOCAL COMMUNITIES AND THEIR REPRESENTATIVES IN ADDRESSING ISSUES WHICH AFFECT THEIR HEALTH AND PARTICIPATE FULLY IN THE DEVELOPMENT AND DELIVERY OF RESPONSIVE INTEGRATED SERVICES

STRATEGIC OBJECTIVES

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

Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy 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 service users are now included in surveys related to the standards undertaken across HSC Acute Trusts. The results of these surveys are provided to NIAS by the Acute Trusts.

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 31 MARCH 2013

PPI

The Trust's updated PPI Strategy was approved by Trust Board in March 2013. The Strategy has been published on the Trust website and work is underway to communicate this to key stakeholders. The Trust has engaged with service users in respect of key policy areas during the year such as the development of the PPI

Strategy, participation in a Transport Fair including a discussion forum around ambulance transport. Proposals such as establishment of NIAS specific service user groups are reflected within the PPI strategy and will be taken forward through the implementation of the related action plan. Progress on implementation of the strategy and action plan will be reported to the Equality and PPI Steering Group and Trust Board.

PATIENT AND CLIENT EXPERIENCE STANDARDS

During the reporting period the Trust continued to work within regional work streams related to development and implementation of a shared methodology to monitor compliance with the Minister's standards.

The ambulance element of the patient journey is reflected in the surveys and patient stories undertaken by acute Trusts and results shared with NIAS where appropriate. Observations of practice in the context of the standards are undertaken by NIAS officers on a multi-disciplinary basis. Having agreed a rolling programme of observations, one geographic area at a time, work is continuing to roll out the programme to the Southern Area following the previous focus on Belfast.

The Trust is committed to influencing the development of this work in the year ahead to facilitate recognition of the importance of an ambulance specific methodology and increased focus on the outcomes of the work streams to inform service improvements.

3.2 PATIENT CLIENT EXPERIENCE STANDARDS MONITORING REPORT (QUARTER ENDING 31 DECEMBER 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: 31 December 2012

Return of Questionnaire:	Two options for return of questionnaires were provided: <ul style="list-style-type: none">• Via freepost return envelope to the Safe & Effective Care Department• Placed in a sealed envelope on the ward on day of discharge and then forwarded to the Safe & Effective Care Department
Response Rate:	<p>Of the 784 questionnaires issued across the Trusts in Quarter 3 2012/13, 299 were returned. This equates to a response rate of 38.1% compared with 26.1% in Quarter 2 2012/13. The overall number of questionnaires distributed in Quarter 3 2012/13 (784) was higher than the number distributed in Quarter 2 (597). The areas surveyed by Southern Trust did not include areas relevant to the Ambulance Service and questions on travelling to hospital by ambulance were not included in the questionnaires issued. Results therefore reflect returns from Belfast, Northern, South Eastern and Western Trusts only.</p> <p>Of those who responded to the survey, 7% (21/299) travelled to hospital by ambulance in Quarter 3 2012/13, compared with 19.2% in Quarter 2.</p>

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

RAG ASSESSMENT OF PATIENT CLIENT EXPERIENCE STANDARDS

Did you feel the ambulance staff?

Respect	100% (21/21) treated you as an individual	95.2% (20/21) considered and respected your wishes	100% (21/21) made you feel safe and secure
Attitude	100% (21/21) were polite and courteous		
Behaviour	were caring and compassionate 100% (21/21)	behaved in a professional manner 100% (21/21)	
Communication	96.3% (21/21) Did the ambulance staff introduce themselves?	100% (21/21) spoke to you in a way which you could easily understand	100% (21/21) Explained what was happening in relation to your care and treatment
Privacy & Dignity	100% (21/21) maintained your privacy and dignity		

PATIENT AND CARER COMMENTS:

"The ambulance crew again were excellent and as a relative I got all the information I needed."

Carer - Emergency Department, Lagan Valley Hospital

"Smooth journey to hospital"

"The ambulance staff were very helpful and approachable with a fantastic bedside manner"

"I was transferred to another hospital after waiting two hours for an ambulance that was due to arrive within one hour time scale"

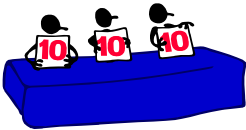
Patients - Emergency Department, Downe Hospital


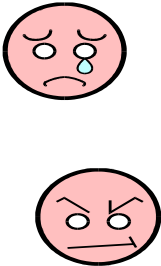
ISSUES IDENTIFIED

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 36 compliments and 44 complaints were received by the Trust during the period compared with 42 and 31 respectively in the previous quarter. Compliments and complaints have been mapped from DATIX categories to the five patient experience standards. All compliments are dealt with via the Chief Executive's Office.

<u>COMPLIMENTS and COMPLAINTS FOR PERIOD : 1 Oct – 31 Dec 2012</u>		
Total number of compliments received: 36		
Total number of complaints received: 44		
COMPLIMENTS received at ward / department level (cards, thank you letters)  Recorded over same timespan that questionnaires are being distributed and themed as per Standards	<u>THEMATIC ANALYSIS ILLUSTRATIVE EXTRACTS (UP TO A MAXIMUM OF 5 FOR EACH STANDARD)</u>	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	1
	ATTITUDE Personal approaches and responses to patients and clients by all members of staff show care and compassion	23
	BEHAVIOUR	12
	COMMUNICATION	0
	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 Proforma)	RESPECT	0
	ATTITUDE	14
	BEHAVIOUR All members of staff involve patients and clients in their care, respecting their wishes and showing professional and appropriate behaviour	6
	COMMUNICATION	24
	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 3 2012/13.

OBSERVATION OF PRACTICE

NIAS has piloted Observations of Practice within the Belfast Area. 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.

NIAS has undertaken 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 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 is working on the roll-out of observations of practice and training for observers will continue to review the results observations and consider comments made by those involved in undertaking the observations. Following each observation, the observer provides feedback directly to the member of staff observed.

LEARNING AND TAKING ACTION

The results from implementation of the range of methodologies for this quarter, in terms of experiences of ambulance service users, 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. Action taken as a result of complaints may include individual counselling, review of policy or training or, in serious circumstances, referral to the Trust's disciplinary procedure. As regards the delay referred to under Patient and Carer Comments above, ambulance response times are monitored both within the Trust and by the HSC Board.

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

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

ASSURANCE REPORT: OPERATIONS DIRECTORATE

TIMELY RESPONSE

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

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

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

OBJECTIVES

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

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

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

SUMMARY OF PERFORMANCE

NIAS achieved 68.3% up to March against the 72.5% Regional Category A performance target. The 65% target was not achieved in Northern, Southern and South Eastern LCG area.

NIAS provided an average of 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 44% 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

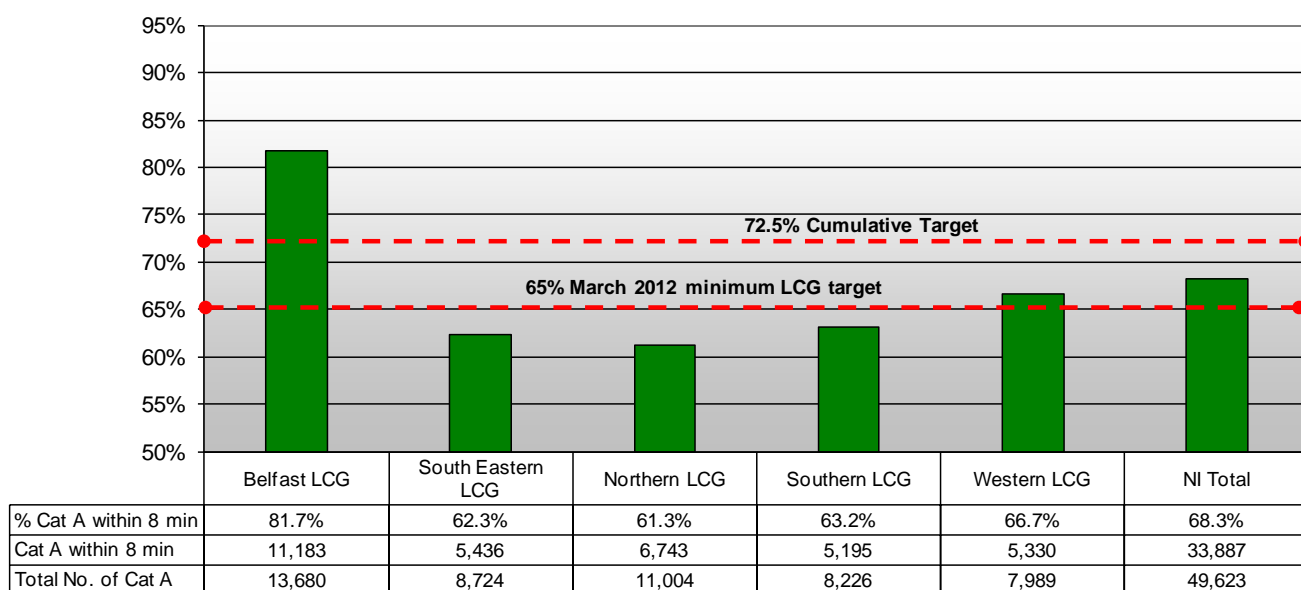
CAT A PERFORMANCE – CUMULATIVE FROM APRIL 2012 TO MARCH 2013

HSCB 2012/13 Target – “NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within 8 minutes (and not less than 65% in any LCG area)”

Regional Target: 72.5%

LCG target 65%

% Cat A Calls Responded to Within 8 Minutes
CUMULATIVE from April 2012 to end March 2013



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

Please note: There may be further slight amendments due to data quality and system upgrade issues currently under review

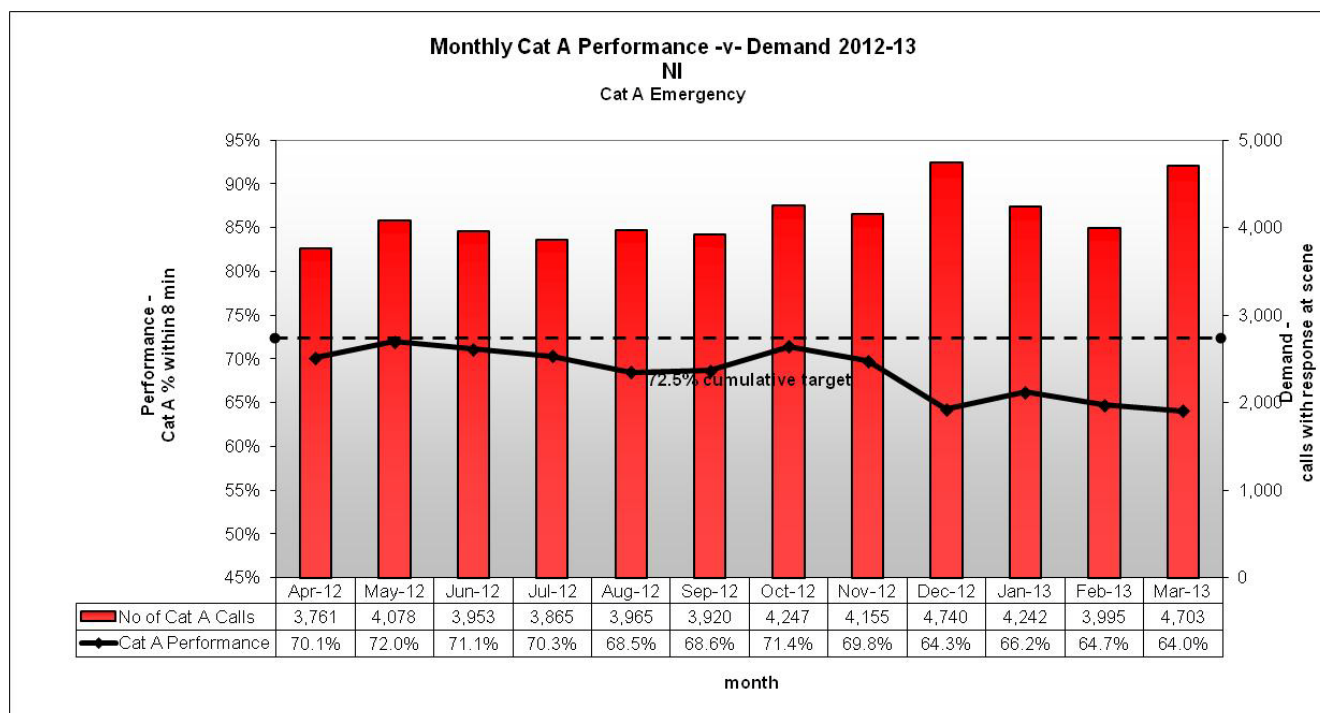
CAT A PERFORMANCE – Monthly Cumulative Position 2012/13

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	(Yr)
Regional	70.1	71.1	71.1	70.9	70.4	70.1	70.3	70.2	69.5	69.1	68.7	68.3	68.3
Belfast	85.7	84.7	84.9	85.0	84.3	83.9	83.9	84.0	83.2	82.9	82.3	81.7	81.7
South East	63.4	64.7	64.6	64.7	64.1	63.9	63.9	63.6	63.0	63.0	62.6	62.3	62.3
North	62.2	63.7	63.6	62.3	61.8	61.8	62.3	62.7	62.0	61.8	61.5	61.3	61.3
South	63.5	64.5	65.3	66.0	66.2	65.6	66.2	66.3	65.2	64.4	64.0	63.2	63.2
West	68.8	71.0	70.0	69.8	69.3	68.9	68.8	68.2	67.5	67.1	66.8	66.7	66.7

Cumulative Performance 2012/13 was 68.3% regionally. Although we did reach 764 more Cat A calls in less than 8 mins compared with last year. The 72.5% Cat A target was not achieved due to:

- 5.9% increase in emergency activity compared to 2011/12
- 9% increase in Cat A activity compared to 2011/12
- An increase in Ambulance turnarounds greater than 30 mins at Emergency Departments (equivalent of 4.6 A&E ambulances per day in April 2012 rising to 7.6 at March 2013, per day not available to NIAS).
- Loss of cover due to traffic congestion as a consequence of civil demonstrations. Every attempt was made by NIAS to mitigate against these pressures through the realignment of resources to match demand, the introduction of Hospital Ambulance Liaison Officers and the increased use of ICV's to support A&E Ambulances.

CAT A PERFORMANCE – Monthly Regional Position at Year End 2012/13



CAT A PERFORMANCE – Monthly LCG Position as at Year End 2012/13

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	(Yr)
NI	70.1	72.0	71.1	70.3	68.5	68.6	71.4	69.8	64.3	66.2	64.7	64.0	68.3
Belfast	85.7	83.9	85.4	85.0	81.7	81.7	84.5	84.6	77.3	80.2	77.0	75.8	81.7
South East	63.4	66.1	64.4	64.9	62.1	62.9	63.6	61.5	59.3	62.2	59.4	59.1	62.3
North	62.2	65.0	63.5	58.7	59.8	62.0	65.1	65.2	57.2	60.4	58.5	58.8	61.3
South	63.5	65.4	67.0	68.1	66.8	62.8	69.9	66.7	58.3	57.8	59.3	55.7	63.2
West	68.8	73.1	67.9	69.3	67.3	66.8	68.3	63.9	63.6	62.7	63.9	66.0	66.7

Key:



Target Achieved

Target Substantially achieved (within 1% variance)

Target Partially achieved (within 2.5% variance)

Target Not Achieved (greater than 2.5% variance)

PERFORMANCE COMMENTARY:

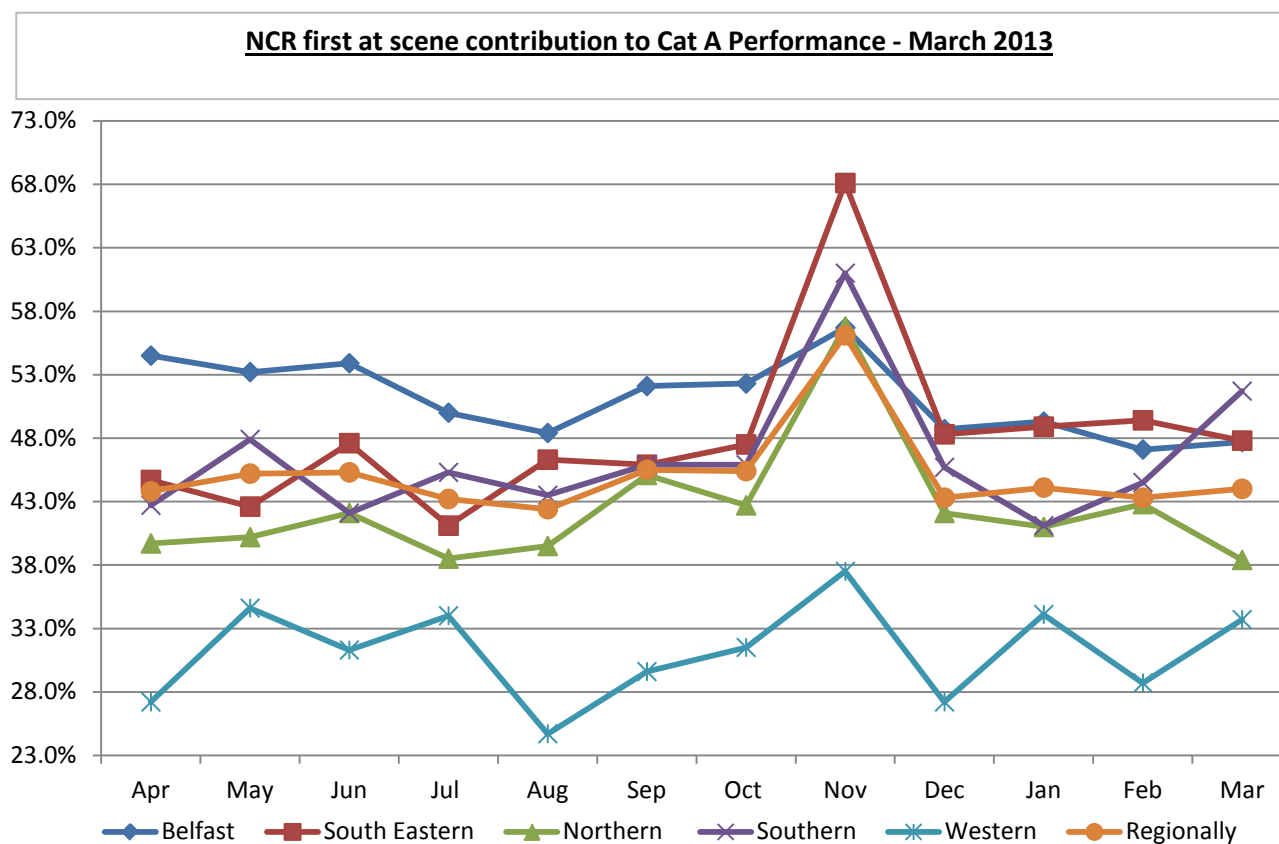
Cumulative Category A Performance fell by 4.5% from 2011/12 although an additional 764 (2.3%) patients did receive a sub-8 min response even with an overall 9% increase in Category A activity for the year.

Category A : % Conveyance Resource Response arriving within 21 minutes													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	(Yr)
NI	89.3	89.4	90.2	90.4	89.0	88.5	89.9	88.2	86.6	87.1	86.2	84.9	88.2
Belfast	89.5	90.2	91.6	92.8	93.3	91.4	91.0	90.3	91.1	89.7	88.7	89.1	90.8
South East	84.9	86.7	87.5	88.9	84.1	83.1	85.8	83.1	81.8	81.8	80.6	78.6	83.8
North	90.8	89.8	89.2	89.4	87.0	87.6	88.2	88.6	86.5	87.8	87.3	85.5	88.1
South	90.9	89.6	92.6	89.8	90.4	88.9	92.2	87.3	83.4	87.1	86.4	79.7	87.9
West	90.1	90.3	89.6	90.1	88.9	90.3	92.7	90.6	87.4	87.5	86.5	89.4	89.4

PERFORMANCE COMMENTARY:

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

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



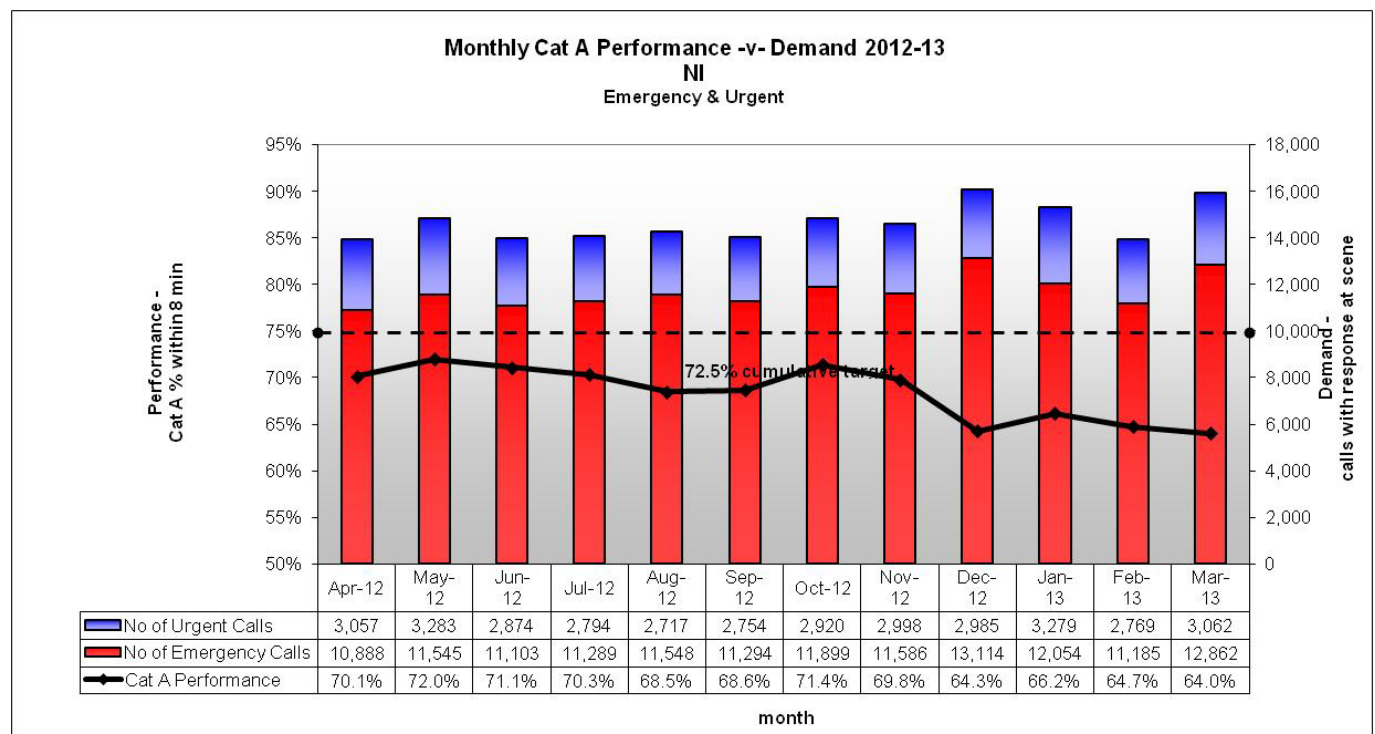
Non-Conveying Resource (RRV etc) - contribution to Cat A data

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	(Yr)
Belfast	476	520	511	458	430	477	515	536	485	468	395	453	5724
<i>Belfast (%)</i>	<i>54.5%</i>	<i>53.2%</i>	<i>53.9%</i>	<i>50.0%</i>	<i>48.4%</i>	<i>52.1%</i>	<i>52.3%</i>	<i>56.7%</i>	<i>48.7%</i>	<i>49.3%</i>	<i>47.1%</i>	<i>47.7%</i>	<i>51.2%</i>
South East	191	197	211	174	206	198	235	314	227	231	210	231	2625
<i>South East (%)</i>	<i>44.7%</i>	<i>42.6%</i>	<i>47.6%</i>	<i>41.1%</i>	<i>46.3%</i>	<i>45.9%</i>	<i>47.5%</i>	<i>68.1%</i>	<i>48.3%</i>	<i>48.9%</i>	<i>49.4%</i>	<i>47.8%</i>	<i>48.3%</i>
Northern	201	221	228	198	217	251	268	338	252	230	223	239	2866
<i>Northern (%)</i>	<i>39.7%</i>	<i>40.2%</i>	<i>42.1%</i>	<i>38.5%</i>	<i>39.5%</i>	<i>45.1%</i>	<i>42.7%</i>	<i>56.8%</i>	<i>42.1%</i>	<i>41.0%</i>	<i>42.8%</i>	<i>38.4%</i>	<i>42.5%</i>
Southern	166	218	186	199	183	183	218	267	219	170	175	233	2417
<i>Southern (%)</i>	<i>42.7%</i>	<i>47.9%</i>	<i>42.1%</i>	<i>45.3%</i>	<i>43.5%</i>	<i>45.9%</i>	<i>45.9%</i>	<i>61.0%</i>	<i>45.7%</i>	<i>41.1%</i>	<i>44.5%</i>	<i>51.7%</i>	<i>46.5%</i>
Western	120	170	136	145	114	115	142	172	137	140	117	170	1678
<i>Western (%)</i>	<i>27.2%</i>	<i>34.6%</i>	<i>31.3%</i>	<i>34.0%</i>	<i>27.7%</i>	<i>29.6%</i>	<i>31.5%</i>	<i>37.5%</i>	<i>27.2%</i>	<i>34.1%</i>	<i>28.7%</i>	<i>33.7%</i>	<i>31.5%</i>
Regionally	1154	1326	1272	1174	1150	1224	1378	1627	1320	1239	1120	1326	15310
<i>Regionally (%)</i>	<i>43.8%</i>	<i>45.2%</i>	<i>45.3%</i>	<i>43.2%</i>	<i>42.4%</i>	<i>45.5%</i>	<i>45.4%</i>	<i>56.1%</i>	<i>43.3%</i>	<i>44.1%</i>	<i>43.3%</i>	<i>44.0%</i>	<i>45.1%</i>

PERFORMANCE COMMENTARY:

RRV and other non-conveying resources continue to contribute significantly to Cat A response (45.1%) for the year 2012/13.

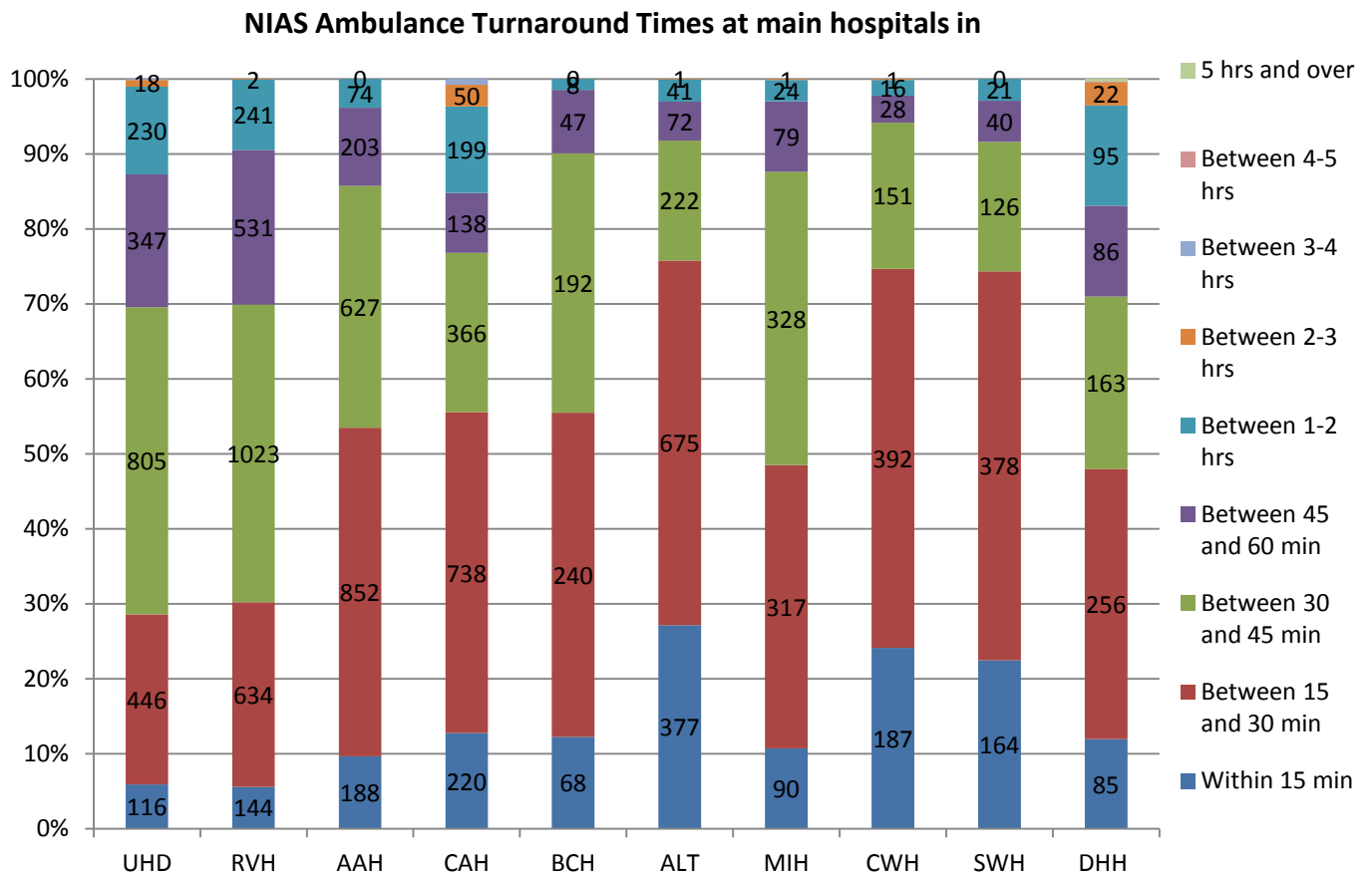
Urgent Calls (non-life-threatening):



PERFORMANCE COMMENTARY:

Dr Urgent activity 35,492 remained constant for 2012/13 compared with last year.

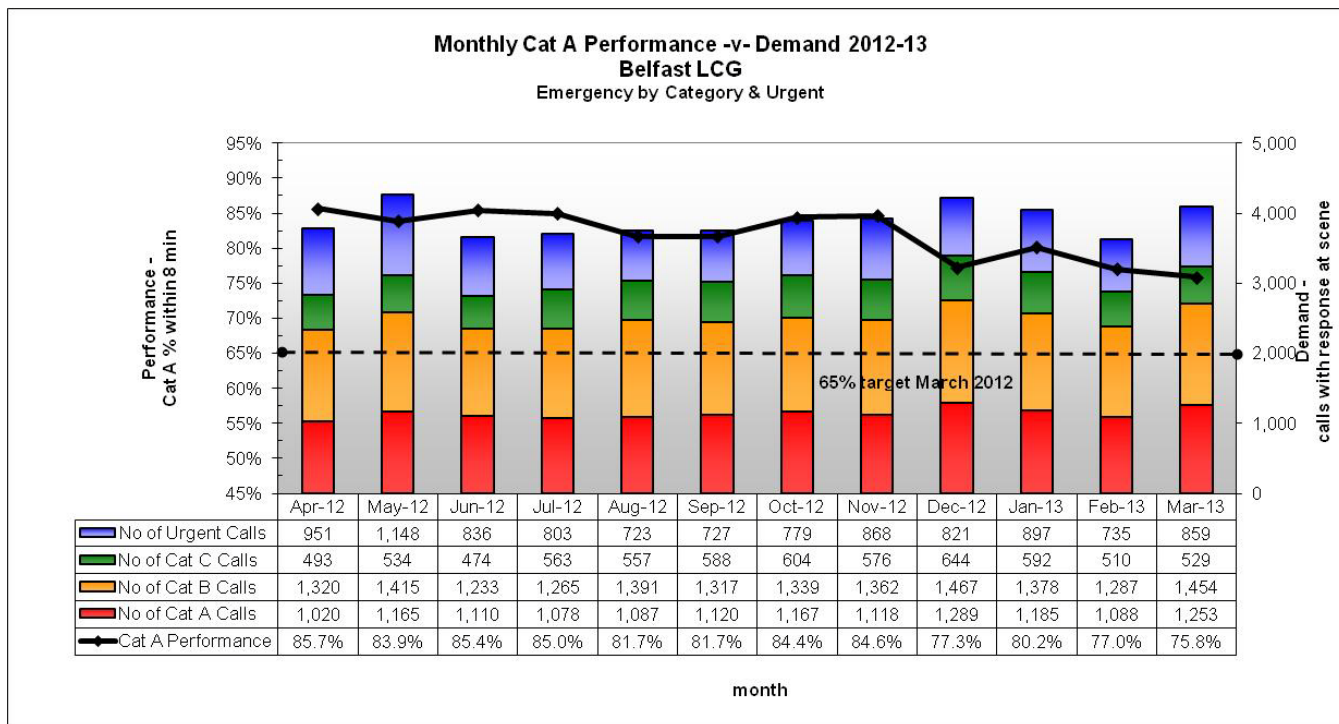
TURNAROUND TIMES AT HOSPITALS



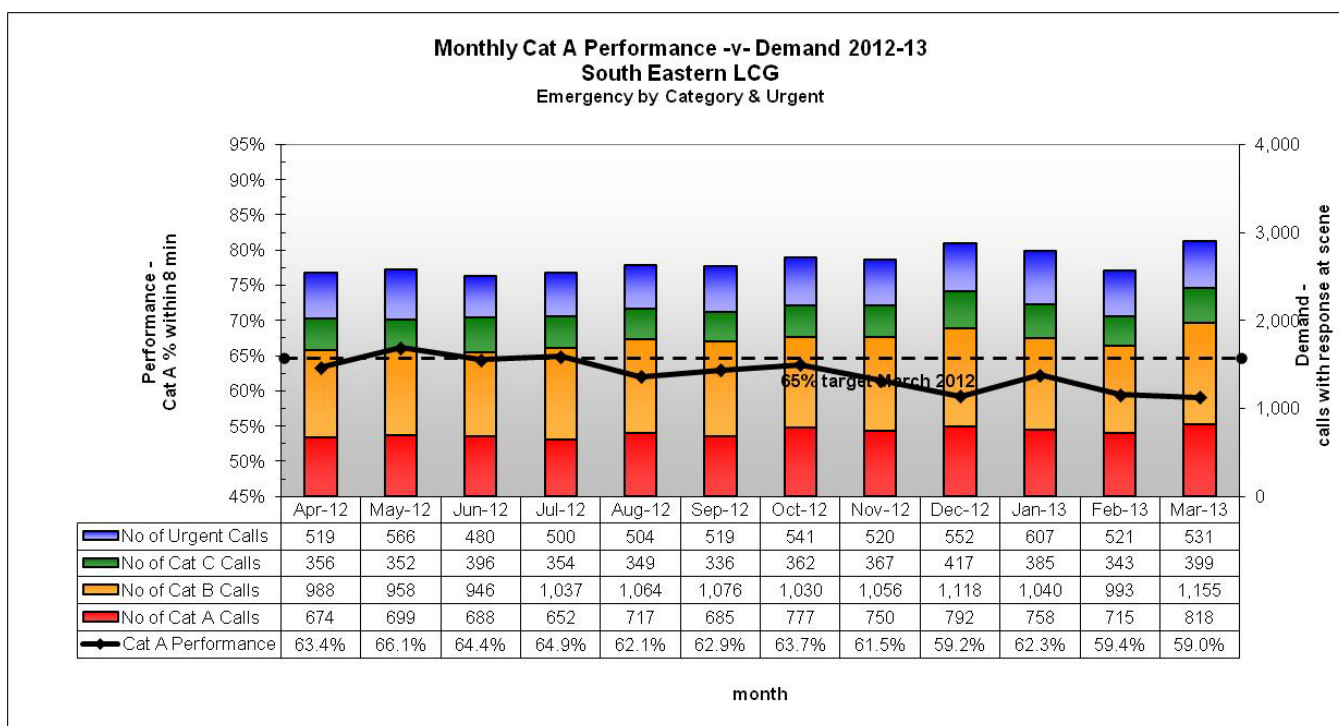
- In March 2013 51.7% of ambulances arriving at Emergency Departments are turning around in 30 minutes or less.
- NIAS continues to work with HSCB and Trusts in improving patient handover and turnaround times.
- There were 63 divers for March 2013

PERFORMANCE REVIEW BY DIVISION

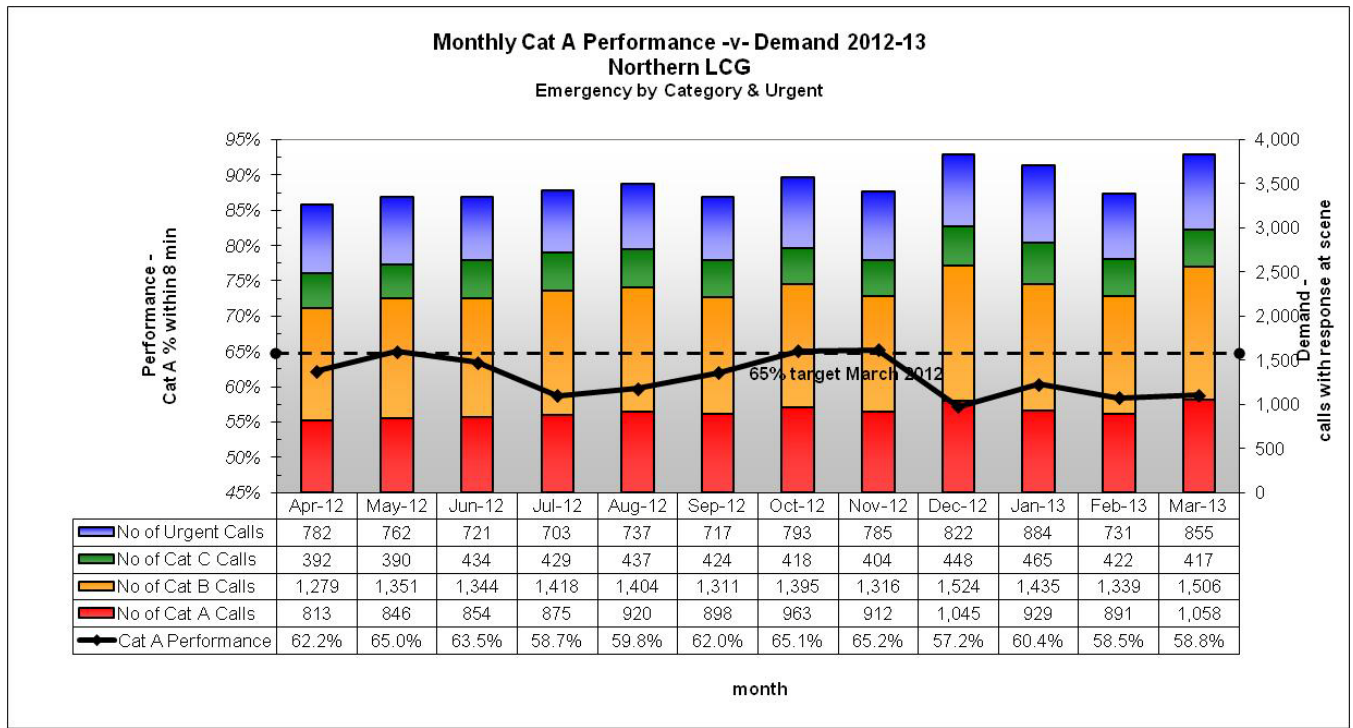
Belfast Division



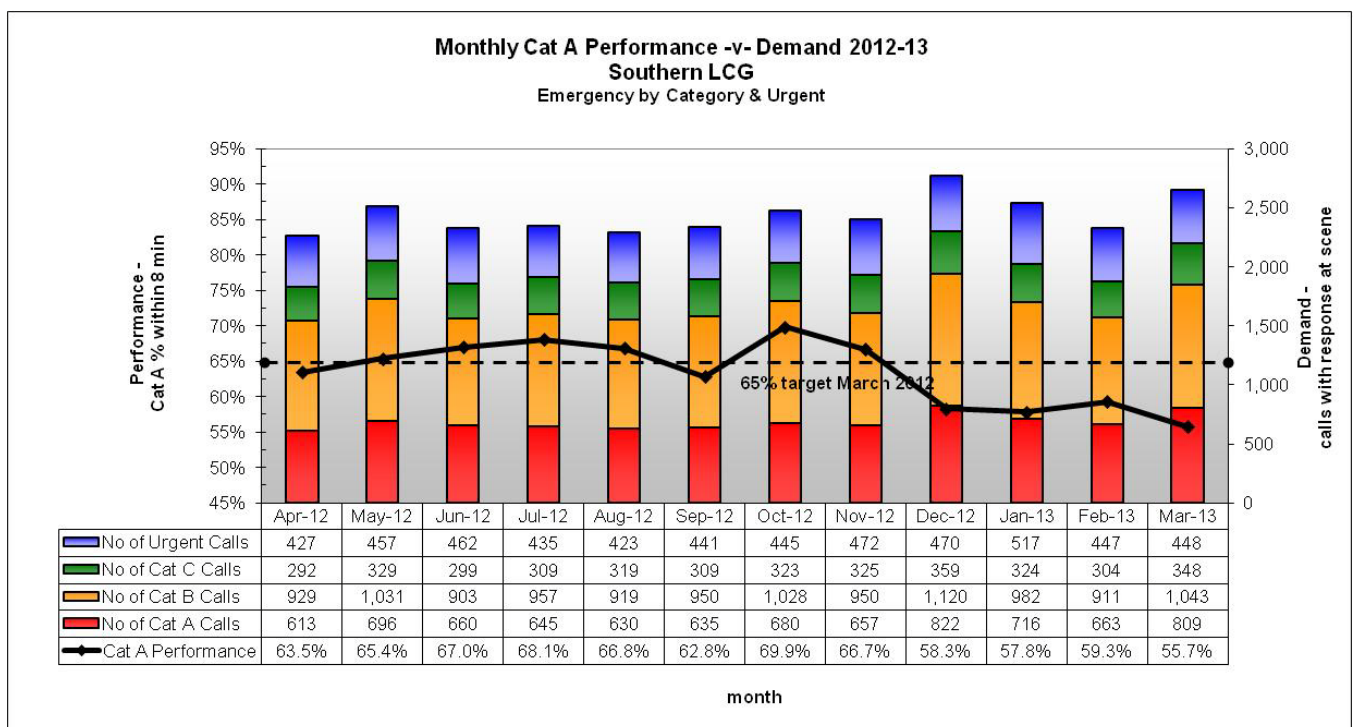
South Eastern Division



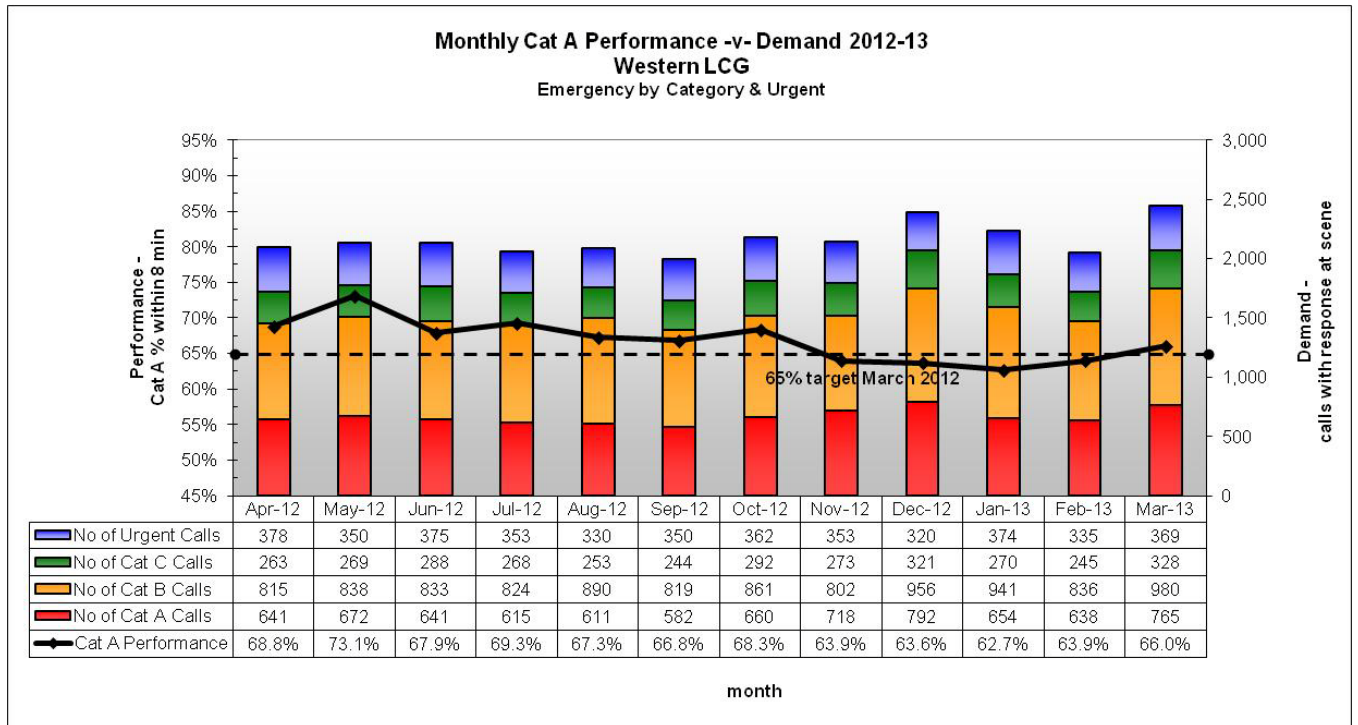
Northern Division



Southern Division



Western Division



SECURING THE INFRASTRUCTURE – FLEET ESTATE

OBJECTIVES

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

CONTROLS ASSURANCE PROGRESS REPORT

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

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

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

	Score in March 2012	RAG Rating	Rating (75% required)	Comment
Buildings & Land	87%		Substantive	4 th quarter review carried out April 2013
Environmental Mgt	87%		Substantive	4 th quarter review carried out April 2013
Fire Safety	92%		Substantive	4 th quarter review carried out April 2013
Fleet & Transport	83%		Substantive	4 th quarter review carried out April 2013
Security	85%		Substantive	4 th quarter review carried out April 2013
Waste Management	84%		Substantive	4 th quarter review carried out April 2013 (subject to internal audit)

Fleet

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	64.3	64.3	65.2	68.7	73.9	73.9	79.1	81.9	81.9	81.9	81.9	83.6
Non-Emergency Ambulances	84.8	88.6	90.5	91.4	93.3	93.3	93.3	92.4	92.4	92.4	92.4	88.6
Rapid Response Vehicles	78.9	78.4	78.4	81.1	81.1	81.1	86.8	89.7	73.8	73.8	69.0	69.0
Support Vehicles	55.8	48.1	48.1	46.2	50.0	50.0	51.9	48.0	52.0	52.0	42.0	44.0

PERFORMANCE COMMENTARY:

IMPROVEMENT PROPOSALS FOR 2012/2013:

Commissioning continues of A&E and PCS vehicles.

IMPROVEMENT PROPOSALS FOR 2013/2014:

Vans and chassis ordered for PCS & A&E.

ESTATE CAPITAL PROGRAMME

BALLYMENA:

Valuation for land transfer not completed in year. Priority for early 2013/2014.

ENNISKILLEN:

Comments received from DHSSPS and Business Case being reworked for submission in May 2013.

CRAIGAVON:

No further developments.

ARDS/BANGOR:

No further developments.

BELFAST:

Potential site identified and visited.

RISK COMMENTARY:

FLEET

The Business Case for the Replacement Programme 2013 – 2018 is ongoing.

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

Business Case is currently being prepared for re-submission in May, timelines of all participants to be clarified.

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	Green – On Target to Achieve
2:	Control of Capital Expenditure	Green
3:	Prompt Payment Duty	Red

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

External validation of the Trust's controls and assurance is provided by the Director of Finance to the Chief Executive as Accounting Officer by the audit process which independently reviews the financial statements. This process is overseen and challenged through the Trust's audit committee. A summary of these assurances is provided in the Statement of Internal Control which reflects the position at the end of the financial year (31 March) and in the Mid Year Assurance Statement (30 September). The Statement of Internal Control has been superseded by a Governance Statement which, for the first time in 2012/13 forms part of the Trust's Annual Report. This new statement outlines the Trust's processes for ensuring internal control together with any assurances and or breaches regarding compliance.

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.

At this stage of the year (30 May 2013) the Trust has submitted draft accounts to DHSSPS which have been considered by NIAS's Audit Committee. A full audit is underway by the National Audit Office (NAO) to provide external opinion on these financial statements for year ended 31 March 2013.

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

IMPROVEMENT PROPOSALS FOR 2012/13

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

REVENUE

Summary of Performance

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,812	11,775	15,712	19,674	23,601	27,533	31,473	35,346	39,258	43,254	47,894
Other Expenditure		1,962	2,551	3,423	4,180	5,020	5,929	6,813	7,600	8,497	9,469	11,335
Expenditure Total		9,774	14,326	19,135	23,854	28,621	33,462	38,286	42,946	47,755	52,723	59,229
Income		285	465	619	783	924	1,055	1,206	1,372	1,529	1,682	1,857
Net Expenditure		9,489	13,861	18,516	23,071	27,697	32,407	37,080	41,574	46,226	51,041	57,372
Net Resource Outturn		9,489	13,861	18,516	23,071	27,697	32,407	37,080	41,574	46,226	51,041	57,372
Revenue Resource Limit (RRL)		9,489	13,844	18,493	23,049	27,674	32,403	37,104	41,611	46,304	51,131	57,461
Surplus/(Deficit) against RRL		0	(17)	(23)	(22)	(23)	(4)	24	37	78	90	89

The Trust is reporting a surplus of £89k at the end of March 2013 (Month 12), pending completion of final accounts and audit and subject to and without prejudice assumptions in relation to Agenda for Change.

RISK COMMENTARY

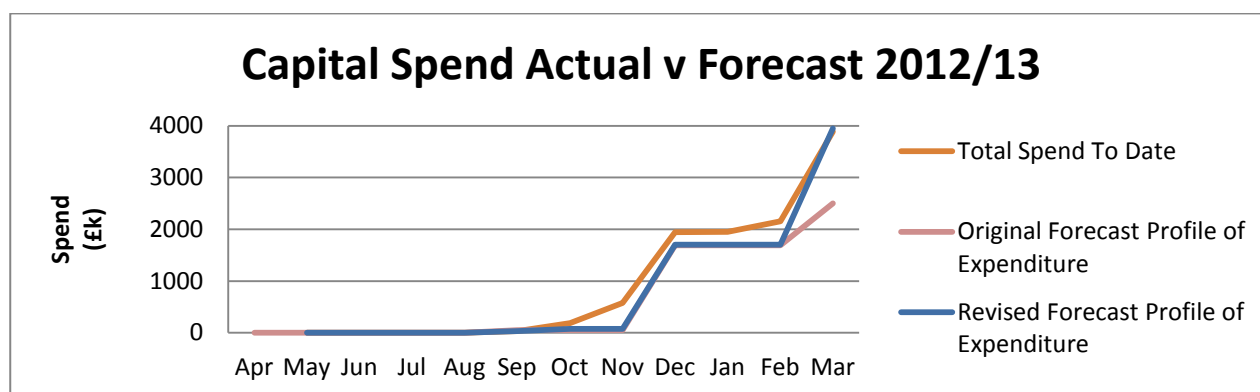
As the final outcome of the Agenda for Change process remains uncertain, there remains a risk to financial breakeven and stability.

CAPITAL

Summary of Performance

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0	0	0	0	155	546	1,908	1,908	2,030	3,370
Estate		0	0	0	0	0	0	0	0	0	0	40
Medical Equipment		0	0	0	0	0	0	0	0	0	0	158
IT Equipment		0	0	0	0	0	0	0	0	0	73	320
General Capital		0	0	0	0	35	35	35	35	46	51	0
Total Spend to Date		0	0	0	0	35	190	581	1,943	1,954	2,154	3,888
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	3,950

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) is £3,950k. Expenditure previously reported under the heading of general capital expenditure has been re-aligned under the relevant heading of Fleet, Estate, Medical Equipment and IT. Total expenditure of £3,888k against this allocation represents an underspend of £62k. All figures are subject to the completion of final accounts and audit.



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

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	97.1	90.8	92.0	89.4	93.7	95.6	93.6	93.4	94.1	86.9	91.0	85.3
Cumulative	97.1	93.4	93.0	92.1	92.5	92.9	93.1	93.1	93.2	92.5	92.4	91.9

Performance in respect of prompt payment of invoices within 30 days or other agreed terms remains a challenge for the Trust. The demands on staff, particularly in respect of the Business Services Transformation Programme continues to impact on performance in this area. The Trust continues to focus on improving performance, however the target of 95% has been narrowly missed in the current year.

RISK COMMENTARY

It is anticipated, subject to audit, that the capital budget will be largely expanded by year end. Delays in the submission and approval of business cases and the estate planning process have presented a challenge during the year together with concerns about supplier capacity. The geography and management infrastructure of NIAS has made achievement of 95% of invoices paid within 30 days or other agreed terms difficult. Despite regular monitoring and reminders to budget holders this target has been narrowly missed this year.

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 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 had advised that they expected this information to be available again early in the New Year, however ongoing system issues mean that this information remains currently unavailable.

RISK COMMENTARY

Though NIAS has not migrated to the new Finance Procurement and Logistics (FPL) systems, issues identified in respect of stock issues to HSC organisations by BSO PaLS have the potential to impact on the forecast financial position. Work to quantify any potential impact and resolve the issues identified are being progressed by both the system provider and Central BSTP Team. Final estimates have been received, though these will be subject to audit.

The demands on staff in NIAS and across the HSC in respect of the Business Services Transformation Programme is creating difficulties beyond the reporting of KPI's.

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

Assessment of the Trusts Information, Communications and Technology and Records Management standards is currently underway for 2012/13 as part of the year end process.

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.

March Command & Control

A&E System	2-15 Hours downtime	Power failure in A&E Server room resulted in the loss of all systems. Contingency measures including assistance from Scottish Ambulance Services to receive calls on behalf of NIAS under our 'Buddy agreement' ensured all calls were dealt with until telephony was restored at NIAS within 2 hours. Systems were restored in sequence and in line with the ICT contingency recovery plan with all systems fully functional within 15 hours.
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SYSTEM SECURITY

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

There are no security breaches to report.

STRATEGIC THEME 2: ENABLING IMPROVEMENT IN PERFORMANCE MANAGEMENT THROUGH ICT

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

Strategic Objectives:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

IMPROVEMENT PROPOSALS

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

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

SUMMARY OF PERFORMANCE

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

IMPROVEMENT PROPOSALS

The first improvement proposal set out above which had been identified as priority 1 was planned to be delivered in 2011/12. This audit of information available within the Trust together with confirmation of access by internal and external parties is underway but delays have been experienced due to competing operational priorities. An update on performance against this objective is shown below:

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

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

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

CORE WORK

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

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

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

Strategic Objectives

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTERNAL AUDITS

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

Governance Structures

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

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

the public good, and provide written input to the SIRO annually on the security and use of information as a key corporate asset.

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

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

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

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

IMPROVEMENT PROPOSALS

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

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

SUMMARY OF PERFORMANCE

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

STRATEGIC THEME 4: ENHANCING ICT SKILLS AND KNOWLEDGE

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

Strategic Objectives

1. Improve staff awareness of corporate policies and procedures in relation to access and use of information

2. Enhance staff skills and knowledge in the use of ICT systems and applications based on identified need

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

IMPROVEMENT PROPOSALS

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

SUMMARY OF PERFORMANCE

CORE WORK

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

STRATEGIC THEME 5: BUILDING AN E-INFORMATION CULTURE

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

STRATEGIC OBJECTIVES

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

IMPROVEMENT PROPOSALS

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

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

IMPROVEMENT PROPOSALS

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

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

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

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

CORE WORK

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

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

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

NIAS continues to facilitate a browser based system to monitor service pressures, which allows the information to be shared internally and externally. This captures information provided by acute hospitals across 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	2	7	4	5
Completed Requests processed within 40 days or less	0	1	1	0	1	0	2	2	1	3	4	3
Completed Requests exceeding 40 days	2	0	1	0	0	0	0	0	1	1	0	2
Identity Not Confirmed and therefore could not be further processed	2	0	1	0	0	0	0	0	0	2	0	0

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

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

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

ASSURANCE REPORT: HUMAN RESOURCES AND CORPORATE SERVICES

DIRECTORATE

EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

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

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

Update: On 5 April 2013 the Trust was advised that due to work pressures, especially with an unprecedented number of industrial tribunal cases, many relating to equal pay and clustering, it is not currently possible to provide a timeframe for release to complete the Job Evaluations. The Trust will continue to raise this matter with the DHSSPS on a fortnightly basis.

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

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

Following discussion at JCNC on 29 January 2013, it has been agreed in partnership to develop an addendum to the KSF PDR/PDP documentation which will address how individual members of staff meet Trust Corporate Objectives.

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

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

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

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

WORKFORCE

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

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

STATUTORY RETURNS

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

Article 55 3-year review (employment practices)

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

Disability Discrimination Order Annual Report (implementation of Disability Duties)

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

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

Annual external verification (HCPC approved Paramedic in Training Programme)

EDEXCEL

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

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

RQIA REPORT

IMPROVEMENT PROPOSALS FOR 2012/13

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

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

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

Performance Commentary

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

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

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

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

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

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

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

EXCEPTION REPORT (1.3.5): ON TARGET FOR ACHIEVEMENT.

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

2. MODERNISATION AND REFORM

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

PERFORMANCE COMMENTARY

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

2.1 Manage implementation of BSTP as it relates to NIAS		MEES											
		EXCEPTION REPORT: RESOURCE IMPLICATIONS OF BSTP ON THE HUMAN RESOURCES DEPARTMENT REMAIN SIGNIFICANT. RISK TO MAINTAINING CORE BUSINESS HAS BEEN REFLECTED IN THE TRUST'S CORPORATE RISK REGISTER AND HUMAN RESOURCES & CORPORATE SERVICES DIRECTORATE LOCAL RISK REGISTER											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2.1.1	Participate on Regional BSTP Structures e.g. Regional BSTP Implementation Board, Regional Shared Services Implementation Board, Regional Forum for Engagement with Trade Unions and related regional work streams.	G	G	G	G	G	G	G	G	G	G	G	G
2.1.2	Identify NIAS specific issues and highlight to regional structures as appropriate	G	G	G	G	G	G	G	G	G	G	G	G
2.1.3	Agree and implement related action plans for implementation of BSTP Shared Services within NIAS	G	G	G	G	G	G	G	G	G	G	G	G
2.1.4	Agree and implement related action plans for implementation of BSTP HRPTS Systems within NIAS	G	G	G	G	G	G	G	G	G	G	G	G

3. SHAPING AND DEVELOPING THE FUTURE WORKFORCE

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

PERFORMANCE COMMENTARY

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

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

4. SUPPORTING STAFF TO ACHIEVE HIGH QUALITY PERFORMANCE

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

PERFORMANCE COMMENTARY

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

4.1 Develop, agree and report on a Health and Well Being and Attendance Management Action Plan for 2012-13 <i>MEES</i>													
EXCEPTION REPORT:													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.1.1	Review performance improvement plans and bench mark good practice for inclusion in action plan	GA	GA	GA	G	G	G	G	G	G	G	G	G
4.1.2	Agree action plan at SEMT	GA	GA	GA	G	G	G	G	G	G	G	G	G
4.1.3	Ratify Action Plan at Trust Board	GA	GA	GA	G	G	G	G	G	G	G	G	G
4.2 Develop, prioritise, agree and implement 2012-13 NIAS Education Learning and Development (ELD) Plan <i>MEES</i>													
EXCEPTION REPORT: -													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.2.1	Engage with key stakeholders in relation to the priority ELD requirements in the plan.	G	G	G	G	G	G	G	G	G	G	G	G
4.2.2	Agree Plan at SEMT	G	G	G	G	G	G	G	G	G	G	G	G
4.2.3	Present Plan to Assurance Committee and report compliance	N/A	G	G	G	G	G	G	G	G	G	G	G
4.2.4	Implement ELD Plan	G	G	G	G	G	G	G	G	G	G	G	G

5. EQUALITY AND HUMAN RIGHTS

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

PERFORMANCE COMMENTARY

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

5.1 Support the Trust in the mainstreaming of Equality and Human Rights Agenda 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	G	G	G	G
5.1.2	Implement and monitor NIAS Equality Scheme Action Plan	G	G	G	G	G	G	G	G	G	G	G	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	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	G	G	G	G

6.0 PARTNERSHIP AND EMPLOYEE ENGAGEMENT

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

PERFORMANCE COMMENTARY

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

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

NIAS RESPONSES TO CONSULTATIONS

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
11 January 2013	HSC Board Transforming Your Care. Proposals for changes to healthcare services following the publication of the <i>Review of Health and Social Care in Northern Ireland: Transforming Your Care</i> .	The change process must enable HSC staff to make definitive care decisions for patients and clients as soon as possible in the process and simplify both access to, and negotiation of, the healthcare system for patients and carers. The focus on unscheduled care should be pre-hospital to maximise the opportunities of preventing unnecessary and inappropriate hospital attendance. It is critical that unscheduled care is viewed and managed as a 24/7 issue, inextricably linked to emergency 999 care and response. The process should include an assessment of the operational and financial consequences for NIAS. It is important that statutory requirements under Section 75 are followed in the implementation of the proposals.	www.tyconconsultation.hscni.net .
19 February 2013	NIFRS People at Risk Strategy 2012 – 2015	Welcome the Strategy and its objective to enhance fire safety for the community, and seek to work with NIFRS where possible. The strategic aspects of the document may require changes in legislation to provide for enhanced fire prevention,	http://www.nifrs.org/econs.php?sec=12&g=1&econ=25844

		and this may be the best way forward to impact on people at risk.	
26 February 2013	Consultation on Speed Limit Exemptions	<p>Agree with the intention to introduce high speed driver training accredited by the Driving Standards Agency and also note that there will be no requirement for the existing blue light Police, Fire and Ambulance instructors to be accredited under this scheme providing high speed driver training is part of their job role controlled under existing guidelines.</p> <p>Clarification should be provided with regards to what will be taken as an 'Ambulance Service' for the purposes of the legislation.</p>	https://www.gov.uk/government/consultations/speed-limit-exemptions
13 March 2013	<p>The Future of Adult Care and Support</p> <p>The consultation is part of a process to reform the provision of adult care and support services against a background of an aging population, increased expectations and a difficult financial climate.</p> <p>The purpose of the consultation document is to raise awareness of these issues and engage in debate about the future of adult care and support services.</p>	<p>Supportive of proposals in principle, provided they are supported by funding.</p> <p>Advised there should be clearer definitions as to what is provided, by whom, where and when etc.</p> <p>Focus should shift to earlier intervention especially if it can improve/prevent loss of independence. However this needs to be appropriately resourced. If there is an increase in the number of inter-hospital transfers, inter-sectoral transfers (nursing home to outpatient/rehab clinic), there needs to be due consideration given to how the patient/user will get to these clinics. If there is an expectation that this will be supported by the Non-emergency services such as NIAS then this increase needs to be adequately funded and resourced.</p>	http://www.dhsspsni.gov.uk/showconsultations?txtid=58501
13 March 2013	Cross Departmental Autism Strategy and Action Plan	Careful consideration should be given to early collaboration with NIAS as stakeholders with an impact on access to transport from both an emergency and non-emergency point of view. Early discussions on most appropriate tools/approaches will	http://www.dhsspsni.gov.uk/showconsultations?txtid=59561

		<p>need to take place to facilitate communication between NAIS staff and clients/users with autism.</p> <p>It is important that the strategy clarifies the expectations of the Acute Trusts and engages appropriately with NIAS in respect of those elements which would be relevant in an ambulance service context.</p>	
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PERFORMANCE INFORMATION STATISTICAL ANNEX

ATTENDANCE MANAGEMENT ABSENCE STATISTICS

TOTAL YEAR TO DATE ABSENCE 2012/13 = 7.50%							2011/12 ABSENCE = 7.18%					
ABSENCE TARGET 2012/13 = 6.7%												
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE				WTE: 1072.78								
% ABSENTEEISM												
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	7.32	7.06	7.55	6.79	7.28	6.90	7.15	7.83	9.57	9.75	8.45	10.04
Cumulative absence (%)	7.32	7.12	7.19	7.09	7.20	7.15	7.17	7.23	7.46	10.21	7.74	7.99
No. of employees on half pay	9	13	12	11	7	7	7	5	7	7	7	8
No. of employees on no pay	2	2	2	4	4	6	4	4	4	4	2	2
MEDICAL DIRECTORATE				WTE: 10								
% ABSENTEEISM												
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	14.97	14.29	4.76	0	0	0	0	0	0	0	9.09	10.00
Cumulative absence (%)	14.97	14.45	11.21	8.08	6.32	5.21	4.42	3.78	3.30	2.92	3.53	4.21
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	0
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	0
FINANCE & ICT DIRECTORATE				WTE: 27.63								
% ABSENTEEISM												
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	0.18	0	0.07	0.16	0.17	0.00	0.00	0.34	0.16	2.38	0.18	0.79
Cumulative absence (%)	0.18	0.09	0.08	0.10	0.11	0.10	0.08	0.11	0.14	0.37	0.36	0.39
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	0
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	0
HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE				WTE: 89.03								
% ABSENTEEISM												
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	3.31	2.89	0.82	0.72	0.41	4.05	7.59	8.75	6.86	9.40	8.01	4.93
Cumulative absence (%)	3.31	3.06	2.29	1.89	1.59	1.99	2.82	3.55	4.09	4.71	4.78	4.74
No. of employees on half pay	0	0	0	0	0	0	0	0	0	0	0	0
No. of employees on no pay	0	0	0	0	0	0	0	0	0	0	0	0

NIAS % ABSENTEEISM												
WTE: 1184.75												
Absence Target 12/13 (6.7%)	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
% short term absence	3.13	2.86	3.03	3.32	2.77	1.82	2.84	3.27	1.96	4.96	4.17	4.02
% long term absence	3.69	3.83	3.78	2.79	3.84	3.48	3.91	4.32	5.09	4.52	3.96	5.07
No. of employees on half pay	9	13	12	11	7	7	7	5	7	7	7	8
No. of employees on no pay	2	2	2	4	4	6	4	4	4	4	2	2
Monthly absence (%) 12/13	6.82	6.69	6.81	6.11	6.61	6.24	6.75	7.60	9.12	9.49	8.13	9.09
Cumulative absence (%) 12/13	6.82	6.74	6.74	6.58	6.73	6.58	6.63	6.73	7.05	7.31	7.32	7.50
Performance Assessment	A	A	A	G	A	G	G	A	AR	AR	AR	AR
Estimated Cumulative Cost of absence* (£'000)	262.3	519.9	793.7	1,033.9	1,325	1,553	1,826	2,118	2,492	2,870	3,17	3.55
% 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 Apr 12 – Dec 12)

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

*Source - The Information Centre for Health and Social Care

** NIAS cumulative figures

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%	7.50%

• Source : HSCT Monitoring of Human Resource Activity

* Figures unavailable from the DHSSPSNI (as at 31 March 2013)

<u>Commentary:</u>

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

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

* Source : HSCT Monitoring of Human Resource Activity

* Figures unavailable from the DHSSPSNI

Commentary:

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	4	2	0	1	0	1	3	2	17
Grievances acknowledged within 2 days	2	0	0	0	2	2	0	0	0	1	3	2	12
Grievances at Informal Stage	0	0	0	0	0	2	0	1	0	0	0	1	4
Grievances resolved informally / withdrawn	2	0	0	1	2	0	0	0	0	0	2	0	7
Stage 1 hearing arranged within 15 working days	0	0	0	0	0	0	0	0	0	0	0	0	0
Stage 1 outcome conveyed within 7 working days of hearing	0	0	0	0	0	0	0	0	0	0	0	0	0
Stage II hearing arranged within 15 working days of notification	0	0	0	0	0	0	0	0	0	0	0	0	0
Stage II outcome conveyed within 7 working days of hearing	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Cases Closed	3	0	0	1	2	0	0	0	0	0	2	0	8
Number of active Grievance Cases (2012/13)													9
Total number of active Grievance Cases													21

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	2	4	1	5	2	1	1	2	1	0	2	0	21
Number of HCPC referrals	2	3	0	4	1	0	0	2	2	0	1	0	15
Number of suspensions	0	0	0	0	0	0	0	0	0	0	0	1*	1
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1
Formal investigations ongoing	0	0	0	1	1	1	1	2	1	0	2	0	9
Formal investigations completed as soon as is reasonable	1	2	0	0	0	0	0	0	Ongoing	0	Ongoing	0	3
Document disclosure exchanged 5 working days prior to disciplinary hearing	0	0	0	0	0	0	0	0	0	0	0	0	0
Decision of Stage I Panel conveyed within 7 working days of date of hearing	0	0	0	1	0	0	0	0	0	0	0	0	1
Employee will be given 7 working days notice of appeal hearing	0	0	0	0	0	0	0	0	0	0	0	0	0
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	0	0	0	0	0	0	0	0	0	0	0	0
Disciplinary Cases Closed	2	4	1	1	1	0	0	0	0	0	0	0	9
Number of active suspensions	0	0	0	0	0	0	0	0	0	0	0	1	1
Number of active Disciplinary Cases (2012/13)													12
Total number of active Disciplinary Cases													18

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of harassment cases	1	4	1	0	1	0	1	3	0	0	1	0	12
Number of informal cases	0	3	1	0	0	0	0	0	0	0	0	0	4
Number of formal cases	1	0	0	0	0	0	0	3	0	0	1	0	5
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	1	2	0	0	0	0	0	3	0	0	1	0	7
Cases withdrawn	0	1	0	0	1	0	1	0	0	0	0	0	3
Investigation complete within 30 working days of receipt of complaint	0	0	0	0	0	0	0	0	0	0	0	0	0
Harassment Cases Closed	1	4	1	0	1	0	1	0	0	0	0	0	8
Number of active harassment cases (2012/13)													4
Total Number of Active Harassment cases													8

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

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

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

NB two cases were filed in August and had not been previously counted in other Trust Board papers throughout 2012/13.

Commentary:

EDUCATION, LEARNING AND DEVELOPMENT

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Paramedic-In-Training Programmes	G	G	G	G	G	G	G	G	G	G	G	G
Ambulance Care Assistant Programmes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G
Mandatory Training & Assessment Programmes												
<p><i>*There was a delay in issuing the 2012-2013 Annual L&D Workbook (usually distributed in September for completion by end of training/financial year) pending the outcome of deliberations regarding release arrangements for staff within the Operations Directorate who work shifts to complete the workbook. The workbooks were distributed in January 2013 with a target date for completion of 30 September 2013 (in line with the target date for KSF PDR/PDPs). The rating will therefore remain as Amber (on track for completion), working towards a Green rating by 30 September 2013.</i></p> <p><i>**Due to operational pressures, Ambulance Care Assistants in East City Division were not released to undertake annual assessment as planned. This has created an overspill of training in this area into early 2013-2014.</i></p>												
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
*Annual Learning & Development Workbook	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Annual Assessment/Structured CPD Paramedic & Emergency Medical Technician	N/A	N/A	N/A	N/A	N/A	A	A	A	A	G	G	G
Annual Assessment/Structured CPD (North/East Country/South/West) Ambulance Care Assistant	N/A	N/A	N/A	N/A	N/A	A	A	A	A	G	G	G
**Annual Assessment/Structured CPD (East City) Ambulance Care Assistant						A	A	A	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	N/A	N/A	N/A	N/A
Care & Responsibility (2 day)	N/A	N/A	G	G	G	G	G	G	G	G	G	G
First Aid at Work Refresher – Control Staff	G	G	G	G	G	G	G	G	G	G	G	G
High Speed Competency Assessments	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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	G	G	G	G
Knowledge & Skills Framework Reviewee	N/A	N/A	G	G	G	G	G	G	G	G	G	G
CSO - Supervision of Clinical Practice	N/A	G	G	G	G	G	G	G	G	G	G	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	G	G	G	G
CSO – High Speed Assessor Training	G	G	G	G	G	G	G	G	G	G	G	G
IHCD Driving Instructors – ADI Training	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CSO – IHCD Instructor Training	N/A	N/A	N/A	N/A	N/A	G	G	G	G	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	N/A	A	G	G
HSC Leadership Programme	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G
CIPFA	G	G	G	G	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	G	G	G	G
Ambulance Care Assistant – Post-Training Support	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clinical Supervision of Post-Qualified Staff	G	G	G	G	G	G	G	G	G	G	G	G
Pandemic Preparedness - FIT Testing	G	G	G	G	G	G	G	G	G	G	G	G
Clinical Audit	N/A	N/A	G	G	G	G	G	G	G	G	G	G
Alternative Care Pathways – New Guidelines	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clinical Performance Indicators (CPIs)	G	G	G	G	G	G	G	G	G	G	G	G

High Speed Driving Competency Assessments	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Patient/Client Experience Audit	G	G	G	G	G	G	G	G	G	G	G	G	G
CPD Events	G	G	G	G	G	G	G	G	G	G	G	G	G

AGENDA FOR CHANGE

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finalise and implement Knowledge & Skills Framework Action Plan as agreed in Partnership	G	G	G	G	G	G	G	G	G	G	G	G
Implement Northern Ireland position on gateway progression	G	G	G	G	G	G	G	G	G	G	G	G
Control	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Operations	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Fleet & Estate	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Medical & Risk Mgmt	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Emergency Planning	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
HART	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Finance	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
ICT & Information	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Stores & Courier	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
HR	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Equality & PPI	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Corporate Services	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
RATC	N/A	N/A	N/A	N/A	N/A	N/A	A	A	A	A	A	A
Key Actions	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	G	G	G	G
JE Panel meetings (in addition to 10 meetings between Nov 2010-Mar 2011)	-	2	2	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outcome from JE Panel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	G
Consistency Check JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outcome from JE Panel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	G
Consistency Check JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outcome from JE Panel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Refer to RQA Team for their opinion	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G	G
Consistency Check JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CLAIMS MANAGEMENT

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability													
Cases Received	2	3	1	1	0	0	3	2	2	1	1	0	16
Cases Settled	0	0	1	0	1	0	0	2	0	2	1	0	7
Cases Ongoing													25
Clinical Negligence													
Cases Received	0	1	0	0	0	0	0	0	0	0	0	0	1
Cases Settled	0	0	0	1	0	0	0	1	0	0	0	0	2
Cases Ongoing													9
Public Liability													
Cases Received	0	1	0	0	0	0	0	0	0	1	0	0	2
Cases Settled	0	0	0	0	0	0	0	1	0	0	1	0	2
Cases Ongoing													4

COMPLAINTS MANAGEMENT

COMPLAINTS & COMPLIMENTS

					2012-13								2011-12			
COMPLAINTS RECEIVED					Total (to date)								Total			
Total complaints received at 31/03/13					140								98			
HANDLING TIMES OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012-13	%	2011-12	
Complaints received	13	6	8	10	8	13	17	17	9	10	14	15	140	100%	98	100%
Total A&E & PCS Activity (Calls)	-	-	-	-	-	-	-	32951	32803	33781	30011	30424				
Acknowledged within 2 working days	13	6	8	10	8	13	15	17	9	10	14	15	138	98%	95	97%
Acknowledged after 2 working days	0	0	0	0	0	0	2	0	0	0	0	0	2	2%	3	3%
Response within 20 working days	9	2	2	4	4	7	5	6	0	3	1	0	43	31%	34	35%
Response after 20 working days	4	4	6	6	4	6	11	10	8	6	9	5	79	56%	64	65%
Complaints Investigations ongoing	0	0	0	0	0	0	1	1	1	1	4	10	18	13%	0	0%
Average Response Time (Working days)													32		31	
Cases referred to NI Ombudsman (cases ongoing)	0	0	0	1	0	0	0	0	0	0	0	1	2 (2)	1%	4	4%

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

SERVICE AREA OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012-13	%	2011-12	
Accident & Emergency	6	5	4	4	3	7	7	6	3	5	3	3	56	40%	42	43%
Patient Care Service	1	1	2	5	3	0	4	0	2	2	1	1	22	16%	19	19%
Control & Communications	5	0	2	1	2	5	6	10	4	3	10	11	59	42%	34	35%
Other	1	0	0	0	0	1	0	1	0	0	0	0	3	2%	0	0%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	3	3%
TOTAL	13	6	8	10	8	13	17	17	9	10	14	15	140		98	

NATURE OF COMPLAINTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012-13	%	2011-12	
Staff Attitude	2	3	3	4	2	3	7	4	3	4	4	5	44	32%	37	38%
Ambulance Late/No Arrival	7	2	3	4	3	8	9	9	5	4	7	10	71	51%	39	40%
Clinical Incident	2	1	1	0	1	1	0	2	1	2	3	0	14	10%	17	17%
Suitability of Equip/Vehicle	0	0	0	1	1	0	0	0	0	0	0	0	2	1%	0	0%
Other	2	0	1	0	0	1	1	2	0	0	0	0	7	5%	4	4%
Patient Property	0	0	0	1	1	0	0	0	0	0	0	0	2	1%	1	1%
TOTAL	13	6	8	10	8	13	17	17	9	10	14	15	140		98	

COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012-13	2011-12		
RECEIVED	10	19	14	11	15	16	5	14	17	11	15	7	162	145		

SERVICE AREA OF COMPLIMENTS RECEIVED																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2012-13	%	2011-12	
Accident & Emergency	8	17	13	10	12	14	5	14	15	11	22	6	147	90%	128	88%
Control	2	1	1	0	3	2	0	0	0	0	0	0	9	6%	10	7%
Patient Care Service	0	1	0	1	0	0	0	0	2	1	0	1	6	4%	7	5%
Voluntary Car Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0%
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0%
TOTAL	10	19	14	11	15	16	5	14	17	11	15	7	162		145	

SECTION 75

Section 75 Policy Screening	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completed Policy S75 Screenings	0	1	0	1	0	1	1	0	0	0	0	3

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

MEDIA MANAGEMENT

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Daily Media - Response within same day													
Number of enquiries received	18	26	25	20	31	38	27	27	20	23	26	22	303
Number of responses issued on day of receipt	18	26	25	20	31	38	27	27	20	23	26	22	303
Weekly Media - Response within three days													
Number of enquiries received	3	5	3	5	9	4	7	19*	7	8	8	7	85
Number of responses issued within three days of receipt	3	5	3	5	9	4	7	19*	7	8	8	7	85
Number of responses resulting in Media Coverage	20	31	27	25	36	42	32	46	24	29	34	28	374

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

COMMUNITY EDUCATION

Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of visits delivered	4	16	27	7	14	5	28	25	8	33	29	36	232

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	
Principal Aim, Objective, Value	Strategic Aim 2
Risk Type	CORP
Title	Organisational Cohesion
Description	There is a risk to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function.
Risk level (initial)	Low
Risk level (Target)	Very Low
Risk level (current)	Low
Lead Director	Chair
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. All Board positions filled. 2. Membership of Trust Board Committees clearly established and terms of reference in place. 3. Cover arrangements for Chair in place. 4. Cover arrangements for CX in place. 5. Corporate Plan agreed and in place. 6. Structures and processes established to promote a professional approach by Trust Board members.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	Board effectiveness assessment planned.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 2
Risk Type	CORP
Title	Workforce Flexibility
Description	There is a risk that NIAS workforce strategy will not be sufficiently flexible to respond effectively to the challenges/opportunities of TYC and other strategic change.
Risk level (initial)	MOD
Risk level (Target)	Low
Risk level (current)	MOD
Lead Director	Dir of HR
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. PIT Programme established. 2. Paramedic Assistant programme in development. 3. HSC engagement to identify workforce developments as early as possible.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Review Paramedic Training Programme and approach. 2. Establish workforce developments on PMSI agenda to identify issues sooner. 3. Explore opportunities to increase workforce flexibility – part-time, temporary, voluntary.
Closed	

ID	
Principal Aim, Objective. Value	Strategic Aim 1
Risk Type	CORP
Title	Balancing Statutory Responsibilities
Description	There is a risk that that excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff.
Risk level (initial)	Low
Risk level (Target)	Very Low
Risk level (current)	Low
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Corporate Plan identifying purpose, mission, vision and values directs strategic aims and objectives and counter measures to balance competing priorities. 2. Governance structures (Audit Committee, Assurance Committee, Remuneration Committee) provide balance in pursuit of objectives and reporting structure to Trust Board. 3. HSC Governance structure and accountability processes provided balance on competing priorities. 4. NIAS Assurance Framework provides balance of competing priorities.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Review performance reporting processes to clarify links between finance, performance and activity. 2. Review Trust Board agenda and operation to assure due consideration of all priorities.
Closed	

ID	
Principal Aim, Objective. Value	Strategic Aim 1
Risk Type	CORP
Title	TYC Implementation
Description	There is a risk that that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibilities and service development aspirations.
Risk level (initial)	Mod
Risk level (Target)	Very Low
Risk level (current)	Mod
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Membership of TYC Programme Board. 2. Membership of TYC Workforce Planning Group. 3. Membership of TYC Advisory & Assurance Group. 4. Response to TYC consultation and ongoing engagement.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Submit bids to HSCB TYC Project for service developments. 2. Assess Service developments from other bodies for risks to NIAS. 3. Establish process for highlighting risks in appropriate fora for treatment. 4. Identify requirement for and establish contingency arrangements to manage risk.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 3
Risk Type	CORP
Title	Public Perception
Description	There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service.
Risk level (initial)	Mod
Risk level (Target)	Low
Risk level (current)	Mod
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Public Trust Board Meetings 2. Annual Reports 3. Community engagement programme. 4. Public consultation on significant changes. 5. Social media.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Establish as key element for inclusion in communications strategy. 2. Explore further opportunities to influence public perception. 3. Present action plan to Trust Board.
Closed	

ID	
Principal Aim, Objective. Value	Strategic Aim 1
Risk Type	CORP
Title	Linking Demand to Funding
Description	There is a risk that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned/approved budget to demand.
Risk level (initial)	Mod
Risk level (Target)	Low
Risk level (current)	Mod
Lead Director	Dir of Ops
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Both financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. 2. Both are discussed at Trust Board. 3. Process in place to secure additional resources linked to service change which could potentially be extended.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Submit proposal to link planned budget to demand analysis to HSCB. 2. Establish metrics to show correlation/relationship between planned resource – demand – performance.
Closed	

ID	
Principal Aim, Objective, Value	Strategic Aim 1
Risk Type	CORP
Title	Prioritising Core Activity
Description	There is a risk that unscheduled care services will develop in an unco-ordinated manner in HSC without reference to NIAS, leading to disconnect in service provision. This could result in a risk of compromise of core NIAS activity.
Risk level (initial)	Low
Risk level (Target)	Very Low
Risk level (current)	Low
Lead Director	Dir of Ops
Initial Action Taken to Control/ Mitigate Risk	<ol style="list-style-type: none"> 1. Differentiation of urgent from emergency activity on basis of clinical need. 2. Membership of governing structures, in particular TYC programme board, GPOOH. 3. Development of awareness of taking account of consequences of change on NIAS in HSCB, HSC Trust and DHSSPS.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Consolidate 'same-day' ambulance urgent management in EAC. 2. Embed management of Consequences of change in relevant HSC structure eg TYC Programme Board, Financial Stability Programme.
Closed	

ID	
Principal Aim, Objective. Value	Strategic Aim 1
Risk Type	CORP
Title	TYC Developments
Description	There is a risk that the further development of TYC may lead to a retraction of ambulance services to core 999 response and transportation only
Risk level (initial)	low
Risk level (Target)	very low
Risk level (current)	low
Lead Director	CX
Initial Action Taken to Control/ Mitigate Risk	1. Separate emergency and non emergency control structures and tiers established. 2. Separation of emergency and non emergency control personnel.
Opened	01/02/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	1. Monitor TYC developments at TYC programme Board and other fora to pre-alert to any change in risk. 2. Further differentiate ambulances activity where possible to ease management of any retraction.
Closed	

ID	232
Principal Aim, Objective. Value	Strategic Aim 1
Risk Type	CORP
Title	Business Services Transformation Programme (BSTP)
Description	<p>"There are three distinct projects within BSTP that represent various risks to NIAS: Finance, Procurement, Logistics (FPL) Human Resources, Payroll, Travel and Subsistence (HRPTS) Shared Services (SS). Each of these projects present risks across three broad areas - Business as Usual: The ability to maintain core business requirements prior to and during implementation of BSTP Implementation: Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP Benefits Realisation: The project is unable to realise anticipated benefits (financial and non financial)"</p>
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	<p>"Representation on HRPTS, FPL, and SS Boards and Groups regionally and locally. Establishment of Project Management Infrastructure and Project Team. Recruitment of Project Manager, Implementation Managers and Functional Specialists with backfill as appropriate. Targeting of capacity to core business and critical issues as appropriate. Participation in Change Impact Assessment Workshops. Engagement and communication with stakeholders. Pilot IT infrastructure audit and engagement with Regional ICT leads. Inventory of existing system contracts.</p>
Opened	01/04/2012
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<ol style="list-style-type: none"> 1. Recruitment to vacant posts and backfill as appropriate. □ 1.1 Ongoing and reviewed monthly by NIAS Project Board. □ 2. Continue prioritisation of core business requirements. □ 2.2 Ongoing and reviewed monthly by NIAS Project Board. □ 3. Continue to review priorities, engaging with other HSC Trusts □ <ol style="list-style-type: none"> 3.1 Weekly/monthly by HRPTS TDG / FPL TG □ 4. Bid for additional resources as appropriate/available. □ 4.1 Ongoing and reviewed monthly by NIAS Project Board. □ 5. Continue to work with BSTP Central Team and suppliers as appropriate within existing resources. □ <ol style="list-style-type: none"> 5.1 Weekly/monthly by HRPTS TDG / FPL TG □ 6. Focus on resolution of critical issues, for example rostering interfaces, multiple employment, Collaborative Planning, IT Infrastructure. □ <ol style="list-style-type: none"> 6.1 Ongoing and reviewed monthly by NIAS Project Board. □ 7. Further development of business continuity, recovery and contingency measures □ <ol style="list-style-type: none"> 7.1 Ongoing and reviewed monthly by NIAS Project Board. □ 8. Continued engagement in Change Impact Assessment Workshops. □ <ol style="list-style-type: none"> 8.1 Ongoing and reviewed monthly by NIAS Project Board. □ 9. Development of Deployment and Training Strategy □ <ol style="list-style-type: none"> 9.1 Ongoing and reviewed monthly by NIAS Project Board. □ 10. Ongoing review of key financial controls □ <ol style="list-style-type: none"> 10.1 Ongoing. Reviewed by IA Q3 □ 11. Further development of NIAS Change Network and Change Action Plan. □ <ol style="list-style-type: none"> 11.1 Ongoing and reviewed monthly by NIAS Project Board. □ 12. Refresh ICT audit in line with Business Readiness/Project Plan. □ <ol style="list-style-type: none"> 12.1 Ongoing and reviewed monthly by NIAS Project Board. □ 13. Ongoing engagement with Trade Unions at regional and local level. □ <ol style="list-style-type: none"> 13.1 Ongoing and reviewed monthly by NIAS Project Board.
Closed	

ID	239
Principal Aim/Objective. Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity
Risk Type	CORP
Title	Achieving Financial Balance 2013/14 and 2014/15
Description	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. □</p> <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. □</p> <p>There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :□</p> <p>A.Overspending against core budget; □</p> <p>B.Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners; □</p> <p>C.Non-achievement of Efficiency Savings - through staff and/or public non-acceptance which may create time delays and the need for alternative (and increasingly radical) plans. Initial estimate for savings is £2.245M in 2013/14; £3.047M in 2014/15□</p>
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	<p>Controls are in place to mitigate each of these factors above as follows: □</p> <p>A.Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions.□</p> <p>B.Submission and engagement with HSCB re NIAS's Trust Delivery Plan in early 2013 to highlight NIAS's planned financial position for 2013/14. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging pay and pressures recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude □</p> <p>C.Development of savings plan by NIAS for 2013/14 and 2014/15 in conjunction with Trust Board. Presentation of savings plan to HSCB for agreement. Most recently in December 2012. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements are planned to commence in early 2013.□</p>
Opened	14/01/2013
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<p>1.DOF continually examines the following core assumptions which underpin the risk to financial balance□</p> <p>I.that the HSC Board will fund the full legitimate costs of Agenda for Change; □</p> <p>II.that all pay and non pay pressures will be funded by the HSCB; □</p> <p>III.that in year developments to support acute service changes (including TYC) will be fully supported; □</p> <p>IV.that the requirement for efficiency savings remains at £2.245M in 2013/14; £3.047M in 2014/15. □</p> <p>At this stage of the review (Dec 2012) there is no confirmation about any of these four assumptions for the period beyond 2012/13.□</p> <p>2.Given the controls outlined above (as A-C), further mitigation of this risk includes the following actions with Director of Finance having lead responsibility for the financial implications: □</p> <p>DOF will review current process to test each of the four assumptions above in an attempt to formalise where possible and obtain commitment from key funders which is more timely, embedded and complete.□</p>
Closed	

ID	4
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Business Continuity pFa 1.2.
Description	There is a risk to the Trust from the failure to review, update and test the internal disaster management plans.
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	MEDDIR
Initial Action Taken to Control/ Mitigate Risk	<p>There are a number of Business Continuity Plans in place requiring review. □</p> <p>Amended plans have been presented to the SEMT in Q4 2010. □</p> <p>AEPO has been appointed to develop Business Continuity Strategy, Policy and Action Plans to review existing plans. □</p> <p>A number of local BCP were implemented due to civil disturbances, adverse weather and other factors including power and communications systems failures. □</p> <p>EAC evacuation plan was tested in September 2010. □</p> <p>All existing plans captured and identified whether in draft, tested or implemented. □</p> <p>Four 'Critical' activities identified: □</p> <p>Call Taking □</p> <p>Information Processing □</p> <p>Ambulance Despatch</p> <p>Clinical Care □</p> <p>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. □</p>
Opened	30/12/2010
Review Date	30/06/2013
Action Plan to Address /Mitigate Risk	<p>1. Draft Business Continuity Strategy/ Policy completed and submitted to SEMT Q2 2011/12. □</p> <p>1.1 Completed - Presented to Trust Board 17th November 2011.</p> <p>1.2 Equality Screening completed Q1 2012. □</p> <p>2. Action plan for review of Directorate and local BCP agreed and presented to SEMT Q1 2011/12. □</p> <p>2.1 Completed - Approved by SEMT and Trust Board 17th November 2011.</p> <p>3. EAC evacuation plan amended following initial test September 2010 and retested in February 2013. □</p> <p>3.1 Completed ICT testing September 2012. □</p> <p>4. All other areas will be captured during the next phase of the programme which is under the control of the Emergency Planning Officer. □</p> <p>4.1 Established EP and BCP Group in June 2012. □</p> <p>4.2 Terms of Reference and Schedule of Meetings submitted to the Assurance Committee Oct 2012 - completed October 2012. □</p> <p>5. EP Team engaging with all directorates to undertake a systematic review of existing contingency plan ongoing.</p> <p>5.1 Directorate BC leads identified. □</p> <p>5.2 Identified and agreed with RATC training programme for BC leads, HSCB staff will also attend this programme. Delayed but commencement anticipated in 2013/14. □</p> <p>5.3 Lead AEPO attended National training course in advance of roll out. □</p> <p>6. 2013/14 programme for the review and testing of existing plans is being developed and a record of existing plan activations is being populated.</p> <p>6.1 This is being overseen by EP and BCP Group.</p> <p>7. Learning identified following this exercise will be incorporated into future plans.</p> <p>8. Actions identified for 2013/14:</p> <p>8.1 Business Continuity Strategy and Policy reviewed in 2012 to be submitted to Trust Board.</p> <p>8.2 Business Continuity Operational Plan to be finalised.</p> <p>8.3 Education and training programme to be commenced.</p> <p>8.4 Overarching Business Continuity Plan to be developed.</p>
Closed	

ID	197
Principal Aim/Objective. Value	Establish and develop agreed outcome-based clinical and non-clinical quality indicators for patients to improve outcomes for patients
Risk Type	CORP
Title	Vehicle Cleaning
Description	There is a risk to the Trust from the lack of a robust reporting system for cleaning to ensure compliance with Infection Prevention and Control Policy and procedures.
Risk level (initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	LOW
Lead Director	MEDDIR
Initial Action Taken to Control/ Mitigate Risk	<p>Vehicle cleaning is considered as a 'standing item' on the Trust's IPC Group Agenda and is reported to the Trusts Assurance Committee.</p> <p>Vehicle cleaning schedule has been introduced. □</p> <p>Vehicle cleaning products have been reviewed, streamlined and are now consistent across the Trust. □</p> <p>Web based reporting system developed. □</p> <p>Compliance with the reporting of cleaning has markedly improved following introduction of web-based reporting system which is populated at station level and by Ambulance Control. □</p> <p>Review and improvement of system ongoing through regular monitoring by Trust's IPC Group. □</p> <p>□</p>
Opened	05/02/2010
Review Date	31/03/2013
Action Plan to Address /Mitigate Risk	<p>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. □</p> <p>1.2 Completed.</p> <p>2. Workshop for 'newly appointed Station Officer planned for Q1 2011/12. □</p> <p>2.1 Completed.</p> <p>3. Audit of station cleanliness ongoing from Q3 2010/11.</p> <p>3.1 In Progress- This is ongoing. Schedule is part of the Health and Safety Audit carried out on a rolling basis annually.</p> <p>3.2 Station cleaning also monitored through regular review of compliance with cleaning contract, monitored and reported through IPC Group as standing agenda item and KPI. □</p> <p>4. When new reporting system implemented compliance with vehicle cleaning will be subject to audit to identify any gaps in compliance. □</p> <p>4.1 Reviewed at each meeting of the IPC Group.</p> <p>Completed January 2013. □</p> <p>5. Vehicle cleaning has been agreed as a KPI for the IPC Group. □</p> <p>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.</p> <p>Implemented Q3 2012/13. □</p> <p>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.</p> <p>Completed January 2013.</p> <p>6. New reporting procedure has significantly improved assurance with three Divisions providing complete reports and two almost complete reports. IPC Group has now agreed to monitor the frequency of vehicles not being stood down for cleaning and the reasons for this and recommend Risk Register be amended accordingly.</p>
Closed	

ID	219
Principal Aim, Objective. Value	Establish and develop agreed outcome-based clinical and non-clinical quality indicators for patients to improve outcomes for patients
Risk Type	CORP
Title	Assuring Optimal Clinical experience in Patient Care
Description	There is a risk to patients in the care of NIAS that their care and treatment could be compromised by the attendant at an incident having a lower level of clinical expertise than the driver of the vehicle. The risk arises because ambulance crews currently have discretion in relation to which member of the crew operates as attendant at incidents.
Risk level (initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
Lead Director	DIROPS
Initial Action Taken to Control/ Mitigate Risk	<p>NIAS seeks to ensure that each ambulance is crewed by at least one paramedic. □</p> <p>All NIAS RRV are operated by paramedics and can be assigned to enhance level of clinical expertise at the incident in en route to hospital. □</p> <p>Paramedic have a professional responsibility and duty of care to the patient which applies whether they are designated as driver or attendant at the incident. □</p> <p>Communication between crew members is facilitated at all times by a range of technical and non-technical solutions (radios; intercoms; bulkhead doors).</p>
Opened	10/06/2011
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<p>1. Instruction / guidance will be issued to ambulance personnel to clarify roles and responsibilities to remove ambiguity and ensure the members of staff with the highest degree of clinical expertise always attend to the patient while they are in the care of the ambulance service.</p> <p>1.1 Action HCPC guidance issued to NIAS staff. □</p> <p>2. Monitoring mechanisms will be developed to provide and maintain assurance in this regard.</p>
Closed	

ID	233
Principal Aim, Objective, Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governace, Risk Management and probity
Risk Type	CORP
Title	Achieving Financial Balance 2012/13
Description	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. □</p> <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. □</p> <p>There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :□</p> <p>A.Overspending against core budget; □</p> <p>B.Cost Pressures and Service changes not fully recognised and funded by Commissioners; □</p> <p>C.Non-achievement of Efficiency Savings (£1.176M in 2012/13). □</p>
Risk level (initial)	MOD
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	<p>A.Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This is underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions.□</p> <p>B.Submission and engagement with HSCB re NIAS's Trust Delivery Plan which highlights NIAS's planned financial position for 2012/13. Ongoing monitoring of expenditure, developments, pressures and delivery of savings plans through Trust Monitoring Returns, reports to Trust Board. Ongoing engagement with stakeholders including Performance Management (HSCB) and DHSSPS to highlight emerging pay and pressures recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude); □</p> <p>C.Development of savings plan by NIAS for consideration by Trust Board and presentation to HSCB for agreement.□</p>
Opened	01/04/2012
Review Date	Q1 2013-14
Action Plan to Address /Mitigate Risk	<p>1.DOF will continually examine the following core assumptions which underpin the risk to financial balance□</p> <p>1.1.that the HSC Board will fund the full legitimate costs of Agenda for Change;□</p> <p>1.1.1. Position Statement (Dec 2012): Neither the timing nor the magnitude of the Agenda for Change cost pressure is known. In line with due process NIAS has requested that the Regional Joint Negotiating Committee progress this matter. The HSC Board has said that it will work constructively with NIAS to address any immediate financial pressure arising from the AfC process. In the absence of clarity this remains a 'moderate risk'.□</p> <p>1.2.that all pay and non pay pressures will be funded by the HSCB; □</p> <p>1.2.1.Position Statement (Dec 2012): All known pay and non-pay pressures highlighted by NIAS have been funded by HSCB□</p> <p>1.3.that in year developments to support acute service changes will be fully supported; □</p> <p>1.3.1.Position Statement (Dec 2012): All known acute service changes raised by HSC which have an impact on NIAS have been funded (largely on a non-recurrent basis) by HSCB□</p> <p>1.4.that the requirement for efficiency savings remains at £1.176M in 2012/13. □</p> <p>1.4.1. Position Statement (Dec 2012) HSCB has not advised that any further savings will be required in 2012/13. Implementation remains a challenge however NIAS is on track to deliver the required £1.176M using largely non-recurrent initiatives in 2012/13. □</p> <p>2.Given the controls outlined above (as A-C), further mitigation of this risk includes the following actions with Director of Finance having lead responsibility for the financial implications: □</p> <p>2.1.NIAS continues to seek to conclude the Agenda for Change job evaluation process within agreed framework□</p> <p>2.1.1.NIAS receives ongoing update from Joint Negotiating Committee through NIAS Director of Human Resources. At the stage of this review DOF has not received confirmation about the timing nor the magnitude of any resolution of this process. □</p>
Closed	

TB/3/30/05/13



Northern Ireland Ambulance Service
Health and Social Care Trust



ASSURANCE **REPORT**

(as at 30 April 2013)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE REPORT 2013-2014

April 2013

MISSION

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

INTRODUCTION

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

MINISTERIAL PRIORITIES

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

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

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

DELIVERING SAFE, HIGH-QUALITY CARE

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

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

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

STRATEGIC AIMS & OBJECTIVES

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

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

The Strategic Aims are as follows:

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

The Strategic Objectives underpinning these aims are as follows:

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

8. Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.
9. Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

STRATEGIC AIMS AND OBJECTIVES: PERFORMANCE OVERVIEW

RAG REPORT (Red Amber Green)

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

STRATEGIC AIMS: PERFORMANCE & RISK REPORT

Ref	Strategic AIM	Performance Commentary	RAG Rating	Risk Assessment
SA1	To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	NIAS continues to provide safe high quality ambulance services. The model of service delivery has demonstrated effectiveness in the past and remains valid; however, it has proved sensitive to loss of response capacity presently linked to rising demand and Emergency Department pressures.	R	The timeliness of response to 999 calls, including Cat A calls, is a major concern at this point. We have identified this concern to commissioner through normal channels and are working to resolve. A commissioner-led capacity analysis is planned as part of a system wide review. NIAS is keen to participate fully in the analysis and the identification of action to address current issues and restore timeliness of response. In the interim, we continue to review opportunities to improve Cat A performance within existing resources.
SA2	To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity	NIAS continues to meet statutory requirements and deliver appropriate patient outcomes within the resource constraints identified. We continue to target calls on the basis of clinical urgency. Systems of corporate governance, risk management and probity have been maintained, and are subject to ongoing review and revision to identify and address weaknesses and deficiencies.	G	Increasingly stringent requirements particularly in areas such as procurement, pose issues due to regional configuration and mobile workforce.
SA3	To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services	NIAS has a programme of engagement in place which meets requirements within the limited resources available in this area.	G	Resource limitations and a 5 trust focus in this area have hampered efforts to deliver NIAS aspirations. We continue to explore opportunities to improve performance in this area and increase capacity.

SUMMARY CORPORATE RISK REGISTER				
Ref	Title	Description	Initial rating	Current rating
233	Achieving Financial Balance 2012/13	There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely : A. Overspending against core budget; B. Cost Pressures and Service changes not fully recognised and funded by Commissioners; C. Non-achievement of Efficiency Savings (£1.176M in 2012/13).	Mod	Mod
4	Business Continuity	There is a risk to the Trust from the failure to review, update and test the internal disaster management plans.	High	Mod
197	Hygiene & Cleanliness	There is a risk to the Trust from the lack of a robust reporting system for cleaning to ensure compliance with Infection Prevention and Control Policy and procedures	Mod	Low
219	Clinical experience in Patient Care	There is a risk to patients in the care of NIAS that their care and treatment could be compromised by the attendant at an incident having a lower level of clinical expertise than the driver of the vehicle. The risk arises because ambulance crews currently have discretion in relation to which member of the crew operates as attendant at incidents.	Mod	Mod
232	Business Services Transformation Programme (BSTP)	"There are three distinct projects within BSTP that represent various risks to NIAS: Finance, Procurement, Logistics (FPL) Human Resources, Payroll, Travel and Subsistence (HRPTS) Shared Services (SS). Each of these projects present risks across three broad areas - Business as Usual: The ability to maintain core business requirements prior to and during implementation of BSTP Implementation: Lack of human and physical resources to undertake work required leading to non delivery/delay in completion of elements of BSTP Benefits Realisation: The project is unable to realise anticipated benefits (financial and non financial)"	High	Mod

239	Achieving Financial Balance 2013/14 & 2014/15	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance.</p> <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with an embedded authorization framework and controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely :</p> <p>A. Overspending against core budget;</p> <p>B. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners;</p> <p>C. Non-achievement of Efficiency Savings - through staff and/or public non-acceptance which may create time delays and the need for alternative (and increasingly radical) plans. Initial estimate for savings is £2.245M in 2013/14; £3.047M in 2014/15.</p>	High	Mod
	Organisational Cohesion	There is a risk to the effective governance of the organisation if the Trust Board is unable to maintain cohesion and capacity to fulfil its function.	Low	Low
	Workforce Flexibility	There is a risk that NIAS workforce strategy will not be sufficiently flexible to respond effectively to the challenges/opportunities of TYC and other strategic change.	Mod	Mod
	Balancing Statutory Responsibilities	There is a risk that that excessive focus on achieving the statutory duty to deliver financial balance and specific targets could compromise other statutory duties and organisational priorities, in particular our duty of care to service users and staff.	Low	Low
	TYC Implementation	There is a risk that the implementation of TYC will impact negatively on NIAS in respect of its core activity and responsibilities and service development aspirations.	Mod	Mod
	Public Perception	There is a risk that public perception of the ambulance service is inconsistent with the aspirations of the service.	Mod	Mod
	Linking Demand to Funding	There is a risk that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned/approved budget to demand.	Mod	Mod
	Prioritising Core Activity	There is a risk that unscheduled care services will develop in an unco-ordinated manner in HSC without reference to NIAS, leading to disconnect in service provision. This could result in a risk of compromise of core NIAS activity.	Low	Low
	TYC Developments	There is a risk that the further development of TYC may lead to a retraction of ambulance services to core 999 response and transportation only	Low	Low

STRATEGIC OBJECTIVES: PERFORMANCE & RISK ASSURANCE REPORT

<u>To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective</u>			
Strategic Objectives	Performance Assessment	RAG Rating	Issues/Concerns
Develop a service delivery model for scheduled and unscheduled care and transportation which addresses rural issues.	The model is sound but could be enhanced by developing Public Healthcare professionals such as District Nurses as clinical first responders in local areas. The model is compromised by an erosion of NIAS response capacity through demand and emergency department pressures in particular.	G	<ul style="list-style-type: none"> • Integrated Care Partnerships (ICP's) appear to be the main channel for service development but currently underdeveloped. • Lack of regional focus on NIAS proposals for unscheduled care. • Potential delay in capacity review within HSCB linking resource to demand to address erosion of capacity.
Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.	NIAS workforce is appropriately skilled and educated to deliver safe high quality ambulance services. However, core vacancies need to be filled to reduce reliance on overtime and increase reliability. Also temporary service development funding is not a sustainable base for service delivery.	G	<ul style="list-style-type: none"> • Filling core vacancies • Covering temporary service developments.

Review and develop operational systems and processes to support the service delivery model which provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.	In the current absence of investment to address to demand increases and other pressures, we are prioritising activity to deliver maximum performance for Category A. An Action Plan has been developed to identify measures which can be taken within existing resources.	A	<ul style="list-style-type: none"> Consequences on non Category A activity. Staff welfare issues such as meal breaks and leave. Consequences on vehicle cleaning and maintenance etc.
Promote and develop an open, transparent and just culture focussed on patients and patient safety.	NIAS continues to make progress in this area.	A	<ul style="list-style-type: none"> Demand pressures compromise quality and meeting patient expectations, particularly non Category A.
<u>To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity</u>			
Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients.	In the absence of locally agreed outcome measures NIAS continues to develop indicators consistent with UK Services.	A	
Review existing resources and ensure those resources are aligned with delivery of agreed outcome-based quality indicators for patients.	Changes to operational systems to enhance Category A response take account of the need to maintain clinical indicators.	G	
Review resource utilisation and ensure those resources are aligned with delivery of high quality corporate governance, risk management and probity.	As a measure of probity in relation to public funds, NIAS has consistently achieved financial breakeven over the last ten years i.e. has neither overspent nor underspent its allocated budget. Value for money is one of the prime considerations of the NIAS procurement process, delivered in line with BSO Pals – our Centre of Procurement Excellence.	A	<ul style="list-style-type: none"> Whilst overall systems of internal control are considered by external agents to be satisfactory NIAS continues to develop plans to address a number of recommendations by internal audit in the areas of governance and procurement. Further budget cuts present a risk.

	<p>NIAS's corporate governance, evidenced by our assurance framework, continues to be developed and improved in line with DHSSPS guidance.</p> <p>Focus on governance is maintained and NIAS continues to provide a paramedic-led service as the basis of delivery of safe high quality care, despite pressures and costs.</p>		
Identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.	<p>NIAS continues to work with stakeholders to improve outcomes focussing on key areas such as Alternative Care Pathways, Community Resuscitation Strategy, public access to Defibrillation, and Integrated Care Partnerships.</p>	G	<ul style="list-style-type: none"> • Need to create a strategy to secure HSC's/ICP buy in and support.
<u>To engage with local communities and their representatives in addressing issues which affect their health, and participate fully in the development and delivery of responsive integrated services</u>			
<p>Establish processes, built around our Patient and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives.</p> <p>Use those processes to clarify the ambulance role, function and resource with the community and test this against their perceived needs and expectations.</p> <p>Use those processes to clarify the ambulance role, function and resource with those agencies responsible</p>	<p>Continuation of 2012/13 activity.</p> <p>Engage with 1,000 voice campaign. Social Media Policy in place and strong following building.</p> <p>Investing in new presentation tools for information presentation.</p> <p>Engage with TYC and ICP's</p> <p>Engage with Emergency Department improvement work but focus currently on in-hospital Emergency Department issues.</p>	A	<ul style="list-style-type: none"> • Not resourced for 1,000 voice campaign. • Route of action is to Social Media for effective communications. • Competing priorities for information and development of presentation. • Slow progress to date. • Competing priorities • Focus on in-hospital Emergency Department issues.

<p>for setting policy and commissioning ambulance services and test against their assessments of community needs and expectations.</p> <p>Establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.</p> <p>Work with all stakeholders, in particular regional and local commissioners and providers of services, to develop and deliver responsive integrated services.</p>			
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Key Actions/Activities from NIAS Annual Plan & Trust Delivery Plan 2013-14

NIAS Strategic Objectives Report 2013-14

Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.

Action	Report Lead	RAG Rating	Comment	
Introduce revised Operational Dispatch model to target RRV and A&E ambulances more effectively on Cat A over Cat B/C /Urgent calls to prioritise delivery of Cat A response targets	Ops	G	New deployment protocol for RRV in place to reduce dual response and target cat A calls.	
Realign Emergency Ambulance Control to operational priorities to prioritise delivery of fast, clinically effective, patient-centred ambulance response	Ops	A	Plans being developed to restructure Emergency desks and introduce an Urgent care desk.	
Resolve indemnity issues impacting on development of Community First Response	Med	A	Awaiting response from DHSSPSNI. Formal correspondence sent detailing issue and meetings between NIAS and DHSSPSNI taken place during 2012/13. Raised with Permanent Secretary and Chief Medical Officer (CMO) during accountability meetings. Highlighted at Community Resuscitation Strategy Working Group.	
Influence development of Community Resuscitation Strategy and use as a vehicle to develop service delivery model and address rural issues	Med	A	NIAS Medical Director appointed as Chair of the Regional Working Group for development of Community Resuscitation Strategy and CEO appointed to Steering Group. Draft Strategy currently being developed for submission in October 2013.	
Develop, and (subject to HSC support) implement, proposals for the introduction of "111" non-emergency, unscheduled care service	CX	A	This development does not feature as one of the immediate priorities for HSC in the TYC Implementation Plan. NIAS will continue to press for direction and prioritisation in pursuit of this development.	

Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.				
Deliver Cat A Response performance in line with HSC targets	Ops	R	Cat A performance below target due to increase in 999 demand, request for Hospital diverts and delays in patient handover.	
Introduce revised management of meal breaks and hospital turnaround	Ops	A	Management of meal breaks being reviewed through Ops JCG. Agreement reached with HSCB to monitor 15 minutes for patient handover time and 15 minutes for ambulance make ready. MDT being used by NIAS to measure (time stamp) both parameters).	
Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes	Fin	A	NIAS continues to engage with DHSSPS colleagues at all levels to introduce BSTP into NIAS in line with agreed timeframes and processes	
Increase pool of Voluntary Car Service(VCS) drivers	Ops	R	Impact assessment being completed on achieving PCS efficiencies and what additional VCS would be required.	
Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.				
HR1 Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change and wider HSC.	HR	A	BSTP highlighted areas where NIAS terms and conditions were inconsistent with Agenda for Change and/or the wider HSC. These are being taken forward as follows: Work stream 1: Travel Time Work stream 2: Spoilt Meals Work stream 3: Protection Arrangements Work stream 4: Unsocial hours	
HR2 Develop and implement workforce plan to manage vacancies in line with delivery of savings requirements	HR	G	The workforce planning model enables NIAS to manage vacancies and priority education of new staff in line with service developments and efficiency saving requirements. <ul style="list-style-type: none"> Quarterly review of workforce plan through multi-disciplinary Steering Group Quarterly presentation of workforce plan to SEMT 	

HR3 Maintain accreditation for Education and Training	HR	G	NIAS continues to meet the Health and Social Care Professions Council (HCPC) annual monitoring requirements in relation to Standards of Education and Training and Standards of Proficiency for Paramedics, and Edexcel/BTEC annual revalidation. In addition, the Trust will ensure it continues to meet all mandatory requirements set by other regulatory bodies and will ensure all statutory and legislative training obligations are met.	
HR4 Develop workforce plans for implementation of Transforming Your Care(TYC)	HR	A	Refer to HR2. Investment proposal in progress for project management office and clinical specialists to support TYC implementation within NIAS. NIAS is represented at HSC TYC Workforce Planning groups.	
HR5 Implement Knowledge & Skills Framework(KSF) requirements	HR	G	The Trust's partnership's KSF Leads have supported the roll-out of KSF from October 2012. An updated agreed Action Plan has been developed for 2013-2014. Directorate compliance in respect of this is detailed within the supporting data.	
HR6 Deliver mandatory training	HR	A	<p>The Regional Ambulance Training Centre's 2013-2014 Education, Learning and Development Plan (ELDP) will be developed, on completion of a training needs analysis and following engagement with key stakeholders at monthly Training Performance, Progress and Accountability meetings, and ratified by SEMT. The ELDP sets out and facilitates the priority and mandatory clinical and non-clinical education, learning and development requirements of the Trust staff within the RATC's remit for the training year 2013-2014.</p> <p>Education Learning Development Plan to be finalised and agreed in Quarter 1. Progress will be reported from Quarter 2 onwards.</p>	

Promote and develop an open, transparent and just culture focussed on patients and patient safety.				
Deliver initiatives for safer patient care in conjunction with HSC Safety Forum	Med	A	<p>NIAS is represented at the Regional Safety Forum and has identified a number of areas for joint co-operation and development. These include:</p> <ul style="list-style-type: none"> • the development of ambulance-specific global trigger tools and participation in global trigger tool training; • the benchmarking of clinical performance indicators; • chest drain insertion training; • regional application of falls protocol following pilot in SHSCT; • nursing home collaborative, specifically ambulance transfers; • the inclusion of physiological early warning scores in review of Patient Report Form; • triple aim in primary care – requests for emergency ambulances by GPs; • potential participation in quality and safety training for Trust Boards; • participation in human factors training. <p>Currently awaiting examples of trigger tools from Patient Safety Forum. Capacity within Information Department a constraint for benchmarking.</p>	
Publish Assurance Reports and audit of Non-Clinical Indicators of Performance	Med	A	<p>Assurance Report to Assurance Committee and Trust Board revised during 2012/2013 for implementation Q1 2013/2014. Medical Director participates in Regional Quality 2020 Implementation Team. Regional workstream as part of this for the development of a template for Trust Annual Quality Reports to be published from 2014. Focus of regional workstream is predominantly related to secondary care and regional quality report template may not be suitable for use by an ambulance service. Identification of non-clinical performance indicators to be agreed.</p>	

Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.				
Publish Assurance Reports and audit of Clinical Indicators of Performance	Med	A	<p>Identification of non-clinical performance indicators to be agreed as above. A number of condition-specific clinical performance indicators have been developed, are subject to clinical audit and are reported to Assurance Committee. The outcomes of this process are used to inform improvements in the delivery of clinical care. Clinical performance is also monitored by the Trust's Clinical Support Officers (CSOs). The first "treat and leave" and "treat and refer" protocols were introduced in Q3 2012/13 and performance against these is currently being reviewed. The current clinical performance indicators require updating in accordance with new national clinical guidelines published in April 2013. The Trust's Patient Report Form (PRF) is currently being reviewed in this regard also. A data quality and cleaning process has been undertaken by the Trust's Information Department. The timeliness and robustness of clinical information is constrained by the capacity of the Trust's Information Department. Timely and effective monitoring of clinical quality would be significantly enhanced through the introduction of an electronic clinical record. Proposals for project management have been submitted to the Regional ICT Board for the development of an appropriate business case.</p>	
Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance	Med	A	<p>The first "treat and leave" protocol relating to acute hypoglycaemia was introduced in Q3/4 2012/13. Initial data shows that 47.5% of patients presenting with a diabetic problem were not transported to a hospital, with at least 121 (53%) of those who did not travel to hospital being as a result of the protocol being applied.</p> <p>In conjunction with the Southern Trust, NIAS commenced a pilot of a "treat and refer" protocol for falls occurring in the</p>	

			elderly population in the SHSCT area in December 2012. Initial data shows 72 referrals have been received from attending ambulance crews but this represents only 32% of patients potentially suitable for inclusion in the pilot. Further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance.	
Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.				
Deliver Financial Breakeven	Fin	A	NIAS has plans in place which, if approved, are designed to deliver efficiency savings and achieve financial breakeven. It is anticipated at this stage of the year (end April 2013) that the Trust is on target to achieve financial breakeven by year end however this is subject to completion of the audit process for 2012/13 and a series of assumptions including the completion and full funding of the Agenda for Change evaluation process.	
Make recommendations to Commissioner to reflect demand pressures in core budgets	Fin	A	NIAS continues to highlight cost pressures associated with capacity planning changes to service delivery to Commissioners.	
Implement Savings Plans to achieve financial breakeven	Fin	A	Cumulative savings of £2.250m for 2012/13 and 2013/14 (£1.18 12/13 and £1.07m 13/14). £0.4m delivered recurrently in 12/13. Approval, consultation and implementation of plans may cause delays in the amount of savings that can be delivered. Current estimate of plans that may be delayed are £750k. This may give rise to the requirement for contingency plan/bridging. The Trust will continue to work with DHSSPS and HSCB to deliver savings and achieve financial balance.	
Secure funding associated with 2013-14 events (G8, etc)	Fin	A	NIAS continues to highlight cost pressures associated with 2013-14 events such as G8, World Police and Fire Games etc.	
HR7 Implement BSTP staffing changes	HR	A	NIAS participates on regional BSTP structures e.g. BSTP Programme Board, BSTP Implementation Board, Shared Services Implementation Board, Regional Forum for	

			Consultation with Trade Unions and related work streams. NIAS Project Board structure identifies and agrees and implements related action plans. There have been regional delays in BSTP systems and Shared Services implementation. Accordingly it would appear unlikely that staff changes within NIAS will be implemented within 13/14. NIAS have continued to engage with affected staff and trade unions in this regard.	
Implement DHSSPS Business Planning Requirement priorities	Fin	A	A detailed response by Directorate to the implementation of DHSSPS Business Planning Priorities is contained in DHSSPS Business Planning Priorities Report 2013-14 (see page 26 onwards)	
Re-establish effective prompt payment regime	Fin	A	NIAS will continue to strive to deliver compliance with this target in conjunction with authorising officers across the Trust	
Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.				
Implement PPI Strategy	Med	A	Revised PPI Strategy approved at Trust Board in March 2013. Work is underway to implement key actions such as holding a management workshop in June and engaging with regional colleagues to secure PPI training for managers. Progress is reported on a quarterly basis to the Equality and PPI Steering Group. There is a risk to the full delivery of this programme of work as a consequence of a lack of staff and funding dedicated to this area specifically.	
Secure access to patient representation via Patient & Client Council (PCC)	Med	A	NIAS has allocated a seat at Trust Board meetings to PCC.	
Undertake joint initiative with PCC on stakeholder engagement	Med	A	PCC have indicated that they are unable to release staff to work in partnership with NIAS on the planned project, due to other pressures. However NIAS has sought another partner in order to continue with planned engagement. Work is underway to scope out an arrangement with a community/voluntary sector organisation.	

			The Trust will continue to engage with PCC more generally around the PPI agenda.	
Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.				
Ensure NIAS is represented on relevant PPI forums	Med	G	NIAS is represented on the Regional PPI Forum and related sub-groups as appropriate. In addition NIAS is involved with regional workstreams related to Patient and Client Experience Standards (PCES) including PCES Steering Group and Working Group. A further workstream in this area is a new project entitled "10,000 Voices". This will seek to develop and implement a methodology for the measurement of patient and client experience to inform commissioning priorities. Whilst NIAS is involved in regional workstreams around this, the Trust is the only of the six Trusts not to have received dedicated funding to take this work forward.	
Review and enhance NIAS web presence and communication	Fin	A	Finance will work with HR colleagues to provide the appropriate IT infrastructure (within available resources) to implement Trust's Communication strategy	
Introduce tools to enhance public presentation of NIAS information	Fin	A	NIAS will carry out a benchmarking exercise of other ambulance services and other HSC organisations to develop a plan to enhance public presentation of NIAS information	
Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.				
Establish process for NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to influence development of local health and social care solutions	Ops	A	Director of Operations attended inaugural meeting of ICP project Team.	
Establish process for NIAS engagement with TYC Unscheduled Care workstream to maximise opportunities to influence development of local and regional health and social care solutions	Ops	A	Directors of HR, Finance, Operations and Medical Director have met with Commissioners and HSCB reps to scope impact of TYC on Ambulance Service Delivery and clarify how to access project support.	

Ensure NIAS is represented on relevant TYC forums	Ops	A	Represented on ICP Project Team IPPC Project Group. Unscheduled Care Group Managed Clinical Care Networks.	
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HSC Commissioning Objectives Report 2013-14 (NIAS – Specific)

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

				patients who contact us with certain mental health issues that would be more appropriately dealt with by community mental health teams. Progress is constrained by the degree of engagement by mental health service providers.
By December 2013, Trusts will agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a Trauma Managed Clinical Network ¹ .	NIAS will contribute fully to the Trauma Clinical Network and review and revise, as appropriate, ambulance protocols already in place for the management of major trauma.	Med	A	NIAS will be represented by the Medical Director and Director of Operations at the first regional meeting to establish a Regional Managed Clinical Network for Major Trauma arranged by the Regional Health & Social Care Board (RHSCB) in May 2013. NIAS will support this work as required.
By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments including: Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled care, including telephone triage; GP direct access to appropriate diagnostics to enhance management of conditions in Primary Care; and rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain	Med	A	NIAS continues to participate in a number of Transforming Your Care (TYC) workstreams, the Regional Unscheduled Care Working Group of the HSCB, and the Regional GP Out of Hours Strategy Implementation Group in this regard. Doctors working in the NIAS Emergency Control Room continue to provide callers with advice and alternatives to an emergency ambulance response and attendance at a hospital emergency department. Despite more stringent criteria being introduced during the previous year to mitigate potential risk, thus reducing the categories of calls that are subject to secondary triage by the doctors, the number of calls triaged by them has risen by a further 3.7% during the year with 39% of callers being provided with an alternative response, representing a rise in year of a further 2%, compared to the previous year. During 2013 the first “treat and leave” and “treat and

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

doctor and agreed decision on steps to take in patient management.	their independence and provide care closer to home.			<p>refer” protocols for diabetic hypoglycaemia and falls in the elderly respectively were introduced. These are currently being evaluated to inform the regional roll-out of the falls protocol and the implementation of a number of other condition-specific “treat and leave” protocols.</p> <p>NIAS is also involved in discussions regarding the development of a number of “treat and refer” protocols for, for example, patients with mental health problems. Progress is constrained by the degree of engagement by mental health service providers.</p>
During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an unnecessary emergency admission through appropriate patient handover and earlier discharge.	Not directly applicable to NIAS.	Med		Not directly applicable to NIAS.
By June 2013, all Trusts and LCGs will have jointly, identified, quantified and agreed the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. Integral to this will be the development, collaboratively among	NIAS will engage fully with other stakeholders in the development and maintenance of a Directory of Services, and looks to HSCB to lead in the development of this Regional workstream.	Med	A	NIAS continues to be involved in the relevant workstreams for the development of the directory of services, for example, Transforming Your Care (TYC) Programme Board, Regional Unscheduled Care and GP Out of Hours Implementation Group.

Trusts (including NIAS), by March 2014, of a directory of community services to support timely discharge of patients as well as prevent emergency attendances/admissions.				
Trusts and HSCB will work with independent sector providers to identify practice, training and contractual implications of preventing unnecessary admissions to acute care from nursing homes.	NIAS will review systems and processes, working with HSC and other bodies to prevent unnecessary attendances at hospital.	Ops	A	Contributed to the operational elements associated with Treat and Leave protocols developed by the Medical Director (Hypoglycaemia, Falls)
<p>Trusts will progress a comprehensive range of targeted health and wellbeing programmes in all localities to address the changing health and well-being needs of older people. They should ensure that arrangements are in place:-</p> <ul style="list-style-type: none"> • To improve provision of advice information and signposting on all aspects of health and wellbeing improvement • Deliver a co-ordinated, multi-faceted falls prevention service • To fully implement the “Promoting Good Nutrition Guidelines for Older people across all settings • Develop and co-ordinate a shared service model to • reduce the risk of social isolation and poor mental well-being amongst vulnerable older people 	<p>NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area.</p> <p>In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>	Med	A	NIAS continues to engage with Trusts, ICPs and Commissioners to achieve this through a number of workstreams including Transforming Your Care (TYC) Programme Board, Regional Unscheduled Care Group, Regional GP Out of Hours Group and other Managed Clinical Networks. Enhancement of paramedic education, training, skills and role currently being explored.

<ul style="list-style-type: none"> • With relevant partners to reduce the risk of social isolation and poor mental well-being particularly amongst vulnerable older people. • Deliver a co-ordinated range of Targeted Physical Activity and Health programmes to address the CMO Guidelines for Physical Activity 				
<p>All Trusts should ensure that existing service provision is tailored to meet the needs of vulnerable groups including:</p> <ul style="list-style-type: none"> • Looked After Children; • Homeless people • LGBT • Travellers • Migrant groups 	NIAS will review service provision to ensure that the needs of vulnerable groups are identified and met within the constraints of the pre-hospital emergency & non-emergency care environment.	Med	A	NIAS contributes to the regional HSC Trust Audit of Inequalities to identify key inequalities across Section 75 groups. The Trust will review the audit findings to identify any issues around these groups that are relevant to our services.
All Trusts should support social economy businesses and community skills development through public procurement, expanding capacity incrementally over the following 3 years.	NIAS will work with Centres of Procurement Expertise and other stakeholders to support social economy businesses and community skills development through public procurement.	Fin	A	Continuing engagement through Regional Procurement Board.
All Trusts should test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially	NIAS will test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards	Med	A	Through the Emergency Planning Team NIAS continues to participate in multi-agency training events and exercises and exercises to test various aspects of the NIAS Major Incident Plan. The NIAS Hazardous Area Response Team (HART) continues to deal with a wide range of incidents involving

associated with specific major events including the G8 Summit; the World Police & Fire Games 2013 and the All Ireland Fleadh in August as part of the City of Culture in Derry/Londonderry	and disruption potentially associated with specific major events. We will plan for the events and engage with external agencies to secure and apply resources to maintain service delivery.			<p>hazardous environments or substances and in appropriate multi-agency training programmes.</p> <p>Given the increasing demand being experienced by the Service, and in a climate of financial constraint, maintaining normal service provision during these incidents is becoming more challenging, for example the chemical incident mentioned above that lasted for over eight hours occurred on the same day as two other potential major incidents involving public transport.</p> <p>The NIAS Major Incident Plan will be reviewed as part of an ongoing cycle during 2013 and it is planned to introduce training to allow safe deployment into mountainous and remote areas within Northern Ireland and Ballistic Protection Personal Protection Equipment (PPE).</p> <p>NIAS continues to participate in the planning for a number of major events including the G8 summit, World Police & Fire Games and the Fleadh. The significant workload associated with planning and supporting these events has constrained other areas of activity and workstreams and has necessitated the secondment of support Emergency Planning Officers.</p>
All Trusts will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures with particular reference to Ministerial targets on Clostridium	NIAS will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures consistent with the	Med	A	<p>Infection prevention and control (IPC) activity within NIAS is monitored by the Trust's Infection Prevention & Control Group which reports to the Trust Assurance Committee.</p> <p>No healthcare acquired infections have arisen within the Trust within year.</p>

difficile and MRSA.	pre-hospital operating environment.			IPC policies and procedures are in place and compliance is subject to audit by the clinical support team. NIAS has engaged with Regulation Quality & Improvement Authority (RQIA) regarding ambulance-specific monitoring and audit tools and their response is awaited. Current regional IPC audit and assessment tools currently in use are more appropriate to secondary care settings. RQIA have agreed at NIAS's request to include the Trust in their programme of inspections in relation to IPC.
All Trusts should develop their specialist community services to respond to the needs of people whose behaviours challenge services and those with offending behaviours including a 24 hour response 7 days per week and high support beds in the community.	NIAS will continue to develop processes to identify and respond to the needs of people whose behaviours challenge services and those with offending behaviours.	Med	A	The Trust will continue to deliver care and responsibility training to all frontline staff to ensure appropriate skills and knowledge in the therapeutic management of aggression. A Trust policy and associated procedures in the management of aggression are in place. A joint staff and management Zero Tolerance Sub-Group of the Trust's Health & Safety Committee reviews and monitors incidents of violence to staff and as necessary makes recommendations to the Trust through the Health & Safety Committee.
By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions through: <ul style="list-style-type: none"> Community teams that are available to meet patient needs including provision of a named nurse for patients on disease registers (with clear arrangements for dealing with multi-morbidity and complex medication regimes) and access 	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care	Med	A	NIAS continues to engage with Trusts, ICPs and Commissioners to achieve this through a number of workstreams including Transforming Your Care Programme Board, Regional Unscheduled Care Group, Regional GP Out of Hours Group and other Managed Clinical Networks. Enhancement of paramedic education, training, skills and role currently being explored.

<p>to specialist medical or nursing advice</p> <ul style="list-style-type: none"> Development of admissions/escalation protocols between community teams and secondary care. 	<p>report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>			
<p>Stroke</p> <ul style="list-style-type: none"> Thrombolysis ➤ All Trusts to achieve a door to needle time of 60 minutes on a 24/7 basis ➤ Trusts to achieve a minimum 10% thrombolysis rate for acute ischaemic strokes. Urgent assessment of high risk TIAs (ABCD²>4) must be available on a 7 day basis All Trusts should support early supported discharge (ESD) following an acute stroke. This should support shorter LOS and “shift left” where resources will be freed from hospital beds to develop services in the community. 	<p>NIAS will continue to engage with Trusts to contribute fully in this area through the pre-hospital identification of potential patients, and the early notification of receiving hospitals of patients en-route.</p> <p>Appropriate priority will be given to the effective planned discharge of stroke patients.</p>	Med	A	<p>NIAS provides paramedic-administered thrombolysis regionally in accordance with agreed protocols and transports patients to the Belfast Trust for primary PCI (pPCI) following acute myocardial infarction. NIAS is fully participating in the development of the regional primary PCI service through a number of regional workstreams. The introduction of a regional pPCI service on a 24/7 basis will have potentially significant operational implications for the Trust.</p> <p>NIAS is fully engaged in regional stroke strategy implementation through the identification of patients with actual or potential stroke both on receipt of an emergency call and following assessment of the patient and their rapid transfer to an appropriate hospital for the provision of thrombolysis if indicated with the receiving hospital alerted in advance of the arrival of the patient. NIAS activity in this regard is subject to ongoing clinical audit and is presented to the Trust’s Assurance Committee and to the Regional Project Board.</p>
<p>Cardiac</p> <ul style="list-style-type: none"> Implement a Familial Hypercholesterolaemia cascade 	<p>NIAS will contribute to the development of a model for Emergency Life Support (ELS)</p>	Med	A	<p>The NIAS Medical Director is the Chair of the Regional Working Group and the CEO is a member of the Steering Group for the development of a</p>

<ul style="list-style-type: none"> testing service in N. Ireland Commission a model for Emergency Life Support (ELS) training in the community together with an audit process to monitor agreed outcomes.² 	training in the community through the Community Resuscitation Strategy development process.			regional community resuscitation strategy by October 2013.
All Trusts to ensure that all children receiving palliative care have an emergency plan agreed with their GP, care team and secondary care services	NIAS will engage with relevant professionals to secure appropriate access to relevant information to contribute to this process.	Med	A	NIAS is engaged in a number of palliative care and end of life workstreams regionally and has agreed specific arrangements in place for children receiving palliative care in the NHSCT area. These are being reviewed for potential roll out regionally.
All Trusts to implement the recommendations of the RQIA Independent Review of Pseudomonas in neonatal units and NICE guidance on antibiotics for the prevention and treatment of early-onset neonatal infection	NIAS will continue to implement the recommendations of the RQIA Independent Review of Pseudomonas, as they apply to the organisation.	Med	A	NIAS has implemented the recommendations of the RQIA independent review of pseudomonas in neonatal units insofar as they apply to an Ambulance Service and has reported same to DHSSPS in accordance with required deadlines. Some work ongoing in relation to estate water supplies.
All Trusts and ICPs should ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	NIAS will review processes and engage with other stakeholders to ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	Med	A	NIAS is engaged with a number of palliative care and end of life workstreams including for cancer, respiratory and cardiovascular disease with inclusion in end of life care plans and the development of information leaflets for staff and patients' families.
HR8 All Trusts and ICPs should provide education and training in communication and end of life care	NIAS will continue to provide education and training in communication and end of life	HR	A	ELD Plan for 2013/14 will provide details on the priority ELD programmes for the training year.

² Further work will be undertaken during 2013/14 to finalise any funding requirements associated with this development and to identify the source of any necessary funding (HSCB/PHA/DHSSPS)

for all staff (e.g. GPs, hospital doctors, nurses, allied health professionals, ambulance staff, social workers, support workers etc)	care to all relevant staff groups in line with best practice, Trust procedures and national clinical guidelines.			
Trusts and HSCB will collaborate in producing a needs analysis of people who are Deafblind to improve assessment and access to services.	NIAS will review processes to identify and address issues of access to services for people who are Deafblind.	HR	A	NIAS will engage as appropriate in regional work streams identified.
A 24/7 primary Percutaneous Cardiac Intervention (pPCI) services should be established (networked with NIAS and across Trusts) for Northern Ireland. Scheduled cardiac catheterisation laboratory capacity should increase in NI to circa 105 per week (to include extended day and weekend working) by September 2013 to improve access to diagnostic intervention and treatment as required.	NIAS is currently directly engaged in this development and will work with stakeholders to establish and introduce the ambulance resources and processes necessary to provide a safe and effective pPCI service in NI.	Ops	A	Director of Operations has presented the implications of introducing 24/7 pPCI Regionally. Service impact extensively modelled and resource implications identified.

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

Business Planning Priorities	NIAS Response	Report Lead	RAG Rating	Comment
1.2 By 30 September 2013 undertake a review of the ALB's Assurance Framework against Departmental guidance issued in April 2009.	NIAS will establish the necessary processes to comply with this requirement.	Med	A	The NIAS Assurance Framework has been reviewed in 2012 for implementation in Q1 2013/14. Review will be ongoing to ensure appropriateness and compliance with Departmental guidance.
1.8 Ensure the ALB's 2014/15 Business plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	NIAS will establish the necessary processes to comply with this requirement.	Fin	A	NIAS awaits guidance from DHSSPS in respect of 2014/15 business planning requirements.
1.15 Take steps to maintain/improve the quality of information/data being presented to the ALB Board by: a) Identifying before the end of April 2013 an Executive Board member lead with responsibility for providing assurance on the quality of data/information presented to the ALB board to support decision-making; b) Taking steps to ensure that during 2013/14 a data quality assurance process is in place which provides the Board with assurance that data collected	NIAS will establish the necessary processes to comply with this requirement.	Fin	A	The appointment of an Executive Board member with lead responsibility for all Trust Board information is yet to be confirmed. A programme of work to achieve this priority will then be identified.

and information provided to them is fit for purpose, robust and of a consistently high standard; and, c) Ensuring that the Board is provided with and considers as appropriate the publications of Northern Ireland official and national statistics on health and in particular those that inform progress against ministerial targets.				
2.1 Deliver on the prompt payment of invoices by: a) Achieving/maintaining the minimum standard of paying 95% of invoices within 30 days or other agreed terms during 2013/14; and, b) Establishing and delivering a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days during 2013/14.	NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by temporary pressures arising from implementation of BSTP project. NIAS will comply with the requirement in respect of 10 day prompt payment.	Fin	A	NIAS will continue to strive to deliver compliance with this target in conjunction with authorising officers across the Trust.
2.6 Improve efficiency and value for money by: a) Conducting a review of management costs within your organisation and prepare a report and savings plan to be	NIAS will establish the necessary processes to comply with this requirement. The savings proposals developed for 2013-14	Fin	A	The Trust awaits approval of the Trust Delivery Plan and associated savings in this area and will develop detailed plans for consideration by Trust Board and DHSSPS as appropriate by June 2013.

<p>approved by your Board and the Department by June 2013;</p> <p>b) Improving the efficiency of the organisation during 2013/14, e.g. deliver productivity and cash releasing efficiencies as set out in the QICR plans/population plans; and,</p> <p>c) Developing a plan to deliver efficiencies (productivity and cash releasing) during 2014/15 by 30 June 2013.</p>	<p>& 2014-15 incorporate planned reduction of management costs. The savings proposals developed for 2013-14 & 2014-15 incorporate planned efficiency savings linked to improving productivity. The savings proposals developed account for the period 2014-15.</p>			
<p>2.9 Set out steps to provide assurance during 2013/14 to your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including:</p> <p>a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerial approved recommendations in the Department's Review of Procurement, and agreed recommendations of the Public Accounts Committee; and,</p> <p>b) The 'Public Accounts Committee Recommendations from Investigation of Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.</p>	<p>NIAS will build on existing and where necessary establish additional processes to comply with this requirement. Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.</p>	Fin	A	A plan is under development to address procurement issues.

<p>2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to your Board in this regard.</p>	<p>NIAS will build on existing and, where necessary, establish additional processes to comply with this requirement. Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.</p>	<p>Fin</p>	<p>A</p>	<p>As above</p>
<p>2.14 Your business plan must set out steps to be taken to : a) Ensure that property costs demonstrate value for money; b) Actively dispose of surplus assets; and, c) Ensure that the organisation has access to appropriate skills and expertise in property management either internally or externally.</p>	<p>NIAS will establish necessary processes to comply with this requirement. Estate VFM and effective utilisation will be demonstrated through Estates Strategy, associated business cases and Property Asset Management Plan. NIAS has an asset disposal programme in place, closely linked to</p>	<p>Ops</p>	<p>A</p>	<p>Controls Assurance standards achieved (substantive). Business Case for replacement programme for fleet 2013-18 on going. Business case for replacement of Enniskillen being prepared for resubmission end of May.</p>

	fleet replacement programme, etc.			
<p>2.16 To set out steps to be taken to support the:</p> <p>a) PFG target to reduce greenhouse gas emissions by at least 35% on 1990 levels by 2025; and</p> <p>b) DHSSPS objectives as outlined in the Sustainable Development Strategy “Everyone’s Involved” and the Strategy implementation plan “focused on the future”.</p>	NIAS will establish necessary processes to comply with this requirement where applicable.	Ops	A	All opportunities are being taken to comply through specification and design of Fleet and Estate.
<p>HR9 2.18 Take steps to minimize sickness absence during 2013/14 by:</p> <p>a) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14;</p> <p>b) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence level; and</p>	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p> <p>NIAS sickness absence target to be reviewed and agreed at Trust Board</p> <p>Business Plan presented to Trust Board March 2013.</p>	HR	<p>A</p> <p>G</p>	<p>NIAS sickness absence target will be reviewed and agreed at Trust Board (reference Health and Wellbeing and Attendance Management Action Plan 2013/14.)</p> <p>Detail of compliance with the target is outlined in the supporting data.</p>

<p>c) Undertaking a review and report to the ALB Board and Department by 30th September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.</p>	<p>NIAS Health and Wellbeing Action Plan which outlines key steps in this regard will be presented to Trust Board for approval in Quarter 1.</p> <p>Report will be provided to DHSSPS in line with stipulated timeframe.</p>		<p>A</p> <p>N/A</p>	
<p>HR10 2.21 Take steps to ensure that by 30th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.</p>	<p>A paper outlining key issues and proposals in respect of appraisal in NIAS to be presented to Assurance Committee in June 2013</p> <p>It should be noted that the annual cycle for KSF Personal Development Review (PDR) is 01 October to 30 September each year. The roll-out of a Personal Contribution Annex, linked to KSF PDRs will commence in June 2013. Therefore, part year compliance in this area will be reported from June 2013 onwards.</p>	<p>HR</p>	<p>R</p> <p>A</p>	<p>KSF leads are progressing the implementation of Personal Contribution Annex, linked to NIAS strategic aims, for use during KSF Review. Compliance levels are detailed in the supporting data.</p>

2.25 Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes.	NIAS will establish necessary processes to comply with this requirement.	Fin	A	NIAS will continue to work with DHSSPS and the HSC to deliver Auto Enrolment in line with agreed timescales.
3.1 Work as part of the Regional group to publish the first Annual Quality Report by 31 March 2014.	NIAS will establish necessary processes to comply with this requirement.	Med	A	The NIAS Medical Director participates in the Regional Quality 2020 Implementation Team. Regional workstream as part of this for the development of a template for Trust Annual Quality Reports to be published from 2014. Focus of regional workstream is predominantly related to secondary care and regional quality report template may not be suitable for use by an ambulance service. Internal processes to be developed following development of template.

Delivery of Savings Plans

Cumulative savings of £2.250m for 2012/13 and 2013/14 (£1.18 12/13 and £1.07m 13/14). £0.4m delivered recurrently in 12/13. Approval, consultation and implementation of plans may cause delays in the amount of savings that can be delivered. Current estimate of plans that may be delayed are £750k. This may give rise to the requirement for contingency plan/bridging. The Trust will continue to work with DHSSPS and HSCB to deliver savings and achieve financial balance.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal – Acute Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
		2013/14	2014/15			
1.	Patient Care Service (PCS) - Non-Emergency Patient Transportation. Review activity levels, current service provision models and eligibility criteria for non-emergency patients in conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and Voluntary Car Service (VCS) thereby effecting savings in the order of	750,000	1,500,000	OPS	A	Proposals submitted to HSCB. Operational implementation plan still being developed.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15						
	Proposal – Acute Productivity	Estimate of Savings		Report Lead	RAG Rating	Commentary
		2013/14	2014/15			
2.	Paramedic Assistant Revise Skill-mix on Emergency Ambulances to replace Emergency Med Technician (A4C Band 4) with Paramedic Asst (A4C Band 3) as support to Paramedic as lead clinician.	250,000	497,000	OPS	A	Proposals submitted to HSCB. Operational implementation plan still being developed.

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

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

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

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

2012/13 Reference	Proposed 2013/14 Indicators of Performance	NIAS Response	Report Lead	RAG Rating	Comment
A17	HR13 Uptake of seasonal flu vaccine by front-line Health and Social Care workers	NIAS will seek to maintain or improve the proportion of NIAS front-line personnel who receive the flu vaccine.	HR	G	Report of uptake presented to Health and Safety Committee where discussions have included the Flu Vaccine and potential locations for clinics. A plan is in place to issue a joint communique in this regard in August/September. Discussions are ongoing with Operations in relation to the release of staff to attend clinics to receive vaccine.
B3	Percentage of Category A (life threatening calls) responded to within eight minutes regionally, and in each LCG area	NIAS will continue to assign priority to achieving this target and thereby delivering prompt response to those most in need. The key components necessary to deliver the target are in place but their availability and application are constrained by related factors such as hospital congestion, slow ambulance turnaround, hospital diverts and redirects, and redeployment of ambulance resources to address local acute	Ops	A	Cat A performance below target due to increase in 999 demand, request for Hospital diverts and delays in patient handover

		service pressures arising from acute reconfiguration.			
B4	Number of new and unplanned attendances at emergency departments Types 1 and 2	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	Working with Commissioners to identify initiatives to reduce ED attendance where appropriate, treat and leave protocols, PCS eligibility criteria, BCH admissions Ward.
B8	Number of patients admitted with stroke	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Med	A	NIAS is fully engaged in regional stroke strategy implementation through the identification of patients with actual or potential stroke both on receipt of an emergency call and following assessment of the patient and their rapid transfer to an appropriate hospital for the provision of thrombolysis if indicated. Activity data in this regard is reported through NIAS clinical audit to the Trust's Assurance Committee and to the Regional Project Board.
B22	Percentage (%) increase in access to cardiac catheterisation	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	Director of Operations has presented the implications of introducing 24/7 pPCI Regionally. Service impact extensively modelled and resource implications identified.

	Percentage of new and unplanned review attendances at emergency care departments waiting: less than 30 minutes, 30 minutes to 1 hour, 1 to 2 hours, 2 to 3 hours, 3 to 4 hours, 4 hours to 6 hours, 6 to 8 hours, 8 to 10 hours, 10 to 12 hours and 12 hours or more, before being treated and discharged or admitted (for those sites that we have patient-level data readily available).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	Introduction of 3 x Hospital Ambulance Liaison Officers to enhance patient flow. Introduction of Unscheduled Care desk in Control.
	Monitor (i) patient and (ii) ambulance turnaround times by length of time (less than 15 minutes, 15–30 minutes, 31–60 minutes, 61–120 minutes and more than 120 minutes).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	Time stamping patient handover and Ambulance make ready through MDT system. Reporting to HSCB on same.
	The number of emergency admissions for acute conditions that should not usually require hospital admission.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.	Ops	A	
	Out of Hours GP attendance	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-	Ops	A	Working with Commissioners to identify initiatives to reduce ED attendance where appropriate, treat and leave protocols, PCS eligibility

		emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.			criteria , BCH admissions Ward
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Appendix: Supporting data

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

STRATEGIC OBJECTIVE

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

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

The Northern Ireland Ambulance Service contributes to the national Myocardial Infarction National Audit Project (MINAP) database. At present Belfast is the only other acute Trust in Northern Ireland participating in the project. Table 1 is an extract from the recent national MINAP report and while overall numbers are lower than elsewhere due to this constraint, the performance figures compare very favourably and indeed exceed those in other parts of the UK. An extract from the report outlining the use of MINAP data to develop and evaluate the 24/7 primary PCI service, acknowledging NIAS as a key partner, is also appended.

Table 1 – Ambulance Services in England, Wales and Belfast (Extract from National MINAP Report)

This table presents results of 12 Ambulance NHS Trusts in England. Wales is served by Welsh Ambulance Services NHS Trust that covers the entire region. ‘n’ represents all patients that meet inclusion criteria for each analysis.

	Patients having thrombolytic treatment within 60 mins of calling for help				Patients having pre-hospital thrombolysis		Primary PCI within 150 minutes of calling for help for patients with direct admission to Heart Attack Centre				Primary PCI within 120 minutes of calling for help for patients with direct admission to Heart Attack Centre				Primary PCI within 150 minutes of calling for help for patients transferred to Heart Attack Centre				Primary PCI within 120 minutes of calling for help for patients transferred to Heart Attack Centre			
Year	2010/11		2011/12		2011	2012	2010/11		2011/12		2010/11		2011/12		2010/11		2011/12		2010/11		2011/12	
	n	%	n	%	n	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
England: Overall	1731	69%	480	52%	765	210	10008	89%	12860	89%	10008	67%	12860	67%	1561	49%	2044	50%	1548	28%	2016	29%
East Midlands	512	72%	133	52%	298	66	673	89%	1112	88%	673	69%	1112	71%	25	12%	26	31%	25	0%	26	12%
East of England	47	72%	7		44	1	1320	90%	1461	89%	1320	64%	1461	64%	278	53%	268	60%	277	29%	267	34%
Great Western	29	52%	7		14	0	546	84%	602	87%	546	56%	602	64%	75	57%	146	35%	75	36%	146	21%
Isle of Wight	26	85%	7		17	5	2		2		2		2		0		0		0		0	
London	7		9		3	1	1411	88%	1528	90%	1411	65%	1528	68%	268	50%	316	56%	266	33%	313	39%
North East	6		1		1	0	888	97%	989	97%	888	88%	989	90%	165	58%	141	66%	165	43%	139	51%
North West	580	73%	133	62%	142	51	848	94%	1492	87%	848	78%	1492	67%	329	45%	457	38%	322	15%	445	12%
South Central	52	38%	5		4	1	876	93%	987	91%	876	75%	987	75%	64	31%	60	55%	64	9%	59	22%
South East Coast	103	72%	12		45	9	808	80%	1042	89%	808	50%	1042	59%	91	69%	193	75%	91	48%	192	58%
South Western	204	68%	105	55%	130	55	464	90%	849	87%	464	71%	849	63%	29	90%	23	74%	29	86%	23	65%
West Midlands	124	67%	41	63%	58	21	1141	88%	1422	88%	1141	63%	1422	66%	125	48%	112	46%	125	22%	106	33%
Yorkshire	41	34%	20	5%	9	0	1031	84%	1374	85%	1031	56%	1374	59%	112	16%	302	28%	109	8%	300	16%
Wales	401	53%	320	49%	213	154	221	75%	381	80%	221	46%	381	60%	6		38	47%	6		37	41%
																					47	Page
Belfast	1		1		0	1	89	89%	96	89%	89	70%	96	83%	36	92%	10		36	78%	10	

9. Use of MINAP data to develop and evaluate a 24/7 primary PCI service.

**Lynne Charlton - Clinical Co-ordinator, Cardiology
The Belfast Trust pPCI Group
Belfast Health & Social Care Trust**

The Cardiology Team in the Belfast Health & Social Care Trust (BHSC) delivers care on three acute hospital sites within the City of Belfast, and in addition provides a regional cardiac catheterisation service for the Northern Ireland population. In 2008, following a review of trial evidence and clinical guidelines, the BHSC Cardiology team decided to develop a primary PCI pilot service delivered on the Royal Victoria Hospital site on a '24/7' basis and accessible to all patients with STEMI within the Belfast Trust City catchment area.

The Belfast Trust has submitted data to MINAP for several years. MINAP data from all three acute sites was instrumental from the outset of the primary PCI pilot implementation plan to estimate the number of potential patients who would access the service, and to determine trends in method, time and site of presentation. Analysis of the data was key to informing discussions and in engagement with our colleagues from the Emergency Departments (ED) and the Northern Ireland Ambulance Service (NIAS), in order that they could assess the potential impact on their services.

In 2008/9 47% of patients in England and Wales received primary PCI as their treatment for STEMI. Our Primary PCI pilot, which commenced in December 2009, was the first in Ireland to offer a primary PCI service on a 24/7 basis and to date there have been 603 activations of this service.

Evaluating the safety and quality of the pilot service is of paramount importance. Robust audit is carried out by collating individual patient level data. The data extracted from MINAP, alongside other data sources, is used to construct timelines relating to each patient's pathway of care which are crucial in assessing how well the pilot service is performing in relation to national and international standards.

Data is reviewed at the primary PCI steering group where the primary PCI Co-ordinator, nurses, clinicians and managers meet regularly to review performance and quality matters, identify potential ways of improving the patient pathway and highlight excellent practices and outcomes to staff within the Belfast Cardiology team, and also to our ED and NIAS colleagues.

As part of the Programme for Government, the Department of Health, Social Services & Public Safety Northern Ireland plan to further develop a new primary PCI service model in Northern Ireland.

EMERGENCY PLANNING REPORT FOR 1 APRIL TO 30 APRIL 2013

KPI No		This Month
2	<u>No of POTENTIAL MAJOR INCIDENTS</u>	1
	No of Declared Major Incidents	
	<u>No of AIRPORT ALERTS</u>	
	Belfast International Airport	2
	Belfast City Airport	
	City of Derry Airport	
	St Angelo Airport	
	Newtownards Airfield	
	Other airfields	
	<u>BUSINESS CONTINUITY</u>	2
	<u>HAZARDOUS MATERIAL INCIDENTS (HART CALLS)</u>	13
	<u>HART PRE-PLANNED DEPLOYMENTS</u>	
4	<u>TRAINING SESSIONS</u>	2
	<u>EMERGENCY PLANNING</u>	3
	<u>HART</u>	8
	<u>BUSINESS CONTINUITY</u>	
5	<u>EXERCISES</u>	
	Live	1
	Tabletop	4
	Observer	
6	Updates or amendments to MIP	

POTENTIAL MAJOR INCIDENT

On 20 April 2013 at 16.11 the Northern Ireland Ambulance Service received a call for a road traffic collision on the Old Ballynahinch Road, involving a double-decker bus. The original caller stated that 40 to 50 persons were on board the bus. Tasked to the scene 8 A&E crews, 4 Patient Care Service crews, 1 Intermediate Care Vehicle crew, 1 doctor call sign, Emergency Equipment Vehicle & Mobile Control Vehicle and 4 Officers. 7 patients were taken to the Royal Victoria Hospital and 7 patients to the Lagan Valley Hospital. The remainder of the persons on the bus were discharged at scene. The incident was stood down at 17.24.

An issue was identified that a number of officers at the scene were not registered on the call and therefore not recorded in the notes of the call.

MAJOR INCIDENTS

There were no declared Major Incidents during this period.

AIRPORT ALERTS

On 10 April 2013 at 16.40 the Northern Ireland Ambulance Service was alerted to the Belfast International Airport after 8 minutes the incident was stood down as the plane diverted to an airfield in the Republic of Ireland.

On 24 April 2013 at 21.00 the Northern Ireland Ambulance Service received an alert to the Belfast International Airport for a report of a freight aircraft with difficulties. Despatched to scene 2 Rapid Response Vehicles, 7 A&E crews, 6 Officer call signs, 2 Hazardous Area Response Team call signs, the Emergency Equipment Vehicle and the Mobile Control Vehicle. The plane circled around and made a safe landing. The incident was stood down at 21.22.

HAZMAT / HAZARDOUS AREA RESPONSE TEAM (HART) DEPLOYMENTS

02.04.13	Northern Ireland Fire & Rescue Service	Carbon Monoxide Incident – HART ADVISOR ONLY
03.04.13	Northern Ireland Fire & Rescue Service	Carbon Monoxide – HART advisor attended.
08.04.13	Northern Ireland Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
09.04.13	Northern Ireland Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
11.04.13	Northern Ireland Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
11.04.13	Northern Ireland Fire & Rescue Service	House fire persons reported – HART ADVISOR ONLY
12.04.13	Northern Ireland Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
13.04.13	Northern Ireland Fire & Rescue Service	Carbon Monoxide Incident - HART ADVISOR ONLY
14.04.13	Northern Ireland Fire & Rescue Service	Smoke inhalation – HART ADVISOR ONLY
19.04.13	Northern Ireland Fire & Rescue Service	HART staff deployed to scene.
24.04.13	PSNI + Northern Ireland Fire & Rescue Service	Airport alert – HART staff deployed to scene.
25.04.13	Northern Ireland Fire & Rescue Service & PSNI	Illicit Drug Lab – HART staff deployed to scene as persons reported inside.
27.04.13	PSNI	Person injured on Cavehill – HART staff tasked to scene- employed Mountain rescue skills.



William Newton
EMERGENCY PLANNING OFFICER

Incidents by Incident date and Sub category (Financial Quarter)

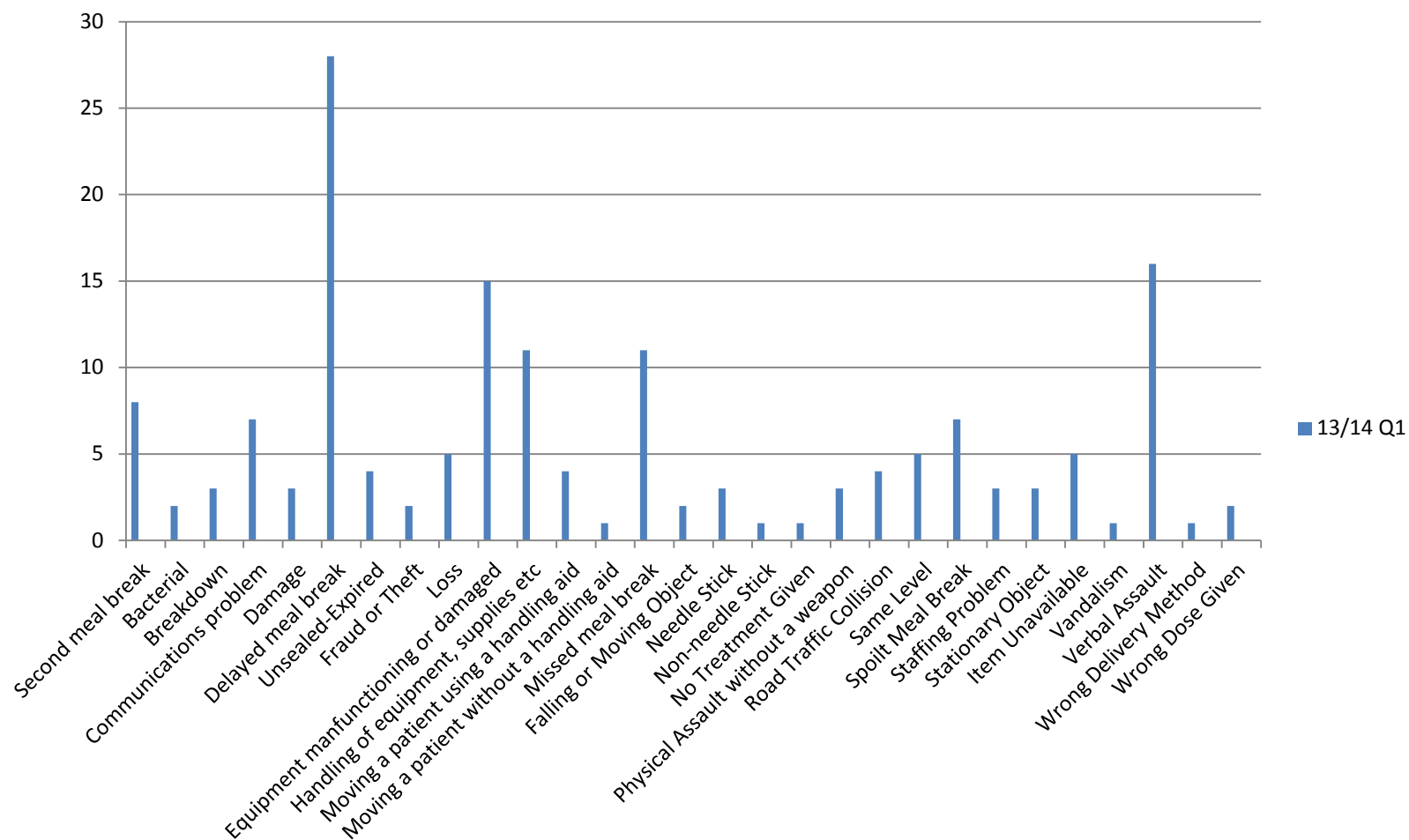


Figure 1: Total Number of Incidents by Sub Category (April 2013)

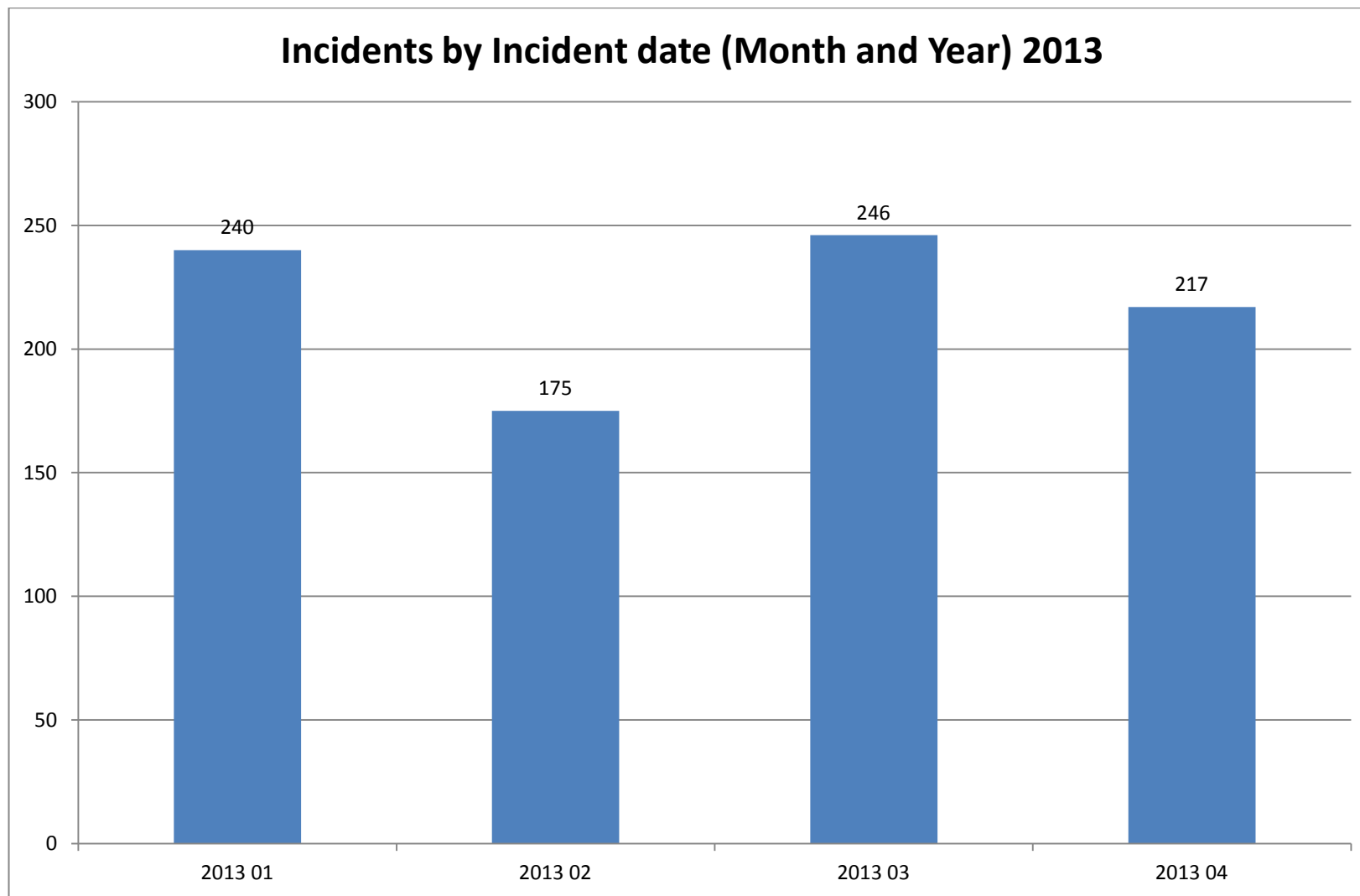


Figure 1(a): Incidents by month rolling calendar year

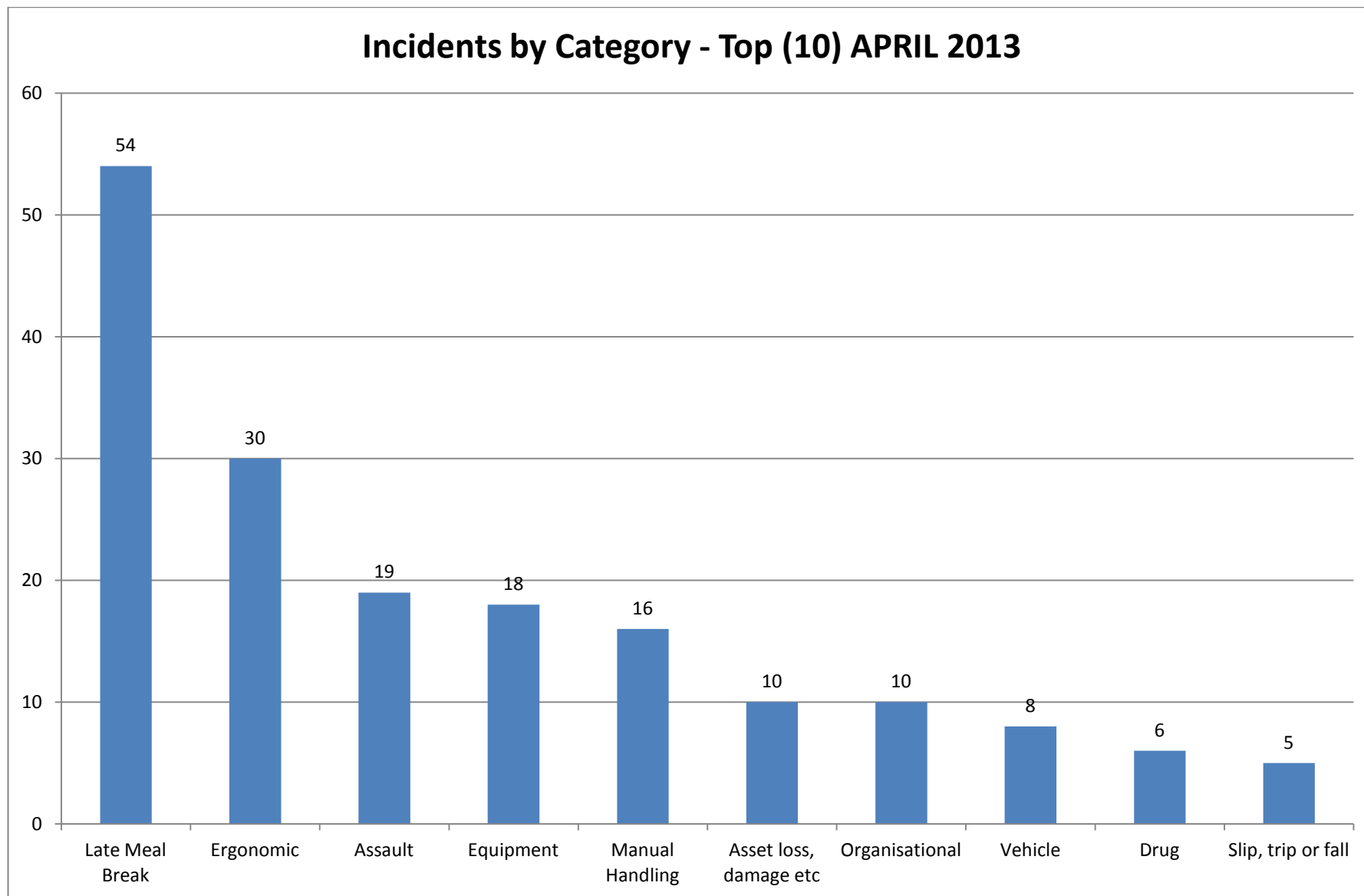


Figure 2: Top Ten Incidents, 1 April – 30 April 2013

Incidents by Sub category and Incident date grouped by Division

	2013 01	2013 02	2013 03	2013 04	Total
Belfast Area	12	9	6	3	30
Physical Assault without a weapon	3	4	3	0	10
Physical Assault with a weapon	1	0	0	0	1
Verbal Assault	8	5	3	3	19
Northern	4	4	2	3	13
Physical Assault without a weapon	1	3	0	1	5
Verbal Assault	3	1	2	2	8
South Eastern	3	2	5	2	12
Physical Assault without a weapon	1	1	1	0	3
Physical Assault with a weapon	0	0	1	0	1
Verbal Assault	2	1	3	2	8
Southern	1	2	3	4	10
Physical Assault without a weapon	0	0	1	2	3
Physical Assault with a weapon	0	1	1	0	2
Verbal Assault	1	1	1	2	5
Western	4	2	1	1	8
Physical Assault without a weapon	1	2	1	0	4
Verbal Assault	3	0	0	1	4
Totals:	24	19	17	13	73

Figure 3: Incidents of Violence to Staff by Sub Category

Incidents by Incident date and Sub category (Quarter)

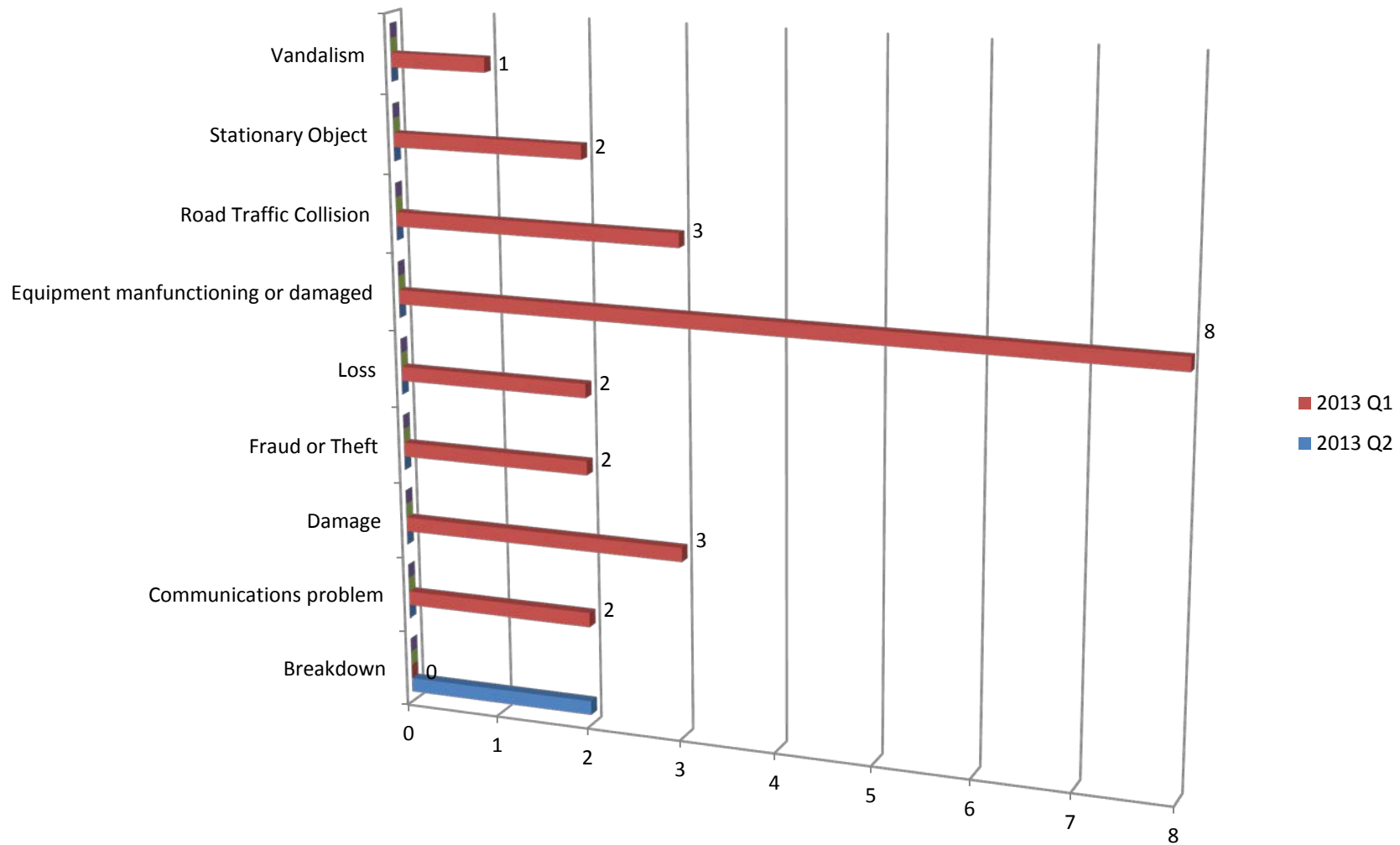


Figure 4: Asset / Equipment Incidents (calendar year)

Incidents by Sub category and Incident date grouped by Division

	2013 01	2013 02	2013 03	2013 04	Total
Belfast Area	3	0	0	0	3
Northern	1	0	0	0	1
Southern	2	0	0	0	2
Western	2	1	0	0	3
Totals:	8	1	0	0	9

Figure 5: Vehicle Cleaning – Incident Reports

Incidents by Sub category and Incident date April 2013

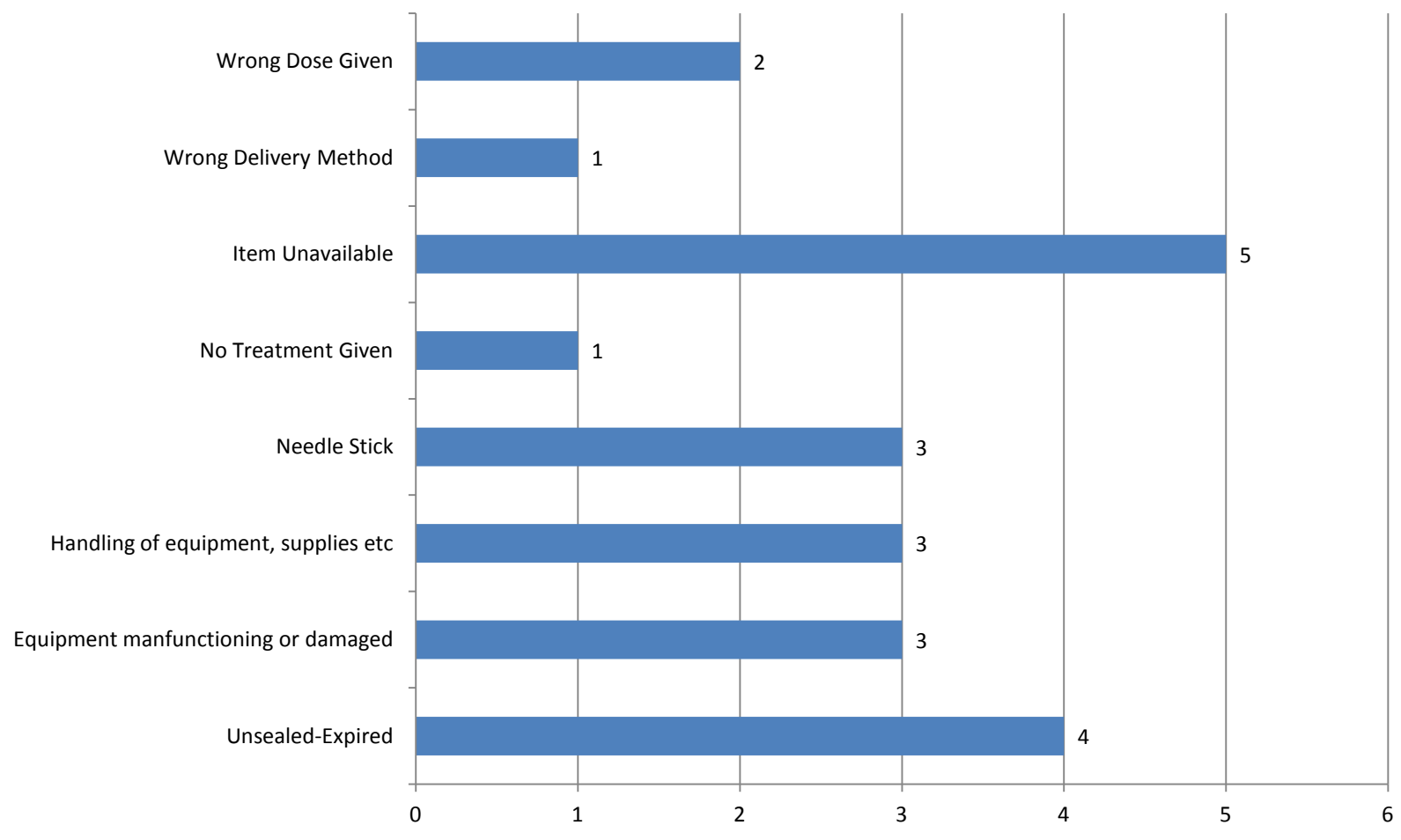


Figure 6: Clinical Incident Reports by Sub Category April 2013 - Serious Adverse Incidents Reports as at 30 April 2013

Serious Adverse Incidents Reports as at 30 April 2013

Ref	Status	Subject	Speciality	Description	Location
SAI A1678 / UIR23652	<p>Reported to the HSCB on the 13 November 2012 in relation to an ambulance breakdown during the emergency inter hospital transfer of a one year old child. The child suffered a cardiac arrest shortly after arrival at RBHSC ED. A full resuscitation was carried out however the patient did not survive.</p> <p>A joint investigation has been undertaken with the Western HSC Trust. Submission of the report originally due in February 2013 was delayed for incorporation of further information following completion of incident investigation. The report was submitted to HSCB in March 2013, who confirmed that the incident has been closed as no further issues or learning were identified in relation to this case.</p>	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Cardiac Arrest and did not survive.	Western Area

Ref	Status	Subject	Speciality	Description	Location
SAI 1701 / UIR19302	<p>Reported to the HSCB on the 19 November 2012. An ambulance crew and an RRV paramedic attended a male collapsed in a street in Bangor at 1540 hours. The patient was a known heroin addict who had taken a mixture of tablets and methadone. The crew successfully resuscitated the patient, including the administration of Naloxone IV. The patient recovered but refused to go to hospital despite being clearly advised of the potential risks over a period of time. The crews also called the police in an attempt to have them intervene and ensure the patient went to hospital. The police advised they could do nothing and the patient left the scene. A second call was received at 1824 hours relating to this patient who had been found collapsed on a bus in Donaghadee.</p> <p>Report submitted to HSCB. Designated Responsible Officer (DRO) has responded requesting review by independent expert. Following discussion, consultant in emergency medicine has agreed to undertake review. Initially a local consultant in emergency medicine had agreed to undertake this review, but in</p>	Serious injury to, or the unexpected death of a service	Accident and Emergency	Patient suffered Respiratory Arrest and did not survive.	South Eastern Area.

	<p>the absence of a response from them, the incident has now been reviewed by the Medical Director of the HSE National Ambulance Service in Ireland, who advises that their report will be submitted to us for incorporation during May 2013.</p> <p>Incident also currently being investigated by NI Police Ombudsman and Coroner. Staff involved have now been interviewed and statements and other evidence submitted to facilitate enquiries, the outcome of which is awaited.</p>				
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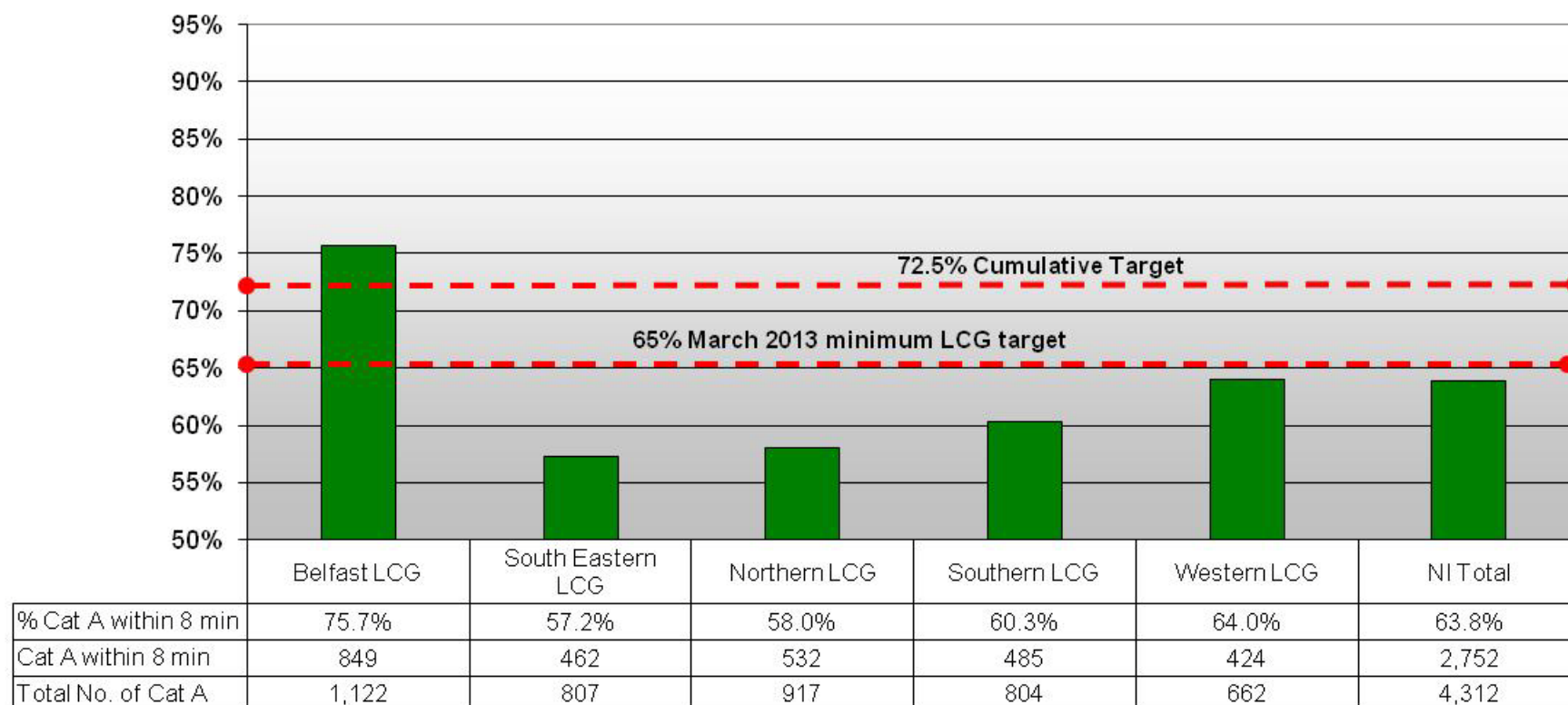
Ref	Status	Subject	Speciality	Description	Location
SAI A2127 / UIR 2200210	<p>Reported to HSCB on 26 March 2013 in relation to an incident where a 999 call was received for an elderly lady who had fallen outside a shop in Belfast who was unable to get up. An ambulance resource was not deployed to attend the call for a further 47 minutes, when the first available resource, a Rapid Response Vehicle (RRV) was dispatched. There was a further delay of approximately 40 minutes in the arrival of an ambulance to transport the patient to hospital. Initial review of the sequence of events and associated delay indicates potentially that there were no ambulance vehicles immediately available to respond as resources were depleted due to significant numbers of ambulances waiting for extended periods to hand over patients at emergency departments of both the Royal Victoria and Ulster Hospitals.</p> <p>While the call was still ongoing, ambulance control was contacted by an MLA regarding the incident.</p>	<p>Unexpected serious risk to service user and / or staff member and / or member of the public.</p> <p>Unexpected or significant threat to provide service and / or maintain business continuity.</p>	Accident & Emergency	Injured person experienced extreme delay in receiving an ambulance response and subsequent transport to hospital.	Belfast area.

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

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

CATEGORY A PERFORMANCE – CUMULATIVE FROM APRIL 2013 TO APRIL 2013

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



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

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

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

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

Regional Target: 72.5%

LCG target 65%

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	63.8%												
Belfast	75.7%												
South East	57.2%												
North	58.0%												
South	60.3%												
West	64.0%												

Key:



Target Achieved

Target Substantially achieved (within 1% variance)

Target Partially achieved (within 2.5% variance)

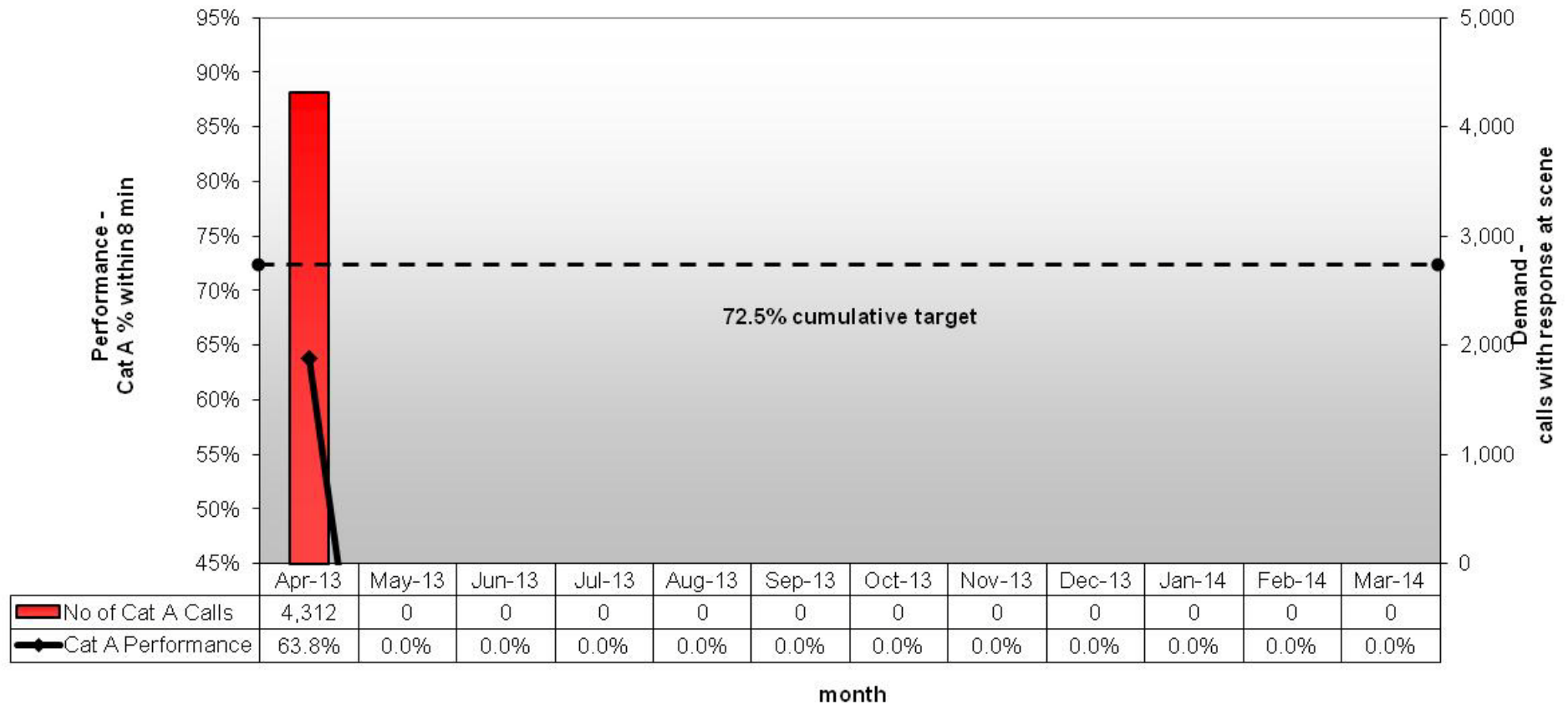
Target Not Achieved (greater than 2.5% variance)

PERFORMANCE COMMENTARY:

- The regional cumulative performance for Category A response times within 8 minutes in April 2013 was 63.8%. Whilst this is a 6.1% reduction in performance compared to April 2012, there were 115 (4.3%) more calls responded to within 8 minutes compared to the same time last year as well as 9.9% increase in emergency activity and a 14.6% increase in Category A calls.

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

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



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

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

Regional Target: 72.5%

LCG target 65%

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	63.8%												
Belfast	75.7%												
South East	57.2%												
North	58.0%												
South	60.3%												
West	64.0%												

Key:



Target Achieved

Target Substantially achieved (within 1% variance)

Target Partially achieved (within 2.5% variance)

Target Not Achieved (greater than 2.5% variance)

PERFORMANCE COMMENTARY:

- The Category A target was achieved in Belfast LCG. Individual LCG Category A performance was lower than April last year in each LCG area. However, emergency activity increased across all LCGs but most notably in South Eastern LCG (up by 13.2%), Northern LCG (up by 12%) and Southern LCG (up by 16%).
- This increase in activity is also reflected in the number of Category A calls received within the same LCGs with Southern LCG increasing by 31.2% and South Eastern LCG increasing by 19.7% compared to the same time last year.
- Of note is the increase in the number of Category A calls responded to within 8 minutes across the LCGs, particularly Southern LCG (96 more Category A call responded to within 8 Minutes compared to April 2012).

PERFORMANCE REVIEW APRIL 2013 V APRIL 2012 (CUMULATIVE DATA)

Activity	April 2013	April 2012	Variance (%)
Emergency	11971	10888	9.9%
Category A	4312	3761	14.6%
Urgent	2846	3057	-7.0%

PERFORMANCE COMMENTARY:

Regionally

- The overall regional emergency activity increased by 9.9% compared to the same time last year. This is the equivalent of 36 additional emergency calls each day across Northern Ireland.
- In addition, there has been a 14.6% increase regionally in Category A calls received compared to April 2012, which equates to 18 extra Category A calls each day. Furthermore the proportion of Category A calls as a percentage of all emergency calls has increased regionally by 1.7% compared to April 2012.
- Regionally there has been a 7% reduction in the number of Urgent calls which equates to 7 Urgent calls less each day compared to April 2012.

Locally

- Emergency activity increased across all LCGs but most notably in South Eastern LCG (up by 13.2%), Northern LCG (up by 12%) and Southern LCG (up by 16%). This equates to an additional 4 Category calls in South Eastern and Northern LCG and an additional 6 additional calls in Southern LCG each day in April when compared to the same time last year.
- This increase in activity is also reflected in the number of Category A calls received within the same LCGs, with Southern LCG increasing by 31.2% and South Eastern LCG increasing by 19.7% compared to the same time last year. Moreover, the proportion of Category A calls as a percentage of all emergency calls has increased across all LCG except Northern and Western LCGs.
- Urgent calls activity fell noticeably (-18.2%) in the Belfast LCG which equates to 5 calls less each day. However, both South Eastern and Southern LCG saw a moderate increase when compared to the same timeframe last year.

CATEGORY A: % CONVEYANCE RESOURCE RESPONSE ARRIVING WITHIN 21 MINUTES

NIAS 2013/14 (Provisional) Target – “NIAS should ensure an average of 95% of Category A (life-threatening) calls have a conveying resource at scene within 21 minutes”

Regional Target: 95%

LCG target 95%

	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	83.7%												
Belfast	84.7%												
South East	79.0%												
North	84.6%												
South	84.9%												
West	85.3%												

Key:



Target Achieved

Target Substantially achieved (within 1% variance)

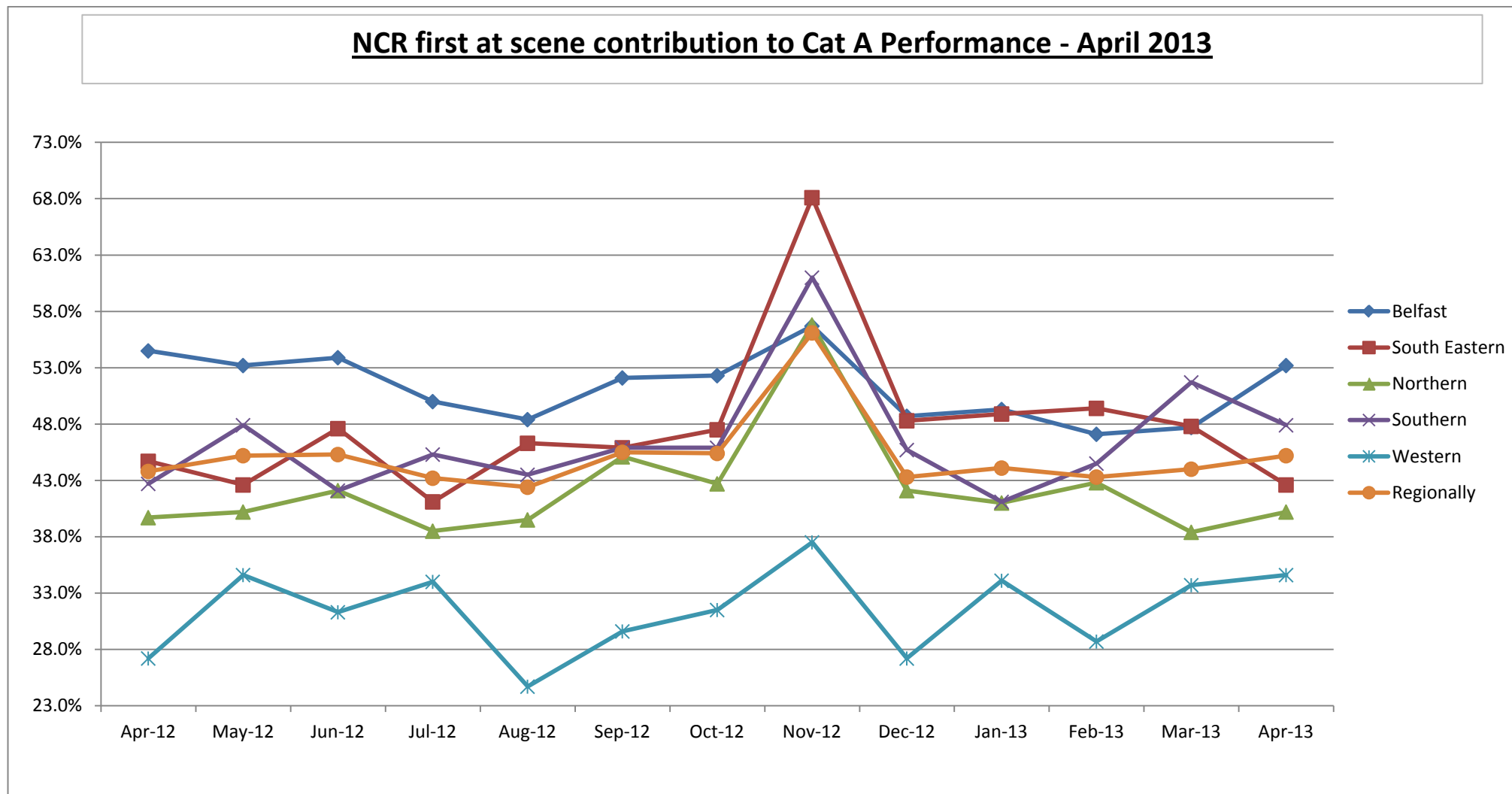
Target Partially achieved (within 2.5% variance)

Target Not Achieved (greater than 2.5% variance)

PERFORMANCE COMMENTARY:

- Whilst the overall regional percentage of Category A calls with a conveying resource at scene with 21 minutes is still not achieving the target, the actual number of Category A calls with a conveying resource at scene within 21 minutes has increased by 6.7% (221 calls regionally) compared to April 2012.
- This trend is reflected across all LCGs with the exception of Western LCG where there has been a very slight reduction (1.9%).
- Of particular note however is the Southern LCG are where the increase in the actual number of Category A calls with a conveying resource at scene with 21 minutes increased by 20% (or 110 calls) compared to April 2013.

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



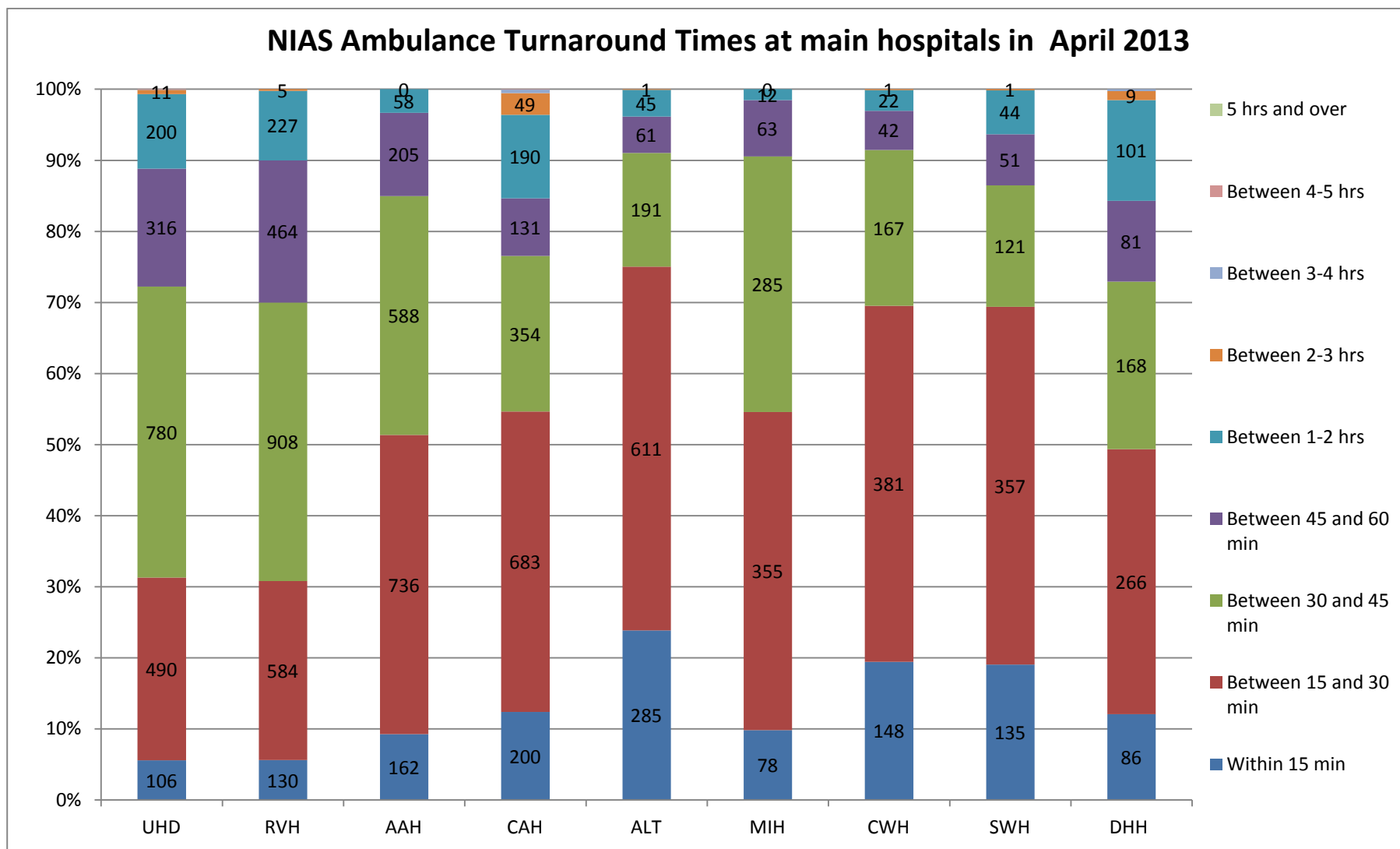
NON-CONVEYING RESOURCE (RRV ETC) – CONTRIBUTION TO CAT A DATA

		Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Year
Regional	N	1284												
	%	46.7%												
Belfast	N	436												
	%	51.4%												
South East	N	236												
	%	51.1%												
North	N	224												
	%	42.1%												
South	N	256												
	%	52.8%												
West	N	132												
	%	31.1%												

PERFORMANCE COMMENTARY:

- The regional contribution to Category A performance from non-conveying resources, such as RRVs, first at scene within 8 minutes at the end of April 2013 was 46.7%. This is particularly welcomed given the increase (11.3%) in number of calls with a non-conveying resource first at scene within 8 minutes.
- The regional contribution is 2.9% higher than the same time last year. Of particular note is the very increase in contribution within the South Eastern and Southern LCG areas which increased by 6.4% and 10.1% respectively compared to April 2012.

AMBULANCE TURNAROUND TIMES



PERFORMANCE COMMENTARY:

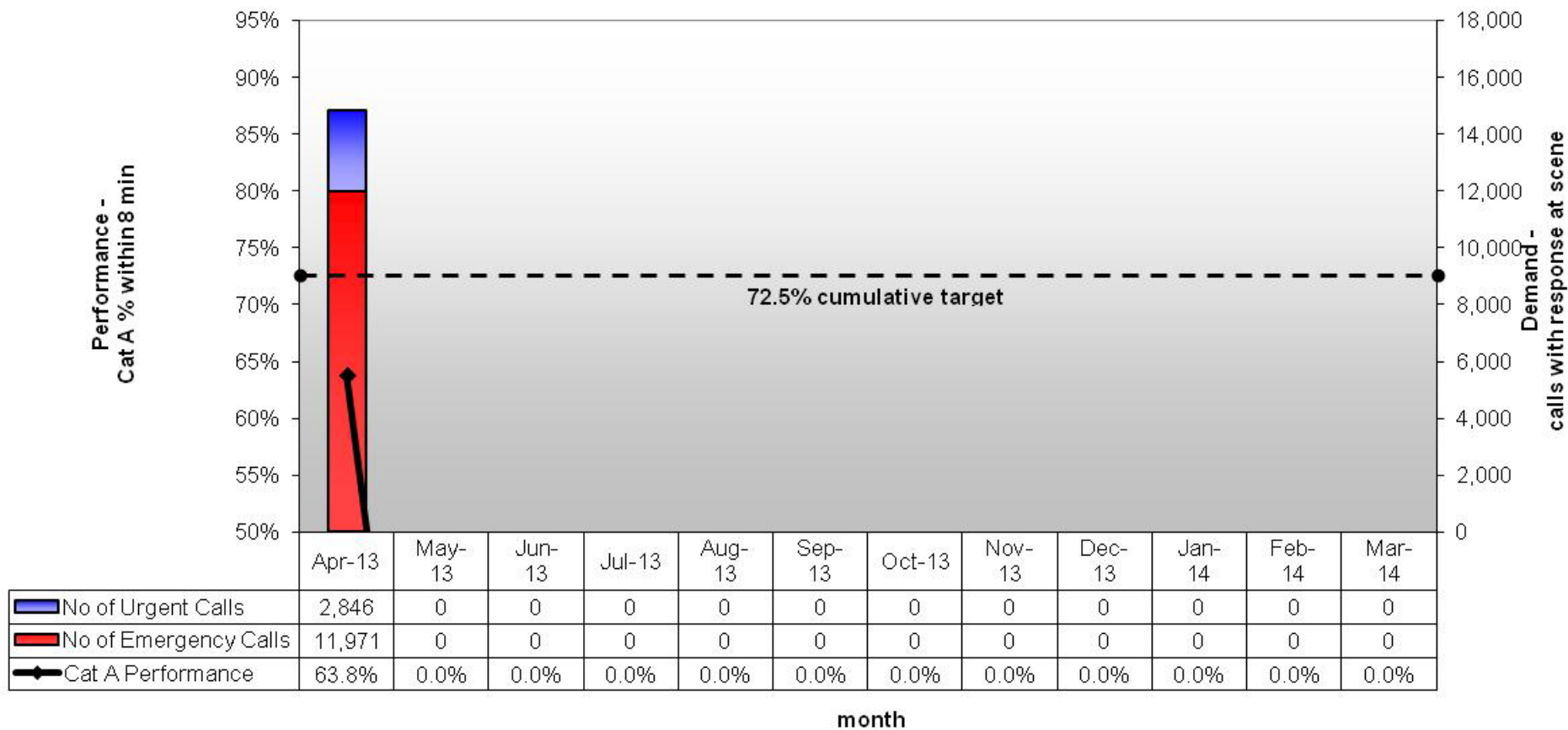
- In April 2013, 51.6% of all ambulance turnaround times were under 30 minutes.
- Lengthy ambulance turnaround times at hospital still impact on NIAS' availability and response times. In April 2013, 1023 (7.6%) of all ambulance turnaround times were greater than 1 hour with a loss of 1422 NIAS production hours or 2 ambulances each day.
- In the RVH 69.2% of all ambulance turnaround times are greater than 30 mins with a loss of 1260 NIAS production hours which is the equivalent of 1.75 ambulances each day.
- In the Ulster 68.7% of all ambulance turnaround times are greater than 30 mins with a loss of 1058 NIAS production hours which is the equivalent of 1.5 ambulances each day in April.
- At the 30th April the average patient handover at the RVH was 19 minutes with the average 'making ready' time being 12 minutes. In the Ulster the average patient handover time was 18 minutes with the average 'making ready' time being 15 minutes.
- NIAS is currently working with commissioners in securing funding for Hospital Ambulance Liaison Officers (HALOs) for the RVH, the Ulster, Antrim Area Hospital and Craigavon Area Hospital. The key function for these staff will be to ensure safe and effective patient handover, speedy making ready and the co-ordination of unscheduled demand at ground level.
- In addition, NIAS has set up an Urgent Desk in the Control Room from mid-April to facilitate the co-ordination of Intermediate Care Vehicles (ICVs) to respond efficiently to Urgent and Category C calls.

URGENT CALLS (NON-LIFE-THREATENING)

Monthly Cat A Performance -v- Demand 2013-14

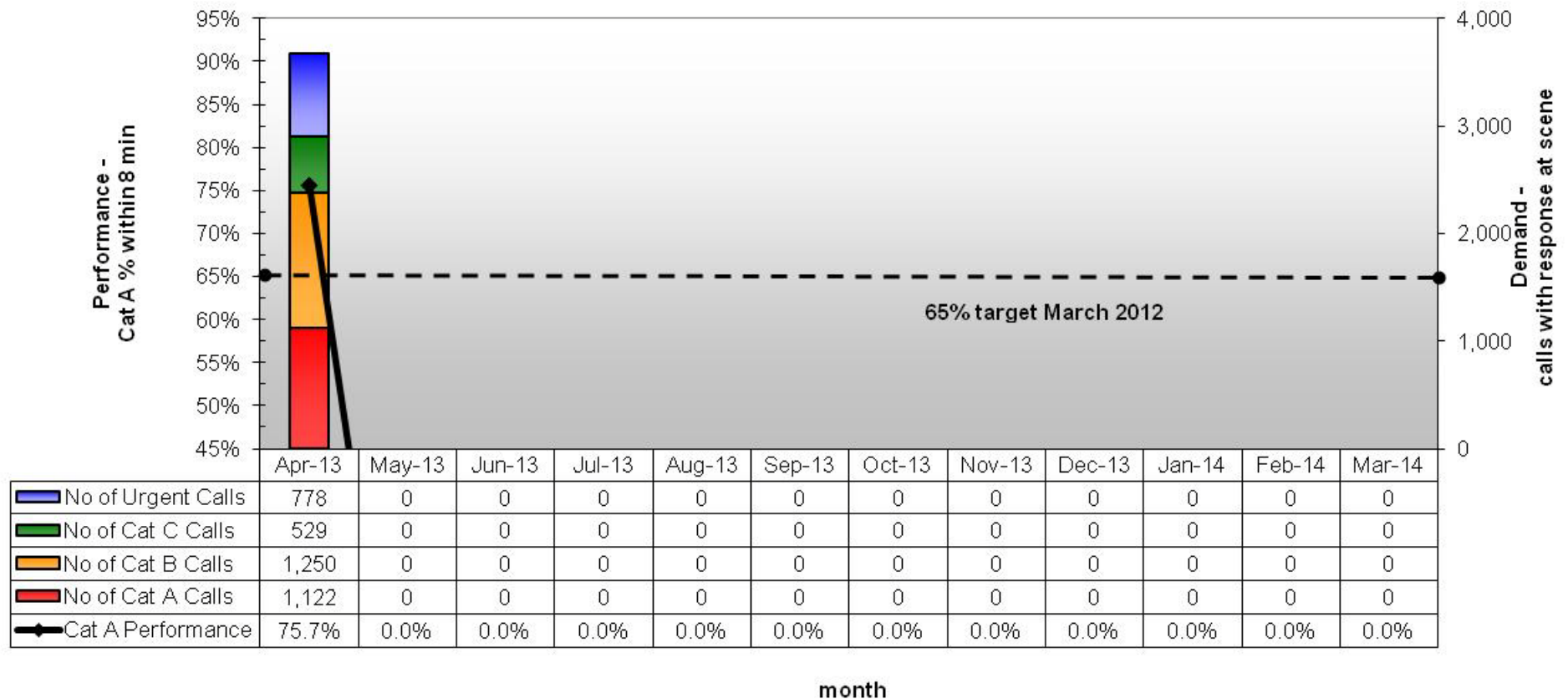
NI

Emergency & Urgent



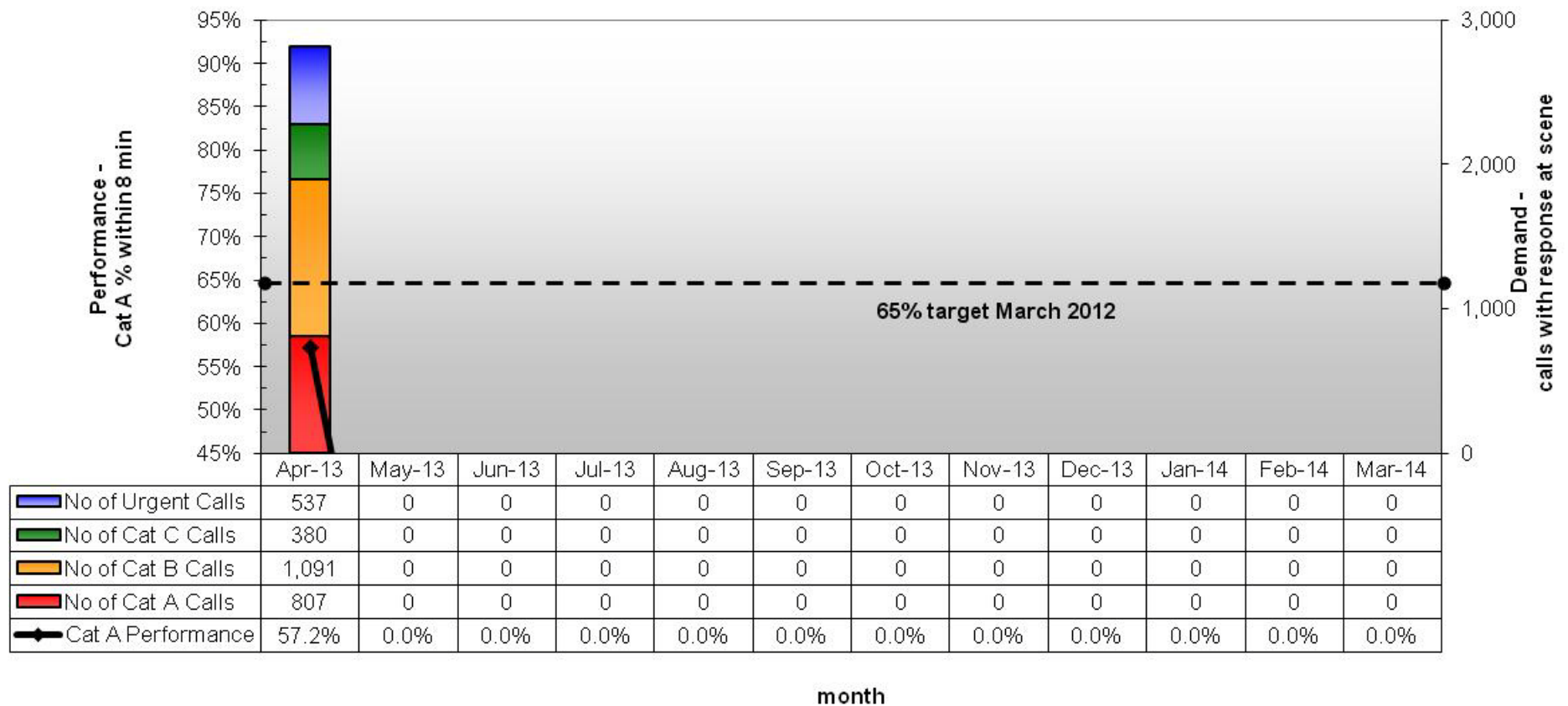
PERFORMANCE REVIEW BY DIVISION: BELFAST

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



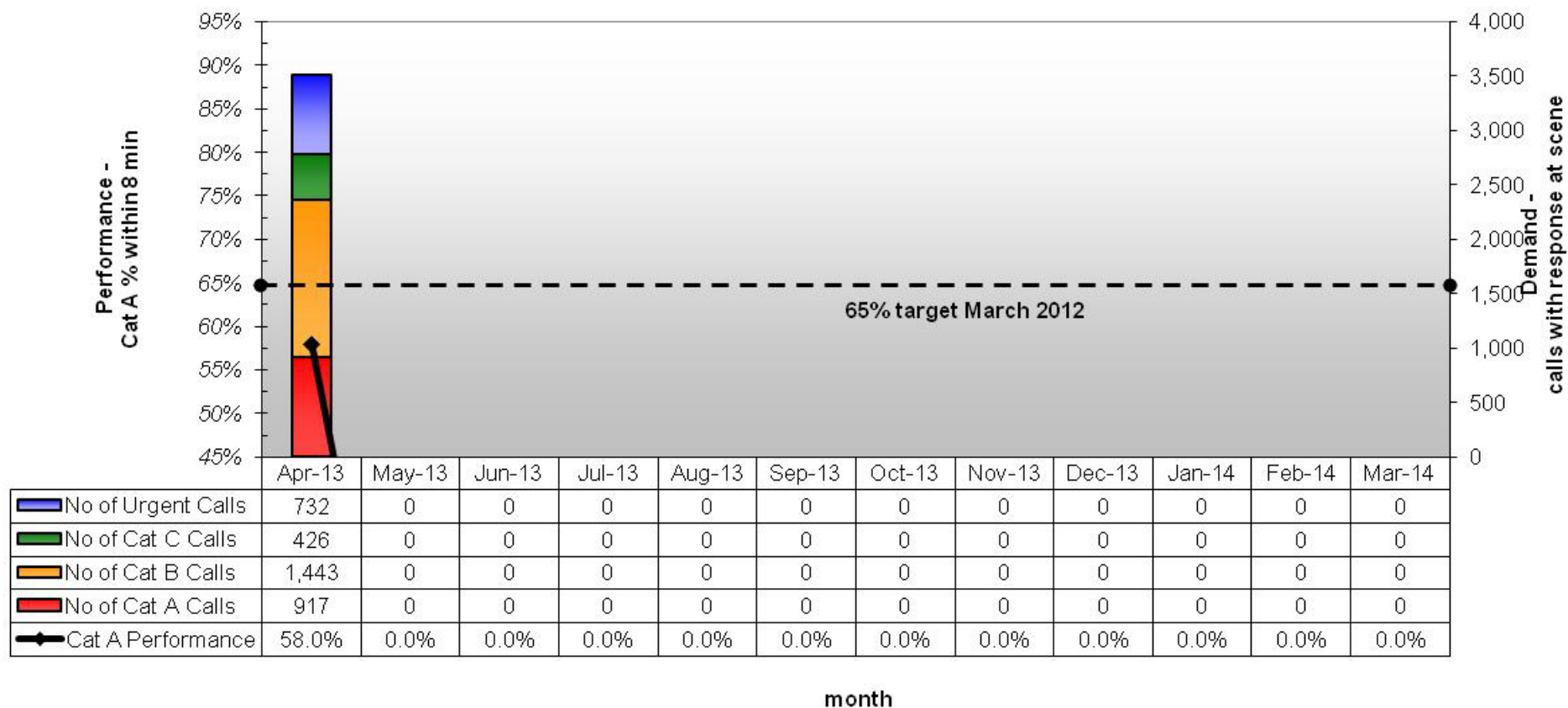
PERFORMANCE REVIEW BY DIVISION: SOUTH EASTERN

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



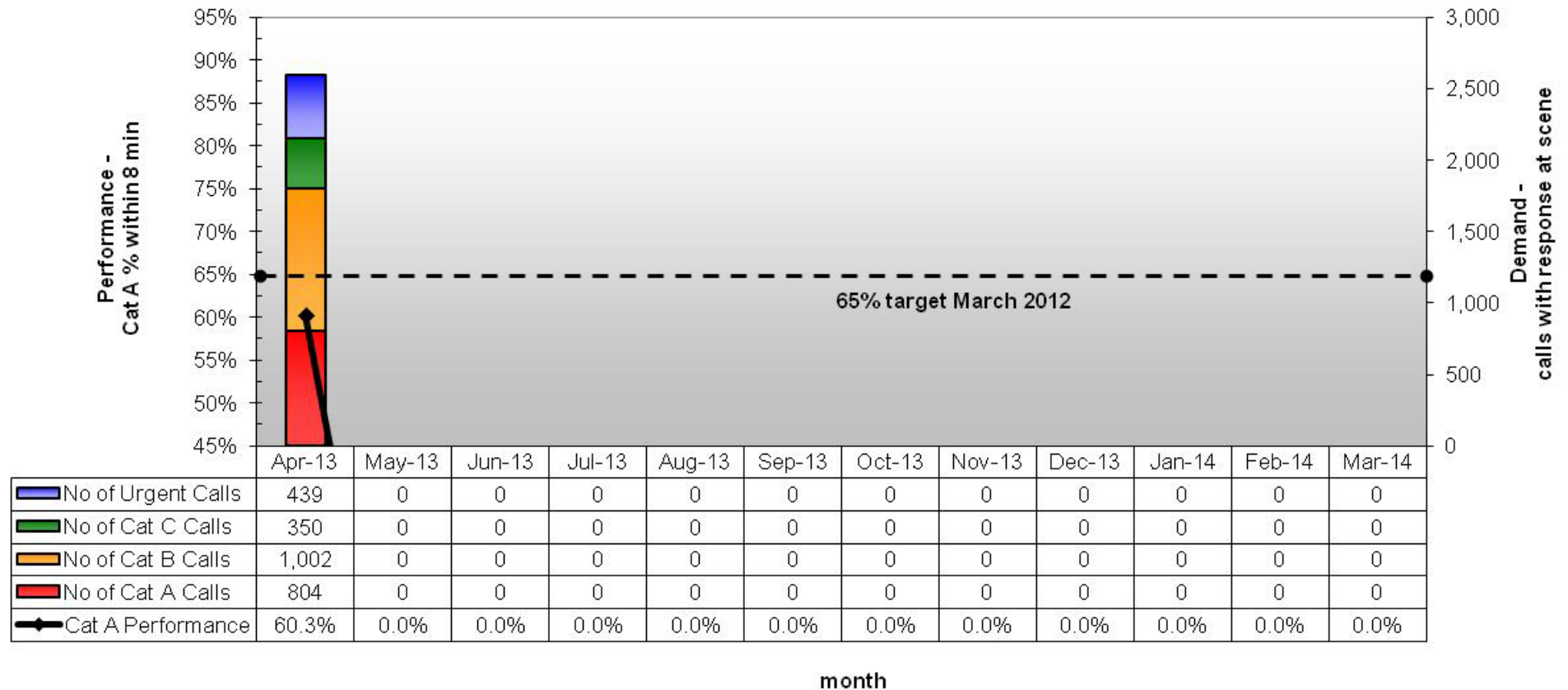
PERFORMANCE REVIEW BY DIVISION: NORTHERN

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



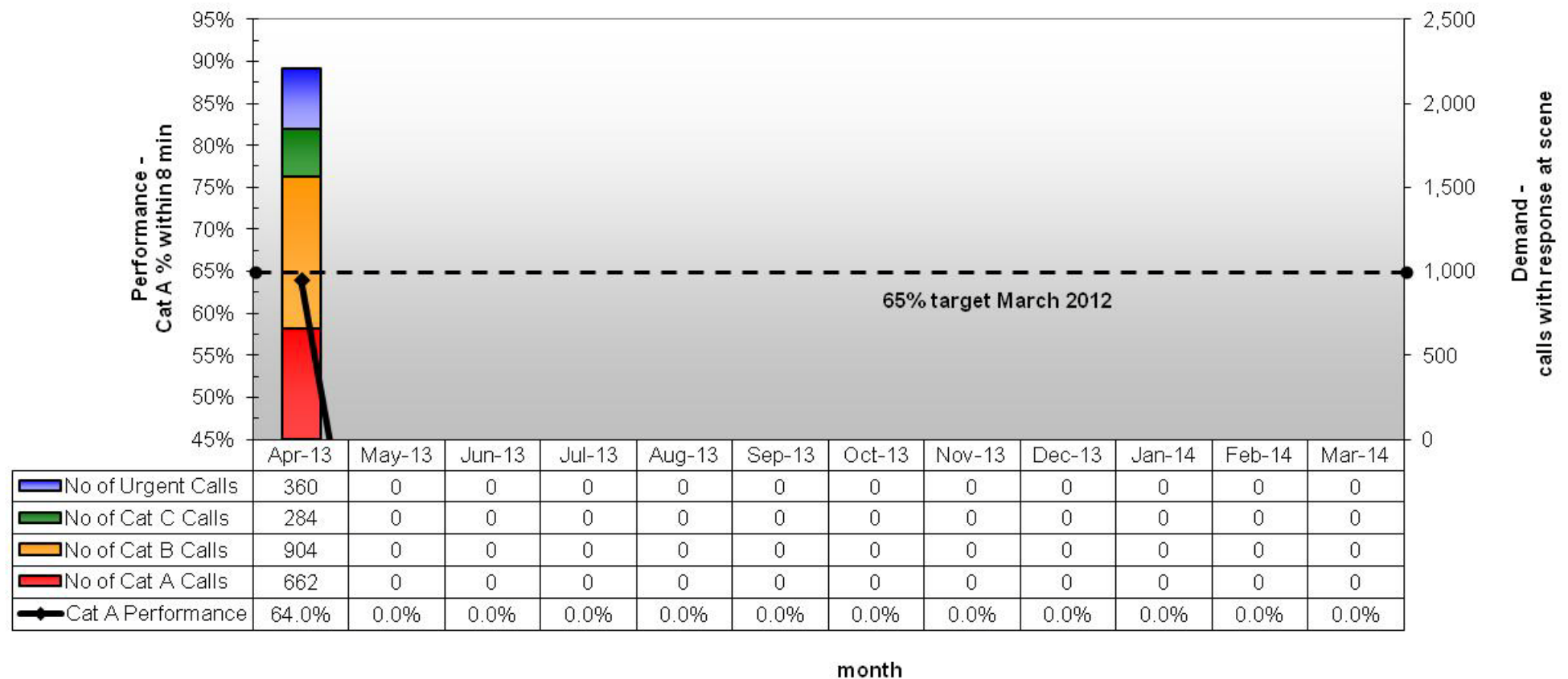
PERFORMANCE REVIEW BY DIVISION: SOUTHERN

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



PERFORMANCE REVIEW BY DIVISION: WESTERN

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



SECURING THE INFRASTRUCTURE – FLEET ESTATE

OBJECTIVES

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

CONTROLS ASSURANCE PROGRESS REPORT

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

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

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

CONTROLS ASSURANCE PROGRESS :

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

FLEET PROFILE :

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	88.8											83.6
Non-Emergency Ambulances	88.6											88.6
Rapid Response Vehicles	69.0											69.0
Support Vehicles	44.0											44.0
<i>PERFORMANCE COMMENTARY:</i>												

IMPROVEMENT PROPOSALS FOR 2012/2013:

Commissioning continues of A&E and PCS vehicles.

IMPROVEMENT PROPOSALS FOR 2013/2014:

Vans and chassis ordered for PCS & A&E.

ESTATE CAPITAL PROGRAMME

BALLYMENA: Valuation for land transfer not completed in year. Priority for early 2013/2014.

ENNISKILLEN: Comments received from DHSSPS and Business Case being reworked for submission in May 2013.

CRAIGAVON: No further developments.

ARDS/BANGOR: No further developments.

BELFAST: Potential site identified and visited.

RISK COMMENTARY:

FLEET

The Business Case for the Replacement Programme 2013 – 2018 is ongoing.

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

Business Case is currently being prepared for re-submission in May, timelines of all participants to be clarified.

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust Delivery plan is forecasting and breakeven position at year end, subject to key risks and assumptions in particular in respect of required savings and service developments. Due to the completion of final accounts, detailed outturn figures for April are not yet available.

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs												
Other Expenditure												
Expenditure Total												
Income												
Net Expenditure												
Net Resource Outturn												
Revenue Resource Limit (RRL)												
Surplus/(Deficit) against RRL												

Capital Spend

The Trust has recieved an initial Capital Resource Limit (CRL) Allocation of £6m. The requirement against this allocation and forecast profiles of expenditure are under development.

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet												
Estate												
Medical Equipment												
IT Equipment												
General Capital												
Total												
Original Forecast Profile of Expenditure												
Revised Forecast Profile of Expenditure												

Asset Disposals

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

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

Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days, or other agreed terms, was narrowly missed in 2012/13. Due to the completion of final accounts, detailed outturn figures for April are not yet available.

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

Business Services Organisation (BSO) Key Performance Indicators (KPI's)

The Business Services Organisation (BSO) provide a range of services to the Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. Due to the implementation of the new Finance, Procurement and Logistics (FPL) systems with BSO PaLS in October 2012, key performance indicators are not currently available. A review of available information from the new systems will be carried out by BSO PaLS in conjunction with Trusts and the BSTP FPL programme.

INFORMATION TECHNOLOGY SYSTEMS - SYSTEM AVAILABILITY

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

April There is no system failures to report in this period.

INFORMATION GOVERNANCE

Data Protection, Freedom of Information and Departmental requests

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

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

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

**1 request still being processed*

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

HR 9	TAKE STEPS TO MINIMISE SICKNESS ABSENCE DURING 2013/14											
TOTAL YEAR TO DATE ABSENCE 2013/14 = 7.85%												
ABSENCE TARGET 2013/14 = 6.7%												
NIAS % ABSENTEEISM										WTE: 1201.26		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Absence Target 13/14 (6.7%) (To be agreed by Trust Board)	6.7											
% short term absence	3.86											
% long term absence	3.98											
No. of employees on half pay	11											
No. of employees on no pay	0											
Monthly absence (%) 13/14	7.85											
Cumulative absence (%)13/14	7.85											
Performance Assessment												
Estimated Cumulative Cost of absence* (£'000)	*											
% absence12/13 (monthly)	6.82											
% absence 12/13 (cumulative)	6.82											

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

*Absence costs have been estimated by expressing the % absence figure as a % of the total staff costs within the Trust.

As such, this figure is a broad approximation of the cost of absence.

TOTAL YEAR TO DATE ABSENCE 2013/14 = 7.85%

ABSENCE TARGET 2013/14 = 6.7%

Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE				WTE: 1063.6								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7											
Monthly absence (%)	8.65											
Cumulative absence (%)	8.65											
No. of employees on half pay	11											
No. of employees on no pay	0											
MEDICAL DIRECTORATE				WTE: 10								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7											
Monthly absence (%)	9.29											
Cumulative absence (%)	9.29											
No. of employees on half pay	0											
No. of employees on no pay	0											
FINANCE & ICT DIRECTORATE				WTE: 28.63								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7											
Monthly absence (%)	0											
Cumulative absence (%)	0											
No. of employees on half pay	0											
No. of employees on no pay	0											
HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE				WTE: 92.03								
% ABSENTEEISM 2013/14												
Target absenteeism 2013/14	6.7											

Monthly absence (%)	1.32											
Cumulative absence (%)	1.32											
No. of employees on half pay	0											
No. of employees on no pay	0											

ABSENCE COMPARISON WITH NHS AMBULANCE TRUSTS
(Comparison of Monthly Absence Statistics (%)* Across English Ambulance Services and NIAS Apr 12 – Dec 12)

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

*Source - The Information Centre for Health and Social Care

** NIAS cumulative figures

REPORTING PERIOD	2009/10		2010/11		2011/12		2012/13
ABSENCE TARGET	DHSSPS PFA Target 5.5%		DHSSPS PFA Target 5.2%		NIAS Target 6.85%		NIAS Target 6.7%
	% Absence (2009/10)	% Variance (2008/09)	% Absence (2010/11)	% Variance (2009/10)	% Absence (2011/12)	% Variance (2010/11)	% Absence (to date)
REGIONAL HSC TRUSTS	5.49%	-2.8%	5.46%	-0.55%	5.36%	-1.83%	N/A*
NI AMBULANCE SERVICE TRUST	6.72%	-3.9%	6.87%	+2.23%	7.18%	+4.51%	7.5%

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

Staff Group	No. of staff in group as at Q1 (01/04/12)	Staff Group as % of Workforce as at Q1								
Regulated				2009-10 Q3&4	2010-11 Q1&2	2010-11 Q3&4	2011-12 Q1&2	2011-12 Q3&4	2012-13 Q1&2	2012-13 Q3&4
Station Supervisors & Clinical Support Officers	67	5.86	NIAS	6.36	5.93	4.67	7.98	8.32	8.41	N/A*
Paramedics	418	36.54	NIAS	8.23	6.87	6.76	5.18	7.94	6.46	N/A*
Nursing & Midwifery (formerly TC5)	N/A*	N/A*	HSC	6.25	5.97	6.26	5.90	6.41	6.16	N/A*
Social Services (formerly TC6)	N/A*	N/A*	HSC	6.57	5.98	6.42	5.89	6.23	6.09	N/A*
Non-Regulated										

Admin & Clerical*	122	10.67	NIAS	4.88	3.48	2.67	3.78	5.23	3.57	N/A*
	N/A*	N/A	HSC	4.83	4.16	4.26	3.91	4.40	4.17	N/A*
Estate Services (formerly TC3)	3	0.25	NIAS	50.0	50.0	9.57	1.28	0.00	0.00	N/A*
	N/A*	N/A	HSC	5.06	4.89	6.25	3.78	4.82	4.67	N/A*
ACA's	239	20.89	NIAS	6.09	5.10	6.57	6.83	7.94	6.39	N/A*
EMT's	191	16.70	NIAS	11.16	8.44	8.91	8.84	8.74	6.76	N/A*
Control Staff	104	9.09	NIAS	8.48	10.27	13.81	7.74	9.52	10.21	N/A*
Support Services (formerly TC4)	1	0.09	HSC	7.78	6.99	7.16	6.09	7.84	6.91	N/A*

*Includes Management and Senior Management grades

*Figures not yet available from DHSSPS

EMPLOYEE RELATIONS

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
No. of Grievances received	2												2
Grievances acknowledged within 2 days	2												2
Grievances at Informal Stage	1												1
Grievances resolved informally / withdrawn	0												0
Stage 1 hearing arranged within 15 working days	0												0
Stage 1 outcome conveyed within 7 working days of hearing	N/A												0
Stage II hearing arranged within 15 working days of notification	N/A												0
Stage II outcome conveyed within 7 working days of hearing	N/A												0
Grievance Cases Closed	0												0
Number of active Grievance Cases (2013/14)													2
Total number of active Grievance Cases													23

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	2												2
Number of HCPC referrals	1												1
Number of suspensions	0												0
Decision to suspend reviewed every 4 weeks	N/A												N/A
Formal investigations ongoing	2												2
Formal investigations completed as soon as is reasonable	0												0
Document disclosure exchanged 5 working days prior to disciplinary hearing	N/A												0
Decision of Stage I Panel conveyed within 7 working days of date of hearing	N/A												0
Employee will be given 7 working days notice of appeal hearing	N/A												0
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	N/A												0
Disciplinary Cases Closed	0												0
Number of active suspensions	1												1
Number of active Disciplinary Cases (2013/14)													2
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												1
Number of informal cases	0												0
Number of formal cases	1												1
Recipient of the complaint meets complainant within 5 working days of receipt of complaint	1												1

Cases withdrawn	0													0
Investigation complete within 30 working days of receipt of complaint	0													0
Harassment Cases Closed	0													0
Number of active harassment cases (2013/14)														1
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
Response to IT Applications within 28 days	0												0
IT cases Closed	0												0
Number of active IT cases (2013/14)													0
Total number of active IT cases													0

HR5	IMPLEMENT KNOWLEDGE AND SKILLS FRAMEWORK (IKSF) REQUIREMENTS												
HR 10	TAKE STEPS TO ENSURE THAT BY 30 JUNE 2013 90% OF STAFF WILL HAVE HAD AN ANNUAL APPRAISAL OF THEIR PERFORMANCE DURING 2012/13												
<i>The Trust commenced the roll-out of KSF with effect from 05/10/2012. Therefore, with effect from 05/10/12, individual Directorates are responsible for ensuring all staff within their remit are facilitated to undertake a Performance Development Review (PDR) during the forthcoming year, i.e. until 30/09/13, and on an annual basis thereafter. A Personal Contribution Annex will be included in the KSF process from June 2013 onwards. The annex will enable individual members of staff to demonstrate how they contribute to meeting the Trust's Corporate Aims and Objectives.</i>													
Key Actions		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finalise and implement Knowledge & Skills Framework Action Plan as agreed in Partnership		G											
Implement Northern Ireland position on gateway progression		G											
Personal Development Review (Personal Development and Contribution Review from June 2013 onwards)													
Operations Directorate													
Control		A											
Operations		A											
Fleet & Estate		A											

Medical Directorate													
Medical & Risk Mgmt	A												
Emergency Planning	A												
HART	A												
Finance Directorate													
Finance	A												
ICT & Information	A												
Stores & Courier	A												
HR Directorate													
HR	A												
Equality & PPI	A												
Corporate Services	A												
RATC	A												

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. In response to advice received from the Joint Chairs of the Regional Joint Negotiating Forum, 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 to form the RQA panel to take the matter forward. The Trust's JE Leads met with the RQA panel on 1 February 2013. The panel advised they would be meeting on 12 February 2013 to progress the evaluations, and arranged to provide feedback on the outcomes to the JE Leads on 15 February 2013. However, the RQA panel postponed these arrangements due to the unavailability of one of its members.

On 5 April 2013 the Trust was advised that due to work pressures, especially with an unprecedented number of industrial tribunal cases, many relating to equal pay and clustering, it is not currently possible to provide a timeframe for release to complete the Job Evaluations. The Trust will continue to raise this matter with the DHSSPS on a fortnightly basis.

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

EMT Job													
Trust notified of JE outcome	N/A												
Notify post-holders of JE Outcome	N/A												
Notify Payroll of JE Outcome	N/A												

HR 6 DELIVER MANDATORY TRAINING
*This section will be developed upon completion of 2013-2014 Education, Learning & Development Plan in Quarter 1.

CLAIMS MANAGEMENT

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

% of Complaints against Activity Levels												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A&E & PCS Activity	0.06%											

COMPLAINTS MANAGEMENT

COMPLAINTS & COMPLIMENTS

	2013-14													2012-13		
COMPLAINTS RECEIVED	Total (to date)													Total		
Total A&E & PCS Activity (Calls)	28599															
Total complaints received at 30/04/13	17													140		
HANDLING TIMES OF COMPLAINTS																
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14 (to date)	%	2012-13	
Total Complaints received	17												17		140	100%
Acknowledged within 2 working days	17												17	100%	138	98%
Acknowledged after 2 working days	0												0	0%	2	2%
Response within 20 working days	2												2	12%	43	31%
Response after 20 working days	0												0	0	79	56%
Complaints Investigations ongoing	15												15	88%	18	13%
Average Response time (Working days)													10		32	
Cases referred to NI Ombudsman (cases ongoing)	0												0 (2)	0%	2	1%

SERVICE AREA OF COMPLAINTS															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14 (to date)	%	2012-13
Accident & Emergency	5												5	29%	56 40%
Patient Care Service	0												0	0%	22 16%
Control & Communications	12												12	71%	59 42%
Other	0												0	0%	3 2%
Voluntary Car Service	0												0	0%	0 0%
TOTAL	17												17		140

	NATURE OF COMPLAINTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14 (to date)	%	2012-13	
Staff Attitude	3												3	18%	44	32%
Ambulance Late/No Arrival	10												10	59%	71	51%
Clinical Incident	2												2	11%	14	10%
Suitability of Equip/Vehicle	0												0	0%	2	1%
Other	1												1	6%	7	5%
Patient Property	1												1	6%	2	1%
TOTAL	17												17		140	

	COMPLIMENTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14 (to date)	2012-13		
RECEIVED	16												16	162		
	SERVICE AREA OF COMPLIMENTS RECEIVED															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2013-14 (to date)	%	2012-13	
Accident & Emergency	13												13	81%	147	90%
Control	1												1	7%	9	6%
Patient Care Service	2												2	12%	6	4%
Voluntary Car Service	0												0	0%	0	0%
Other	0												0	0%	0	0%
TOTAL	16												16		162	

SECTION 75

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

Equality Statutory Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Disability Action Plan Implementation	G											
Equality Scheme Implementation	G											
S75 Statutory Report to ECNI	A											

MEDIA MANAGEMENT

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Daily Media - Response within same day													
Number of enquiries received	25												25
Number of responses issued on day of receipt	25												25
Weekly Media - Response within three days													
Number of enquiries received	8												8
Number of responses issued within three days of receipt	8												8
Number of responses resulting in Media Coverage	33												33

COMMUNITY EDUCATION

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

TB/4/30/05/13



TRUST BOARD MEETING

30 May 2013

Title:	Annual Business Plan & Trust Delivery Plan 2013-2014
Purpose:	To provide safe, effective, high-quality care to the people of Northern Ireland, and to secure improved health and well being for the whole community as a result.
Content:	This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2013-14, which seeks to take full account of and recognise the direction set by the Minister through his stated priorities and the Health and Social Care Commissioning Plan (draft). The document should be read in conjunction with NIAS Corporate Plan 2011-2014.
Recommendation:	For approval
Previous Forum:	Trust Board, March 2013
Prepared by:	Mr Liam McIvor, Chief Executive
Presented by:	Mr Liam McIvor, Chief Executive

NORTHERN IRELAND AMBULANCE SERVICE

Annual Business Plan & Trust Delivery Plan

2013-2014

15/04/2013



Purpose

“The Northern Ireland Ambulance Service is highly valued by the people of Northern Ireland. It exists to improve their health and well being, and applies the highest levels of human knowledge and skill to preserve life, prevent deterioration and promote recovery. The Ambulance Service touches lives at times of basic human need, when care and compassion are what matter most.”

Mission

“The Northern Ireland Ambulance Service will provide safe, effective, high-quality, patient-focussed care and services to improve health and well being by preserving life, preventing deterioration and promoting recovery”

Vision

“Improved health and well being for the Northern Ireland community through safe, effective, high-quality care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole healthcare system”

Values

Respect & Dignity

Commitment to Quality of Care

Compassion

Improving Lives

Working Together for Patients

Everyone Counts

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Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2013-14, which seeks to take full account of and recognise the direction set by the Minister through his stated priorities and the Health and Social Care Commissioning Plan (draft). The document should be read in conjunction with NIAS Corporate Plan 2011-2014. It builds on our efforts to date to improve and modernize the service. At its core is a desire to provide safe, effective, high-quality care to the people of Northern Ireland, and to secure improved health and well being for the whole community as a result.

It is designed to be of value and use to those who commission and provide ambulance services as well as those who receive them and, indeed, the whole community which relies on these services being there when they are needed. Progress in the delivery of this work will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system, and success will be dependent upon our working together in an integrated healthcare system.

Local Context

The Northern Ireland Ambulance Service (NIAS) faces a range of significant challenges and major issues over the period covered by this plan. Chief among these is the need to deliver safe, high-quality care, improved performance and service modernization (in terms of both speed of response and quality and efficacy of clinical treatment provided) in line with Ministerial priorities within ever-tighter financial requirements, in particular the need to balance income and expenditure year on year. Four key areas have been identified and continue to be prioritized; patients with life-threatening conditions; patients with urgent, long-term and other conditions, improving health and tackling inequality; and simplifying access for patients while delivering care 24/7.

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls and maintaining emergency preparedness for major incidents. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). This differentiation of 999 calls on the basis of clinical urgency allows NIAS to assign priority for response, care, treatment and transportation to those patients in greatest need, and, where appropriate, redeploy ambulances from less serious to more serious calls. A significant proportion of NIAS workload arises from transportation to hospital of patients referred by GPs and other clinicians working outside hospitals on both a scheduled and unscheduled basis. While this activity is generally less clinically urgent than the 999 emergency activity, it remains a core element of our total activity and meeting the requirements of the patients is no less demanding or important.

NIAS has experienced significant growth and demand for emergency 999 response calls over recent years and 999 activity has more than doubled since 1999-2000. In addition to the 132,447 emergency calls responded to in 2011/12 ambulance staff also transported 35,386 patients for GP's and other clinical professionals and undertook 205,269 non-emergency patient transports. In total the ambulance service undertook 351,977 patient transports during the course of 2011/12.

NIAS has engaged fully and proactively with the review of healthcare initiated by the Minister in 2011. The level and value of engagement is reflected in the final document which makes specific reference to the future role and contribution of the ambulance service in Transforming Your Care. We are fully committed to responding positively to the challenges and opportunities presented by the implementation of Transforming Your Care, and welcome the engagement to date at both local and regional level. NIAS has engaged directly with all the local population planning teams, sharing corporate plans and contributing to debate as local population plans were developed, and is represented on the Implementation Programme Board and DHSSPS Advisory and Assurance Group.

The appendices include a high-level assessment of the report recommendations and an indication of NIAS proposals for contribution to delivery. We look forward to participating fully in the implementation of Transforming Your Care.

Review of 2012/13

Financial pressures remained a constant concern as we sought to embed the savings introduced in the 2008-2011 period and deliver savings required for 2012-13. This difficult operating environment was compounded by other pressures including further acute service changes with A&E reconfiguration necessitating rapid change to mitigate against impact. The timing and temporary nature of the service change prevented NIAS from employing and training permanent staff to support the change and created issues in relation to maintaining planned levels of ambulance cover.

We have achieved financial breakeven in year and have delivered a sound foundation for maintaining this in the future. We have improved our clinical performance and introduced clinical developments which have improved patient care and outcomes.

We have dealt with and absorbed further increases in demand for ambulance services. However, it is clear that our capacity to respond to spikes in demand and acute service pressures resulting in congestion of emergency departments and slow turnaround of ambulance personnel has been eroded by these demand increases which have not been accompanied by corresponding investment. We have not been able to maintain response performance to Category A calls within target levels set by DHSSPS. We are working with colleagues, in particular DHSSPS and the Health and Social Care Board, to introduce proposals necessary to improve ambulance services including response and clinical quality, thereby contributing to improved health and well-being and saving lives.

We have achieved our savings without recourse to compulsory redundancy and have sought to manage and minimise the impact on our staff through meaningful engagement with them and their representatives and the appropriate application of investment funds. Once again, however, the uncertainty arising from sustained year on year budget reductions and non-recurring financial support for acute service changes creates tension and concern which is not conducive to sustaining high performance in a pressurized work environment. We will continue to work with staff and their representatives to prevent direct job losses where possible and to take account of their issues and aspirations as far as is possible in delivering ambulance services within available financial resources.

Operating Environment 2013-14

Financial Resources

NIAS has consistently delivered services on a sound financial footing in spite of significant pressures arising from increased demand and other pressures, and met the tests of financial performance required by DHSSPS.

The 2008-11 budget settlement presented the Health Service (including NIAS) with the challenge of delivering substantial efficiency savings. These savings reduced NIAS' core budget by 9%. Linked to these savings and described in detail in our public consultation document was associated additional revenue of £2.5m in 2008-9 increasing to £5.6m by 2010-11.

The immediate requirement for NIAS is to deliver safe, high-quality care within a reducing budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The HSC Board has advised that 2012-15 will be a difficult financial period for Health and Social Care. NIAS continues to engage directly with HSC Board colleagues to establish and maintain a clear understanding of the specific impact on NIAS. At this point, the recurrent savings required are: 2012/13, £1.2 million; 2013-14, £1.045 million; 2012-14, £1.002 million; resulting in a projected cumulative £3.047 million by 2014/15.

We have developed a series of proposals for recurrent and non-recurrent revenue savings in 2013/14 which are designed to enable us to maintain financial balance while long term plans for the full amount are progressed. The plans have been shared with commissioners for consideration and approval to enable us to progress elements of the proposals. Further contingency plans will be developed as appropriate to maintain financial balance. We have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS.

Planned Savings

NIAS has now set out, in response to the above targets, proposals to outline how the cash release element of the savings requirement set by HSCB and DHSSPS will be achieved. These proposals describe how we will address the immediate requirement to maintain financial stability during 2013-14 and 2014-15.

The key aspects of the savings proposed are;

- A shift in the make-up of the crew in an emergency ambulance from one paramedic supported by an emergency medical technician, to one paramedic supported by a paramedic assistant.
- A reduction in the planned number of non-emergency ambulance operating to realise greater efficiency in the use of those resources accompanied by review of eligibility criteria to match supply with clinical need.
- Reconfiguration of planned levels of Rapid Response resources to better match supply with demand and remove less-productive cover
- Miscellaneous savings associated with non-staff spend
- Reduction in management spend
- Reduction in training spend

The detail is available in the appendices.

Income and Expenditure

Financial Pro-forma are attached (as FP1, 2 & 3) which provide details of NIAS' forecasted income and expenditure for 2013/14. These have been prepared in conjunction with the HSC Board.

Compliant with the accounting regime introduced by DHSSPS, income is shown excluding capital charges. The allocations from HSC Board are shown in draft and may be subject to revision.

The forecasted income levels are shown following deductions for cash releasing efficiency savings and inclusion of investment as advised by HSC Board at the date of compilation of this document.

NIAS is required to plan and make provision for a range of national and international events for the forthcoming financial year (such as G8 Summit, World Police & Fire Games, UK City of Culture). Extensive planning exercises are underway incorporating NIAS and HSCB and it is anticipated that the costs to NIAS of supporting these events will be met in full as reflected in attached financial proforma.

It is recognised that such underlying assumptions may change during the forthcoming year.

Investment Proposals & Cost Pressures

Acute Service reconfiguration in response to acute hospital risk issues has impacted upon planned ambulance provision in those areas. NIAS seeks to be engaged at an early stage in the planning for change to effectively respond and manage the impact on ambulance services. We anticipate further change associated with the implementation of Transforming your Care and welcome the references to supporting change through improved ambulance services specifically referenced in this document.

The Trust will liaise with Commissioners to fund the effect of unavoidable cost pressures which emerge in-year. In the first instance, NIAS will continue to examine current expenditure and seek to identify opportunities for further cost savings through value for money analysis. Work continues across DHSS to establish the full cost of Agenda for Change. NIAS continues to embed the Agenda for Change pay structure across all grades in partnership with Trade Union colleagues. NIAS will seek to bring the outstanding elements to conclusion as soon as possible, and will continue to engage with HSCB and DHSSPS to identify and address any financial implications arising from resolution of those issues.

Capital Investment Plan

NIAS priorities for capital investment have been reviewed with DHSSPS and Commissioners.

The immediate priorities for the period are:

1. Investment in Ambulance Estate Development and Renewal (Necessary to maintain existing estate contributing to ambulance response performance in safe and appropriate condition, and develop deployment locations to improve ambulance response performance)
 - a. Ballymena
 - b. Enniskillen
2. Replacement of Emergency and Non-Emergency Ambulance Fleet (Essential to maintain current response performance and provide stable platform for safe future service delivery)
3. Investment in Technology and Communications (Essential to maintain existing capacity to provide 999 communications and control systems in a robust and safe environment and provide a platform for future development)

The planned capital investment is shown in the attached Financial Proforma (FP3). We will continue to work closely with DHSSPS in relation to estate management, particularly the development and evaluation of business cases, and the wider agenda of environmental management.

Information Governance

NIAS plans to take steps to maintain / improve the quality of information presented to its Trust Board and key stakeholders. The Trust will continue to embed information governance principles throughout the Trust. This will include training to increase awareness of staff across the organization, highlighting their role and responsibilities in the area of information governance'.

Workforce

Workforce Strategy

NIAS has an HR Strategy covering the period 2010-2015 which is underpinned by the Workforce Plans, Recruitment and Training Plans and various action plans which include managing attendance priorities and Equality.

Continually developing and delivering a regional ambulance service for the people of Northern Ireland 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 Human Resource Strategy will continue to operate 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 flexible, and better able to embrace change with a real focus on patient care and safety, service modernisation and reform, clinical excellence, ethical and fair employment practices. It will enhance the Trust 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. 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.

Attendance Management

The management of absence within NIAS is challenging, but provides opportunities to improve overall health and wellbeing in the workplace, which ultimately boosts organisational productivity and supports service improvements for patients.

Management absence continues to be a priority for the Trust. NIAS % absenteeism for the last 7 years is detailed below:-

Absence	Hours Lost (%)
2005-06	8.17
2006-07	8.38
2007-08	8.38
2008-09	6.99
2009-10	6.72
2010-11	6.87
2011-12	7.18
2012-13	7.32*

**2012-13 figures as at Feb 2013*

The management of attendance remains a priority for the Trust, indicated by the progress made in reducing absence since 2005-6, and absence levels for all employees are monitored closely. Ongoing review of Attendance Management is undertaken to identify improvements to policy, processes and procedures which may be required, with a view to reducing absence levels. The Trust provides a range of services to all staff to promote health and well-being which include; flu vaccinations; staff counselling service.

The Trust will also continue to build on other initiatives currently in place including improved collaborative working between local management, Human Resources and Occupational Health; the provision of improved management information; development of a management training programme; and building upon its system of performance management which will target management of absence as a priority linked to improving response capacity and ensure delivery of departmental targets.

The Trust will ensure that a stringent system of monitoring is applied to this. The Trust will also continue to work with its Trade Union colleagues in the management of absence.

NIAS will seek to minimise absence and thereby reduce expenditure associated with the cost of servicing absence to ensure effective utilisation of public funds.

Additional resources arising from this process will be directed at supporting investment in front-line provision of services, either directly or indirectly by off-setting planned savings.

Education, Training & Staff Development

The Trust firmly believes that effective education, learning and development makes a major contribution to the provision of a committed, professional and competent workforce and, ultimately, to the delivery of safe and effective patient care. Each year an annual Education, Learning & Development plan is produced within the framework of the Trust's Education, Learning & Development 5-year Strategy (2012-2017). The ELDP takes account of the purpose, mission, vision, values and strategic objectives of the Trust. It is developed in light of new pressures in terms of changes in service provision and delivery that are as a result of organisational reform within NIAS and the wider Health and Social Care arena. It addresses the need for increasing workforce levels where appropriate, maintaining a safe skill mix and improving the skills and competencies of ambulance professionals to meet the challenges of the future. The plan is carefully developed to take account of financial constraints within Health and Social Care whilst ensuring appropriate and effective education, learning and development interventions are delivered to meet statutory, mandatory and governance compliance requirements.

The key strategic themes that underpin each annual ELDP are:

- Ensuring competence
- Promoting clinical excellence
- Developing leadership capability
- Supporting organisational development
- Flexibility and innovation
- Effective prioritisation and equity of access
- Delivering excellence in education, learning & development

The plan is designed to support the Trust in achieving its corporate objectives by developing and maintaining the competence and capabilities of its staff, both clinical and non-clinical, and empowering them to deliver optimum patient care and effective support services. It will do this through the timely delivery of high quality education, learning and development interventions, which are responsive to the identified needs of staff, and through the promotion of lifelong learning principles within the workplace.

The plan describes the accredited clinical education programmes to be delivered within the training year for emergency and non-emergency frontline staff. The clinical training team ensures the Trust maintains ongoing approval to deliver its accredited clinical education programmes during annual external verification events conducted by the Health & Care Professions Council (HCPC) for paramedic education and Edexcel/BTEC for ambulance care assistant training. The plan also describes the non-clinical education, learning and development opportunities and interventions for Trust staff within the EL&D Department's remit.

The Trust will ensure all mandatory requirements are fulfilled as set by the Health Care Professions Council (HCPC), and other regulatory bodies, and will ensure statutory and legislative training obligations are met. This will include maintaining HCPC relevant accreditation and Continuous Professional Development.

The Trust will prioritise core, mandatory and refresher training which enhances the quality of care provided for patients and meets the changing needs of acute services.

The RATC will continue to support the introduction of new equipment to the Service by taking a flexible approach to ensuring training is developed and delivered as the need arises.

Training for the non-emergency Patient Care Services (PCS) tier of the Service has historically been accredited through the national ambulance awarding body, the Institute of Health Care Development's (IHCD) Ambulance Care Assistant Award. As the IHCD has ceased to provide this accreditation, given the national move towards higher education for ambulance education, the Trust has secured and will maintain accreditation to deliver the replacement BTEC Award.

Paramedics are professionally registered with the HCPC, and the Trust will participate in an HCPC Approvals process to demonstrate it meets the HCPC Standards of Proficiency for Paramedics and Standards of Education and Training for the delivery of current IHCD modules of Paramedic training. The Trust will develop and maintain accredited clinical supervision and mentorship programmes that adhere to HCPC requirements.

The Trust will ensure that management development and best practice programmes are sourced, developed and delivered to relevant individuals in order to equip them with effective managerial skills to strengthen leadership, heighten awareness of and help contribute to organisational values, goals and objectives, and meet ministerial targets.

The Trust will promote and support the continuous professional development of all staff through the application of life-long learning principles within the working environment and through the implementation of the Knowledge and Skills Framework (KSF) and Personal Development Reviews (PDRs). A learning culture

will be encouraged where staff learn from past experience, ensuring reflective practice, and transfer of learning, thereby making an important contribution to the DHSSPS Quality 2020 strategic goal of strengthening the workforce. The Trust will support personal development of all staff by developing sound systems for managing performance and under-performance issues effectively and constructively, establishing clear relationships between organisational and individual standards and objectives.

NIAS will continue to provide training in other priority areas as part of a structured training plan.

Staff Retention & Vacancy Management

Annual turnover analysis would indicate that NIAS is not experiencing a workforce retention problem. However, there are staff filling posts which have non-recurrent funding or are temporary and this creates an internal flow of staff with an impact throughout each level. As previously stated, temporary non-recurrent funding of staff posts presents issues in relation to sustained service delivery and achievement of objectives. It has proved difficult to maintain planned levels of ambulance response cover at times of high pressure, sickness absence and holiday leave. NIAS will continue to seek recurrent funding to address these issues while also exploring and developing internal workforce solutions to address this issue.

The use of Agency staff within NIAS is minimal. Agency staff are primarily used to cover hard to recruit, non-recurrent funded and short-term temporary administrative posts. The use of recruitment agencies remains under scrutiny. The number and proportion of administrative workforce within NIAS is significantly lower than other HSC Trusts, indicating that the ratio of administrative staff to operational staff within the Trust is well-managed and controlled.

Performance Management and Appraisal

Through the Trust Performance Management Framework the Trust measures and assesses:

1. The competence and capability of NIAS staff to discharge their duties safely and effectively and identifies the systems available to identify and address related issues,
2. Performance against Corporate objectives and targets.

The DHSSPS have set the following target in relation to priorities for NIAS 13/14 Business Plan:

1. Outline the key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework.
2. Take steps to ensure that by 30 June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.
3. Ensure by 31 March 2014 100% of all Doctors have been subject to an annual appraisal.

The NIAS Trust has systems in place to fully address 1 and 3 above. In relation to 2, the Trust has recently secured partnership agreement to attaching an annex to the KSF Process in order to enable an assessment of personal contribution to achieving Corporate Objectives and related Development Review Process, effectively providing an opportunity to appraise the employee on knowledge, skills and contribution. This annex will be made available as part of the KSF Process from 01/04/13. Accordingly all NIAS staff will receive a Personal Development Review and Personal Contribution Review on an annual basis and an implementation programme will be developed to deliver the DHSSPS target.

In relation to some non-frontline posts that require professional regulation processes are in place to ensure fitness for practice and adherence to CPD requirements.

For frontline staff additional measures, processes and practice are in place to ensure safe and effective patient care and on-going assessment of clinical practice:

- NIAS Trust Medical Staff are contractually obliged to participate in Medical Regulation and Appraisal processes. The Trust is fully compliant in this regard.
- NIAS Trust Paramedics undertake and must successfully complete the Trust's Paramedic in Training programme which meets the Health Care Professions Council (HCPC) Standards of Education and Training and Standards of Proficiency for Paramedics to enable them to apply for registration as a Paramedic with the HCPC. Once registered the Paramedic is required to ensure Continuous Personal Development is complied with. As referred to earlier in this paper, NIAS Trust, in its annual Education, Learning and Development Plan, prioritise the mandatory clinical training. This includes agreeing and providing elements of mandatory Clinical Professional Development for the Paramedic workforce.
- NIAS Trust Ambulance Care Attendants undertake and must successfully complete a nationally accredited training programme, currently in the form of an Edexcel/BTEC qualification.
- All NIAS Trust frontline staff are required to undertake mandatory annual reassessment of essential clinical skills.
- All NIAS Trust frontline staff are required to undergo regular work-based observational assessments by Clinical Support Officers. The assessments will identify any areas of practice that require improvement or development. This provides an important element of Clinical Supervision for the Trust. The actions will then be prioritised and training or education provided if appropriate.
- The Clinical Support Officers also carry out clinical audits on priority aspects of clinical practice for frontline staff. For example hand hygiene, patient

experience, completion of Patient Report Forms. These audits again are an important element of Clinical Supervision for the Trust and the outcomes can be prioritised to ensure continuous improvement in the associated practice.

Governance

The Board of the NIAS HSC Trust is accountable for internal control. The Chief Executive of NIAS has responsibility for maintaining a sound system of internal control that supports the achievement of the policies, aims and objectives of the organisation, and for reviewing the effectiveness of the system.

The system of internal control in NIAS accords with Department of Finance and Personnel guidance, and in developing a governance statement for 2012-13, NIAS will maintain consistency with guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions;
- A scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing orders and standing financial instructions;
- The establishment of an Audit Committee;
- The establishment of a Remuneration Committee;
- The establishment of an Assurance Committee;

NIAS recognises that effective risk management is an essential component of good management and that it must be utilised if the NIAS is to achieve its strategic aims as identified within its Corporate Plan 2011-2014. NIAS has introduced an Assurance Framework incorporating a comprehensive risk management strategy based on the Australian Standard AS/NZS 4360:2004. This strategy brings together and standardises all of the risk identification and management processes as well as prompting the development of new risk assessment and management tools and appropriate structures and processes.

The Trust is committed to ensuring that good risk management processes are adopted at all levels and for all activities and that these processes will support initiative and innovation whilst enabling the organisation and its employees to learn from mistakes and take responsibility. The Trust is committed to fostering an open and honest culture where people are prepared to challenge and be challenged about why and how they do things in the interest of their patients, staff, the Trust and the public. This approach is consistent with, and makes an important contribution to, the DHSSPS Quality 2020 strategic goal in relation to Transforming the Culture.

Engaging with our communities

The Trust is committed to continuing to promote a patient-centred service by improving the quality and effectiveness of user and public involvement as an integral part of its governance arrangements and in accordance with the Statutory Duty of Involvement. In this regard the Trust will work to implement DHSSPS

guidance on Personal and Public Involvement. Leadership in this area will be provided by the Trust's Medical Director. Appropriate arrangements have been established within the Trust, contingent on available resources, to drive this agenda and implementation will be monitored through the Trust's Assurance Committee. NIAS will build on the work undertaken in the previous year to embed a Personal and Public Involvement (PPI) agenda within NIAS. This will involve implementation of a PPI Action Plan including the establishment of systems to garner and respond to feedback from key stakeholders in respect of the planning, delivery and evaluation of ambulance services.

The Trust will continue to work with community representatives to facilitate the representation of the public and user and provide access to key decision makers within NIAS. Senior managers will continue to attend meetings with public representatives such as Health Councils, Local Councils, and specific interest groups as a means of gauging the views of users and their representatives to inform policy development and implementation.

The Trust has developed an education programme focusing on raising awareness within selected community groups, in particular schoolchildren and local communities; the aim is to role this out to all secondary and primary school children. Issues around securing sufficient funding have constrained implementation to date. We will also engage with the Public Health Agency in developing and exploiting the "high-visibility" of ambulance vehicles as an effective communications medium for health-related messages.

There is also the opportunity of NIAS providing external training to various groupings that would have a major impact on the understanding and first response to accidents/incidents where human life is at risk. At present no funding is in place to support this work, so we continue to work in support of the voluntary sector in this area.

The Trust is committed to the promotion of Equality, Good Relations and Human Rights. It will continue to implement its Equality Scheme and work to mainstream equality within the organisation. A comprehensive programme of work in this regard will be monitored by the Trust's Equality and PPI Steering Group. In addition the Trust will work alongside other HSC organisations to implement the DHSSPS Equality, Good Relations and Human Rights Strategy.

Work will continue within the Trust to promote positive attitudes towards disabled people and encourage participation by disabled people in public life, in keeping with its obligations under the Disability Discrimination Order (DDO) 2006. In this regard the Trust will continue to implement its Disability Action Plan and progress of this will be monitored by the Trust Equality Steering Group. The Trust has also established links with other emergency services and health service providers, and will seek to work collaboratively with these services where possible, to take forward work in relation to these duties. In addition the Trust will give specific attention to these duties when planning new initiatives such as Personal and Public Involvement (PPI) which is also outlined within this document.

NIAS will continue to implement good practice reviews and the related action plans devised from the agreed framework.

NIAS will continue to collate information on complaints and compliments and report publicly to Trust Board on these as a measure of user experience. In addition the Trust will continue to engage with regional colleagues to develop and implement methodologies to implement Patient and Client Experience Standards work streams and is committed to demonstrating subsequent learning and service improvement.

Priorities & Objectives for 2013-14

The ambulance service is faced with a number of challenges that must be addressed in order to provide high-quality, safe services for patients.

The overall aim of the Minister for Health, Social Services and Public Safety is to improve the health and well being of the people of Northern Ireland. In pursuing this aim through the Health and Social Care (HSC) system, the key objective is to improve outcomes through a reduction in preventable disease and ill health by providing effective and high quality interventions and services, equitably and efficiently, to the whole population. NIAS, in common with other health service providers in Northern Ireland is directed by the DHSSPS Ministerial priorities for health and the Commissioning Plan of the Health and Social Care Board/Public Health Agency.

These priorities are reflected in our strategic and operational plans and activities. The objectives and delivery priorities for 2013-14 are outlined below, aligned with Ministerial Priorities, NIAS Strategic Objectives from the Corporate Plan, HSCB/PHA Commissioning Plan Priorities, and DHSSPS Business Planning Priorities. The Commissioning Plan aligns Ministerial Priorities with Commissioning Plan Objectives and associated actions for Trusts and other bodies, including NIAS. In responding to these specific commissioning plan priorities NIAS has sought to reflect our contribution to delivering the associated over-arching Ministerial Priorities.

Detailed commentary in respect of the key drivers for the development of objectives

- NIAS Corporate Plan Objectives;
- DHSSPS Business Planning Requirements 2013-14;
- Commissioning Plan Objectives, Standards & Targets 2013-14;
- Indicators of Performance 2013-14.

is attached at the relevant appendices to this document.

NIAS 2013-14 Objectives

- 1) Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.

- a. Introduce revised Operational Dispatch model to target RRV and A&E ambulances more effectively on Cat A over Cat B/C /Urgent calls to prioritise delivery of Cat A response targets
 - b. Realign Emergency Ambulance Control to operational priorities to prioritise delivery of fast, clinically effective, patient-centred ambulance response
 - c. Resolve indemnity issues impacting on development of Community First Response
 - d. Influence development of Community Resuscitation Strategy and use as a vehicle to develop service delivery model and address rural issues
 - e. Develop, and (subject to HSC support) implement, proposals for the introduction of “111” non-emergency, unscheduled care service
- 2) Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
- a. Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes
 - b. Increase pool of Voluntary Car Service(VCS) drivers
 - c. Introduce revised management of meal breaks and hospital turnaround
- 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.
- a. Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change
 - b. Implement workforce plan to manage vacancies in line with delivery of savings requirements
 - c. Maintain accreditation for Education and Training
 - d. Develop workforce plans for implementation of Transforming Your Care(TYC)
 - e. Implement Knowledge & Skills Framework(KSF) requirements
 - f. Deliver mandatory training
- 4) Promote and develop an open, transparent and just culture focussed on patients and patient safety.

- a. Deliver initiatives for safer patient care in conjunction with HSC Safety Forum
 - b. Publish Assurance Reports and audit of Non-Clinical Indicators of Performance
- 5) Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
 - a. Publish Assurance Reports and audit of Clinical Indicators of Performance
 - b. Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance
- 6) Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.
 - a. Make recommendations to Commissioner to reflect demand pressures in core budgets
 - b. Implement Savings Plans to achieve financial breakeven
 - c. Secure funding associated with 2013-14 events (G8, etc)
 - d. Implement BSTP staffing changes
 - e. Implement DHSSPS Business Planning Requirement priorities
 - f. Re-establish effective prompt payment regime
- 7) Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.
 - a. Implement PPI Strategy
 - b. Secure access to patient representation via Patient & Client Council(PCC)
 - c. Undertake joint initiative with PCC on stakeholder engagement
- 8) Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.
 - a. Ensure NIAS is represented on relevant PPI forums
 - b. Review and enhance NIAS web presence and communication
 - c. Introduce tools to enhance public presentation of NIAS information

- 9) Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.
- Establish process for NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to influence development of local health and social care solutions
 - Establish process for NIAS engagement with TYC Unscheduled Care workstream to maximise opportunities to influence development of local and regional health and social care solutions
 - Ensure NIAS is represented on relevant TYC forums

Regional Commissioning Priorities 2013/14 – NIAS-specific.

Commissioning Objectives	NIAS Response
Unscheduled Care	
By September 2013, the Ambulance Service will, in collaboration with primary and secondary care clinicians, develop and implement agreed protocols to enable paramedics to assess and treat patients at the scene (including home) without transporting them to hospital, where appropriate.	<p>Protocols will be in place by September 2013 for...</p> <ul style="list-style-type: none"> • Diabetic hypoglycaemia • Falls in the elderly <p>Protocols will be developed for a range of other conditions including...</p> <ul style="list-style-type: none"> • Asthma • Epilepsy • Mental Health • Minor Head Injuries <p>Implementation timeframes will be established in conjunction with relevant stakeholders.</p>
By December 2013, Trusts will agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a	NIAS will contribute fully to the Trauma Clinical Network and review and revise, as appropriate, ambulance protocols already in place for the management of major trauma.

Trauma Managed Clinical Network ¹ .	
<p>By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments including:</p> <p>Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled care, including telephone triage;</p> <p>GP direct access to appropriate diagnostics to enhance management of conditions in Primary Care; and</p> <p>rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital doctor and agreed decision on steps to take in patient management.</p>	<p>NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>
<p>During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an unnecessary emergency admission through appropriate patient handover and earlier discharge.</p>	<p>Not directly applicable to NIAS.</p>
<p>By June 2013, all Trusts and LCGs will have jointly, identified, quantified and agreed the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. Integral to this will be the development, collaboratively among Trusts (including NIAS), by March 2014, of a directory of community services to</p>	<p>NIAS will engage fully with other stakeholders in the development and maintenance of a Directory of Services, and looks to HSCB to lead in the development of this Regional workstream.</p>

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

support timely discharge of patients as well as prevent emergency attendances/admissions.	
Trusts and HSCB will work with independent sector providers to identify practice, training and contractual implications of preventing unnecessary admissions to acute care from nursing homes.	NIAS will review systems and processes, working with HSC and other bodies to prevent unnecessary attendances at hospital.
<p>Trusts will progress a comprehensive range of targeted health and wellbeing programmes in all localities to address the changing health and well-being needs of older people. They should ensure that arrangements are in place:-</p> <ul style="list-style-type: none"> • To improve provision of advice information and signposting on all aspects of health and wellbeing improvement • Deliver a co-ordinated, multi-faceted falls prevention service • To fully implement the "Promoting Good Nutrition Guidelines for Older people across all settings • Develop and co-ordinate a shared service model to reduce the risk of social isolation and poor mental well-being amongst vulnerable older people • With relevant partners to reduce the risk of social isolation and poor mental well-being particularly amongst vulnerable older people. • Deliver a co-ordinated range of Targeted Physical Activity and Health programmes to address the CMO Guidelines for Physical Activity 	<p>NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>
All Trusts should ensure that existing service provision is tailored to meet the needs of vulnerable groups including:	NIAS will review service provision to ensure that the needs of vulnerable groups are identified and met within the constraints of

<ul style="list-style-type: none"> • Looked After Children; • Homeless people • LGBT • Travellers • Migrant groups 	the pre-hospital emergency & non-emergency care environment.
All Trusts should support social economy businesses and community skills development through public procurement, expanding capacity incrementally over the following 3 years.	NIAS will work with Centres of Procurement Expertise and other stakeholders to support social economy businesses and community skills development through public procurement.
All Trusts should test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially associated with specific major events including the G8 Summit; the World Police & Fire Games 2013 and the All Ireland Fleadh in August as part of the City of Culture in Derry/Londonderry	NIAS will test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially associated with specific major events. We will plan for the events and engage with external agencies to secure and apply resources to maintain service delivery.
All Trusts will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures with particular reference to Ministerial targets on Clostridium difficile and MRSA.	NIAS will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures consistent with the pre-hospital operating environment.
All Trusts should develop their specialist community services to respond to the needs of people whose behaviours challenge services and those with offending behaviours including a 24 hour response 7 days per week and high support beds in the community.	NIAS will continue to develop processes to identify and respond to the needs of people whose behaviours challenge services and those with offending behaviours.
<p>By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions through:</p> <ul style="list-style-type: none"> • Community teams that are available to meet patient needs 	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone number or equivalent to enhance unscheduled care arrangements in line with the

<p>including provision of a named nurse for patients on disease registers (with clear arrangements for dealing with multi-morbidity and complex medication regimes) and access to specialist medical or nursing advice</p> <ul style="list-style-type: none"> • Development of admissions/escalation protocols between community teams and secondary care 	<p>recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.</p>
<p>Stroke</p> <ul style="list-style-type: none"> • Thrombolysis <ul style="list-style-type: none"> ➤ All Trusts to achieve a door to needle time of 60 minutes on a 24/7 basis ➤ Trusts to achieve a minimum 10% thrombolysis rate for acute ischaemic strokes. • Urgent assessment of high risk TIAs (ABCD²>4) must be available on a 7 day basis • All Trusts should support early supported discharge (ESD) following an acute stroke. This should support shorter LOS and “shift left” where resources will be freed from hospital beds to develop services in the community. 	<p>NIAS will continue to engage with Trusts to contribute fully in this area through the pre-hospital identification of potential patients, and the early notification of receiving hospitals of patients en-route.</p> <p>Appropriate priority will be given to the effective planned discharge of stroke patients.</p>
<p>Cardiac</p> <ul style="list-style-type: none"> • Implement a Familial Hypercholesterolaemia cascade testing service in N. Ireland • Commission a model for Emergency Life Support (ELS) training in the community together with an audit 	<p>NIAS will contribute to the development of a model for Emergency Life Support (ELS) training in the community through the Community Resuscitation Strategy development process.</p>

process to monitor agreed outcomes. ²	
All Trusts to ensure that all children receiving palliative care have an emergency plan agreed with their GP, care team and secondary care services	NIAS will engage with relevant professionals to secure appropriate access to relevant information to contribute to this process.
All Trusts to implement the recommendations of the RQIA Independent Review of Pseudomonas in neonatal units and NICE guidance on antibiotics for the prevention and treatment of early-onset neonatal infection	NIAS will continue to implement the recommendations of the RQIA Independent Review of Pseudomonas, as they apply to the organisation.
All Trusts and ICPs should ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	NIAS will review processes and engage with other stakeholders to ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.
All Trusts and ICPs should ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	NIAS will review processes and engage with other stakeholders to ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.
All Trusts and ICPs should provide education and training in communication and end of life care for all staff (e.g. GPs, hospital doctors, nurses, allied health professionals, ambulance staff, social workers, support workers etc)	NIAS will continue to provide education and training in communication and end of life care for operational staff.
Trusts and HSCB will collaborate in producing a needs analysis of people who are Deafblind to improve assessment and access to services.	NIAS will review processes to identify and address issues of access to services for people who are Deafblind.

² Further work will be undertaken during 2013/14 to finalise any funding requirements associated with this development and to identify the source of any necessary funding (HSCB/PHA/DHSSPS)

<p>A 24/7 primary Percutaneous Cardiac Intervention (pPCI) services should be established (networked with NIAS and across Trusts) for Northern Ireland. Scheduled cardiac catheterisation laboratory capacity should increase in NI to circa 105 per week (to include extended day and weekend working) by September 2013 to improve access to diagnostic intervention and treatment as required.</p>	<p>NIAS is currently directly engaged in this development and will work with stakeholders to establish and introduce the ambulance resources and processes necessary to provide a safe and effective pPCI service in NI.</p>
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DHSSPS Business Planning Requirements 2013-14 for NIAS

(Key Areas requiring additional action/new processes in-year)

<p>1.2 By 30th September 2013 undertake a review of the ALB's Assurance Framework against Departmental guidance issued in April 2009.</p>	<p>NIAS will establish the necessary processes to comply with this requirement.</p>
<p>1.8 Ensure the ALB's 2014/15 Business plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.</p>	<p>NIAS will establish the necessary processes to comply with this requirement.</p>
<p>1.15 Take steps to maintain/ improve the quality of information/data being presented to the ALB Board by:</p> <p>a) Identifying before the end of April 2013 an Executive Board member lead with responsibility for providing assurance on the quality of data/information presented to the ALB board to support decision-making;</p> <p>b) Taking steps to ensure that during 2013/14 a data quality assurance</p>	<p>NIAS will establish the necessary processes to comply with this requirement.</p>

<p>process is in place which provides the Board with assurance that data collected and information provided to them is fit for purpose, robust and of a consistently high standard; and,</p> <p>c) Ensuring that the Board is provided with and considers as appropriate the publications of Northern Ireland official and national statistics on health and in particular those that inform progress against ministerial targets.</p>	
<p>2.1 Deliver on the prompt payment of invoices by:</p> <p>a) Achieving/maintaining the minimum standard of paying 95% of invoices within 30 days or other agreed terms during 2013/14; and,</p> <p>b) Establishing and delivering a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days during 2013/14.</p>	<p>NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by temporary pressures arising from implementation of BSTP project.</p> <p>NIAS will comply with the requirement in respect of 10 day prompt payment.</p>
<p>2.6 Improve efficiency and value for money by:</p> <p>a) Conducting a review of management costs within your organisation and prepare a report and savings plan to be approved by your Board and the Department by June 2013;</p> <p>b) Improving the efficiency of the organisation during 2013/14, e.g. deliver productivity and cash releasing efficiencies as set out in the QICR plans/population plans; and,</p>	<p>NIAS will establish the necessary processes to comply with this requirement.</p> <p>The savings proposals developed for 2013-14 & 2014-15 incorporate planned reduction of management costs.</p> <p>The savings proposals developed for 2013-14 & 2014-15 incorporate planned efficiency savings linked to improving productivity.</p> <p>The savings proposals developed</p>

c) Developing a plan to deliver efficiencies (productivity and cash releasing) during 2014/15 by 30 th June 2013.	account for the period 2014-15.
<p>2.9 Set out steps to provide assurance during 2013/14 to your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including:</p> <p>a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerial approved recommendations in the Department's Review of Procurement, and agreed recommendations of the Public Accounts Committee; and,</p> <p>b) The 'Public Accounts Committee Recommendations from Investigation of Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.</p>	<p>NIAS will build on existing and where necessary establish additional processes to comply with this requirement.</p> <p>Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.</p>
2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to your Board in this regard.	<p>NIAS will build on existing and, where necessary, establish additional processes to comply with this requirement.</p> <p>Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.</p>
2.14 Your business plan must set out steps	NIAS will establish necessary

<p>to be taken to :</p> <ul style="list-style-type: none"> a) Ensure that property costs demonstrate value for money; b) Actively dispose of surplus assets; and, c) Ensure that the organisation has access to appropriate skills and expertise in property management either internally or externally. 	<p>processes to comply with this requirement. Estate VFM and effective utilisation will be demonstrated through Estates Strategy, associated business cases and Property Asset Management Plan.</p> <p>NIAS has an asset disposal programme in place, closely linked to fleet replacement programme, etc.</p>
<p>2.16 To set out steps to be taken to support the:</p> <ul style="list-style-type: none"> a) PFG target to reduce greenhouse gas emissions by at least 35% on 1990 levels by 2025; and b) DHSSPS objectives as outlined in the Sustainable Development Strategy “Everyone’s Involved” and the Strategy implementation plan “focused on the future”. 	<p>NIAS will establish necessary processes to comply with this requirement where applicable.</p>
<p>2.18 Take steps to minimize sickness absence during 2013/14 by:</p> <ul style="list-style-type: none"> a) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14; b) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence level; and c) Undertaking a review and report to the ALB Board and Department by 30th 	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p> <p>NIAS will review absence target on an annual basis and bring recommendations to the Trust Board of targets to be applied.</p> <p>Attendance management action plans will be developed and presented to Trust Board through the Assurance Committee.</p> <p>The annual Human Resources Report will be the vehicle for conveying this</p>

September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.	information to Trust Board & DHSSPS.
2.21 Take steps to ensure that by 30 th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.	NIAS will establish necessary processes to comply with this requirement, and will seek to do so within the timeframe specified.
2.25 Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes.	NIAS will establish necessary processes to comply with this requirement.
3.1 Work as part of the Regional group to publish the first Annual Quality Report by 31 st March 2014.	NIAS will establish necessary processes to comply with this requirement.

Looking Ahead – Preparatory Work for 2014 and Beyond

The key requirement in this regard is positioning the ambulance service to contribute fully to, and deliver/achieve maximum benefit from the implementation of a range of Government and DHSSPS strategies and standards including:

- Achievement of Ministerial standards / targets 2013/14
- The Executive's Programme for Government, Economic strategy and Investment Strategy
- Transforming Your Care (TYC)
- Quality 2020
- Public Health Strategic Framework: Fit and Well Changing Lives 2012-22.

We remain committed to developing the "111" telephone number as a means of simplifying and enhancing access to unscheduled care services. We are anxious to engage positively with Integrated Care Partnerships and exploit shared opportunities to improve health and social care at a local level. We believe that NIAS should play a primary role in the identification, development and consistent application of regional protocols.

We recognize also that the implementation of Transforming Your Care is much bigger than any single component of the healthcare system, and that we must remain alert to the wider system change and in particular its impact on NIAS. We must retain relationships and processes which recognize the consequences of change and resource them appropriately. The appendices contain an outline of significant Transforming Your Care issues from an ambulance perspective and our assessment of the potential contribution NIAS can make in these areas. We intend through the appropriate project management arrangements to exploit these opportunities fully.

Appendices

Appendix 1. Northern Ireland Ambulance Service Savings Plan 2013-2015

Executive Summary

Health & Social Care Board requires NIAS to make £1.2M Cash-Release Savings during 2012/13 with a further £1.045M in 2013/14 and £1.002M in 2014/15. This represents a cumulative requirement of £3.047M by 2014/15.

Preface

Over recent years NIAS has undertaken a challenging modernisation programme which has changed almost every aspect of service delivery, whilst also supporting and facilitating, often at short notice, acute service change linked to Acute Hospital Risk issues.

Savings proposals have been developed to assign priority to rapid emergency response in line with the targets set, to limit the potential for negative impact on the quality of the ambulance service provided, and to preserve as far as possible equity of provision of ambulance services across N Ireland. However, NIAS Trust Board remains concerned at the risks identified within these proposals. The Board is also concerned that proposals emanating from other trusts in response to this exercise will present further changes which have a detrimental effect on the delivery of ambulance services and place at risk both NIAS proposals for service reconfiguration and measures to protect patients.

Introduction

This plan seeks to address the issues arising from the requirement to operate within constrained/reduced finances for the period 2013-15 and is developed in response to direction from DHSSPS & HSCB. Although some additional funding has been identified to support specific service developments, the savings applied to base budgets present a significant hurdle to maintaining the foundations on which current performance is delivered as the platform for service development.

Service Profile

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). A significant proportion of NIAS workload undertaken by emergency ambulances arises from the treatment and transportation of patients referred by GPs. NIAS has experienced significant growth and demand for emergency 999 response calls and demand for ambulance services continues to grow year after

year. To set the performance in context there has been a 4.7% increase in the volume of 999 calls responded to this year, which amounts to 6,000 extra calls per year – 16 extra 999 responses on average each day. During 2011/12 NIAS experienced a 3.8% increase in emergency calls received, resulting in our dealing with an average of 389 emergency 999 calls per day. Overall there was an increase of 1.3% in ambulance journeys undertaken as we transported 351,997 patients – equivalent to one person in five of the population of Northern Ireland. The changes to the configuration of acute services over the years, with the closure of emergency units and the changes to location of some specialist services means that these patients are also spending more time in ambulances in the care of ambulance professionals as a direct result of the longer journeys required.

During 2011/12 we saw increased numbers of patients waiting longer than before for admission to Accident & Emergency (A&E) units. This delayed the handover of ambulance patients to hospital staff which, in turn, led to queuing of ambulance personnel in A&E with their patients. We recognise and accept that not all ambulance patients who are taken to hospital have a high clinical priority in the A&E department and other patients may have more urgent clinical needs. However, a further consideration to take into account is that an ambulance waiting at an A&E department is not available to respond to the next 999 call in the community.

Performance Targets & Service Development

The key indicator of performance for Northern Ireland Ambulance Service (NIAS) is to deliver timely response to Category A calls within 8 minutes for Northern Ireland. This target is a broadly accepted performance target which recognises that faster ambulance response times can lead to improved clinical outcomes especially for cardiac arrest and for severe trauma.

NIAS continues to work with Commissioners to develop the ambulance service and provide the most effective pre-hospital care introducing interventions such as paramedic-led and delivered thrombolysis, FAST-test and rapid access to Stroke Centres, rapid access to Primary Cardiac Interventions. In developing these savings proposals NIAS has sought to minimise any adverse effect on the speed of our response and clinical outcomes, however we do identify increased risk of negative impact on patient outcomes and experience arising mainly from delay in transportation of patients following initial paramedic response. There are some clinical conditions where re-profiling and reduction in immediate transport capacity could constitute a clinical risk, eg severe trauma, stroke, haemorrhage, paediatrics.

NIAS also has a significant role to play in the delivery of the other health care targets and achievement of efficiencies not least in areas such as stroke assessment, discharge from hospital, transfer of fracture patients and transportation of renal patients. It is clear from a review of the totality of the targets within health that the broad spectrum of targets cannot be effectively or efficiently delivered by other Trusts without contribution from NIAS. NIAS capacity to contribute fully and effectively within current time expectations will be

adversely impacted by reduction in transport capacity to deliver efficiency and response targets.

Financial Environment

NIAS has consistently delivered services on a sound financial footing in spite of significant pressures arising from increased demand and other pressures, and met the tests of financial performance required by DHSSPS.

The 2008-11 budget settlement presented the Health Service (including NIAS) with the challenge of delivering substantial efficiency savings. These savings reduced NIAS' core budget by 9%. Linked to these savings and described in detail in our public consultation document was associated additional revenue of £2.5m in 2008-9 increasing to £5.6m by 2010-11.

The immediate requirement for NIAS is to deliver safe, high-quality care within a reducing budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The HSC Board has advised that 2012-15 will be a difficult financial period for Health and Social Care. NIAS continues to engage directly with HSC Board colleagues to establish and maintain a clear understanding of the specific impact on NIAS. At this point, the recurrent savings required are: 2012/13, £1.2 million; 2013-14, £1.045 million; 2012-14, £1.002 million; resulting in a projected cumulative £3.047 million by 2014/15.

We have developed a series of proposals for recurrent and non-recurrent revenue savings in 2013/14 which are designed to enable us to maintain financial balance while long term plans for the full amount are progressed. The plans have been shared with commissioners for consideration and approval to enable us to progress elements of the proposals. Further contingency plans will be developed as appropriate to maintain financial balance. We have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS.

Immediate Conclusions

The key challenge for any Ambulance Service is to be available to respond effectively to planned and unplanned requests for assistance generally including patient transportation anywhere in Northern Ireland at any time. The key issue then is how to distribute available resources throughout Northern Ireland on a 24/7 basis to deliver that goal. Incidents can and do occur throughout Northern Ireland at all times and in determining service delivery we must plan on that basis. Given the reduction in base budget, the service delivery model needs to be revised and reconfigured.

The savings proposals which follow represent NIAS' analysis and assessment of the most appropriate and effective way of maintaining or enhancing existing ambulance service provision within a reduced revenue budget.

NIAS Budget Analysis To Identify Options For Potential Savings

Critical and extensive examination of both pay and non-pay areas of the budget has confirmed that delivery of cash release of the scale required will necessitate reconfiguration of ambulance service delivery.

Expenditure in 2011/12 was analysed to identify prospective areas for efficiency savings. It is apparent from the exercise that the bulk of NIAS spend remains in payroll. There is relatively little scope to deliver further efficiency savings from non-payroll as it is predominately demand-driven and heavily influenced by activity related to patient interaction.

This analysis has been shared with key stakeholders including HSCB and there remains broad acceptance that options for efficiency savings in NIAS are very constrained and rest predominately in payroll. The shared view of NIAS and Commissioners is therefore that there are limited options available for delivery of the stated savings.

Planned Savings Summary

NIAS has now set out, in response to the above targets, plans to outline how the cash release element of the savings requirement set by HSCB and DHSSPS will be achieved. These plans describe how we will address the immediate requirement to maintain financial stability during 2013-14 and 2014-15.

The key elements of the savings planned are;

1. A shift in the make-up of the crew in an emergency ambulance from one paramedic supported by an emergency medical technician, to one paramedic supported by a paramedic assistant.
2. A reduction in the planned number of non-emergency ambulance operating to realise greater efficiency in the use of those resources accompanied by review of eligibility criteria to match supply with clinical need.
3. Reconfiguration of planned levels of Rapid Response resources to better match supply with demand and remove less-productive cover
4. Miscellaneous savings associated with non-staff spend
5. Reduction in management spend
6. Reduction in training spend

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15				
	Proposal – Acute Productivity	Estimate of Savings		Commentary
		2013/14	2014/15	
1.	Patient Care Service (PCS) - Non-Emergency Patient Transportation. Review activity levels, current service provision models and eligibility criteria for non-emergency patients in	750,000	1,500,000	The objective is to review productive use of available resources to deal with demand for patient care services using fewer vehicles, thereby reducing requirement for staff. The review will also consider and explore increasing use of alternatives to traditional non emergency ambulance transport.

	conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and Voluntary Car Service (VCS) thereby effecting savings in the order of			There may be strong opposition especially in rural areas. HSCB involvement and support is key.
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Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15				
	Proposal – Staff Productivity	Estimate of Savings		Commentary
2.	Paramedic Assistant Revise Skill-mix on Emergency Ambulances to replace Emergency Med Technician (A4C Band 4) with Paramedic Asst (A4C Band 3) as support to Paramedic as lead clinician.	250,000	497,000	This proposal will be met with strong resistance from staff and Trade unions and will be presented as a risk to public safety.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15				
	Proposal – Acute Productivity	Estimate of Savings		Commentary
3.	RRV Reconfigure RRV to match activity and resources	500,000	500,000	This level of savings has been introduced in this area in 2012/13 and is presented here as recurrent savings.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15				
	Proposal – Other Productivity	Estimate of Savings		Commentary
4.	Non-Payroll Expenditure Identify savings in areas such as contracts eg. MFDs, insurance, uniforms	150,000	150,000	There will continue to be attempts to change practice and renew contracts to generate savings.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during				
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2013/14 and £3M during 2014/15				
	Proposal – Staff Productivity	Estimate of Savings		Commentary
5.	Management/Administrative Expenditure Management Costs	100,000	200,000	Mgt costs 2011/12 £3,792K. Plan to reduce by 5% to generate savings of c. £200K over two years.

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15				
	Proposal– Other Productivity	Estimate of Savings		Commentary
6	Education/Training Expenditure Regional Ambulance Training Centre	500,000	200,000	Review planned training programme to identify recurrent, and where necessary non-recurrent, savings. Mandatory clinical training will continue to be prioritized.

Workforce implications by sector

The table which follows describes the workforce implications by sector.

Key points:

1. Non-Emergency Ambulance: 48 fewer staff are required to deliver same volume of activity. Remaining staff operate at a greater level of efficiency. Changes to other elements of ambulance service offer opportunities to facilitate redeployment of affected staff, therefore no requirement for loss of jobs is anticipated.
2. Emergency Ambulance: 290 EMT posts will be regraded from Band 4 to Band 3. NIAS currently has 110 vacancies at EMT level, therefore, 180 personnel will be affected by downgrade. Staff will be eligible for protection to offset immediate impacts on salary. Existing vacancy levels are sufficient to facilitate change therefore no requirement for loss of jobs is anticipated.
3. RRV: Minor impact due a small number of staff being displaced from existing base location to alternative location. Existing vacancy levels are sufficient to facilitate change therefore no requirement for loss of jobs is anticipated.
4. Management/Administration: estimate is for 5 posts over two years linked to BSTP reduction in head count.

Governance Arrangements – Planning & Implementation

As with previous saving plans, planning and implementation of savings proposals will be the responsibility of the delegated budget holding Director reporting to the Chief Executive as Accounting Officer. Monitoring mechanisms currently in place

will be assessed to affirm that they are appropriate for the monitoring and ongoing assurance of delivery of savings in the future.

Savings Proposals Detail

Saving Proposal 1: Non-Emergency Ambulance Expenditure

Proposal	Estimate of Saving	Estimate of Saving
Patient Care Service - Non-Emergency Patient Transportation.	2013/14	2014/15
Realignment of planned PCS ambulance utilisation to deliver greater efficiency from reduced investment	£750,000	£1,500,000
<p>Issue: Background & Driver for Change</p> <p>The objective is to review productive use of available resources to deal with demand for patient care services using fewer vehicles, thereby reducing requirement for staff to man vehicles. The review will also consider and explore increasing use of alternatives to traditional non emergency ambulance transport.</p> <p>Review activity levels, current service provision models and eligibility criteria for non-emergency patients in conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and VCS thereby effecting savings.</p>		
<p>Evidence Base</p> <p>Analysis of activity information has identified that NIAS planning arrangements for non-emergency ambulance transport is currently resulting in ambulances operating at 25-30% of maximum patient-carrying capacity. This proposal seeks to transport the same number of patients in fewer ambulances, thereby securing a 40% improvement in non-emergency ambulance carrying capacity utilization.</p>		
<p>Baseline Activity/Costs</p> <p>In 2011/12, NIAS spent £6.6 million on non-emergency ambulance transport for 113,187 patients, averaging 5 patient journeys per ambulance per day.</p> <p>This proposal seeks to spend £5.1 million on non-emergency transport for 113,187 patients by averaging 7 patient journeys per ambulance per day.</p>		
<p>Costs associated with delivery of proposals (Netted off or Funding Source)</p> <p>Netted off.</p>		
<p>Monitoring Metric for achieving proposal</p> <p>NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive.</p> <p>Quarterly Report to NIAS Trust Board on spend and productivity.</p> <p>Report to Financial Stability Programme Board.</p>		
<p>Quality/Safety implications</p> <p>There are no safety implications identified as the same vehicles will continue to be manned by the same personnel (albeit fewer in number).</p> <p>Patients may experience longer journey times and less individualized transportation arrangements due to the requirement to operate more efficiently.</p>		
<p>Service Delivery Implications (Targets, Indicators of Performance)</p> <p>There may be an increase in complaints in relation to patient experience due to loss of individualized transportation.</p>		
<p>Staff Implications</p> <p>Approximately 48 staff will need to be redeployed to alternative employment within NIAS.</p>		

We have identified a need for Paramedic Assistants in the emergency ambulance tier which we would consider to be a reasonable redeployment opportunity for relevant staff.
<p>Key Milestones</p> <p>Revise planning arrangements for non-emergency ambulance transport to increase efficiency and reduce requirement for non-emergency ambulances.</p> <p>Identify vehicles/staff to be affected.</p> <p>Consult as appropriate.</p> <p>Implement savings plan</p>
<p>Key Risks (Management of Risks)</p> <p>Insufficient savings identified.</p> <ul style="list-style-type: none"> Identify alternative savings proposals <p>Identified savings not achieved.</p> <ul style="list-style-type: none"> Identify alternative savings proposals
<p>Equality Impact Assessment</p> <p>Not yet complete.</p>

Saving Proposal 2: Emergency Ambulance Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15		
Proposal Revise Skill-mix on Emergency Ambulances to introduce Paramedic Assistant as support to Paramedic as lead clinician.	Estimate of Saving 2013/14	Estimate of Saving 2014/15
	£250,000	£497,000
<p>Evidence Base</p> <p>It is proposed that current and future EMT vacancies and positions currently filled by EMTs will be filled by Paramedic Assistants.</p> <p>This proposal is based on a principle which has been widely implemented throughout healthcare regionally and nationally that lead clinicians (such as paramedics), as registered health care professionals, take clinical responsibility for the patients and that they would be adequately supported by an assistant in the delivery of care.</p> <p>Assistant roles have been in development for over ten years throughout healthcare in the UK starting in nursing and then moving to physiotherapy and other allied healthcare professions. The reason for this was to provide support to enable healthcare professionals to concentrate on their professional clinical work and free them up from the important but necessary work that is needed to provide patients with a full caring service.</p>		
Baseline Activity/Costs		
<p>Costs associated with delivery of proposals (Netted off or Finding Source)</p> <p>If the 184 EMTs currently in post are redeployed into PA roles, pay protection arrangements would apply. The costs of protecting salaries for EMTs operating at the lower graded PA will reduce over time to yield a potential saving of up to £1.6M in up to 15 years time.</p> <ul style="list-style-type: none"> • Other costs which have to be considered include; <ul style="list-style-type: none"> ○ Any additional costs of paramedic positions to rebalance skill mix need to be considered ○ Rationalisation of the full range of training for all grades ○ Project management <p>An alternative approach would be to declare voluntary or compulsory redundancies for the EMTs currently in post. No costs for this scenario have been considered at this stage as there is no scope currently for compulsory redundancy.</p>		
<p>Monitoring Metric for achieving proposal</p> <p>NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive.</p> <p>Quarterly Report to NIAS Trust Board</p> <p>Report to Financial Stability Programme Board.</p>		
<p>Quality/Safety implications</p> <p>NIAS has invested significant resources over recent years to ensure, as far as reasonably possible, that responding emergency ambulance vehicles are staffed by paramedics. All Rapid Response Vehicles are staffed by paramedics. The traditional emergency</p>		

<p>ambulance used to respond and transport patients to hospital is currently crewed by two ambulance personnel – one paramedic and one EMT.</p> <p>Although the paramedic is the lead clinician, driving and patient attendance duties can be shared, with the paramedic retaining professional responsibility for the assessment and care of the patient whether they are providing direct care and treatment or the EMT is undertaking this role. This position reflects historical practice and does not take account of the advances in clinical practice and drug administration for the paramedic which has not been matched by the EMT.</p> <p>The acute hospital reconfiguration which has taken place to date, and the further reconfiguration signalled by Transforming Your Care, has increased the time spent by patients in the care of ambulance personnel and the acuity of patients being transferred between sites. In this environment it is both necessary and appropriate that the paramedic concentrate on patient care and treatment while the driving and support duties are delegated to staff in a support role.</p>
<p>Service Delivery Implications (Targets, Indicators of Performance)</p> <p>Nil</p>
<p>Staff Implications</p> <p>As this is a skill mix change there will be no reduction in headcount overall. EMTs will effectively be replaced by a similar number of PAs.</p> <p>There are currently 295 funded positions within NIAS for Emergency Medical Technicians (EMT). Unlike paramedics, EMTs are not regulated as health professionals and the Trust has been actively encouraging this grade of staff to avail of additional training to become paramedics. As a result of many taking up this opportunity there are currently in the region of 110 vacancies in this EMT grade. It is important to note that Agenda for Change bandings are still not resolved for paramedics or EMTs.</p> <p>This proposal will mean that NIAS will phase out the Emergency Medical Technician role. Instead paramedics will be supported in emergency ambulances by Paramedic Assistants who will undertake emergency and non-emergency driving and support the paramedic. In addition to emergency driving, the paramedic assistant will be trained and equipped to support the paramedic in providing safe, high-quality, effective patient care.</p>
<p>Key Milestones</p>
<p>Key Risks (Management of Risks)</p> <p>Insufficient savings identified.</p> <ul style="list-style-type: none"> Identify alternative savings proposals <p>Identified savings not achieved.</p> <ul style="list-style-type: none"> Identify alternative savings proposals
<p>Equality Impact Assessment</p> <p>Not yet completed.</p>

Saving Proposal 3: Rapid Response Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15			
Proposal Matching supply of RRV resources to demand.	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Realignment of RRV resources with demand patterns and appropriate utilization. The RRV Efficiency 2012 initiative sets out the Northern Ireland Ambulance Service Trust's plan to maintain RRV performance while reducing the core workforce without the need for redundancies.	500,000	500,000	500,000
Evidence Base The RRV Efficiency 2012 initiative sets out the Northern Ireland Ambulance Service Trust's plan to maintain RRV performance while reducing the core RRV funded establishment without the need for redundancies. The plan will result in reduced RRV cover at times of minimal RRV effectiveness, increased cover levels during periods of high demand and a reduction of 14 paramedics posts from the Core RRV workforce. This reduction in posts will not result in a reduction in the number of current staff in post.			
Cash Release OR Productivity		Cash Release	
Baseline Activity/Costs Currently, 30 Rapid Response Vehicles (RRVs) deliver first line paramedical services to the public across Northern Ireland. 24 of these cars have a staffing compliment of 3 paramedics. These cars deliver an average of 16 hours of cover per day spread between the hours of 7 am in the morning and 2 am the following morning. It is proposed to utilise 35 Rapid Response Vehicles (RRVs) to deliver first line paramedical services to the public across Northern Ireland. All 35 of these cars are to have a staffing compliment of 2 paramedics. These cars will deliver an average of 11 hours of cover per day spread between the hours of 8 am and 12 midnight.			
Costs associated with delivery of proposals (Netted off or Funding Source) Netted off. Capital cost of additional fleet vehicles addressed within 2012-13 fleet replacement investment.			
Monitoring Metric for achieving proposal RRV resource plan will be adjusted to reflect reduction in planned spend. NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board Report to Financial Stability Programme Board.			
Quality/Safety implications Matching supply with demand will provide more RRV at times when they are required and can be deployed most effectively, however there will be a reduction of emergency response capacity overall at times when the RRV are less likely to provide an appropriate response.			

This will require ongoing monitoring and management.
<p>Service Delivery Implications (Targets, Indicators of Performance)</p> <p>Risk of drop in performance where RRV removed and potential for improvement where they are increased.</p>
<p>Staff Implications</p> <p>Minimal</p>
<p>Key Milestones</p> <p>Revised RRV plan issued to Resource Management Centre and introduced Q4 2012-13.</p>
<p>Key Risks (Management of Risks)</p> <p>Insufficient savings identified.</p> <ul style="list-style-type: none"> Identify alternative savings proposals <p>Identified savings not achieved.</p> <ul style="list-style-type: none"> Identify alternative savings proposals <p>Unforeseen needs arise causing cost/time pressure</p> <ul style="list-style-type: none"> Revise plan and bid for additional resources to meet pressure, linking additional cost to relevant service development. <p>Negative impact on Cat A Response time performance</p> <ul style="list-style-type: none"> The Trust will continue to monitor RRV contribution following the initiative to maintain Category A Performance across the service as well as ensuring that any impact on patients and / or staff is minimised or mitigated.
<p>Equality Impact Assessment</p> <p>The Trust fully recognises that changes to the configuration of frontline services have the potential to affect local communities, service users, carers and staff. In respect of this proposal specifically, care has been taken in the drafting of the proposal to deliver the required savings, to minimise the impact on all these groups.</p> <p>Whilst essentially the hours of RRV cover have been reduced, the reduction has been targeted at hours of lowest RRV Paramedic contribution to emergency calls. It is also at these times when many calls may potentially be deemed inappropriate for the despatch of a lone responder. In addition a proportion of these saved hours have been reinvested in providing RRV Paramedic cover at times of increased activity levels where they would operate more effectively. Consequently the Trust considers that the proposals will have a minor impact on service users and that to some degree this may be a positive impact.</p> <p>In respect of staff affected, as indicated, trade union colleagues have agreed that the impact is minimal given the reduction in posts has been managed through vacancy control without the need for redundancies. There will be a minor impact on staff as a consequence of changed shift patterns and some related staff movement. This will be undertaken in line with previously consulted upon and agreed principles for staff movement.</p>

Saving Proposal 4: Non-Pay Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15			
Proposal Reducing Non-Pay Expenditure	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Review non-pay expenditure with focus on reducing contracted spend.	150,000	150,000	150,000
Cash Release OR Productivity	Cash Release		
Evidence Base Analysis of supplier-based expenditure, comparing current with previous year can identify areas where procurement changes have taken place and had effect. Changes in practice at varying levels within the organisation which result in reduced/increased expenditure can be identified and addressed. Best practice can be supported and embedded, while potentially inappropriate/unnecessary spend can be challenged and prevented from recurring.			
Baseline Activity/Costs NIAS non-pay expenditure is in the region of £10.6 million per annum. While the majority of this is attributed to direct provision of patient care and relatively inflexible, such as vehicle fuel costs/maintenance costs, there are some areas where expenditure can be reduced or curtailed. Examples of this would be printing/copying costs following introduction of new technology, insurance costs following investment in replacement fleet.			
Costs associated with delivery of proposals (Netted off or Finding Source) Nil			
Monitoring Metric for achieving proposal NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board Report to Financial Stability Programme Board.			
Quality/Safety implications Nil			
Service Delivery Implications (Targets, Indicators of Performance) Nil			
Staff Implications Nil			
Key Milestones Comparative Analysis of supplier spend to be completed by March 2013. Preliminary Savings Programme due April 2013. Q1 report identifying savings due June 2013.			
Key Risks (Management of Risks) Insufficient savings identified. Identify alternative savings proposals Identified savings not achieved.			

Identify alternative savings proposals
Equality Impact Assessment No significant issues identified.

Saving Proposal 5: Management/Administration Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15			
Proposal Reduce Management/Administrative Costs	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Review management/administrative costs to identify posts which can be released or restructuring to support service delivery with cost-reduction.	100,000	200,000	200,000
Evidence Base While we consider that the management/administrative costs incurred are appropriate given the size, scale and operating environment within which NIAS is engaged, we are committed to identifying further opportunities to reduce management and administrative costs. Previous benchmarking of NIAS management/administrative costs with other ambulance services in the UK has demonstrated our costs to be within national norms.			
Cash Release OR Productivity	Cash Release		
Baseline Activity/Costs NIAS core management/administrative costs were £3,792,000 in 2011/12.			
Costs associated with delivery of proposals (Netted off or Finding Source) Netted off.			
Monitoring Metric for achieving proposal Revise reporting to introduce monthly report on management/administrative costs by high level cost centre. NIAS Director of Finance to review spend in designated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board Report to Financial Stability Programme Board.			
Quality/Safety implications Reduced management capacity leads to reduction in resilience, particularly where small teams operate collectively and the loss of one member can have a disproportionate impact on team performance.			
Service Delivery Implications (Targets, Indicators of Performance) Reduced management capacity leads to reduction in resilience, particularly where small teams operate collectively and the loss of one member can have a disproportionate impact on team performance.			
Staff Implications Estimate 9 posts over 2-year period.			
Key Milestones Issue communication to staff for expressions of interest in VR/VER, MARS etc by end February 2013. Critically review use of Agency staff by end March 2013.			

<p>Key Risks (Management of Risks)</p> <p>Insufficient savings identified.</p> <ul style="list-style-type: none"> • Identify alternative savings proposals <p>Identified savings not achieved.</p> <ul style="list-style-type: none"> • Identify alternative savings proposals
<p>Equality Impact Assessment</p> <p>Not yet completed.</p>

Saving Proposal 6: Education/Training Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 and £3M during 2014/15			
Proposal Education/Training Cost Reduction	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Review clinical and nonclinical training plans to identify cost reduction as a result of doing things differently or not doing non-mandatory training.	500,000	200,000	200,000
Evidence Base NIAS has invested heavily in our workforce over the years and remains committed to ongoing investment in this area. However, new ways of working are developing which offer opportunities to review and revise education and training methods and realise cost savings without compromising outcomes. Changes in the configuration of NIAS workforce also offer further opportunities to do things differently.			
Cash Release OR Productivity	Cash Release		
Baseline Activity/Costs NIAS core education and training costs were £2,138,000 in 2011/12.			
Costs associated with delivery of proposals (Netted off or Finding Source) Netted off.			
Monitoring Metric for achieving proposal Education and Training Plan will be adjusted to reflect reduction in planned spend. NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board Report to Financial Stability Programme Board.			
Quality/Safety implications Nil. Mandatory training requirements will be maintained. Scale of reduction will not prevent pursuit of identified quality/safety training initiatives.			
Service Delivery Implications (Targets, Indicators of Performance) Nil.			
Staff Implications Nil.			
Key Milestones Revised Education and Training plan to be produced for each financial year reflecting revised budget allocation.			
Key Risks (Management of Risks) Insufficient savings identified. <ul style="list-style-type: none">Identify alternative savings proposals Identified savings not achieved. <ul style="list-style-type: none">Identify alternative savings proposals			

<p>Unforeseen education/training needs arise causing cost/time pressure</p> <ul style="list-style-type: none"> • Revise training plan and bid for additional resources to meet pressure, linking additional cost to relevant service development.
<p>Equality Impact Assessment Not yet completed.</p>

Appendix 2. NIAS Corporate Plan Objectives 2013-14

Strategic Aim 1. High Quality, Safe Care	Strategic Aim 2. Probity & Governance	Strategic Aim 3. Engaging Communities
Introduce revised Operational Dispatch model to target RRV and A&E ambulance more effectively on Cat A over Cat B/C Urgent calls	Resolve indemnity issues impacting on development of Community First Response	Increase pool of Voluntary Car Service(VCS) drivers
Realign Emergency Ambulance Control to operational priorities	Introduce revised management of meal breaks	Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance
Deliver mandatory training	Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes	Undertake joint initiative with PCC on stakeholder engagement
Deliver initiatives for safer patient care in conjunction with Safety Forum	Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change	Secure access to patient representation via Patient & Client Council(PCC)
Implement workforce plan to manage vacancies in line with delivery of savings requirements	Maintain accreditation for Education and Training	Ensure NIAS is represented on relevant PPI forums
Implement a system of prioritisation for GP Urgent calls based on the patient's condition in consultation with the GPC and LMC's to more effectively manage this activity.	Develop workforce plans for implementation of Transforming Your Care(TYC)	Review and enhance NIAS web presence and communication
Contribute to the development of an integrated out of hours service both at regional and local level with DHSSPS, HSC Board and GP out of hours services.	Implement Knowledge & Skills Framework(KSF) requirements	Introduce tools to enhance public presentation of NIAS information
Participate in the development of managed care networks with other healthcare providers in accordance with	Make recommendations to Commissioner to reflect demand pressures in core budgets	Establish process for NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to

the HSC Board priorities, particularly in the area of emergency care to improve the effectiveness and efficiency of services to the patient.		influence development of local health and social care solutions
<p>Develop alternative care pathways to meet the needs of the patient more appropriately and as an alternative to hospital admissions with the development of referral systems to other healthcare providers at the time of initial contact such as:-</p> <ul style="list-style-type: none"> ○ Primary care; ○ Community nursing; ○ Mental health services; ○ Crisis response teams etc. 	Implement Savings Plans to achieve financial breakeven	Establish process for NIAS engagement with TYC Unscheduled Care workstream to maximise opportunities to influence development of local and regional health and social care solutions
Participate in emergency and contingency planning with other emergency services, the M.O.D., N.I.O. and DHSSPS particularly in areas of CBRN, major incident management, Hazardous Area Response Teams (HART), & pandemic flu.	Secure funding associated with 2013-14 events (G8, etc)	Ensure NIAS is represented on relevant TYC forums
	Implement BSTP staffing changes	
	Implement PPI Strategy	
	Publish Assurance Reports and audit of Clinical and Non-Clinical Indicators of Performance	
	Participate with other HPSS trusts, bodies and agencies in regional finance initiatives, HR systems and equality initiatives and developments.	
	Re-establish effective prompt payment regime	

Appendix 3. DHSSPS Business Planning Requirements 2013-14 for NIAS

1. Corporate – Domain

DHSSPS Priority	NIAS Response
Governance	
<p>1.1 Prepare and submit to the Department a:</p> <p>a) End year (2012/13) Governance statement; and,</p> <p>b) Mid-year (2013/14) assurance statement.</p> <p>on a timely basis in accordance with Departmental timescales.</p>	NIAS will maintain existing processes to comply with this requirement as in previous years.
<p>1.2 By 30th September 2013 undertake a review of the ALB's Assurance Framework against Departmental guidance issued in April 2009.</p>	NIAS will establish the necessary processes to comply with this requirement.
<p>1.3 Ensure that the Audit Committee self assessment is completed and returned to the Department by September 2013.</p>	NIAS will maintain existing processes to comply with this requirement as in previous years.
<p>1.4 By 30th September 2013 undertake a review and report to the ALB Board on the effectiveness of the ALB's systems in place to monitor and review progress on implementation of action plans resulting from legislative, regulatory, licensing or other inspections, inquiries, Internal audit reports, RQIA reports and external audit findings.</p>	NIAS will establish the necessary processes to comply with this requirement.
<p>1.5 During 2013/14 and where applicable</p>	NIAS will maintain existing

assess the current level of compliance with controls assurance standards in a timely manner and in accordance with Departmental guidance and timescales.	processes to comply with this requirement as in previous years.
1.6 Ensure compliance on a timely basis with the documentary requirements set out in the MS/FM including Appendix 1 where this applies.	NIAS will maintain existing processes to comply with this requirement as in previous years.
1.7 By 31 st March 2014 to ensure ongoing compliance with the Corporate Manslaughter Act and to alert the Department to any emerging issues as they arise.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Business Planning	
1.9 Ensure the ALB's 2014/15 Business plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	NIAS will establish the necessary processes to comply with this requirement.
1.10 Ensure that 2014/15 Trust Delivery Plans are developed in line with the Commissioning Plan and in accordance with HSCB guidance and timescales.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Business continuity/ Emergency Preparedness	
1.12 During 2013/14 test and review business continuity management plans to ensure arrangements to maintain services to a pre-defined level through	NIAS will maintain existing processes to comply with this requirement as in previous years.

a business disruption.	
Information Governance	
1.14 During 2013/14 implement and monitor action plans to achieve moderate compliance with the the revised Information Managment Controls Assurance Standard.	NIAS will establish the necessary processes to comply with this requirement.
<p>1.15 Take steps to maintain/ improve the quality of information/data being presented to the ALB Board by:</p> <ul style="list-style-type: none"> a) Identifying before the end of April 2013 an Executive Board member lead with responsibility for providing assurance on the quality of data/information presented to the ALB board to support decision-making; b) Taking steps to ensure that during 2013/14 a data quality assurance process is in place which provides the Board with assurance that data collected and information provided to them is fit for purpose, robust and of a consistently high standard; and, c) Ensuring that the Board is provided with and considers as appropriate the publications of Northern Ireland official and national statistics on health and in particular those that inform progress against ministerial targets. 	NIAS will establish the necessary processes to comply with this requirement.

2 Resources – Domain

Priority	
2A - FINANCE	
Prompt Payment Performance	
<p>2.1 Deliver on the prompt payment of invoices by:</p> <ul style="list-style-type: none"> c) Achieving/maintaining the minimum standard of paying 95% of invoices within 30 days or other agreed terms during 2013/14; and, d) Establishing and delivering a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days during 2013/14. 	<p>NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by temporary pressures arising from implementation of BSTP project.</p> <p>NIAS will comply with the requirement in respect of 10 day prompt payment.</p>
Quality of financial forecasts	
<p>2.2 Improve the quality of financial forecasts during 2013/14 by ensuring that:</p> <ul style="list-style-type: none"> a) The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis in line with deadlines and that any variances +/- 5% of the previous month's forecast are fully explained; and, b) The monthly year-end financial forecast as at September 2013 (and subsequent months) should be within +/- 0.5% of the final outturn. 	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p>
<p>2.3 Achieve a financial breakeven target of 0.25% or £20k (whichever is the</p>	<p>NIAS will maintain existing processes to comply with this</p>

greater) of revenue allocation for 2013-14.	requirement as in previous years.
Clinical negligence forecasts	
2.4 Ensure that the monthly forecasts of clinical negligence cases to be settled during 2013/14 is consistent with, and prepared in conjunction with, the information provided by the Directorate of Legal Services.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Efficiency/Value for Money	
2.6 Improve efficiency and value for money by: d) Conducting a review of management costs within your organisation and prepare a report and savings plan to be approved by your Board and the Department by June 2013; e) Improving the efficiency of the organisation during 2013/14, e.g. deliver productivity and cash releasing efficiencies as set out in the QICR plans/population plans; and, f) Developing a plan to deliver efficiencies (productivity and cash releasing) during 2014/15 by 30 th June 2013.	NIAS will establish the necessary processes to comply with this requirement. The savings proposals developed for 2013-14 & 2014-15 incorporate planned reduction of management costs. The savings proposals developed for 2013-14 & 2014-15 incorporate planned efficiency savings linked to improving productivity. The savings proposals developed account for the period 2014-15.
Timeliness of Financial Information	
2.7 Deliver key financial reports and documents on a timely basis in accordance with Departmental timeframes. In particular, the Strategic Resources Framework by 31 May 2013, the Trust Financial Returns by	NIAS will maintain existing processes to comply with this requirement as in previous years.

19 October 2013 and the HRG Submissions by 2 November 2013.	
Business Cases	
<p>2.8 Improve the quality of business cases (revenue and capital) and post project evaluations by:</p> <ul style="list-style-type: none"> a) Conducting an annual review of the processes regarding the preparation and approval of all business cases to ensure they are compliant with extant guidance. Report findings of review to your Board and the Department by 30th April 2013; b) Developing a database for all revenue and capital business cases by 30th April 2013 and copy to Department; c) For capital projects, submission to the Department must be in line with agreed timeframes; and, d) Ensuring that a suitable skills base is maintained/developed to develop business cases. 	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p>
Procurement	
<p>2.9 Set out steps to provide assurance during 2013/14 to your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including:</p> <ul style="list-style-type: none"> a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerial approved recommendations in the Department's Review of Procurement, 	<p>NIAS will build on existing and where necessary establish additional processes to comply with this requirement.</p> <p>Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported</p>

<p>and agreed recommendations of the Public Accounts Committee; and,</p> <p>b) The 'Public Accounts Committee Recommendations from Investigation of Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.</p>	<p>to Trust Board through relevant committees.</p>
<p>2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to your Board in this regard.</p>	<p>NIAS will build on existing and, where necessary, establish additional processes to comply with this requirement.</p> <p>Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.</p>
<p>Annual Accounts</p>	
<p>2.12 Prepare annual accounts on a timely basis in accordance with Departmental timescales.</p>	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p>

<p>Priority</p>	
<p>2B – ESTATE</p>	
<p>Asset Management</p>	
<p>2.14 Your business plan must set out steps to be taken to :</p> <p>d) Ensure that property costs demonstrate value for money;</p> <p>e) Actively dispose of surplus assets;</p>	<p>NIAS will establish necessary processes to comply with this requirement. Estate VFM and effective utilisation will be demonstrated through Estates</p>

<p>and,</p> <p>f) Ensure that the organisation has access to appropriate skills and expertise in property management either internally or externally.</p>	<p>Strategy, associated business cases and Property Asset Management Plan.</p> <p>NIAS has an asset disposal programme in place, closely linked to fleet replacement programme, etc.</p>
<p>Other Estate Requirements</p>	
<p>2.17 To set out steps to be taken to support the:</p> <p>c) PFG target to reduce greenhouse gas emissions by at least 35% on 1990 levels by 2025; and</p> <p>d) DHSSPS objectives as outlined in the Sustainable Development Strategy “Everyone’s Involved” and the Strategy implementation plan “focused on the future”.</p>	<p>NIAS will establish necessary processes to comply with this requirement where applicable.</p>

Priority	
2C – HUMAN RESOURCES	
Staff Absence	
<p>2.18 Take steps to minimize sickness absence during 2013/14 by:</p> <p>d) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14;</p> <p>e) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence level; and</p> <p>f) Undertaking a review and report to the ALB Board and Department by 30th September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.</p>	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p> <p>NIAS will review absence target on an annual basis and bring recommendations to the Trust Board of targets to be applied.</p> <p>Attendance management action plans will be developed and presented to Trust Board through the Assurance Committee.</p> <p>The annual Human Resources Report will be the vehicle for conveying this information to Trust Board & DHSSPS.</p>
Staff appraisal/development	
<p>2.19 Outline the key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework.</p>	<p>NIAS will maintain existing processes to comply with this requirement as in previous years.</p>
<p>2.21 Take steps to ensure that by 30th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.</p>	<p>NIAS will establish necessary processes to comply with this requirement, and will seek to do so within the timeframe specified.</p>
<p>2.23 Ensure that by 31st March 2014 100% of doctors that are in the</p>	<p>NIAS will maintain existing processes to comply with this requirement as in</p>

workplace have been subject to an annual appraisal.	previous years.
2.24 Undertake a review and report to the ALB Board and the Department by 30 th September of the effectiveness of mentoring for student nurses.	Not Applicable
Pensions	
2.25 Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes.	NIAS will establish necessary processes to comply with this requirement.
Assaults on staff	
2.26 Introduce or maintain quarterly monitoring to the ALB Board on the volume and nature of incidence of violence against staff e.g. Physical abuse, verbal abuse, abuse related to the patient's/perpetrator's illness/mental health, abuse with malicious intent.	NIAS will maintain existing processes to comply with this requirement as in previous years.
2.27 Set out the key steps being taken during 2013/14 to reduce incidents of violence and provide support to staff who are victims of violence.	NIAS will maintain existing processes to comply with this requirement as in previous years.

3 Quality - Domain

Priority	
Q2020	

3.1 Work as part of the Regional group to publish the first Annual Quality Report by 31 st March 2014.	NIAS will establish necessary processes to comply with this requirement.
NICE	
3.4 During 2013/2014 to ensure timely dissemination and implementation of NICE guidance in accordance with the requirements set out in the individual HSC Board Service Notifications.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Patient Safety	
3.7 During 2013/2014 to promote the effective reporting and management of, and implement the learning from, serious adverse incidents/adverse incidents and near misses, and provide evidence to the HSCB/PHA that these requirements are being met.	NIAS will maintain existing processes to comply with this requirement as in previous years.

Appendix 4. HSCB Commissioning Plan Priorities

Proposed Indicators of Performance 2013/14

2012/13 Reference	Proposed 2013/14 Indicators of Performance	NIAS Response
A1	Average life expectancy for women and men	NIAS Response: Not Directly Applicable
A2	Life expectancy differential between Northern Ireland average and most disadvantaged areas for women and men	NIAS Response: Not Directly Applicable
A5	Admissions for Venous Thromboembolism	NIAS Response: Not Directly Applicable
A6	Age Standardised Death Rate (SDR) for under 75s for circulatory disease; respiratory disease; cancer; and liver disease in Northern Ireland and its most deprived areas	NIAS Response: Not Directly Applicable
A7	Suicide rates across Northern Ireland and the most deprived areas	NIAS Response: Not Directly Applicable
A8	Number of A&E presentations due to deliberate self harm	NIAS Response: Not Directly Applicable
A9	Prevalence of Diabetes	NIAS Response: Not Directly Applicable
A10	Level of overweight and obesity across the life course (2-10 year olds and 16+)	NIAS Response: Not Directly Applicable
A12	Proportion of adults who smoke	NIAS Response: Not Directly Applicable
A13	Number of pregnant women, children and young people, and adults from deprived areas (lower quintile) who set a quit date through cessation services.	NIAS Response: Not Directly Applicable
A15	Number of new episodes of sexually transmitted infections diagnoses made	NIAS Response: Not Directly Applicable

	by Genito-urinary Medicine Clinics	
A16	Number of new HIV diagnoses	NIAS Response: Not Directly Applicable
A17	Uptake of seasonal flu vaccine by front-line Health and Social Care workers	NIAS will seek to maintain or improve the proportion of NIAS front-line personnel who receive the flu vaccine.
B1	Cancer Services: Percentage of patients receiving first definitive treatment within 31 days of a decision to treat	NIAS Response: Not Directly Applicable
B2	Cancer Services: Percentage of patients seen within 14 days of an urgent referral for breast cancer	NIAS Response: Not Directly Applicable
B3	Percentage of Category A (life threatening calls) responded to within eight minutes regionally, and in each LCG area	NIAS will continue to assign priority to achieving this target and thereby delivering prompt response to those most in need. The key components necessary to deliver the target are in place but their availability and application are constrained by related factors such as hospital congestion, slow ambulance turnaround, hospital diverts and redirects, and redeployment of ambulance resources to address local acute service pressures arising from acute reconfiguration.
B4	Number of new and unplanned attendances at emergency departments Types 1 and 2	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
B5	Rate of review outpatient appointments where the patient did not attend	NIAS Response: Not Directly Applicable
B6	Rate of new outpatient appointments cancelled by the hospital	NIAS Response: Not Directly Applicable

B7	Number of GP referrals to consultant-led outpatient services	NIAS Response: Not Directly Applicable
B8	Number of patients admitted with stroke	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
B10	Incidence of Pressure Ulcers Occurring in Hospital, Medical and Surgical Care Setting	NIAS Response: Not Directly Applicable
B11	Falls in Hospital Settings	NIAS Response: Not Directly Applicable
B13	Percentage of patients waiting over 13 weeks for any wheelchair (basic and specialised)	NIAS Response: Not Directly Applicable
B15	Attainment of targets set out in HSCB pharmacy efficiency programme.	NIAS Response: Not Directly Applicable
B19	Percentage (%) change in overall transplants.	NIAS Response: Not Directly Applicable
B21	The number of organs declined.	NIAS Response: Not Directly Applicable
B22	Percentage (%) increase in access to cardiac catheterisation	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
C1	Activity in Maternity and Child Health Programme of Care (PoC)	NIAS Response: Not Directly Applicable
C2	Percentage of babies born by caesarean section and number of babies born in midwife led units, either freestanding or	NIAS Response: Not Directly Applicable

	alongside.	
C3	Initial incidence of breastfeeding	NIAS Response: Not Directly Applicable
C5	Percentage reduction in intervention rates (including caesarean sections) benchmarked against comparable units in UK and Ireland	NIAS Response: Not Directly Applicable
C8	People accessing Building the Community Pharmacy Partnership (BCPP) projects residing in bottom 3 quintiles of deprivation.	NIAS Response: Not Directly Applicable
C9	Number of patients waiting longer than 13 weeks to commence NICE-recommended therapies for multiple sclerosis (MS), or therapies under the UK Risk Sharing Scheme for disease modifying treatments for MS	NIAS Response: Not Directly Applicable
C10	Number of patients waiting longer than 9 weeks to commence specialist drug treatment for wet AMD for the first eye, and 6 weeks for the second eye	NIAS Response: Not Directly Applicable
D2	Level of usage of commissioned advocacy within each trust area categorised by model of advocacy	NIAS Response: Not Directly Applicable
E1	Elective average pre-operative stay	NIAS Response: Not Directly Applicable
E2	Elective average length of stay in acute programme of care	NIAS Response: Not Directly Applicable
E3	Average length of stay for stroke patients within the acute PoC	NIAS Response: Not Directly Applicable
E4	Day surgery rate for each of a basket of 24 elective procedures	NIAS Response: Not Directly Applicable
E5	Percentage of operations cancelled for non-clinical reasons	NIAS Response: Not Directly Applicable

E6	Percentage of patients admitted electively who have their surgery on the same day as admission	NIAS Response: Not Directly Applicable
E7	Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken	NIAS Response: Not Directly Applicable
E8	Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.	NIAS Response: Not Directly Applicable
E11	Nurse to Bed Ratio	NIAS Response: Not Directly Applicable
F1	Percentage of all Foster Care Placements that are Kinship Care Placements.	NIAS Response: Not Directly Applicable
	Indicators of Performance in amber below are 2012/13 IOPs with proposed amendments for 2013/14.	
A3	(a) Number of deaths of men aged 65 and over from abdominal aortic aneurysm (AAA), excluding thoracic aortic aneurysm (b) rate of uptake of Northern Ireland-wide Screening Programme for AAA	NIAS Response: Not Directly Applicable
A11	Standardised rate of alcohol-related admissions to hospital	NIAS Response: Not Directly Applicable
A14	Rate of births to mothers under 17 years of age (with breakdown against most deprived areas)	NIAS Response: Not Directly Applicable
B12	Number of hearing aids fitted within 13 weeks as a percentage of completed waits	NIAS Response: Not Directly Applicable
B14	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal	NIAS Response: Not Directly Applicable

C7	The number of medicines management and public health pharmaceutical services delivered in the community reported by LCG area. The number and proportion of Health and Care Centres in each Trust with: <i>active pharmaceutical services provision, plans for active pharmaceutical services provision.</i>	NIAS Response: Not Directly Applicable
C11	Number of patients benefiting from remote telemonitoring	NIAS Response: Not Directly Applicable
D3	Numbers of direct payment cases by Programme of Care (PoC)	NIAS Response: Not Directly Applicable
E12	Ratio of new to review outpatient appointments attended by specialty and Trust.	NIAS Response: Not Directly Applicable
E18	Prescribed activity recorded for each of the therapeutic chapters of NI Medicines Formulary and generic dispensing and generic prescribing activity by GP practice and LCG	NIAS Response: Not Directly Applicable
F2	Number of Care Leavers in Education, Training and Employment by placement type.	NIAS Response: Not Directly Applicable
F3	The percentage of children with an adoption best-interests decision that are notified to the Regional Adoption Information System (RAIS) within 4 weeks of the HSC Trust approving the adoption panel's decision that adoption is in the best interest of the child.	NIAS Response: Not Directly Applicable
F4	The number of school age children in care for 12 months or longer who have missed 25 or more school days by placement type.	NIAS Response: Not Directly Applicable
F5/ F6 This is now one indicator, but is a	Number of children aged in Adult Mental Health wards and the percentage of these who were aged 13-18.	NIAS Response: Not Directly Applicable

combination of F5 & F6		
	Propose to downgrade 2012/13 target 7 to an indicator	
Propose to downgrade 2012/13 target 7 to an indicator	Propose to downgrade current Target 7 (<i>By March 2013, ensure delivery of at least 50 live donor transplants</i>) to an indicator on: <i>The number of live donor transplants.</i>	NIAS Response: Not Directly Applicable
	Indicators of Performance coded in red below are a 2012/13 IOPs target proposed to be dropped for 2013/14.	
A4	Infant mortality including neonatal mortality and stillbirths.	NIAS Response: Not Directly Applicable
B16	Level of prescribing of cardio-vascular medicines.	NIAS Response: Not Directly Applicable
B17	Level of prescribing of gastro-intestinal medicines.	NIAS Response: Not Directly Applicable
B18	Level of medicines dispensed generically in primary care.	NIAS Response: Not Directly Applicable
E9	Health & Social Care Staff Absence Rate	
E10	Selected Consultant Specialty Monitoring	NIAS Response: Not Directly Applicable
E15	Level of Agency Staff Expenditure	
D1	Levels of Usage of Advocacy Services by Looked After Children (monitored by number of contacts made by Looked After Children with Advocacy Services)	NIAS Response: Not Directly Applicable
	New indicators for 2013/14	
	Percentage of patients, where clinically appropriate, waiting less than 7 days for	NIAS Response: Not Directly Applicable

	inpatient fracture treatment.	
	Percentage of new and unplanned review attendances at emergency care departments waiting: less than 30 minutes, 30 minutes to 1 hour, 1 to 2 hours, 2 to 3 hours, 3 to 4 hours, 4 hours to 6 hours, 6 to 8 hours, 8 to 10 hours, 10 to 12 hours and 12 hours or more, before being treated and discharged or admitted (for those sites that we have patient-level data readily available).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
	Monitor (i) patient and (ii) ambulance turnaround times by length of time (less than 15 minutes, 15–30 minutes, 31–60 minutes, 61–120 minutes and more than 120 minutes).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
	The number of red flag cancer referrals	NIAS Response: Not Directly Applicable
	The number of outpatient appointments with procedures within the specialities of pain management, ophthalmology, gynaecology, general surgery, plastic surgery and dermatology.	NIAS Response: Not Directly Applicable
	The number of emergency admissions for acute conditions that should not usually require hospital admission.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
	The number of barium enema, computed tomography, magnetic resonance imaging, non-obstetric ultrasound, positron emission tomography and plain film x-ray tests undertaken.	NIAS Response: Not Directly Applicable
	Out of Hours GP attendance	NIAS Response: We will continue to work with partner health providers to deliver timely and

		relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
	Length of time for best decision to be reached in the adoption process	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than 9 weeks to access Occupational Therapy Services.	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than 9 weeks to access Speech and Language Therapy (SLT)	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than 9 weeks to access Dementia services	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than nine weeks from referral to commencement of Occupational Therapy treatment	NIAS Response: Not Directly Applicable
	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	NIAS Response: Not Directly Applicable
	Healthy Life Expectancy	NIAS Response: Not Directly Applicable
	Self-reported wellbeing	NIAS Response: Not Directly Applicable
	The proportion of adults meeting the Chief Medical Officer's recommended guidelines on physical activity	NIAS Response: Not Directly Applicable
	The proportion of adults consuming the recommended 5 portions of fruit and vegetables each day	NIAS Response: Not Directly Applicable
	The proportion of adults who report having reached or exceeded the recommended weekly limit	NIAS Response: Not Directly Applicable
	The number and proportion of emergency admissions and readmissions for people aged 0-64 years and 65 years and over, (i) with and (ii) without a recorded long term condition, in which medicines were	NIAS Response: Not Directly Applicable

	considered to have been the primary or contributing factor, by HSC Trust.	
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Appendix 5. HSCB Proposed Commissioning Plan Direction Objectives, Standards and Targets 2013/14

Unscheduled Care	Commissioning Objectives	NIAS Response
1	By September 2013, the Ambulance Service will, in collaboration with primary and secondary care clinicians, develop and implement agreed protocols to enable paramedics to assess and treat patients at the scene (including home) without transporting them to hospital, where appropriate.	<p>Protocols will be in place by September 2013 for...</p> <ul style="list-style-type: none"> • Diabetic hypoglycaemia • Falls in the elderly <p>Protocols will be developed for a range of other conditions including...</p> <ul style="list-style-type: none"> • Asthma • Epilepsy • Mental Health • Minor Head Injuries
2	By December 2013, Trusts will agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a Trauma Managed Clinical Network ³ .	NIAS will contribute fully to the Trauma Clinical Network and review and revise, as appropriate, ambulance protocols already in place for the management of major trauma.
3	By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments including: Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled care, including telephone triage; GP direct access to appropriate diagnostics to enhance management of conditions in Primary Care; and rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital doctor and agreed	<p>NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area.</p> <p>In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their</p>

³ Further discussion required between Commissioner and provider(s) and / or DHSS&PS

	decision on steps to take in patient management.	independence and provide care closer to home.
4	During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an unnecessary emergency admission through appropriate patient handover and earlier discharge.	Not directly applicable to NIAS.
5	By June 2013, all Trusts and LCGs will have jointly, identified, quantified and agreed the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. Integral to this will be the development, collaboratively among Trusts (including NIAS), by March 2014, of a directory of community services to support timely discharge of patients as well as prevent emergency attendances/admissions.	NIAS will engage fully with other stakeholders in the development and maintenance of a Directory of Services, and looks to HSCB to lead in the development of this Regional workstream.

2012/13 Reference	Proposed 2013/ 14 CPD Standards/ Targets	NIAS Response
Targets coded in green below are 2012/13 targets proposed to roll forward for 2013/14.		
1	Extend the bowel cancer screening programme to invite in 2013/14 50% of all eligible men and women aged 60-71, with a screening uptake of at least 55% in those invited.	NIAS Response: Not Directly Applicable
5	From April 2013, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-

		emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
6	From April 2013, ensure that 95% of patients urgently referred with a suspected cancer, begin their first definitive treatment within 62 days.	NIAS Response: Not Directly Applicable
8	From April 2013, 95% of patients attending any Type 1, 2 or 3 A&E Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
12	By March 2014, secure a 10% reduction in the number of emergency readmissions within 30 days.	NIAS Response: Not Directly Applicable
14	From April 2013, ensure that 70% compliance with the Northern Ireland Medicines Formulary is achieved within primary care.	NIAS Response: Not Directly Applicable
16	By March 2014, increase to 10% the proportion of patients with confirmed ischaemic stroke who receive thrombolysis.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
17	From April 2013, no patient waits longer than nine weeks from referral to commencement of AHP treatment.	NIAS Response: Not Directly Applicable
21	By March 2013, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
28	By March 2014, 40% of the remaining long-stay patients in learning disability	NIAS Response: Not Directly Applicable

	and psychiatric hospitals are resettled to appropriate places in the community, with completion of the resettlement programme by March 2015.	
Targets coded in amber below are 2012/13 target with proposed amendments for 2013/14.		
9	From April 2013, at least 80% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waiting longer than 18 weeks, decreasing to 15 weeks by March 2014.	NIAS Response: Not Directly Applicable
10	From April 2013, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within 2 days of the test being undertaken.	NIAS Response: Not Directly Applicable
11	From April 2013, at least 70% of inpatients and daycases are treated within 13 weeks, increasing to 80% by March 2014, and no patient waiting longer than 30 weeks for treatment, decreasing to 26 weeks by March 2014.	NIAS Response: Not Directly Applicable
13	By March 2014, secure a further reduction of X% in MRSA and <i>Clostridium difficile</i> infections compared to 2012/13.	NIAS Response: Not Directly Applicable
15	From April 2013, no patient should wait longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis, and no patient should wait longer than 9 months to commence NICE approved specialist therapies for psoriasis decreasing to 3 months by September 2013.	NIAS Response: Not Directly Applicable
18	By March 2014, deliver X Monitored Patient Days (equivalent to approximately X patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.	NIAS Response: Not Directly Applicable

22	By March 2013, reduce the number of excess bed days for the acute programme of care by 10%.	NIAS Response: Not Directly Applicable
23	From April 2013, ensure that 99% of all learning and disability and mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days; 90% of complex discharges from an acute hospital take place within 48 hours; with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours.	NIAS Response: Not Directly Applicable
24	From April 2013, increase the number of children in care for 12 months or longer with no placement change to 85%.	NIAS Response: Not Directly Applicable
26	From April 2013 ensure a 3 year time-frame for 90% of all children to be adopted from care.	NIAS Response: Not Directly Applicable
27	From April 2013, people with continuing care needs wait no longer than 5 weeks for assessment to be completed, and have the main components of their care needs met within a further 8 weeks.	NIAS Response: Not Directly Applicable
29	From April 2013, no patient waits longer than 9 weeks to access child and adolescent mental health services; 9 weeks to access adult mental health services; and 13 weeks to access psychological therapies (any age)	NIAS Response: Not Directly Applicable
Target coded in red below is a 2012/13 target proposed to be dropped for 2013/14.		
25	By March 2013, increase the number of care leavers aged 19 in education, training or employment to 80%.	NIAS Response: Not Directly Applicable
Proposed to downgrade current target on live donor transplants to an indicator for 2013/14, while upgrading current indicator on DCD organ transplantation to a target.		

7- Propose to downgrade to an indicator	Propose to downgrade current target (<i>By March 2013, ensure delivery of at least 50 live donor transplants</i>) to an indicator: <i>The number of live donor transplants.</i>	NIAS Response: Not Directly Applicable
Proposed New target	By March 2014, 50% of kidneys retrieved in Northern Ireland through DCD are transplanted in Northern Ireland.	NIAS Response: Not Directly Applicable

Appendix 6. Transforming Your Care – An Ambulance Perspective

Relevant extracts from Transforming Your Care...

“Impact on the Northern Ireland Ambulance Service

The role of the NIAS is of central importance to the ability to deliver the new model of care. The NIAS has been going through some major changes in modernising its service to meet the needs of the HSC in the 21st century. This modernisation is planned to continue.

The plans of the NIAS will support the implementation of the Review, in particular:

- supporting the new care pathways for unscheduled, in particular urgent care;*
- training of NIAS paramedic staff to support the model;*
- provision of an alternative to the 999 emergency number and availability of medically trained staff to triage patients to the most appropriate service;*
- supporting the focus on prevention and wellbeing through information and advice; and*
- continuing to support the move of care closer to home through diagnosis and treatment of minor illnesses and injuries in the community.*

The NIAS will be involved in the planning and implementation process following the Review, alongside the representatives from across health and social care.”

“The Role of the Northern Ireland Ambulance Service

The role of the NIAS will be key in ensuring that people are treated in the right place at the right time. Patients should be transferred to the correct location first time where possible, to avoid further transfers at a later stage. It will be important that the NIAS can transfer people not only to Accident and Emergency Departments but also to Urgent Care Centres, Minor Injuries Units or GP Out of Hours. Bypass protocols will be required which clearly define which location patients should be transferred to for each type of condition.

Better management of unscheduled care in partnership between the HSC Trusts and the NIAS offers potential for improving care, patient flows efficiency and patient satisfaction.

Alongside all of this, it will be essential that the public are provided with information about the correct procedures in an emergency.”

“CLEAR PROTOCOLS FOR THE POINT OF CONTACT FOR EMERGENCY AND URGENT CARE

There is evidence that the options available to the public in dealing with emergency and urgent cases are limited or not well known. As outlined above, it is important that people are referred to the place that is best suited to meet their medical needs. This will require clear communication with the public as to the types of facilities available, where they are located and under what circumstances they should be used.

To allow this, it will be important that the public can get access to the right advice at the right time. At present this is through the 999 emergency telephone number. The introduction of an urgent number to work alongside the emergency 999 number would allow people to talk to a trained professional who will be able to advise them on the best route for them, be that to an Accident and Emergency Department, an Urgent Care Centre, Minor Injuries Unit, GP Out of Hours service or to wait for a GP appointment the following day. The NIAS will play a pivotal role in managing unscheduled care into the future.

Dedicated Care pathways should be developed for children and people with long term conditions that will allow direct contact with a trained team available to support them in an emergency or when requiring urgent care. This should involve the ability to directly admit these patients to beds hospitals.”

“Supporting the principle of Right Care, Right Place, Right Time

One contact number for urgent care will allow triage of patients and ensure that they are directed to the best place of care as discussed in the NIAS section below.

A single robust community information system is required to support the increase in care to be delivered within the community.

The Ambulance Service is a key part of the new service delivery model. Training of ambulance staff in the new model and best location of care will be required as well as ensuring that bypass protocols are in place.

The ambulance service will have the ability to transfer patients to urgent care settings rather than defaulting to a major acute hospital if this is the most appropriate type of care required for the patient. The ambulance service will also be able to refer patients back to their GPs if they do not see the need to transfer the patient to other services such as urgent care or emergency care.”

Recommendations from Transforming your Care	Potential NIAS contribution to Implementation.
<p>POPULATION HEALTH AND WELLBEING</p> <p>1. Renewed focus on health promotion and prevention to materially reduce demand for acute health services.</p> <p>5. Incentivisation of Integrated Care Partnerships to support evidence based health promotion, for example, clinician-led education programmes in the community.</p>	<p>NIAS would be keen to develop the use of ambulance personnel and vehicles as a highly visible and effective means of communicating health related messages to the public.</p> <p>NIAS would be keen to explore any opportunities to integrate with our Community Outreach programme.</p>
<p>6. Joint working pilot projects with other Government departments that enable resource sharing and control, for example in rural isolation and transport.</p>	<p>NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.</p> <p>NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.</p>

<p>OLDER PEOPLE</p> <p>9. Home as the hub of care for older people, with more services provided at home and in the community.</p> <p>10. A major reduction in residential accommodation for older people, over the next five years.</p> <p>11. Introduction of reablement to encourage independence and help avoid unnecessary admissions of older people into hospital.</p> <p>12. A greater role for nursing home care in avoiding hospital admissions.</p> <p>13. More community-based stepup/step-down and respite care, provided largely by the independent sector.</p> <p>14. A focus on promoting healthy ageing, individual resilience and independence.</p> <p>17. A diverse choice of provision to meet the needs of older people, with appropriate regulation and safeguards to ensure quality and protect the vulnerable.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p> <p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p> <p>We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.</p> <p>NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.</p>
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<p>LONG-TERM CONDITIONS</p> <p>21. Partnership working with patients to enable greater self care and prevention.</p> <p>22. Personalised care pathways enabling home based management of the LTC with expanded support from the independent sector.</p> <p>23. Patients to have named contacts for the multi-disciplinary team in each GP surgery to enable more straightforward communication.</p> <p>24. Improved data warehousing of existing information to support care pathways and enable better outcomes to be more closely monitored.</p> <p>25. A stronger role for community pharmacy in medication management for LTCs.</p> <p>26. Development of admission protocols between secondary care specialist staff and those in the community.</p> <p>27. Maximising the opportunities provided by telehealth in regard to LTC patients.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p> <p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p> <p>We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.</p> <p>NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact</p>
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	positively on planned services by establishing and delivering reasonable waits.
<p>PHYSICAL DISABILITY</p> <p>28. Promoting independence and control for people with a disability, enabling balanced risk-taking.</p> <p>29. A shift in the role of the health and social care organisations towards being an enabler and information provider.</p> <p>30. Joint planning of services for disabled people by the statutory, voluntary and community health and social care providers, and other relevant public services (e.g. housing) to ensure a wide range of services across NI.</p> <p>31. Better recognition of carers' roles as partners in planning and delivering support, and more practical support for carers.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p>

<p>MENTAL HEALTH</p> <p>53. Continued focus on promoting mental health and wellbeing with a particular emphasis on reducing the rates of suicide among young men.</p> <p>54. Establishment of a programme of early intervention to promote mental health wellbeing.</p> <p>55. Provision of clearer information on mental health services should be available to those using them and their families, making full use of modern technology resources.</p> <p>56. A consistent, evidence-based pathway through the four step model provided across the region.</p> <p>57. A consistent pathway for urgent mental health care including how people in crisis contact services, triage and facilities in emergency departments.</p> <p>58. Review the approach to home treatment services for children and young people, learning disability and psychiatry of old age.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p>
<p>LEARNING DISABILITY</p> <p>65. Support from Integrated Care Partnerships to improve clinicians' awareness of the needs of individuals with a learning disability.</p> <p>67. Further development of a more diverse range of age-appropriate day support and respite and shortbreak services.</p> <p>69. Development of information resources for people with a learning disability to support access to required services.</p> <p>70. Advocacy and support for people with a learning disability, including peer and independent advocacy.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p>

<p>ACUTE CARE</p> <p>72. Reinforce the full development of the Regional Trauma Network set out in the DHSSPS document.</p> <p>73. Over time, move to a likely position of five to seven major acute hospital networks in Northern Ireland</p> <p>74. Ensure urgent care provision is locally available to each population.</p> <p>75. Set targets for the reduction of hospital admissions for long-term admissions and end of life care.</p> <p>76. Set targets for the reorganisation of outpatient and diagnostic services between hospitals and Integrated Care Partnerships.</p> <p>77. Ensure the transition takes full account of Service Frameworks and clinical pathways.</p> <p>79. Make necessary arrangements to ensure critical clinical staff are able to work in a manner which supports the new arrangements.</p>	<p>NIAS welcomes engagement to date in the reconfiguration process and is fully committed to support acute sector change. We recognise and welcome the reference within the Commissioning Plan which identifies the key role to be played by the ambulance service in service reconfiguration and gives an undertaking to support and develop ambulance service provision accordingly. Alongside this we are keen to develop and introduce alternative pathways to accident and emergency attendance with the support of HSC and the wider system.</p> <p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p> <p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p> <p>We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but</p>
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	<p>also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.</p> <p>NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.</p>
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<p>PALLIATIVE AND END OF LIFE CARE</p> <p>80. Development of a palliative and end of life care register to enable speedy transfer of information required by those providing palliative and end of life care</p> <p>81. Enhanced support to the Nursing Home Sector for end of life care.</p> <p>82. Individual assessment, planning, delivery and co-ordination of end of life care needs by a key worker.</p> <p>83. Electronic patient records in place for the patient, their family and staff.</p> <p>84. Targets to reduce the level of inappropriate hospital admissions for people in the dying phase of an illness.</p> <p>85. Palliative and end of life care for children considered as part of the proposed review of Paediatric Services as referenced in the Maternity and Child Health section.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p> <p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p>
<p>IMPLICATIONS FOR THE SERVICE</p> <p>87. Development of population plans for each of the five LCG populations by June 2012.</p> <p>89. Development of clear patient pathways for networked and regional services.</p> <p>90. Establishment of a forum to take forward how technology will support the new model of care linking the service to industry and academia.</p> <p>91. Full rollout of the Electronic Care Record programme.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p>

<p>92. Development of a data warehouse for GP records to high quality information on care across practices, resulting in reduced variation.</p> <p>93. Introduction of a single telephone number for urgent care.</p> <p>94. Introduction of a single robust community information system.</p> <p>95. Development of new workforce skills and roles to support the shift towards prevention, self-care, and integrated care that is well coordinated, integrated and at home or close to home.</p>	<p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p> <p>We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.</p> <p>NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.</p>
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APPENDIX 7

INFORMATION FOR FINANCIAL PLANS (November 2012)

Table No.

FP1 Forecast Financial Position

This should reflect both the planned 2013/14 in -year and full year projected financial position. While main focus is on the 2013/14 year the projected position for 2014/15 is also to be included.

FP2 Reconciliation of Income

This table should be used to indicate income assumptions by reconciling current RRL to planned income anticipated from HSCB and PHA.

FP3 to FP6 QICR Plans 2013/14 and 2014/15

These tables are to indicate the plans to achieve the QICR Cash Releasing and Productivity Targets. As appropriate, a commentary can be included against planned measures together with a RAG status. Where non-recurrent measures are required these should also be detailed. Additional rows can be inserted as required.

In respect of productivity plans, the initial planning assumption is that it is appropriate to measure productivity gains by comparison against the 2012/13 baseline activity.

Where the service is delivering activity below SBA (ie funded level) then the SBA / funded level should be used as the baseline, but where the service is delivering activity above baseline then the projected actual 2012/13 outturn activity should be used as the baseline against which productivity gains should be measured in 2013/14.

Similarly 2014/15 productivity should be measured against best projected outturns and baselines for 2013/14 adhering to the same principles as above.

FP7 Workforce Planning - Indicative Impact on WTE

Trusts should provide estimate of staffing impact of the QICR cash releasing and productivity plans and indicative allocations/investments on paid WTE.

FP8 Workforce Planning - total staff

This should, across staff groups, indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff.

FP9 & FP10 TYC Financial Plan 2013/14 & 2014/15

Trusts should follow the same format and basis as the recent work to assess the financial impact of TYC on shifting care out of hospital based services and into community based care. Trust should assume care is reprovided in community based settings or avoided by upstream interventions using integrated care models and should assess the value of clinical resource transfer and overhead re-allocation out of hospital based care and assess the cost of re-provision / care avoidance / overhead re allocation into community settings.

INFORMATION FOR FINANCIAL PLANS
FP1
TRUST: The Northern Ireland Ambulance Service HSC Trust

Contact Name: Sharon McCue

Position: Director of Finance

Phone No: 02890400999

Note: This table excludes all Provisions, Depreciation, Impairment Expenditure.

TABLE 2 FINANCIAL POSITION	2013/14		2014/15
	In Year Effect	Full Year Effect	In Year Effect
	£k	£k	£k
Expenditure:			
1.1 Staff costs	49,068	47,228	47,446
1.2 Other expenditure	12,267	11,807	11,862
1.3 Total expenditure	61,335	59,035	59,308
Income:			
2.1 Income from activities	1,139	1,139	1,150
2.2 Other income	462	462	462
2.3 Total income	1,601	1,601	1,612
3 Net expenditure	59,734	57,434	57,696
add: RRLs agreed for services provided by other HSC bodies			
4.1 BSO			
4.2 Other (specify)			
4.3 Other (specify)			
4.4 Total RRLs agreed	0	0	0
5 Net resource outturn	59,734	57,434	57,696
Calculation of Revenue Resource Limit (RRL)			
6.1 Allocation from HSCB (as per FP2)	59,734	57,434	57,696
6.2 Allocation from PHA (as per FP2)	0	0	0
6.3 Total Allocation from HSCB/PHA	59,734	57,434	57,696
6.4 NIMDTA			
6.5 RRL agreed with other HSC bodies (specify)			
6.6 RRL agreed with other gov't departments (specify)			
6.7 Revenue Resource Limit	59,734	57,434	57,696
7.1 Surplus / (Deficit) against RRL	0	0	0
7.2 % Surplus / (Deficit) against RRL	0.00%	0.00%	0.00%

Notes:

Accident & Emergency staff currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

The Northern Ireland Ambulance Service HSC Trust

INCOME FROM COMMISSIONERS	2013/14		2014/15
	In-Year Effect	Full Year Effect	In Year Effect
1. HSCB	£'000	£'000	£'000
RRL as at 04 February 2013	56,016	56,016	57,434
<u>Assumed Allocations:</u>			
HSC pay – Pressures	551	551	
HSC pay – incremental progression	123	123	
Non Pay Inflation	464	464	
Rates increases for HSC Bodies	17	17	
Cash Productivity	(869)	(869)	
Additional target	(200)	(200)	
A&E Funding	1,332	1,332	
<i>To Be Confirmed</i>			
Transforming Your Care	TBC	TBC	TBC
Paediatric/Neonatal Transport	TBC	TBC	TBC
PCCI	TBC	TBC	TBC
<i>Current Pressure Estimates</i>			
G8 Summit	2,000		
World Police & Fire Games	100		
City of Culture	200		
2014/15			
HSC pay – Pressures			570
Non Pay Inflation			477
Rates increases for HSC Bodies			17
Cash Productivity			(802)
Total Assumed Allocations	3,718	1,418	262
HSCB Income as per FP1	59,734	57,434	57,696
2. PHA	£'000	£'000	£'000
RRL as at xxxx	0	0	0
<u>Assumed Allocations:</u>			
Total Assumed Allocations	0	0	0
PHA Income as per FP1	0	0	0

INFORMATION FOR FINANCIAL PLANS

Name of Trust:

FP3

The Northern Ireland Ambulance Service HSC Trust

Cash Releasing Proposals 2013/14

Service Area	As per Population Plan	Revised Plan	Variance	RAG Status	Commentary
	£'000	£'000	£'000		
Reduce GP Referrals			0		
Application of SBA New to Review ratio			0		
Reduce DNA New			0		
Reduce DNA Review			0		
Reduce Excess Bed days relating to Non-elective Inpatients			0		
Pre-op LOS reduction / Reduce Elective Excess Bed days / cancelled operations			0		
Reduce Cancelled Operations			0		
Basket of 24 daycase procedures from Inpatients			0		
Reduce Readmission Rate			0		
Establish Ambulatory Care patient management rather than admission			0		
Reduction of Admissions relating to Asthma, COPD, Diabetes, Heart failure			0		
Acute Reform Sub-Total	0	0	0		
Reducing Demand Social Care Reform (FYE)			0		
Shift to Lower cost Provision Social Care			0		
Social Care Reform Sub-Total	0	0	0		
Staff Productivity - 2% pa reduction			0		
Staff Productivity Sub-Total	0	0	0		
Procurement	150	150	0	A	
Estates			0		
Reduce Admin Overheads	100	100	0	G	
Prevention			0		
Skill Mix	250	250	0	A	
Matching Supply and Demand	500	500	0	G	
Non Emergency Efficiencies	750	750	0	A	
Regional Ambulance Training Centre	500	500	0	A	
Misc/Other Sub-Total	2,250	2,250	0		
<u>Non-Recurrent Measures (detail)</u>					
Overall Total	2,250	2,250	0		

INFORMATION FOR FINANCIAL PLANS

Name of Trust:

FP4

The Northern Ireland Ambulance Service HSC Trust

Productivity/Cash Avoiding Proposals 2013/14

Service Area	As per Population Plan	Revised Plan	Variance	RAG Status	Commentary
	£'000	£'000	£'000		
Reduce GP Referrals			0		
Application of SBA New to Review ratio			0		
Reduce DNA New			0		
Reduce DNA Review			0		
Reduce Excess Bed days relating to Non-elective Inpatients			0		
Pre-op LOS reduction / Reduce Elective Excess Bed days			0		
Reduce Cancelled Operations			0		
Basket of 24 daycase procedures from Inpatients			0		
Reduce Readmission Rate			0		
Establish Ambulatory Care patient management rather than admission			0		
Reduction of Admissions relating to Asthma, COPD, Diabetes, Heart failure			0		
Acute Reform Sub-Total	0	0	0		
Reducing Demand Social Care Reform (FYE)			0		
Shift to Lower cost Provision Social Care			0		
Social Care Reform Sub-Total	0	0	0		
Staff Productivity - 2% pa reduction			0		
Staff Productivity Sub-Total	0	0	0		
Procurement			0		
Estates			0		
Reduce Admin Overheads			0		
Prevention			0		
Misc/Other Sub-Total	0	0	0		
<u>Non-Recurrent Measures (detail)</u>					
Overall Total	0	0	0		

INFORMATION FOR FINANCIAL PLANS

Name of Trust:

FP5

The Northern Ireland Ambulance Service HSC Trust

Cash Releasing Proposals 2014/15

Service Area	As per Population Plan	Revised Plan	Variance	RAG Status	Commentary
	£'000	£'000	£'000		
Reduce GP Referrals			0		
Application of SBA New to Review ratio			0		
Reduce DNA New			0		
Reduce DNA Review			0		
Reduce Excess Bed days relating to Non-elective Inpatients			0		
Pre-op LOS reduction / Reduce Elective Excess Bed days / cancelled operations			0		
Reduce Cancelled Operations			0		
Basket of 24 daycase procedures from Inpatients			0		
Reduce Readmission Rate			0		
Establish Ambulatory Care patient management rather than admission			0		
Reduction of Admissions relating to Asthma, COPD, Diabetes, Heart failure			0		
Acute Reform Sub-Total	0	0	0		
Reducing Demand Social Care Reform (FYE)			0		
Shift to Lower cost Provision Social Care			0		
Social Care Reform Sub-Total	0	0	0		
Staff Productivity - 2% pa reduction			0		
Staff Productivity Sub-Total	0	0	0		
Procurement	150	150	0	A	
Estates			0		
Reduce Admin Overheads	200	200	0	G	
Prevention			0		
Skill Mix	497	497	0	A	
Matching Supply and Demand	500	500	0	G	
Non Emergency Efficiencies	1,500	1,500	0	A	
Regional Ambulance Training Centre	200	200	0	A	
Misc/Other Sub-Total	3,047	3,047	0		
<u>Non-Recurrent Measures (detail)</u>					
Overall Total	3,047	3,047	0		

INFORMATION FOR FINANCIAL PLANS

Name of Trust:

FP6

The Northern Ireland Ambulance Service HSC Trust

Productivity/Cash Avoiding Proposals 2014/15

Service Area	As per Population Plan	Revised Plan	Variance	RAG Status	Commentary
	£'000	£'000	£'000		
Reduce GP Referrals			0.0		
Application of SBA New to Review ratio			0.0		
Reduce DNA New			0.0		
Reduce DNA Review			0.0		
Reduce Excess Bed days relating to Non-elective Inpatients			0.0		
Pre-op LOS reduction / Reduce Elective Excess Bed days			0.0		
Reduce Cancelled Operations			0.0		
Basket of 24 daycase procedures from Inpatients			0.0		
Reduce Readmission Rate			0.0		
Establish Ambulatory Care patient management rather than admission			0.0		
Reduction of Admissions relating to Asthma, COPD, Diabetes, Heart failure			0.0		
Acute Reform Sub-Total	0.0	0.0	0.0		
Reducing Demand Social Care Reform (FYE)			0.0		
Shift to Lower cost Provision Social Care			0.0		
Social Care Reform Sub-Total	0.0	0.0	0.0		
Staff Productivity - 2% pa reduction			0.0		
Staff Productivity Sub-Total	0.0	0.0	0.0		
Procurement			0.0		
Estates			0.0		
Reduce Admin Overheads			0.0		
Prevention			0.0		
Misc/Other Sub-Total	0.0	0.0	0.0		
<u>Non-Recurrent Measures (detail)</u>					
Overall Total	0.0	0.0	0.0		

INFORMATION FOR FINANCIAL PLANS

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

FP7

Workforce Planning - Indicative workforce Implications of Savings Efficiency Plans and Investments

Staff Group	2013/14			2014/15		
	Staff Increase/(Decrease) - WTE			Staff Increase/(Decrease) - WTE		
	Efficiency Plans	Investment	Net	Efficiency Plans	Investment	Net
Admin & Clerical	(3.00)	0.00	(3.00)	(3.00)		(3.00)
Estate Services			0.00			0.00
Support Services			0.00			0.00
Nursing & Midwifery			0.00			0.00
Social Services			0.00			0.00
Professional & Technical			0.00			0.00
Medical & Dental			0.00			0.00
Ambulance Service	(32.00)	26.00	(6.00)	(12.00)		(12.00)
Total	(35.00)	26.00	(9.00)	(15.00)	0.00	(15.00)

Reform Area	2013/14			2014/15		
	Staff Increase/(Decrease) - WTE			Staff Increase/(Decrease) - WTE		
	Efficiency Plans	Investment	Net	Efficiency Plans	Investment	Net
Acute Reform			0.00			0.00
Social Care Reform			0.00			0.00
Staff Productivity			0.00			0.00
Misc/Other	(35.00)	26.00	(9.00)	(15.00)		(15.00)
Non Recurrent Measures			0.00			0.00
Total	(35.00)	26.00	(9.00)	(15.00)	0.00	(15.00)

INFORMATION FOR FINANCIAL PLANS

FP8

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

Workforce Planning

Staff Group	Actual WTE as at 31 October 2012			Staff on Payroll		Agency/Locum Staff		Total	
	On Payroll	Agency/locum	Total	Projected WTE 31-Mar-13	Projected WTE 31-Mar-14	Projected WTE 31-Mar-13	Projected WTE 31-Mar-14	Projected WTE 31-Mar-13	Projected WTE 31-Mar-14
Admin & Clerical	79.44	20.32	99.76	79.44	79.44	20.32	17.32	99.76	96.76
Estate Services			0.00					0.00	0.00
Support Services	3.00		3.00	3.00	3.00			3.00	3.00
Nursing & Midwifery			0.00					0.00	0.00
Social Services			0.00					0.00	0.00
Professional & Technical			0.00					0.00	0.00
Medical & Dental	2.00		2.00	2.00	2.00			2.00	2.00
Ambulance Service	1,042.71	8.37	1,051.08	1,042.71	1,036.71	8.37	8.37	1,051.08	1,045.08
Total	1,127.15	28.69	1,155.84	1,127.15	1,121.15	28.69	25.69	1,155.84	1,146.84

Staff Group				Staff on Payroll		Agency/Locum Staff		Total	
				Projected WTE 31-Mar-14	Projected WTE 31-Mar-15	Projected WTE 31-Mar-14	Projected WTE 31-Mar-15	Projected WTE 31-Mar-14	Projected WTE 31-Mar-15
Admin & Clerical				79.44	79.44	20.32	17.32	99.76	96.76
Estate Services				0.00		0.00		0.00	0.00
Support Services				3.00		0.00		3.00	0.00
Nursing & Midwifery				0.00		0.00		0.00	0.00
Social Services				0.00		0.00		0.00	0.00
Professional & Technical				0.00		0.00		0.00	0.00
Medical & Dental				2.00		0.00		2.00	0.00
Ambulance Service				1,036.71	1,024.71	8.37	8.37	1,045.08	1,033.08
Total				1,121.15	1,104.15	28.69	25.69	1,149.84	1,129.84

Service Change Area	Shift Out of Hospitalised Care								
									A
	O/P attendances		ED attendances		Admissions		Others		Total Cost Amount
	Activity	Cost	Activity	Cost	Activity	Cost	Activity	Cost	£
Long Term Conditions									
- COPD									0
- Diabetes Mellitus									0
- Stroke									0
- Palliative Care									0
- Unscheduled Care of Elderly									0
- Others									0
Total	0	0	0	0	0	0	0	0	0
Reablement									0
Non Acute Care									0
Care of Young People									0
Mental Health									0
Learning Disability									0
Acute & Elective (incl PCP)									0
Maternity & Child Health									0
Total	0	0	0	0	0	0	0	0	0

Reprovision Into Community Based Care			
			B
Reprovision Model Cost	Integrated Care Model	Other	Total
£	£	£	£
			0
			0
			0
			0
			0
			0
			0
0	0	0	0
			0
			0
			0
			0
			0
			0
0	0	0	0

Financing		
C=A-B	D	E
	Financed by:	
Net Cost / Net (Saving)	New monies	Saving
£	£	£
0		
0		
0		
0		
0		
0		
0		
0		
0	0	
0		
0		
0		
0		
0	0	

Service Change Area	Shift Out of Hospitalised Care								
									A
	O/P attendances		ED attendances		Admissions		Others		Total Cost Amount
	Activity	Cost	Activity	Cost	Activity	Cost	Activity	Cost	£
Long Term Conditions									
- COPD									0
- Diabetes Mellitus									0
- Stroke									0
- Palliative Care									0
- Unscheduled Care of Elderly									0
- Others									0
Total	0	0	0	0	0	0	0	0	0
Reablement									0
Non Acute Care									0
Care of Young People									0
Mental Health									0
Learning Disability									0
Acute & Elective (incl PCP)									0
Maternity & Child Health									0
Total	0	0	0	0	0	0	0	0	0

Reprovision Into Community Based Care			
			B
Reprovision Model Cost	Integrated Care Model	Other	Total
£	£	£	£
			0
			0
			0
			0
			0
			0
0	0	0	0
			0
			0
			0
			0
			0
0	0	0	0

Financing		
C=A-B	D	E
Financed by:		
Net Cost / Net (Saving) £	New monies £	Saving £
0		0
		0
		0
		0
		0
		0
0		0
0	0	0
0		
0		
0	0	

TB/5/30/05/13



TRUST BOARD MEETING

30 May 2013

Title:	Claims Management Policy & Procedure For Clinical Negligence & Personal Injury Claims (Employer And Public Liability Claims)
Purpose:	To detail the roles and responsibilities of senior officers and staff who contributes to and manage the claims management process, and what the operational arrangements in relation to that process are.
Content:	This policy, including associated procedures, details the Trust's arrangements for the management of Clinical Negligence & Personal Injury Claims received by the Trust.
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Mr Frank Rafferty, Complaints / Administrative Manager
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services



This is an official Northern Ireland Ambulance Service Trust policy and should not be edited in any way

Title:
CLAIMS MANAGEMENT POLICY & PROCEDURE FOR CLINICAL NEGLIGENCE & PERSONAL INJURY CLAIMS (EMPLOYER AND PUBLIC LIABILITY CLAIMS)

Reference Number:

NIAS/CS/

Target audience:

All Staff

Replaces (if appropriate):

N/A

Type of Document:

Trust Wide

Details of Consultation & Engagement:

NIAS Senior Management
Directorate of Legal Services
NIAS Trade Unions

Approved by SEMT:

Date:

Approved by Trust Board:

Date:

Issued by Corporate Services:

Date:

Review:

Date:

CLAIMS MANAGEMENT POLICY & PROCEDURE FOR CLINICAL NEGLIGENCE & PERSONAL INJURY CLAIMS (EMPLOYER AND PUBLIC LIABILITY CLAIMS)

MISSION STATEMENT

“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”

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PART 1: CLAIMS MANAGEMENT POLICY

Introduction

This policy, including associated procedures, details the Trust's arrangements for the management of such claims, as primarily directed by Circular HSC (SQSD) 5/10 as issued by the Department of Health, Social Services and Public Safety, as either arising from incidents which occurred within the Trust.

Excluded from this policy are arrangements in respect of Employment Law claims. Claims where causation is an insurable matter against which risk the Trust has purchased commercial insurance for example, third party motor insurance are also excluded.

Target Audience

This policy is particularly directed to Directors, Assistant Directors and other Senior Managers having responsibilities for the provision of services and the management of staff.

All Managers must ensure that staff are made aware of this policy and of their responsibility to familiarise themselves with, and to comply with its contents.

1.0 Claims Management Policy Aims

- 1.1 Detail the roles and responsibilities of senior officers of the Trust who contribute to and manage the claims management process, and what the operational arrangements in relation to that process are.
- 1.2 Compliance with guidance contained in Circulars HSC (SQSD) 5/10, i.e. 'Handling Clinical and Social Care Negligence and Personal Injury Claims' and Circular HSS (F) 19/2000, i.e. 'Clinical Negligence Central Fund – Accounting Arrangements', with relevant rules and protocols issued by the Courts in Northern Ireland including those in respect of 'Alternative Dispute Resolution' and for the 'Resolution of Clinical Disputes', and also with applicable Departmental guidance in respect of confidentiality and the management of records.
- 1.3 Operation of an approach which ensures that all claims:
 - 1.3.1 are dealt with promptly and efficiently within an organisational culture of openness which encourages all parties to resolve disputes, reduce delays and costs, and which ultimately reduces the requirements for litigation.
 - 1.3.2 where litigation has been instigated that, without good reason, indefensible claims are not defended or settlement is delayed.
- 1.4 Application of the risk management systems and processes detailed in the Trust's Risk Management Strategy to the

management of claims including ensuring that all claims are thoroughly investigated, learning identified and improvements made so as to reduce the risk of further similar adverse events again occurring in the future.

2. Definitions

2.1 *Personal Injury Claim*

"Any claim in respect of injury to any person including bodily injury, psychiatric injury or death for which an HSC body is legally liable and which does not fall within the definition of clinical and social care negligence."

2.2 *Clinical and social care negligence*

"A breach of duty of care by members of the health care and social professions employed by HSC organisations or by others consequent on decisions or judgements made by members of those professions acting in the course of their employment, and which are admitted as negligent by the employer or determined as such through the legal process."

2.3 *Employer's Liability Claim*

Where an employee of the Trust alleges a breach in the Trust's duty of care as an employer which has resulted in their injury, or other damage or loss.

2.4 *Public/Occupier's Liability Claim*

Where a service user, relative, employee or other member of the public alleges that they have suffered injury, damage or loss due to the negligence of the Trust as a Landlord/occupier.

2.5 *Plaintiff/ Claimant*

Any person, or on behalf of any person, who alleges that they have been adversely affected by the Trust, its services, or the acts or omissions of its staff who initiates legal proceedings against the Trust with the objective of securing compensation or other legal remedy.

2.6 *Medico-Legal Claim*

A legal claim where the Trust is not a Defendant but may have an interest by way, for example, of seeking recovery to it of payments made during periods of sick leave or the recovery of costs of care from a third party Defendant.

3. Roles and Responsibilities

3.1 Assurance Committee of Trust Board

The Assurance Committee, on behalf of Trust Board to which it reports, is responsible for seeking assurance that a robust system of risk management, including in respect of claims management, as represented by the Trust's Accountability Framework, is in operation.

3.2 Chief Executive

The Chief Executive is the Accounting Officer of the Trust and within which role is included ultimate responsibility for ensuring that all claims are managed effectively and efficiently.

3.3 Director of Human Resources and Corporate Services

The Director of Human Resources and Corporate Services is the Trust's Board member with responsibility for clinical and social care negligence issues and responsibility for personal injury claims who reports to the Board on a regular basis

The Director of Human Resources and Corporate Services is the Trust's Designated Claims Manager who has strategic and operational responsibility for the management of claims against the Trust and carries designated delegated financial and related authorities, e.g. in relation to the engagement of Counsel and other expert advice and for settlement of claims in defined circumstances.

The Director will be responsible for the interaction between the Trust and the Directorate of Legal Services at the Business Services Organisation, the Trust's Legal Advisers, in relation to claims to which this policy applies.

Also for facilitating, both during the management of a claim and at its conclusion, the identification of root and contributory causes giving rise to the event which caused it to arise, their recording and dissemination across the Trust in the form of trend and other reporting so as to promote learning and improvement.

The Director of Human Resources and Corporate Services will ensure the provision of periodic reports to Trust Board and/or its delegated committees.

3.4 ***Directors, Assistant Directors, Line Managers and staff***

The Trust's Risk Management Strategy details the responsibilities of staff at all levels of the organisation for risk management including incident recording and reporting and for the population of Directorate (local) and Corporate Risk Registers with risks identified, including those arising following occurrence of incidents and the instigation of claims. Incidents anticipated as having the potential to give rise to litigation will be subject to that level of investigation as determined by application of the Risk Rating System as detailed in the Trust's Strategy including earliest possible notice to the Trust's Risk Manager and the securing of all relevant documentation, equipment etc pending receipt of further direction.

Within that investigation and as might be identified during the management of any claim which subsequently arise, Directors will ensure that the emphasis is placed on the identification of learning and the development, dissemination and implementation of improvement measures so as to reduce the risk of similar incidents again occurring.

Upon being made aware that legal proceedings have been initiated staff will ensure that responses to requests for reports and for other documentation and information will be fully responded to within the timescales identified in Claims Management Procedure as required to facilitate the Trust's compliance with relevant court protocols and to enable a defence of the claim to be pursued.

3.5 ***Administrative & Complaints Manager***

The Administrative & Complaints Manager is responsible for the day-to-day management and administration of all legal claims, including Medical/Clinical Negligence, Public and Employers Liability Claims against the Trust.

3.6 ***Directorate of Legal Services***

3.6.1 Professional legal advice will be provided to the Trust in the following circumstances:

3.6.1.1 Where a formal complaint is being pursued under the Trust's Complaint's Procedure which includes a demand for compensation;

3.6.1.2 When a Letter of Claim or other notice of legal proceedings is received.

3.6.2 Will provide advice and assessment on the following as required:

3.6.2.1 Alternative methods of dispute resolution;

3.6.2.2 Engagement of Counsel;

3.6.2.3 Liability and causation;

3.6.2.4 Strength of defence and the balance of probabilities as to successful rebuttal;

3.6.2.5 Quantum of damages including projections of low, likely and high;

3.6.2.6 Likely defence costs;

3.6.2.7 Requirement for, and the identification of 'Expert' witnesses;

3.6.2.8 Whether a 'without prejudice' settlement should be sought;

3.6.2.9 Likelihood of settlement.

3.8 *Litigation Management Group*

3.8.1 The Litigation Management Group (LMG) will meet on a bi-annual basis to review the management of claims and will be responsible for the following areas:

- review professional and clinical negligence claims and employer's and occupier's liability claims against the Trust;
- facilitate provision of guidance and advice from and discussion with DLS;
- review the progression of claims, consider what might be the Trust's liability position and to consider and agree further action;
- update and provide Financial Reporting Standard 12 (FRS12) details;
- Undertake a annual review of all of the Trust's legal claims with a view to:
 - avoiding record duplication;
 - considering closure of cases static for 3 or more years;
 - evaluating expected compensation, associated costs and date of settlement.

4.0 *Medico-Legal Claims/ Recovery of Costs*

4.1 Requests for information from Solicitors in relation to Medico-Legal Claims where the Trust is not a Defendant will be processed by the relevant department, i.e. Information Governance.

4.2 The Administrative & Complaints Manager must be made aware of any such request on behalf of a current or former service user where intimated or indicated that the information is required for use in a claim

for damages against a third party in order that recovery of the Trust's costs might be pursued.

- 4.3 Similarly where, in the provision of health or social care services, it becomes known that a compensation claim is being pursued on behalf of the service user arising from the accident or other event giving rise to the need for that provision, the Administrative & Complaints Manager must be informed.

5.0 Confidentiality

- 5.1 Details in respect of claimants, and information gathered during the investigation and management of claims will be treated with strict confidentiality by all parties who might require access to it.
- 5.2 Staff involved in the management of claims are required to ensure that there is no discussion of a claim other than with other persons employed or engaged by the Trust in its management.
- 5.3 All documentation in relation to claims held by the Trust will be maintained in a strictly confidential manner with access to it being limited to those persons directly involved in the management of claims.

6.0 Commitment to staff

- 6.1 It is recognised that there are occasions when staff may feel under particular pressures when claims are made against the treatment, care, services or management they have provided in good faith.
- 6.2 The Trust will ensure that staff are provided with adequate support during the management of claims both for their own well being as well as in terms of explanation of and participation in the legal process.
- 6.3 Accordingly, and as well as being kept as updated as possible as to how claims are progressing, staff will also be encouraged to utilise such support mechanisms as might be provided by:
- Line Management
 - Occupational Health Services
 - Staff Care Services
 - Staff representatives

7.0 Apologies and Explanations

- 7.1 The Trust encourages staff to offer apologies, sympathy and/or explanations as soon as an adverse outcome is discovered and which expressions of regret would not normally constitute an admission of liability, either in part or full. If appropriate an offer of early corrective treatment and/or rehabilitation should be made.

- 7.2 Should an individual clinician or other professional wish to adopt a form of apology or explanation in a manner other than described in the Trust's policies and which might expose them to a claim as an individual, they should firstly seek the advice of their medical defence organisation and/or professional body in the event of their actions exceed that level of indemnity normally available to any member of Trust staff in the performance of their duties.

8.0 Novel, Contentious or Repercussive Claims

- 8.1 The Trust will always seek to avoid settling claims of doubtful merit, however low value, purely on a 'nuisance value' basis. The decision on whether any claim is to be contested or settled always being based on an assessment of likely success and the economics of defending, particularly where the Plaintiff is legally aided making it impossible to recover costs.
- 8.2 The approval of the DHSSPSNI will be sought on any proposed settlement of a claim of a novel, contentious or repercussive nature, ie involving some new and/or unusual feature so as to avoid creating an unfortunate precedent for Health and Social Care in Northern Ireland.

9.0 Delegated Authority Limits

9.1 Personal Injury Claims

The Trust holds a delegated limit of **£10,000** for the approval of out of court settlements of Personal Injury Claims. Personal Injury Claims which are liable to settle in excess of this amount must be notified in advance to Finance Policy and Accountability Unit (FPAU), DHSSPS, using the ***Request Form for Ex Gratia Payments*** found in Appendix 3.

The Chief Executive, or in his/her absence a delegated Director, will authorise all out of court settlements.

9.2 Professional (Clinical) Negligence Claims

The Trust holds a delegated limit of **£250,000** for the approval of out of court settlements of clinical negligence claims. Clinical negligence claims which are liable to settle in excess of this amount must be notified in advance to Finance Policy and Accountability Unit (FPAU), DHSSPS, using the ***Request for Approval of Clinical Negligence Settlement above Delegated Limits*** form found in Appendix 4

The Chief Executive, or in his/her absence a delegated Director, will authorise all out of court settlements.

Prior approval is required from DHSSPSNI for authority to settle up to a specified amount above this limit. This can only be granted based upon

the written advice of Senior Counsel representing the Trust stating the best estimate of the settlement amount. Should a settlement fail to be reached within the approved amount, further approval must be granted prior to any final settlement.

In line with Departmental delegations, FPAU will seek the approval of the Department of Finance and Personnel (DFP) on behalf of HSC bodies in respect of all potential settlements in excess of £1m. DFP requests that all applications for approval to settle above this amount are submitted at least three working days before the case is due to be heard. This allows sufficient time for proper consideration of the case with all relevant papers.

Further advice on the procedures for Approval of Clinical Negligence Settlements above Delegated Limits can be found at Annex C of HSC Circular HSC (SQSD) 5/10 *Handling Clinical and Social Care Negligence and Personal Injury Claims*.

On occasions when the Trust's Legal Advisers may require an urgent response to a request for authority to settle cases, for example during 'at the court door' negotiations on the morning of a hearing prior to the case going into court, the Trust will ensure that an officer holding, or having been given, the anticipated level of authority is readily available.

10.0 Reporting Arrangements

10.1 To facilitate sharing of learning and discharge of accountability the Director of Human Resources & Corporate Services will ensure the following information in relation to claims is provided on a quarterly basis for the Senior Management Executive Team:

10.1.1 type, number and aggregate value of claims

10.1.2 claims received and settled since previous report

10.1.3 details of claims or classes of claims considered significant

10.1.4 Analyses of root and contributory causes.

11.0 Related Trust Policies and Procedures/DHSSPS Circulars

11.1 Can be accessed on or through the Trust's internet site and include:

11.1.1 Standing Financial Orders, Reservation and Delegation of Powers and Standing Financial Instructions

11.1.2 Untoward Incident Reporting Procedure

11.1.3 Policy on Records Management

11.1.4 Risk Management Strategy

11.1.5 NIAS Complaints Procedure

- 11.2 HSC(SQSD)5/10 – ‘Handling Clinical and Social Care Negligence and Personal Injury Claims’.

12.0 Recording of Claims

- 12.1 The organisation maintains a database of comprehensive, up-to-date information on all claims to support claims management;

13.0 Equality, Human Rights and DDA

- 13.1 This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required’.

14.0 Alternative formats

- 14.1 This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

15.0 Sources of Advice in relation to this document

- 15.1 The Assistant Director of Human Resources (Employment) or Administrative & Complaints Manager should be contacted with regard to any queries on the content of this policy.

16.0 Review

- 16.1 This policy will be reviewed in two years but will be amended as necessary to maintenance compliance with changes in judicial or related rules and procedures.

PART 2: PROCEDURE FOR THE MANAGEMENT OF LITIGATION CLAIMS

1. Purpose

- 1.1. This Procedure details the roles and responsibilities of staff and departments involved in administrative arrangements for the management of clinical, professional and general , ie Employer's and Occupier's, liability claims, made against the Northern Ireland Ambulance Service Health and Social Care Trust.
- 1.2 Notification of such claims being communicated to the Trust by such means as:
 - receipt of a Letter of Claim from the Plaintiff's Solicitor
 - receipt of an Ordinary Civil Bill (County Court) or a High Court Writ
 - inclusion in a letter of complaint.

2. Action following receipt of formal notice of legal proceedings

2.1 Within 2 working days:

- 2.1.1 Confirm that the claim is against the Trust;
- 2.1.2 Open new Medical Clinical Negligence (CN), Professional Negligence (PN), Employers Liability (EL) or Occupiers Liability (OL) Claims file as applicable
- 2.1.3 Create new record on Trust's Claims Management database
- 2.1.4 Send acknowledgement of receipt letter to Plaintiff's Solicitors and confirming that matter has been passed to Trust's legal advisers (Appendix 1)
- 2.1.5 Send copy of Letter of Claim or other formal notice and of Trust's acknowledgement letter to Director of Legal Services (Appendix 2)
- 2.1.6 Inform Director responsible for employee or service area concerned

2.2 Obtain the following documentation, as applicable in the proactive investigation and progression of the claim and as determined by nature of claim, i.e. Clinical and Professional or General:

- Incident Report Form

- Personal File
- Confirmation from Occupational Health Services that employee is known to them
- Absence Printout
- Details of Earnings
- Details of previous and/or similar incidents
- Relevant notes and records for service user (discovery of copies being required to Plaintiff's Solicitors within 40 days)
- Report from the Line Manager responsible for the Plaintiff where the Plaintiff is an employee or for the service area where a service user which is to be provided within four weeks of being requested
- Report from the clinicians and/or health and social care professionals involved in the service user's care or treatment. (This 'involvement report' describing the management of the service user and specifically addressing the allegations of negligence when known).
- Witness Statements
- Training records
- Maintenance/service records
- Contractual documentation
- Duty rotas
- Investigation reports
- Inspection and cleaning schedule

Once copies obtained these should be sent to the Directorate of Legal Services.

- 2.3 Where the claim is being managed in accordance with the Pre-Action Protocols collation of documentation must be completed within 8 weeks of receipt of Letter of Claim.
- 2.4 Liaise with the relevant Line Manager during the progression of the claim and in particular on receipt of the Statement of Claim, of Replies to Notice for Further and Better Particulars, of reports from Independent Experts and Counsel's Advices.

- 2.5 Obtain approval from the DHSSPS where settlement for a clinical negligence claim is expected to be in excess of £250,000 (Appendix 4).

3. Legal Advice

3.1 *The appointed DLS Solicitor will:*

3.1.1 Ensure contact is maintained with the Trust on a regular basis regarding progression of the claim and as significant developments occur.

3.1.2 At the appropriate times advise the Trust regarding:

- further information and/or documentation required
- liability and quantum
- an assessment of the strength of any defence
- damages quantum and probability (FRS12 figures)
- anticipated defence costs
- whether a 'without prejudice' settlement should be attempted
- defence 'tactics'
- engagement of Medical, Engineering or other Experts
- engagement of Junior and/or Senior Counsel
- requirement to convene consultations with witnesses
- date of Court hearing

4.0 Grading and investigation of claims

4.1.1 *Actual and Potential Risk*

Claims will be graded according to the Risk Rating System, including Matrix (Appendix 5), detailed in the Trust's Risk Management Strategy and taking account of:

- a) Actual level of severity – taking account of harm caused and financial implications for the Trust;
- b) Potential future risk for the Trust and likelihood of the claim succeeding.

- 4.1.2 The initial level of risk grading will be subject to ongoing review and revision until the claim is closed and taking into account issues such as progress made in implementing improvement measures identified following incident investigation and development of an Action Plan so as to reduce the potential for recurrence of the situation giving rise to the claim.
- 4.1.3 In the event where a claim is graded as either 'Major' or 'Catastrophic' the relevant Director will be informed and consideration given to having it included in the Corporate Risk Register.

4.2 *Investigation of claims*

- 4.2.1 It would be anticipated that many claims would originate from either an adverse incident and/or a complaint and would have previously been subject to the level of investigation detailed in the Trust's Untoward Incident Reporting Procedure. The records from that investigation should be included in the documentation collated in preparation of the defence of the claim.
- 4.2.2 A claim which has not previously been the subject of investigation at Directorate level will be investigated as part of the process for preparing its defence or, if graded as either 'Major' or 'Catastrophic' by the service Directorate concerned as noted at 4.2.1 above.

5. **Review of Employer's and Occupier's Liability Claims**

- 5.1 The Trust Administrative & Complaints Manager will meet on a quarterly basis with the appointed DLS Solicitor to review and update the position on all active EL and OL cases and discuss their future management including further action required.
- 5.2 Any risk management issues will also be highlighted at these reviews.

6. **Closure of claims**

- 6.1 A Claims File will remain open and active until confirmed by DLS that the claim has been:
 - 6.1.1 Statute Barred
 - 6.1.2 Withdrawn
 - 6.1.3 Discontinued
 - 6.1.4 Settled by pre-hearing negotiation
 - 6.1.5 Subject to Court hearing and that the claim has either been upheld and damages awarded or rejected in the Trust's favour.

6.2 On being advised by DLS that a file is to be closed the Administrative & Complaints Manager will ensure the following:

- 6.2.1 Complete an 'Authorisation of Closure Form' (Appendix 6)
- 6.2.2 Place an Authorisation of Closure Form and Recommendation of Closure Letter from DLS in the Claim File
- 6.2.3 Confirm with DLS that all payments have been made
- 6.2.4 Inform the relevant Director and Manager that the case is closed, the reason for closure and thanking them for their support and assistance
- 6.2.5 Record the closure details on DATIX, ie date of closure/settlement and reason for closure
- 6.2.6 Relocate the Claim File to storage for retention in accordance with the Trust's Records Management – Retention & Disposal Schedule and with legal advice being sought prior to destruction.

7. Re-opening a 'Closed' Claim File

- 7.1 A 'Closed' Claim File will only be reopened on advice from DLS and in the event of which the Administrative & Complaints Manager will ensure that an 'Authorisation to 'Re-open Litigation Claim Form' (Appendix 7) is completed.
- 7.2 The Claim File will be retrieved from storage and into which all correspondence regarding re-opening of the claim will be placed
- 7.3 Update DATIX to record the details of the claim and the reason for its re-opening

8. Financial Management

- 8.1 DLS will ensure that, before the forwarding to the Trust:
 - 8.1.1 all bills received for costs, Fee Notes etc are on original, headed stationery and with VAT registration number shown where applicable
 - 8.1.2 payments requested comply with the approved scale rates
 - 8.1.3 payment requests are accurate
 - 8.1.4 obtain a Forms of Discharge from recipients following payments being made and forward to the Trust.

8.2 On receipt of a written request for payment from DLS the Administrative & Complaints Manager will:

- 8.2.1 check that the payment is relevant to the claim being referred to, that all relevant original documentation is attached and that the payment is not a duplicate request
- 8.2.2 check that the report, consultation or other service for which payment is being requested has been received
- 8.2.3 check that where the requested payment is in respect of damages that it is accompanied by documentation from either the Court or the Plaintiff's Solicitors confirming the value of that payment
- 8.2.4 check the accuracy of the payment being requested
- 8.2.5 complete a 'Litigation Claim Payment Request Form' (Appendix 8) for approval, subject to value of payment involved, in accordance with agreed levels of authority and forward, with relevant supporting documentation, to the Financial Accounts Manager who will arrange for payments to be forwarded to DLS within three weeks so as to avoid imposition of additional interest charges on the Trust
- 8.2.6 record each payment on DATIX
- 8.2.7 check that Forms of Discharge are received for payments made.

8.3 The Financial Accounts Manager on receipt of authorised requests will:

- 8.3.1 check to ensure that all necessary documentation is attached, ie approval letters, together with invoice with VAT number recorded
- 8.3.2 confirm that the payment requested has not been previously made
- 8.3.3 arrange for processing of payment in accordance with DLS directions and, where payment is being made to a third party, a receipt is requested.

9.0 Submission of returns to the DHSSPS

- 9.1 The Administrative & Complaints Manager and/or Financial Accounts Manager will ensure that the following documentation is completed and returned to the DHSSPS (Hospital Information Branch):

9.1.1 'Clinical/Social Care Negligence (Annual Return)' - (Appendix 9)

9.1.2 'Clinical/Social Care Negligence (Quarterly Return)' in accordance with timetable issued by HIB (Appendix 9)

10.0 Compensation Recovery Unit (CRU)

- 10.1 DLS are required to register all claims for compensation with the CRU so as to enable it to confirm whether or not the Plaintiff has received any Statutory Benefits as a result of the injury or other condition which is the cause of their claim against the Trust. For example, where a Plaintiff is no longer able to work due to that work-related injury or condition.
- 10.2 In the event of negligence being found against the Trust, or the Trust agrees an 'out of court' settlement with or without formal acceptance of liability, the value of those benefits paid as directly arising from that negligence will form a charge payable by the Trust to the CRU on settlement of the claim.
- 10.3 DLS will keep the Trust advised of any necessary action or payment in this regard and will provide regular CRU Certification, including where 'Nil'.

APPENDICES



(Plaintiff's Solicitors address)

Date

Our Ref:

Your Ref:

Dear Sir / Madam

RE:

I refer to your letter of (date), issued on behalf of the above named, concerning treatment in (facility) on (dates)

The letter has been referred to the Trust's Legal Advisers and any further correspondence should be sent to them at the following address:-

Chief Legal Adviser
Directorate of Legal Services
Medical Negligence Section
HSC Business Services Organisation
2 Franklin Street
BELFAST
BT2 8DQ

Yours faithfully

Enc.

C. Relevant Director
Administrative & Complaints Manager



Northern Ireland Ambulance Service
Health and Social Care Trust



(Plaintiffs Solicitors address)

Date

Our Ref:

Your Ref:

Dear Sir / Madam

Re: Your Client -

I acknowledge receipt of your letter dated (date) regarding an incident allegedly suffered by your client, the above named, on or about (date) at (location)

Your letter is being forwarded to the Trust's legal advisers to whom further correspondence should be addressed at:

Chief Legal Adviser
Directorate of Legal Services
HSC Business Services Organisation
2 Franklin Street
BELFAST
BT2 8DQ

Yours faithfully

Enc.

C. Relevant Director
Administrative & Complaints Manager



Chief Legal Adviser
Directorate of Legal Services
Medical Negligence Section
HSC Business Services Organisation
2 Franklin Street
BELFAST
BT2 8DQ

Date

Our Ref:

Your Ref:

Dear Sir

RE:

I enclose, for your attention, copy correspondence from (Name of Plaintiff's Solicitor), Solicitors on behalf of the above named. I have acknowledged the letter and asked that they refer all further correspondence to your office.

I will obtain the relevant medical records or other records as appropriate and await your further instructions.

Yours faithfully

Enc.

C. Relevant Director
Administrative & Complaints Manager



Chief Legal Adviser
Directorate of Legal services
HSC Business Services Organisation
2 Franklin Street
BELFAST
BT2 8DQ

Date

Our Ref:

Your Ref:

Dear Sir

RE:

Attached for your attention is a letter dated (date) from (Name of Plaintiff's Solicitor) Solicitors, on behalf of the person referred to above.

Receipt of this letter and its forwarding to you have been acknowledged.

Further information regarding the circumstances of the incident giving rise to this claim, are currently being collated and will be forwarded to you in due course in order that your advice regarding future management of this claim might be provided.

Yours faithfully

Enc.

C. Relevant Director
Administrative & Complaints Manager

DHSSPSNI Ex Gratia Payment Template

Checklist to be used when compiling the summary of the case

Type of case (classification of loss) – Ex Gratia Payment	
Reference number - <i>(any NIAS internal reference number)</i>	
Authority (name) – Northern Ireland Ambulance Service	
1.	Record the amount involved and the reasons why the loss arose. <i>e.g £10,000 for employers liability claim – provide brief background to case</i>
2.	For Classification A – Losses only: <ul style="list-style-type: none"> • If applicable, provide detailed breakdown of salary or other errors (including where calculations were wrong). What were the errors made? • Consider whether the police should be informed. If no police involvement give reasons why not? Forward police report (if available) to Department.
3.	For Classification B – Losses of Accountable Stores only: <ul style="list-style-type: none"> • Consider whether the police should be informed. If no police involvement give reasons why not? Forward police report (if available) to Department. • Are any linen losses calculated at 50% of the replacement value? Is this in accordance with the guidance? Is the total loss more than 5% of the total stock value? Confirm that the loss has been valued at book value less net disposal proceeds. • Is the value of the loss reduced by insurance? If so, record the value of the gross loss and the value of the amount recovered by insurance.
4.	For Classification C – Fruitless Payments and Constructive Losses only: <ul style="list-style-type: none"> • For abandoned works were detailed specifications identified before the scheme went ahead? How did the projected work compare to these detailed specifications? At what level, by whom, and why was the scheme approved? • For abandoned works why was the scheme abandoned and by whom? Could the scheme have been aborted earlier?

- For abandoned works was the scheme joint financed? If so, was any agreement signed? Was legal advice taken in the drawing up of an agreement? Is the other party prepared to pay half of the costs of the scheme?

5. For Classification D – Claims Waived or Abandoned only:

- Were invoices raised on a regular basis? Was the debt monitored and chased regularly? Were services withdrawn upon continued non-payment? Enclose report showing when invoices were raised and, where relevant, paid.
- For cases involving businesses has the business gone into liquidation/ receivership? If so, are you listed as a creditor and do you have confirmation of this from the liquidator/ receiver? If not, why not? Are any dividends being paid out?
- For cases involving businesses was the financial integrity of the business looked into before goods or services were supplied? If not, why not and have procedures been revised to ensure this is carried out in the future?
- For rental cases were lease agreements entered into prior to occupation by the tenant? If not, why not? If the lease was faulty investigate whether action can be taken against legal advisors who drew up the agreement. Provide an analysis of rent and services charges.
- For overseas visitor/ private patients cases was an undertaking to pay signed? If not, why not? Was a full estimate of potential costs given and full deposit taken to cover these costs? If not, why not?
- For overseas visitor and/ or overseas private patients cases have the relevant embassies been contacted for payment (if applicable)?

6. For Classification E – Special Payments only:

- Have other options been considered? If not, why not? Explain why an ex gratia payment offers the best value for money.
- Has appropriate legal advice been sought? If not, why not? If advice has been sought, what recommendations were made and have these been followed? If not, why not?
- Confirm that the proposed payment does not place the claimant in a better position than if the error had not occurred? If it does, why? In cases of hardship record what evidence exists on this.
- Provide detailed calculations to support the proposed payment and demonstrate why the proposed sum is in accordance with the relevant paragraphs of this guidance.

- For settlements on termination of employment, has relevant central guidance on such payments been followed in all respects? If not, why not?

7. Can the loss be recovered (including action against professional advisors if they were considered negligent)? Provide details of the attempts that have been made to recover the loss (including legal action/ debt recovery agencies) or explain why no action has been taken. (not applicable for ex-gratia payments) .
8. In fraud cases, complete fraud report, ensure that the external auditor and police are informed of the fraud and confirm this has been actioned. Enter dates of completion of fraud report and notification of fraud to external auditor and police.
9. Identify any failings in the actions of employees, including supervisors. Having considered this, is there a need for disciplinary action? Record what action has been taken or is proposed, or if no action is to be taken, explain why. Include dates, names of individuals and positions.
10. Was there any apparent breakdown of procedures? Detail weakness or fault in system of control or supervision.
11. What proposed improvements have been put forward to correct defects in the existing systems or procedures? Include the timetable for implementation of the improvements. What monitoring measures have been introduced to ensure the improvements are working effectively? (Please note you may be requested to forward detailed monitoring reports relating to this case at a later date to ensure that all proposed improvements have been implemented completely and effectively and are reviewed on a regular basis?
12. Is it necessary to inform the Board/Chief Executive? If not, why not?
13. Do your SFIs require a Board report for this case? If so, please enclose the report. If not, consider whether in the light of this case your SFIs should be amended to require a Board report in such cases.
14. Having completed the above steps, detail the general lessons which can be drawn from this case.

**ANNEX 1 INFORMATION REQUIRED BY POLICY & ACCOUNTING UNIT, DHSS&PS IN
RESPECT OF CLAIMS WITH A RESERVE OF OVER £250,000**

1. Patients details –
2. Plaintiff's name -
3. Plaintiff's Solicitors -
4. Details of all staff involved –
5. Location of incident –
6. Date of incident –
7. Date of Notification of claim -
8. Speciality of department or treatment -
9. Nature of incident -
10. Resulting harm or disability -
11. Estimate of quantum -
12. Estimate of Plaintiff's costs -
13. Other parties involved in claim and proportion share of costs -
14. Probability -
15. Defence Solicitor -
16. Estimate of defence costs –
17. Stage of claim –
18. Outcome -
19. Nature of proposed defence –
20. Names of possible expert witness –
21. Expert advice obtained – negligence/causation
 - a. internal
 - b. external
 - c. exchange of witness reports
22. Expert advice obtained – quantum
 - a. medical
 - b. nursing
 - c. housing etc
 - d. exchange of witness reports
23. Was incident subject of complaints procedure / outcome
24. Has an alternative form of dispute resolution been considered
25. Is structuring feasible / acceptable to the Plaintiff

Request for Approval of Clinical Negligence Settlement above Delegated Limits

Name of HSC Body/Bodies	
Contact name within HSC Body	
Contact telephone number	
Case reference number	
Plaintiff name	
Date of incident	
Summary of incident	
Estimated settlement date	
Estimated settlement figure	
Is the case novel, contentious or repercussive?	
Is structuring feasible/acceptable to the plaintiff?	

I, _____, confirm that this case has been handled in accordance with claims handling guidance set out in circular HSC (SQSD) 5/10

Authorised by: _____

Position within Organisation (at least AfC Band 7): _____

Date: _____

This form must be submitted to FPAU for prior authority to negotiate clinical negligence claims above £250k.

Finance Policy and Accountability Unit
Room D3
Castle Buildings
Stormont Estate
BELFAST BT4 3SQ

fpau@dhsspsni.gov.uk

Risk Rating System

Instructions for use:

1. Identify the risk
2. Using Table 1 identify the Potential Impact/Consequences should the risk occur and select number from scale
3. Using Table 2 identify the Measure of Likelihood or immediacy of the risk occurring and select descriptor from scale
4. $\text{Impact/Consequences Score} \times \text{Frequency/Likelihood Score} = \text{Risk Rating as described in Risk Rating Matrix (Very Low, Low, Moderate or High)}$

Table 1 – Potential Impact (Consequence of the risk should it be realized.)

	People (Any person affected) Patient/ Staff member/member of the Public	Resources (Premises, Equipment, Service provision) Business Continuity	Environment (Air, Land, Water)	Reputation (Adverse Publicity, Complaints, Litigation)
Insignificant	No injuries no obvious harm,	No service disruption, low financial loss (<1K)	Nuisance releases	Minimal risk to Trust. Informal complaint potential for litigation.
Minor	First aid treatment, number of people affected 1-2 non permanent harm (<1 month for recovery)	Impact to service immediately containable, medium financial loss (1K-10K)	On site release contained by Trust	Minimal risk to Trust, directorate investigation into complaint potential for litigation.
Moderate	Medical treatment required, semi-permanent harm (<1 year for recovery)	Impact on service contained with assistance, high financial loss (10K-50K)	Onsite release requiring external assistance	Damage to public relations. Trust investigation including into a complaint potential for litigation
Major	Extensive injuries, permanent harm, sharps injury with patient with known or suspected infection e.g. Hep C	Loss of ability to provide services, major financial loss (50k-500K)	Release affecting minimal off-site area requiring external assistance	Local adverse publicity, External investigation or independent review into a complaint. Potential for litigation
Catastrophic	Unexpected death or multiple patients seriously affected	Collapse of service, huge financial loss (>500K), (NB 500k= 1% of expenditure)	Toxic release affecting off site with detrimental effect	National adverse publicity, DHSSPS Executive investigation following an incident or complaint. Potential for litigation

Table 2 - Measure of Likelihood

To determine the likelihood of a risk occurring use historically data, for example, how often has a risk occurred in the in the previous year and what was the outcome.

Descriptor	Definition
Almost certain	~90-100% chance of occurrence or reoccurrence, will occur or does occur regularly
Likely	~60-90% chance of occurrence or reoccurrence, will occur or likely to occur imminently
Possible	~30-60% chance of occurrence or reoccurrence, may occur occasionally
Unlikely	~10-30% chance of occurrence or reoccurrence, do not expect it to happen but it is conceivable
Rare	~0-10% chance of occurrence or reoccurrence, could only happen in exceptional circumstance

Table 3 - Risk Rating Matrix (Likelihood X Consequence = Risk Rating)

Risk Severity Rating Matrix (Consider HSCB chart, as listed below.) This chart changes the level of risk to the

Likelihood of Recurrence	Most likely consequences				
	Insig-nificant	Minor	Moderate	Major	Cata-strophic
Almost Certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5

Table 4 - Risk Severity Rating Definitions

This rating identifies the residual risk to the Trust following the completion of all actions to mitigate or minimise the risk to the Trust.

Severity of Risk	Descriptors	Action
High	Identified risks, which fall into the red area, are deemed to present a high risk to the Trust and require immediate action to reduce the risk to an acceptable level.	Reports must be immediately forwarded to the relevant Director who will consider the risk and take action to treat and mitigate the risk. The Risk Manager will entry the relevant details on Datix and provide reports for consideration by the Assurance Committee and Trust Board and addition to the risk register
Moderate	Identified risks, which fall into the orange area are deemed to present a moderate risk to the Trust and require action with 6 months to reduce the risk to an acceptable level.	Reports must be immediately forwarded to the relevant Director who will consider the risk and take action to treat and mitigate the risk. The Risk Manager will entry the relevant details on Datix and provide reports for consideration by the Assurance Committee and Trust Board and addition to the risk register
Low	Identified risks which fall into the yellow area are deemed to present a low risk to the trust and require action within 12 months to reduce the risk to an acceptable level.	This would normally be undertaken locally within the Directorates/ Programmes/Service Areas, monitored locally by the relevant manager and recorded using the risk log that will be recorded on the relevant risk register.
Very Low	Identified risks which fall into the green area are deemed to be acceptable and require no immediate action	Risk must be monitored regularly



Northern Ireland Ambulance Service
Health and Social Care Trust



Authorisation for Closure of a Professional Negligence/Employers Liability/Occupiers Liability Claim

I, _____, Administrative & Complaints Manager on receipt of advice from the Trust's Legal Advisers – Business Services Organisation authorise the closure of the following claim as at _____.

The claim will remain closed until either the claim is reopened under advice from Business Services Organisation or a review is carried out of closed files.

Name	
Trust Ref. No.	
BSO Ref No.	
Date Opened	
Reason for Closure	

Signature:

Dated

This case file will only be reopened on the express instructions of the Trust's Legal Advisers – Business Services Organisation and subject to the recommendations of the Administrative & Complaints Manager and approval of the Chief Executive.



**Authorisation for Re-opening of a Professional Negligence/Employers
Liability/Occupiers Liability Claim**

I, _____, Administrative & Complaints Manager
on receipt of advice from the Trust's Legal Advisers – Business Services Organisation
authorise the re-opening of the following claim as at _____.

Name	
Trust Ref. No.	
BSO Ref No.	
Date Opened	
Reason for Re-opening	

Signature:

Dated

**NORTHERN IRELAND AMBULANCE SERVICE
HEALTH AND SOCIAL CARE TRUST**

CLAIMS REQUEST FOR PAYMENT

1. Name of Payee: _____

2. Trust reference number: _____

3. Legal Advisers reference number _____

4. Amount due for Payment: _____

5. Requested by: _____
Administrative & Complaints Manager

6. Authorised by: _____
Director of HR & Corporate Services

CLINICAL / SOCIAL CARE NEGLIGENCE

CN1

Provider Name:	
Contact Name:	
Telephone Number:	
Year Ending	31 March 2010

Provider Comments:

Guidance available on next worksheet, or alternatively by selecting each column header.

Patient's Reference Number <small>(i.e. PS/255A-993)</small>	Type of Claim	Date of Incident (DD/MM/YYYY)	Date of Claim (DD/MM/YYYY)	Estimated Year of Settlement (YYYY)	Settled Date (DD/MM/YYYY)	Closed Date (DD/MM/YYYY)	Case Specialty	Nature of Incident
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
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21								
22								
23								
24								
25								
26								
27								
28								

[illegible]

CLINICAL / SOCIAL CARE NEGLIGENCE (QUARTERLY REPORT)**CN1a**

Provider Name:	
Contact Name:	
Telephone Number:	
Quarter Ending	

Provider Comments:








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Guidance available on next worksheet, or alternatively by selecting each column header.

Claims / Cases	Number
Cases Open on last day of quarter	
New Cases Opened during quarter	
Cases Closed during Quarter	

Financial Payments During Quarter	Amount (£)
Damages	
Defence Costs	
Plaintiff Costs	
Total Amount Paid During Quarter	

FLOWCHART OF ACTIONS ON SUBMISSION & APPROVAL OF SETTLEMENT OF CLAIM

ACTION	PERSON RESPONSIBLE	TIMEFRAME
ON RECEIPT OF CLAIM		
Send acknowledgement letters	Administrative Officer - Legal	Within 2 Working Days
		
Open Claims File & Create Records on Datix	Administrative Officer - Legal	Within 2 Working Days
		
Obtain Risk Rating of Claim and record on Datix	Admin & Complaints Manager	Within 2 Working Days
		
Inform relevant Director	Administrative Officer - Legal	Within 2 Working Days
		
Obtain relevant Documents for DLS	Administrative Officer - Legal	Within 20 Working Days
		
Update Datix on progress of Claim (including any financial payments made)	Administrative Officer - Legal	On receipt of update
ON RECEIPT OF PROPOSED SETTLEMENT/OUTCOME		
Approval for Settlement	Chief Executive	On request
		
Complete 'Litigation Claim Payment Request Form'	Admin & Complaints Manager	Within 2 Working Days
		
Complete 'Authorisation of Closure Form'	Admin & Complaints Manager	Within 2 Working Days

DELEGATED AUTHORITY FOR APPROVAL OF ACTIONS & SETTLEMENT OF CLAIM

ACTION	AUTHORISED PERSON
Authority to appoint Claims Investigators	Admin & Complaints Manager
Authority to seek Medical Reports	Admin & Complaints Manager
Authority to engage Experts (Medical/Technical)	Admin & Complaints Manager
Authority to Negotiate Settlement	Assistant Director of HR& CS or Director of HR/CS or Chief Executive
Authority to Settle (below £25k for EL or OL Claims)	Director of HR/CS or Chief Executive
Authority to Settle (above £25k for EL or OL Claims)	Chief Executive AND DHSSPSNI
Authority to Settle (Clinical Negligence Claims under £250k)	Chief Executive
Authority to Settle (Clinical Negligence Claims over £250k)	Chief Executive AND DHSSPSNI

TB/6/30/05/13

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

30 May 2013

Title:	Disability Action Plan
Purpose:	To set out the Trust's plans to comply with Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006
Content:	Disability Action Plan was previously submitted to Trust Board in draft and is now submitted for approval following a consultation process. An appendix provides a summary of responses received and indicates any changes to the plan since previous submission to Trust Board.
Recommendation:	For approval
Previous Forum:	Equality and PPI Steering Group
Prepared by:	Mrs Michelle Lemon, Assistant Director of HR
Presented by:	Ms Roisin O'Hara, Director of Human Resources & 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:

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Website: www.niamb.co.uk

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.



Paul Archer
Chairman



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 18 to 23. 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

	<p>training identified e.g. senior/middle managers, front-line staff.</p> <p>Mandatory Disability Equality Training for staff and managers</p> <p>Disability Awareness – Staff Learning and Development Annual Workbook includes sections on Disability Discrimination Act and Disability Discrimination Order.</p>	<p>people with disabilities. Greater confidence of staff in providing services for people with disabilities.</p> <p>Greater understanding of issues facing people with disabilities and clear guidance for staff in how to respond to these in a positive manner.</p>
Communication	<p>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.</p> <p>Communications regional working group identified models of good practice.</p> <p>Regional Accessible Communication Group produced Accessible Communication Staff Guidance - developed in partnership with disabled</p>	<p>Improved networking and building of relationships with disabled people and representative organisations.</p> <p>Resource detailing models of good practice in effective communication.</p> <p>Accessible Communication Guidance for HSC staff developed.</p>

	<p>people and representative groups.</p> <p>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.</p>	<p>This will be reviewed on an Annual basis.</p>
Employment	<p>Regional Employment Working Group established.</p> <p>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.</p> <p>Guide for Managers on Reasonable Adjustments developed to facilitate the timely provision of reasonable adjustments for persons with a disability in the workplace.</p> <p>Disability Etiquette Guide produced to promote positive attitudes towards disabled people.</p> <p>Resurvey of the workforce across all 9</p>	<p>High level ongoing involvement by people with disability and Disability Groups in this workstream.</p> <p>Regional Framework formally consulted on and officially launched in May 2011.</p> <p>Work on Reasonable Adjustments Guide continuing through NIAS Equality Forum which includes representatives of staff with disability.</p> <p>Disability Etiquette Guide launched May 2011.</p> <p>Staff resurvey commenced</p>

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

	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.	Team through Assurance Framework and performance management reporting. Decision-making and policy development at all levels.
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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			
1. 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		1.1 Create greater awareness of opportunities in public life position. 1.2 Increased confidence and knowledge among interested disabled people. 1.3 Uniform approach	All Trust Equality Leads

Measures	Timescale	Performance indicators/targets	Responsible
enhance participation in public life positions and involvement activities.		adopted by all Trusts.	
2. 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	1.4 Clarification on the role and responsibility of Service Users, Carers and Stakeholders. 2.1 Guidance on eligibility, exclusions and payment issues.	All Trust Equality Leads.
3. To increase accessibility to information, the Trust will increase number of its	By end October 2013 and end October 2014.	3.1 Evidence of increased number of Trust documents produced in easy read.	All Trust Equality Leads and Communication Departments.

Measures	Timescale	Performance indicators/targets	Responsible
documents produced in an easy read format and to ensure that this information is readily available in an online easyread library.			
4. Exploring options for the establishment of a Regional Easyread Forum	End of March 2014	4.1 Outcome Report on options.	

Promoting Positive Attitudes			
5. 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.	<p>5.1 Masterclass delivered to Trusts Board, Senior Managers and identified staff.</p> <p>5.2 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</p> <p>5.3 Involvement of disabled individuals and representatives in design and delivery of further disability training e.g deaf awareness</p> <p>5.4 Increased skills and knowledge in translating Convention rights.</p>	
6. The Trusts will host a regional event for Trust staff focusing on the Disability Duties	<p>First event March 2013</p> <p>Second event March 2014</p>	<p>6.1 Increased compliance with Convention in Trust policies and strategies.</p> <p>6.2 Increased awareness and understanding of Disability Duties.</p> <p>6.3 Events will be</p>	

7. Achieve and maintain accreditation with Employers' for Disability.	September 2012 and thereafter	evaluated. 7.1 Accredited Organisation.	
8. Publication of accessible guidance for disabled service users on accessing emergency services	May 2014	8.1 Publication of accessible guidance on accessing emergency services for deaf service users. 8.2 Publication of policy for transporting guide/assistance dogs	
9. 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.	May 2013 and in line with future action	9.1 Achievement of objectives set out in Health and Well Being Action Plan.	
10. Ensure the continued provision	Reflected in Training	10.1 Mandatory training achievement as	

of mandatory disability equality training for managers and staff, access to the e learning Discovering Diversity disability module and the provision of Disability Equality Training for senior managers, office holders and staff.	2013-14	required by Trust's Mandatory Training Policy. Increased attendance at courses.	
11. Ensure support for the implementation of the Disabled Employees' Network Action Plan.	Ongoing.	11.1 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



Northern Ireland Ambulance Service HSC Trust Disability Action Plan Consultation Report

Introduction

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) would like to thank those who responded to the Trust's consultation on our draft Disability Action Plan. This invaluable input and expertise has helped to shape the final Disability Action Plan.

The purpose of this report is to summarise responses to the consultation and demonstrate how feedback has shaped the Disability Action Plan. The Appendix provides a summary of amendments made to the Disability Action Plan.

The aim of the Disability Action Plan is to promote positive attitudes towards disabled people and to encourage the participation of disabled people in Public Life.

Under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), NIAS 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').

The Disability Duties came into force on 1st January 2007.

Under Section 49B of the DDA 1995, NIAS is also required to submit to the Equality Commission a Plan showing how it proposes to fulfil these duties in relation to its functions. This is known as a Disability Action Plan and it demonstrates how the Trust will fulfil its duties to promote positive attitudes towards disabled people; and to encourage participation by disabled people in public life.

NIAS seeks to avoid duplication where appropriate and work with other HSC Trusts and Emergency Services. The Disability Action Plan has links to the Disability Action Plans produced by the other Health and Social Care Trusts in Northern Ireland. The content of the Plan has been informed by engagement with service users through a regional workshop involving the other Trusts.

Common priorities have been identified and the Trusts agreed that it would increase the effectiveness of their Plans if, where possible, key actions are taken forward on a regional and collaborative basis. This collaborative approach is intended to maximise

the impact on disabled people living and working in all five Trust areas and ensure consistency and equity in terms of service provision and employment.

Consultation Process

A regional Pre-Consultation Workshop with the other HSC Trusts and a number of disabled people and representative groups was held at Unison Headquarters, Belfast on 30 May 2012. This gave service user representatives the opportunity to directly engage with Trust staff and provide feedback on the proposed measures. Feedback from this event helped to shape the draft DAP before going out for full public consultation.

A formal 12 –week period of consultation on the Disability Action Plan began on 4 January 2013 and closed on 28 March 2013. All those listed in the Trust’s Section 75 Consultation Database received a letter informing them of the Trust’s consultation arrangements. Consultation documents were made available on the Trust’s website. The documents were also available in hard copy or in alternative formats on request. Internally within NIAS, the Trust engaged with Trade Union representatives through the Equality Forum to help inform the final draft document for consultation.

Summary of Responses

The following provides a summary of the feedback received during the consultation process. Two formal responses were received by the Trust. A summary of comments received and the Trust’s response to is provided in the Appendix.

Action Taken by the Trust

The Trust considered all the written responses and feedback provided throughout the formal consultation process in full and has taken account of these responses where appropriate. The Disability Action Plan has been amended in accordance with the feedback where it was appropriate.

Recommendation

Having considered the information and feedback received and made the amendments to the Plan, it is recommended that the Trust Board approves this Disability Action Plan.

Subject to Trust Board approval, the Plan will be submitted to the Equality Commission for Northern Ireland and published Plan on the Trust website. It will also be available in alternative formats including large print, DAISY, Braille, Audio cassette and computer disc on request.

Appendix

SUMMARY OF RESPONSES TO CONSULTATION ON NORTHERN IRELAND AMBULANCE SERVICE DISABILITY ACTION PLAN

<i>Comments</i>	<i>NIAS Response and Changes to Equality Scheme</i>
Each measure should be numbered for ease of reference.	Amended throughout document
Regarding involvement mechanism for disabled people, ongoing actions should include next steps. (Page 18)	NIAS is committed through this action plan to working to involve disabled people in the decision making process and enhance participation of disabled people in public life. The action will ensure a consistent approach to involving disabled people across HSC Trusts. The Trusts will continue to work in close collaboration with other HSC bodies and key stakeholders on the ongoing implementation and review of the DAP.
Welcome reimbursement of out of pocket expenses. (Page 19)	Noted
Accessibility is a DDA 1995 obligation and should not be duplicated here. (Page 20)	Action on accessibility removed from DAP.
Reference to Disability Awareness Training should be changed to Disability Equality Training. Further clarity required on how disabled people will be involved in the design of further training to enable informed comment to be made.	DAP reference to training revised to say Disability Equality Training and emphasise commitment to involving disabled people and their representatives in the design of training. A performance indicator in the DAP (page 21) requires the involvement of disabled people in the design and delivery of disability training.
Whilst recognising the value of the proposed regional event for Trust staff in the Plan (page 21), advise more regular interaction with disabled people and their representative organisations. Disability Action believes this is the best way to build relationships and explore the greater depth issues important to disabled people and their social inclusion.	Noted.

<p>The Plan places appropriate emphasis on the need for enhanced communication. The skills and attitudes of healthcare staff towards disabled people is one of the most significant disabling barriers that must be broken down. Increased provision of disability equality and etiquette training should be supported by all HSC Trusts and within undergraduate and postgraduate medical education. Notes the launch of the Disability Etiquette Guide in May 2011 under the auspices of the previous Plan, but would like to know more about its distribution and plans for it to be updated on a regular basis.</p>	<p>Noted. The Trust endorses the need for appropriate disability equality training and currently provides regular equality training sessions which include disability. The training addresses negative attitudes towards disability and provides examples of best practice. In light of the valuable feedback received about training, the HSC Trusts will review the training delivered to ensure the issues raised during this consultation process are included. The publication and updating of the Disability Etiquette Guide is part of a regional HSC work stream to which NIAS will contribute.</p>
<p>Communication barriers are often not related to individual staff members but may be the result of poor planning or a lack of resources. While it is not expected that all healthcare professionals should be proficient in different communication techniques, it is their duty to consider that a service user may have particular communication needs and to find out what these are where necessary. In many cases communication barriers could be broken down if patients were able to record their needs permanently on their health record; indeed this is true of all access needs. Research shows that poor attitudes among workers within the health sector can contribute significantly to disabled people feeling isolated, disempowered and disengaged with healthcare services.</p>	<p>Noted. Addressing the communications needs of patients is reflected in training. Staff can draw on interpretation and translation services where a service user's first language is not English. The Trust is committed to providing easy read versions of key policy documents and consultations.</p>
<p>Commends the Disability Awareness resource training package developed based on the social model of disability.</p>	<p>Noted</p>

<p>It is vital that Trusts ensure that doctors receive ongoing training on the needs of disabled patients. Having graduated from medical school it is important that doctors regularly update their knowledge and skills relating to disability competence. This is necessary to ensure firstly that they understand and changes in the law and appreciate the rights of disabled patients and secondly so that they are able to maintain high standards of patient care and are able to effectively respond to changes among their patient populations. As the incidence of chronic disease continues to increase over time, an applied practical understanding of disability equality and etiquette among the medical profession will become even more essential.</p> <p>Urges those involved in development and delivery of curricula within medical schools, postgraduate deans and medical royal colleges to recognise the need for such improvements within medical education and training, particularly in light of the increasing prevalence of long-term conditions and the inequalities within the population.</p>	<p>Comments relate generally to all HSC Trusts rather than NIAS specifically. NIAS continues to mainstream equality training into induction training for new members of staff. An awareness session on the Disability Discrimination Act and the Disability Discrimination Order 2006, as well as Section 75 and the Human Rights Act 1998 is delivered by Trust Equality Staff. The Trust has also developed an annual Learning and Development Workbook which includes a section on equality and disability. Completion of the workbook is mandatory for all staff at every level in the organisation.</p>
<p>Disabled doctors and medical students are an invaluable resource in the medical profession and are in a uniquely useful position in terms of responding to the healthcare needs of disabled people and fostering a diverse and inclusive environment. There are examples of disabled people with successful careers in the medical profession,</p>	<p>Comment relates generally to all HSC Trusts rather than NIAS specifically.</p> <p>NIAS has undertaken a full audit of all staff against each of the Section 75 categories including disability. The Trust works in partnership with community and voluntary organisations and is a member of Employers for Disability.</p>

<p>but there are difficulties faced in accessing the medical profession as evident from the low numbers of disabled people applying to study medicine.</p> <p>It is essential, therefore, that disabled people are provided with a level playing field and fully integrated into the profession. This can only be achieved by providing an inclusive environment that actively encourages and enables disabled students to study medicine and supports disabled doctors to practise medicine.</p>	
<p>People with disabilities are not homogenous, and some are particularly vulnerable to discrimination. This must be considered when launching an awareness campaign of the nature outlined in the Plan. In some instances the health and access inequalities experienced by disabled people may be more complex where an individual is also a member of other diversity groups. Commend the report's inclusion of the needs of those who are disabled and who also have learning difficulties. However, it is important to consider the specific needs of those communities who for linguistic, cultural or reasons of sexual orientation or identity may have specific unmet healthcare needs.</p>	<p>The Trust takes its duties to promote equality of opportunity very seriously. Under Section 75 of the Northern Ireland Act 1998, public authorities must have due regard to the need to promote equality of opportunity: between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without and between persons with dependants and persons without. The Trust has outlined its commitment and steps to promote equality of opportunity in its Equality Scheme. Each year the Trust produces an annual progress report which details initiatives to recognise and embrace equality and diversity. The Trust can provide interpretation and translation services so that those service users who are not proficient in English can readily access services.</p> <p>The Trust recognises that not all people with a disability will choose to be represented by disability groups and that, by only involving those individuals or groups who regularly respond to consultation, the views of harder-to-reach groups can be overlooked. We are committed to supporting the sustained engagement of hard-to-reach groups and individuals in taking forward this Plan.</p>

<p>Leadership from senior management and the medical profession is essential. It is vital that there is a statement of commitment at the highest possible level and that this is filtered down throughout all healthcare organisations in order that disability equality becomes mainstreamed as a part of the core business values and objectives.</p> <p>Note the plans to create an exemplar facility in each Trust area in terms of accessibility and disability good practice and would like to know if the funding is in place for this and what the projected costings are.</p> <p>Welcome the plans to ensure support for the implementation of the Disabled Employees' Network Plan.</p>	<p>The Trust is committed to meeting its statutory duties and the Disability Action Plan will be endorsed by Trust Board. The Chief Executive and Chair of the Trust have committed to the organisation fulfilling its Disability Duties. The Trust has reporting mechanisms in place to ensure the Disability Duties are mainstreamed across the organisation and that appropriate levels of strategic commitment are afforded to the promotion and fulfilment of these duties. Plans to create an exemplar facility will be taken forward as part of a regional work stream.</p> <p>Comment relates generally to all HSC Trusts rather than NIAS specifically.</p>
<p>Welcome the inclusion of Mental Health guidance and support and consider that this is a critical area for improvement. To date there has been little research undertaken in this area, but disabled people often have a greater experience of social isolation and episodes of depression. Possible reasons for this include higher rates of poverty and unemployed amongst disabled people which are themselves associated with poor mental health; the greater risks of abuse experienced by disabled children and adults; and, some people with mental health support needs may be more likely to become physically disabled as a result of accidents or attempted suicide.</p>	<p>Noted.</p>
<p>An essential component of effective equal</p>	<p>The Trust has undertaken a full audit of all staff against each of the</p>

<p>opportunities is monitoring. Unless an organisation is aware of the composition of its workforce, it is impossible to ensure that disabled employees are not unfairly disadvantaged or underrepresented. Equally, the Trust must continue to collect and monitor the data it receives regarding disabled persons living within the Trust area in order to maximise the impact of the plan.</p>	<p>Section 75 categories including disability. It has proved more difficult to monitor disability among our service users as we care for them over a limited period of time, often in traumatic circumstances.</p>
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TB/7/30/05/13



TRUST BOARD MEETING

30 May 2013

Title:	Health and Wellbeing & Attendance Management Action Plan (2013/14)
Purpose:	To provide a detailed Action Plan for the Management of Attendance during the period 2013/14 to support the delivery of NIAS Health & Wellbeing Strategy 2010-15.
Content:	Health and Wellbeing & Attendance Management Action Plan (2013/14)
Recommendation:	For approval
Previous Forum:	SEMT
Prepared by:	Mrs Lorraine Gardner, Assistant Director of HR (Employment, Performance & Corporate Services)
Presented by:	Ms Roisin O'Hara Director of Human Resources and Corporate Services



Northern Ireland Ambulance Service
Health and Social Care Trust



DRAFT HEALTH AND WELLBEING & ATTENDANCE MANAGEMENT ACTION PLAN (2013/14)

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
1	REVIEW 2013/14 NIAS ABSENCE TARGET	In the absense of a DHSSPS PFA target on Absence Management, agree NIAS % Absence target which is realistic and achievable.	April 2013	NIAS Absence Management target 2013/14 to be agreed by Trust Board 30 May 2013. Absence during 2012/13 was 7.5%. In 2013/14 NIAS will seek to reduce absence to 6.7% which represents a 10% reduction in absence and is consistent with the best performance achieved over the last five years. This is based on benchmarking other HSC Trust, Professional Staff Groups & NHS Ambulance Services together with historical evaluation of NIAS statistics.				
2	IMPLEMENT HEALTH & WELLBEING STRATEGY	Ensure inclusion of Health & Wellbeing strategic objectives in annual Health & Wellbeing and Attendance Management Action Plans	April 2010 - March 2015	Health & Wellbeing Strategy 2010/15 agreed. Health & Wellbeing and Attendance Management Action Plan 2013/14 derived from Health & Wellbeing Strategy 2010/15 and presented to Trust Board May 2013.				
3	DEVELOP HEALTH AND WELLBEING & ATTENDANCE MANAGEMENT	Review Learning from End of Year Performance and Accountability meetings 2012/13 and best practice.	April 2013	Learning reviewed and recommendations included within Action Plan 13/14				

	ACTION PLAN 2013/14						
		Address key performance areas in the development of the Action Plan	April 2013	Performance areas reviewed in development of Action Plan 13/14			
		Agree action plan with SEMT	May 2013	Action Plan agreed with SEMT			
		Present action plan to Trust Board	30 May 2013	Action Plan presented to Trust Board for approval 30 May 2013			
4	PERFORMANCE MANAGEMENT & ACCOUNTABILITY	Continue to identify and set local targets to assist with meeting NIAS absence target.	April 2013 – March 2014	Local absence information and absence targets communicated on monthly basis in line with NIAS overall target.			
		Continue to monitor performance against local targets and compliance with current Attendance Management Procedure and develop appropriate actions plans for achievement	April 2013 – March 2014	HR conduct Monthly Performance Meetings with local Managers to review targets and develop monthly action plans.			
		Continue to manage performance against local targets and compliance with current Attendance Management Procedure through Accountability & Performance Management at Divisional/Departmental level	April 2013 – March 2014	Monthly Performance Meetings within line management structure			
		Continue to manage performance against local targets and compliance with current Attendance Management Procedure through quarterly meetings with DHR/ADHR/Director/Manager to consider under performance against	April 2013– March 2014	Quarterly meetings with DHR/ADHR and local Manager/Director when absence targets are not being met.			

		target and agree action plans					
		Continue to produce quarterly improvement plans to deliver Trust Absence target	April 2013 – March 2014	Quarterly meetings with DHR/ADHR and line management structure			
		Continue to conduct quarterly SLA meetings with Occupational Health to include case reviews and service improvements.	April 2013 – March 2014	Quarterly meetings with Occupational Health to review SLA in place			
		Production of end of year absence report 2012/13	June 2013				
		To continue to liaise with other Trusts/organisations to ensure best practice and regional approach to attendance management.	April 2013 – March 2014	MM member of regional Attendance Managers Forum. MM attending BITC New Learning Network on Attendance Management			
5	FINALISE & IMPLEMENT NEW ATTENDANCE MANAGEMENT PROCEDURE	Draft new Attendance Management Policy & Procedure	June 2013				
		Present new Attendance Management Policy & Procedure to SEMT for approval	June 2013				
		Issue new Attendance Management Policy & Procedure to Trade Unions for consultation	June 2013				
		Agree and finalise new Attendance Management Policy & Procedure	August 2013		N/A		
		Develop a Training & Communication plan that supports the launch of the revised NIAS Attendance Management Policy &	August 2013		N/A		

		Procedure					
		Present new Attendance Management Policy & Procedure to Trust Board	26 September 2013		N/A		
		Delivery of Attendance Management Training Programme to support the launch of the revised NIAS Attendance Management Policy & Procedure	October 2013		N/A		
		Implementation of new Attendance Management Procedure	November 2013		N/A		
6	REVIEW OF THE MANAGEMENT OF DISABILITY	Review of Disability Discrimination Act and organisational compliance requirements	October 2013				
		Conduct Employee Disability Audit	October 2013				
		Development of NIAS guidance on the Management of Disability for Managers	December 2013		N/A		
		Development of Training Programme for Managers for Management of Disability to support NIAS guidance.	January 2014		N/A		
		Delivery of Training Programme to Managers on Management of Disability to support NIAS guidance	February 2014		N/A		
		Implementation of Management of Disability Guidance	March 2014		N/A		
8	MANAGEMENT OF STRESS RELATED ABSENCES	Audit and analysis of stress related absences to determine patterns and trends.	July 2013		N/A		
		Benchmark stress related absence with other NHS Ambulance Trusts	July 2013		N/A		

		Development of NIAS Guidance on the Management of Stress Related Absences	August 2013		N/A			
		To develop a training programme for managers which targets management of stress related absences	September 2013		N/A			
		To deliver training programme for managers which targets management of stress related absences	October 2013		N/A			
		Implementation of NIAS Stress Management Guidance	November 2013		N/A			
		To continue to deliver stress awareness training to all new recruits	April 2013 - March 2014					
		To work in conjunction with Zero Tolerance Group, Risk Manager and Health & Safety Committee in the identification and management of the risk of work related pressure	April 2013 – March 2014					
		To conduct quarterly meetings with Carecall to review employee access to appropriate counselling services	April 2013 – March 2014	Quarterly activity reports provided by Carecall				
	SCOPE THE POTENTIAL OF A SYSTEM OF PEER SUPPORT FOR EMPLOYEES	Undertake benchmarking exercise with other NHS Ambulance Trusts, HSC Trusts and Emergency Services.	January 2014		N/A		N/A	
		Research various peer support models.	January 2014		N/A		N/A	
		Make recommendation on viability of peer support system for NIAS to SEMT	February 2014		N/A		N/A	
		Development of Implementation	March		N/A		N/A	

		Plan, if appropriate, for introduction of peer support system within NIAS	2014					
9	HEALTH PROMOTION ACTIVITIES	Work with Occupational Health Departments in the promotion of staff health & wellbeing	April 2013 – March 2014					
		To continue the three year rolling programme for Hep B vaccinations	April 2013 – March 2014					
		Promote uptake of the annual Flu vaccination programme.	April 2013 – March 2014					
		Support and promote the development of Health Fairs across the Trust.	April 2013 – March 2014	Health Fair (North Division) taking place 21/05/2013				
		Support staff in taking responsibility for their own health and healthy life style choices.	April 2013 – March 2014					
		Establish links with Health Promotion Agency to promote staff health & wellbeing	April 2013 – March 2014	Communication of health promotion activities and publications to all staff to promote health & wellbeing.				
		Work with Carecall in the promotion of staff health & Wellbeing	April 2013 – March 2014	Issue information flyers as and when required.				
10	WORKING WITH OCCUPATIONAL HEALTH	Work with (Belfast HSC) Occupational Health in the reduction of NIAS % absenteeism as per SLA with Occupational Health	April 2013 – March 2014	Quarterly meetings with Occupational Health to review NIAS % absenteeism				
		To continue to review rapid referral Physiotherapy service established in September 2011 to ensure employee access to appropriate rehabilitation services	April 2013 – March 2014	Quarterly activity reports provided by Occupational Health and quarterly meeting with Occupational Health				
		Review of Western Occupational Health service provision to Western Division	April 2013 – March 2014	Quarterly meetings with Occupational Health to review service provided to NIAS				
		Review of Western Occupational	April 2013 –	Quarterly meetings with				

		Health service provision to Western Division in bid to secure SLA.	March 2014	Occupational Health to review service provided to NIAS				
	REVIEW OF PRE-EMPLOYMENT FITNESS TESTING	Undertake benchmarking exercise with other NHS Ambulance Trusts, HSC Trusts and Emergency Services to review current practices within other services	November 2013		N/A			
		Scope feasibility of introducing pre-employment fitness testing within NIAS for appropriate grades of staff	January 2014		N/A		N/A	
		Make recommendation on viability of pre-employment fitness testing within NIAS to SEMT	February 2014		N/A			
		Development of Implementation Plan, if appropriate, for introduction of pre-employment fitness testing within NIAS	March 2014		N/A			
11	DEVELOPMENT & IMPLEMENTATION OF ADDICTIONS PROCEDURE	Finalise new Addictions Procedure	October 2013		N/A			
		Present new Addictions Procedure to SEMT for approval	October 2013		N/A			
		Issue new Addictions Procedure to Trade Unions for consultation	October 2013		N/A			
		Agree and finalise new Addictions Procedure	December 2013		N/A			
		Develop a Training & Communication plan that supports the launch of the Addictions Procedure	December 2013		N/A			
		Present new Addictions Procedure to Trust Board	January 2014		N/A			

		Delivery of Addictions Procedures Training Programme to support its implementation.	February 2014		N/A			
		Implementation of new Addictions Procedure	March 2014		N/A			

TB/8/30/05/13



TRUST BOARD MEETING

30 May 2013

Title:	NIAS Management Statement & Financial Memorandum
Purpose:	Framework agreed with DHSSPS within which NIAS will operate and sets out Financial Provisions which the Trust shall observe
Content:	Operating Procedures
Recommendation:	For noting only
Previous Forum:	n/a
Prepared by:	Mr Liam Mclvor, Chief Executive
Presented by:	Mr Liam Mclvor, Chief Executive



Northern Ireland Ambulance Service
Health and Social Care Trust



Northern Ireland Ambulance Service

HSC Trust Management Statement

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1. INTRODUCTION

1.1 This document

- 1.1.1 Subject to the legislation noted below, this *Management Statement* establishes the framework, agreed with the Department of Health, Social Services and Public Safety (the sponsor Department), within which the Northern Ireland Ambulance Service HSC Trust (hereafter referred to as the Trust) will operate. The term 'Department' throughout this document is used to include the authority of both the Department and its Minister. Only in those cases where reference is intended to his/her personal authority (see, principally, Section 3.1) is the Minister specified.
- 1.1.2 The associated *Financial Memorandum* sets out in greater detail certain aspects of the financial provisions which the Trust shall observe. However, the *Management Statement* and the associated *Financial Memorandum* do not convey any legal powers or responsibilities, nor do they comprise the totality of the guidance, directives etc which have applied and (as determined by the Sponsor Department) continue to apply to the Trust.
- 1.1.3 The document shall be reviewed by the sponsor Department at least every five years. The first review is planned to take place at the end of the 2014-15 financial year
- 1.1.4 In addition, the Trust or the Department may propose amendments to this document at any time. Any such proposals by the Trust shall be considered in the light of evolving Departmental policy aims, operational factors and the record of the Trust itself. The guiding principle shall be that the extent of flexibility and freedom given shall reflect both the quality of the Trust internal controls to achieve performance and its operational needs. The Department shall determine what changes, if any, are to be incorporated in the document. Legislative provisions shall take precedence over any part of the document. Significant variations to the document shall be cleared with DFP after consultation with the Trust, as appropriate. The determination of those issues

that are 'significant' will be made by the Department and DFP on a case by case basis.

- 1.1.5 This MS/FM has been approved by DFP Supply, and signed and dated by the Department after consultation with the Trust.
- 1.1.6 Any question regarding the interpretation of the document shall be resolved by the Department after consultation with the Trust and, as necessary, with DFP (and OFMDFM if appropriate).
- 1.1.7 Copies of this document and any subsequent substantive amendments shall be placed in the Library of the Assembly. Copies shall also be made available to members of the public on the Trust website.
- 1.1.8 A copy of the Management Statement/Financial Memorandum (MS/FM) for the Trust should be given to all newly appointed Board Members, senior executive staff and departmental sponsor staff on appointment. Additionally the MS/FM should be tabled for the information of Board members at least annually at a full meeting of the Board. Amendments made to the MS/FM should also be brought to the attention of the full Board on a timely basis.

1.2 Trust Founding legislation, functions, duties etc

- 1.2.1 The Trust is established by means of an Establishment Order made under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991. The Order is the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995. The Trust does not carry out its functions on behalf of the Crown.
- 1.2.2 The Trust is established for the purposes specified in Article 10 (1) of the 1991 Order. These include any functions of the Department with respect to the administration of health and social care that the Department may direct. The Trust's general powers etc are listed in Schedule 3 of the Order.

1.3 Classification

- 1.3.1 For policy/administrative purposes the Trust is classified as a Health and Social Care body (akin to an executive non-departmental public body) and for national accounts purposes the Trust is classified to the central government sector.

2. AIMS, OBJECTIVES AND TARGETS

2.1 Overall aims

- 2.1.1 The approved overall aims for the Trust are as follows:

To improve health and social well-being outcomes, through a reduction in preventable disease and ill-health, by providing effective, high quality, equitable and efficient health and social care.

2.2 Objectives and key targets

- 2.2.1 The Department determines the Trust's performance framework in light of its wider strategic aims and of current Public Service Agreement (PSA) objectives and targets. The key targets, standards and actions to be delivered by the Trust are defined by the Department within Priorities for Action (PfA) and are approved by the Minister.

3. RESPONSIBILITIES AND ACCOUNTABILITY

3.1 The Minister

3.1.1 The Minister is accountable to the Assembly for the activities and performance of the Trust. His/her responsibilities include:

- keeping the Assembly informed about the Trust's performance, as part of the HSC system;
- carrying out responsibilities specified in the founding legislation including appointments to the Board (including its Chairman) and laying of the annual report and accounts before the Assembly; and
- approving the remuneration scheme for Non-Executive Board members and setting the annual pay increase each year under these arrangements.

3.2 The Accounting Officer of DHSSPS

3.2.1 The Sponsor Department's Accounting Officer (the 'Departmental Accounting Officer') has designated the Chief Executive of the Trust as the Trust's Accounting Officer, and may withdraw the Accounting Officer designation if he/she believes that the incumbent is no longer suitable for the role. The respective responsibilities of the Departmental Accounting Officer and the Accounting Officers of arm's length bodies are set out in Chapter 3 of *Managing Public Money Northern Ireland (MPMNI)*.

3.2.2 In particular, the Departmental Accounting Officer shall ensure that:

- the Trust's plans support the Department's wider strategic aims and will contribute, as appropriate, to the achievement of PSA and PfA targets, standards and actions;
- the financial and other management controls applied by the Department to the Trust are appropriate and sufficient to safeguard public funds, and that the Trust's compliance with those controls is effectively monitored ("public funds" include not only any funds granted to the Trust by the Assembly but also any other funds falling within the stewardship of the Trust); and
- the internal controls applied by the Trust conform to the requirements of regularity, propriety and good financial management.

3.2.3 The Departmental Accounting Officer is also responsible for ensuring that arrangements are in place to:

- continuously monitor the Trust's activities to measure progress against approved targets, standards and actions, and to assess compliance with safety and quality, governance, risk management and other relevant requirements placed on the organisation;
- address significant problems in the Trust, making such interventions as he/she judges necessary to address such problems;
- periodically carry out an assessment of the risks both to the Department's and the Trust's objectives and activities;
- inform the Trust of relevant Government policy in a timely manner; and
- bring concerns about the activities of the Trust to the full Trust Board, requiring explanations and assurances that appropriate action has been taken.

3.2.4 The Planning & Performance Management Directorate within the Department is the sponsoring team for the Trust, forming its primary point of contact with the Department on non-financial management and performance. Regarding such

matters, the team is the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the Trust. It also supports the Departmental Accounting Officer on his/her responsibilities towards the Trust.

3.2.5 The relationship between the Trust and its Departmental sponsoring team, based on the principles of good public administration, is articulated through direction and guidance, and on good practice as notified to the Trust. The salient requirements are described at **Appendix 1**.

3.2.6 On financial matters, the primary point of Departmental contact for the Trust is Finance Directorate. That Directorate also supports the Departmental Accounting Officer on his/her responsibilities towards the Trust as regards accounting arrangements, budgetary control and other financial matters. In doing so, Finance Directorate liaises as appropriate with the Planning & Performance Management Directorate.

3.3 The Chief Executive's role as Accounting Officer

3.3.1 The Chief Executive, as the Trust's Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the Trust. In addition he/she should ensure that the Trust as a whole is run on the basis of the standards (in terms of governance, decision making and financial management) set out in Box 3.1 of *MPMNI*.

3.3.2 In addition, the Chief Executive must, within three months of appointment, attend the training course 'An introduction to Public Accountability for Accounting Officers'.

Responsibilities for accounting to the Assembly

3.3.3 These responsibilities include:

- signing the accounts and be responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Department or DFP;
- signing a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- signing a Statement on Internal Control regarding the Trust's system of internal control, for inclusion in the annual report and accounts;
- signing a mid-year assurance statement on the condition of the Trust's system of internal control;
- acting in accordance with the terms of this document and with the instructions and relevant guidance in *MPMNI* and other instructions and guidance issued from time to time by the Department; and
- giving evidence, normally with the Accounting Officer of the Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the Trust.

Responsibilities to the Department

3.3.4 Particular responsibilities to the Department include:

- establishing, with the approval of the Department, the Trust's Corporate/ Business Plan in support of the Department's wider strategic aims and objectives and targets in the PfA and PSAs;

- informing the HSCB of the Trust's progress in helping to achieve the Department's wider strategic aims and objectives, and relevant targets in the PfA and PSAs, demonstrating how resources are being used to achieve those objectives and targets;
- ensuring that timely forecasts and monitoring information on performance and finance are provided to the HSCB including prompt notification of overspends or underspends, and that corrective action is taken;
- ensuring that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the HSCB or to the Department as appropriate and in timely fashion;
- ensuring that a system of risk management, based on Departmental guidance, is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- ensuring that an effective system of programme and project management and contract management is maintained; and
- ensuring compliance with the Northern Ireland Public Procurement Policy;
- reporting on compliance with controls assurance and quality standards to the Department;
- ensuring that an Assurance Framework is developed and maintained;
- ensuring that a business continuity plan is developed and maintained;
- ensuring that effective procedures for handling complaints about the Trust are established and made widely known within the Trust;
- ensuring that effective procedures for handling adverse incidents are established and made widely known within the Trust;

- ensuring that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and OFMDFM;
- ensuring that Lifetime Opportunities is taken into account;
- ensuring that the requirements of the Data Protection Act 1998 are complied with;
- ensuring that the requirements of the Freedom of Information Act 2000 are complied with and that a publication scheme is in place which is reviewed as required and placed on the website; and
- ensuring that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with.

Responsibilities to the Board of the Trust

3.3.5 The Chief Executive is responsible for:

- advising the Board on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be, or have been, issued from time to time;
- advising the Board on the Trust's performance compared with its aims and objectives;
- ensuring that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed; and
- taking action in line with Section 3.8 of *MPMNI* if the Board, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness.

3.4 The Chief Executive's rôle as Consolidation Officer

- 3.4.1 For the purposes of Whole of Government Accounts, the Chief Executive of the Trust is normally appointed by DFP as the Trust's Consolidation Officer.
- 3.4.2 As the Trust's Consolidation Officer, the Chief Executive shall be personally responsible for preparing the consolidation information, which sets out the financial results and position of the Trust; for arranging for its audit; and for sending the information and the audit report to the Principal Consolidation Officer nominated by DFP.
- 3.4.3 As Consolidation Officer, the Chief Executive shall comply with the requirements of the Trust Consolidation Officer Memorandum as issued by DFP and shall, in particular:
- ensure that the Trust has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process; and
 - prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions ["Dear Consolidation Officer" (DCO) and "Dear Consolidation Manager" (DCM) letters] issued by DFP on the form, manner and timetable for the delivery of such information.

3.5 Delegation of duties

- 3.5.1 Chief Executive may delegate the day-to-day administration of his/her Accounting Officer and Consolidation Officer responsibilities to other employees in the Trust. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document

3.6 The Chief Executive's role as Principal Officer for Ombudsman cases

- 3.6.1 The Chief Executive of the Trust is the Principal Officer for handling cases involving the Northern Ireland Commissioner for Complaints. As Principal Officer, he/she shall inform the Permanent Secretary of the sponsor Department of any complaints about the Trust accepted by the Ombudsman for investigation, and about the Trust's proposed response to any subsequent recommendations from the Ombudsman

3.7 The Trust's Board

- 3.7.1 The Board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board must set up an Audit Committee, which complies with the requirements of DAO 07/07 and any subsequent relevant guidance, is chaired by an independent non-executive member, and comprises solely independent members, to provide independent advice on the effectiveness of the internal control and risk management systems.
- 3.7.2 The Board has corporate responsibility for ensuring that the Trust fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources by the Trust. To this end, and in pursuit of its wider corporate responsibilities, the Board shall:
- establish the overall strategic direction of the Trust within the policy and resources framework determined by the Department/Minister;
 - ensure that the Trust's performance fully meets its aims and objectives as efficiently and effectively as possible;
 - ensure that the Department, if appropriate through the HSCB or PHA, is kept informed of any changes which are likely to impact on the strategic

direction of the Trust or on the attainability of its targets, and determine the steps needed to deal with such changes;

- ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority set by the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account all relevant guidance issued by DFP and the Department or other relevant authority;
- ensure that it receives and reviews regular financial information concerning the management of the Trust; is informed in a timely manner about any concerns about the activities of the Trust; and provides positive assurance to the Department that appropriate action has been taken on such concerns;
- ensure that an executive member of the Board has been allocated lead responsibility for risk management;
- constructively challenge the Trust's executive team in their planning, target setting and delivery of performance;
- demonstrate high standards of corporate governance at all times, including using the independent audit committee (see paragraph 3.7.1) to help the Board to address the key financial and other risks facing the Trust; and
- appoint a Chief Executive to the Trust and, in consultation with the Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive which give due weight to the proper management and use of public monies.

3.8 The Chairman's personal responsibilities

3.8.1 The Chairman is accountable to the Minister through the Departmental Accounting Officer. Communications between the Trust Board and the Minister should normally be through the Chairman (who will ensure that the other Board members are kept informed of such communications). He/she is responsible for ensuring that the Trust's policies and actions support the Department's wider strategic policies; and that the Trust's affairs are conducted with probity. Where appropriate, these policies and actions should be clearly communicated and disseminated throughout the Trust.

3.8.2 The Chairman has a particular leadership responsibility on the following matters:

- formulating the Board's strategy for discharging its duties;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Department, the HSCB or the PHA;
- ensuring that risk management is regularly and formally considered at Board meetings;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of propriety;
- representing the views of the Board to the general public; and
- ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board members. Meetings must be open to the public, the public should be advised of meetings through the press and the minutes must be placed on the Trust website after formal approval.

3.8.3 The Chairman shall also:

- ensure that all members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and, within three months of appointment, receive appropriate induction training, including on the financial management, risk management and reporting requirements of public sector bodies and on any material differences which may exist between private and public sector practice within three months of appointment;
- advise the Department of the needs of the Trust when Board vacancies arise, with a view to ensuring a proper balance of professional, financial or other expertise;
- assess, annually, the performance of individual Board members. Board Members will be subject to ongoing performance appraisal, with a formal assessment being completed by the Chair of the Board at the end of each year. Members will be made aware that they are being appraised, the standards against which they will be appraised and will have an opportunity to contribute to and view their report. The Chair of the Board will also be appraised on an annual basis by the Departmental Accounting Officer or an official acting on their behalf; and
- ensure that a Code of Practice for Board Members is in place, based on the NHS *Code of Conduct and Code of Accountability*.

3.9 Individual Board members' responsibilities

3.9.1 Individual Board members shall act in accordance with their wider responsibilities as members of the Board – namely to:

- comply at all times with the Code of Practice (see paragraph 3.8.3) that is adopted by the Trust and with the rules relating to the use of public funds and to conflicts of interest;
- not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organizations; and to declare publicly and to the Board any private interests that may be thought to conflict with their public duties;
- comply with the Board's rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum; and
- act in good faith and in the best interests of the Trust.

3.10 Consulting Service users and other interest groups

3.10.1 The Trust will work in partnership with its patients, clients, other service users and carers, and with stakeholders, to deliver the services/programmes, for which it has responsibility, to agreed standards. It will consult regularly to develop a clear understanding of citizens' needs and expectations of its services, and to seek feedback from patients, clients, other service users and carers, and from stakeholders, and will work to deliver a high quality, safe and accessible service. It will disseminate public information about the services for which it is responsible.

3.10.2 The Trust will in carrying out its equality duties consult in a timely, open and inclusive way and in accordance with the Equality Commission's guiding principles. It will monitor its policies to ensure that as each policy is revised it promotes greater equality of opportunity.

3.10.3 The Trust must prepare its own consultation scheme to be submitted to the Department for approval and to be reviewed regularly.

4. PLANNING, BUDGETING AND CONTROL

4.1 Corporate/Business Plan

4.1.1 Consistent with the timetable for Northern Ireland Executive Budgets, the Trust shall submit annually to the sponsor Department a draft of the Trust's Corporate Plan covering up to three years ahead. The Trust shall have agreed with the sponsor Department the issues to be addressed in the Plan and the timetable for its preparation. The Plan will be subject to Departmental approval.

4.1.2 The Plan shall reflect the Trust's statutory duties and, within those duties, the priorities set from time to time by the Minister. The Plan shall, to the extent required by the Department, demonstrate how the Trust contributes to the achievement of the Department's strategic aims and Programme for Government objectives. Its contents will also reflect the sponsor Department's decisions on policy and resources taken in the context of the Executive's wider policy and spending priorities and decisions.

4.1.3 The first year of the Corporate Plan, amplified as necessary, shall form the Business Plan. The Business Plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives can readily be identified by the sponsor Department.

4.1.4 The Plans will include the following, as directed by the Department:

- key objectives and associated key performance targets (financial and non-financial) for the forward years, and the strategy for achieving those objectives;
- alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;
- a forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by the sponsor Department. These forecasts should represent the Trust's best estimate of all its available income ie not just grant or grant-in-aid; and
- other matters as specified by the sponsor Department.

4.1.5 The Corporate/Business Plan shall be published by the Trust and made available on its website. A summary version shall be made available to staff.

4.2 Reporting performance to the HSCB and the Department

4.2.1 The Trust shall operate management information and accounting systems which enable it to review in a timely and effective manner its financial and non-financial performance against the budgets and targets set out in its agreed Corporate/Business Plan.

4.2.2 The Trust shall take the initiative in informing the **Department** of changes in external conditions which make the achievement of objectives more or less difficult, or which may indicate a change to the budget or objectives as set out in the **Corporate/Business plan**.

4.2.3 The Trust's performance in meeting its Corporate/Business Plan objectives shall be reported to the Department as part of the accountability review process.

4.2.4 Senior Departmental officials will hold biannual accountability reviews with the Trust to discuss the Trust's overall performance, its current and future activities,

any policy developments relevant to those activities safety and quality, financial performance and corporate control/risk management performance, and other issues as prescribed by the Department.

4.2.5 The Trust's performance against key Departmental/Ministerial targets shall be reported in the Trust's annual report and accounts [see Section 6.1 below].

4.2.6 The Department will, at its discretion, request evidence of progress against key objectives.

5 BUDGETING PROCEDURES

5.1 The Trust's budgeting procedures are set out in the *Financial Memorandum*.

5.2 Internal audit

5.2.1 The Trust shall establish and maintain arrangements for internal audit in accordance with *FD (DFP) 07/09 The Treasury's Government Internal Audit Standards (GIAS)*, *HSS(F)21/03 Internal Audit Arrangements between a Sponsoring Department and its Non-Departmental Public Bodies (Trust's) and HSS(F)13/2007 Model HPSS Financial Governance Documents*.

5.2.2. Those arrangements shall also comply with the Department's requirements on foot of HSC (F) 11/2010 which promulgated DAO (DFP) 01/10 *Internal Audit Arrangements between Departments and Arm's Length Bodies*. These include:

- having input to the Trust's planned internal audit coverage, to ensure that shared assurance requirements (in relation to risk areas/topics) are built into the Trust's audit plan and audit strategy;
- arrangements for the receipt of audit reports, assignment reports, the Head of Internal Audit's annual report and opinion etc;

- arrangements for the completion of Internal and External Assessments of the Trust's internal audit function against GIAS including advising that the sponsor Department reserves a right of access to carry out its own independent reviews of internal audit in the Trust; and
- the right of access to all documents prepared by the Trust's internal auditor, including where the service is contracted out. Where the Trust's audit service is contracted out the Trust should stipulate this requirement when tendering for the services.

5.2.3. The Trust shall consult with the Department to ensure that the latter is satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving the appointment are in accordance with GIAS and relevant DFP guidance.

5.3 Audit Committee

5.3.1 The Trust shall set up an independent audit committee as a committee of its Board, in accordance with the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD (DFP) 03/06 refers) and in line with the Audit Committee Handbook DAO (DFP) 07/07.

5.3.2 The sponsor Department will attend one Trust audit committee meeting per year as an observer, and will not participate in any Audit Committee discussion.

5.3.3 The audit committee's meeting agendas, minutes and papers shall be forwarded as soon as possible to the sponsoring team.

5.3.4 The sponsor Department will review the Trust's audit committee terms of reference. The Trust shall notify the sponsor department of any subsequent changes to the audit committee's terms of reference.

5.4 Fraud

- 5.4.1 The Trust should establish and maintain arrangements for preventing, countering and dealing with fraud by:
- assessing, identifying, evaluating, and responding to fraud risks;
 - ensuring that the Trust's Audit Committee formally considers the anti-fraud measures in place;
 - reporting immediately all suspected or proven frauds, including attempted fraud to the sponsor Department; and
 - complying with all guidance issued by the Department.
- 5.4.2 The sponsor Department will report suspected and actual frauds immediately to DFP and the C&AG. In addition the Trust shall forward to the sponsor Department the annual fraud return, commissioned by DFP, on fraud and theft suffered by the Trust.
- 5.4.3 The sponsor Department will review the Trust's Anti-fraud policy and Fraud Response Plan. The Trust shall notify the sponsor Department of any subsequent changes to the policy or response plan.

5.5 Additional Departmental access to the Trust

- 5.5.1 In addition to the right of access referred to in paragraph 5.2.4 above, the Department shall have a right of access to all the Trust's records, meetings and personnel for purposes such as audits, operational investigations, and as the Departmental Accounting Officer sees fit (subject to any relevant legal restrictions).

6. EXTERNAL ACCOUNTABILITY

6.1 The annual report and accounts

- 6.1.1 After the end of each financial year the Trust shall publish as a single document an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the Trust. A draft of the report shall be submitted to the Department two weeks before the proposed publication date although it is expected that the Department and the Trust will have had extensive pre-publication discussion on the content of the report prior to formal submission to the Department.
- 6.1.2 The report and accounts shall comply with the most recent version of the Government Financial Reporting Manual (FReM) issued by DFP. The accounts shall be prepared in accordance with any relevant statutes and the specific Accounts Direction issued by the Department.
- 6.1.3 The report and accounts shall outline the Trust's main activities and performance during the previous financial year and set out in summary form the Trust's forward plans. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit.
- 6.1.4 The report and accounts shall be laid before the Assembly and made available, in accordance with the guidance on the procedures for presenting and laying the combined annual report and accounts as prescribed in the relevant finance circular issued by the Department.
- 6.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts shall require the prior written approval of the Department.

6.2 External audit

- 6.2.1 The Comptroller and Auditor General (C&AG) audits the Trust's annual accounts and passes the accounts to the Department who shall lay them before the Assembly. For the purposes of audit the C&AG has a statutory right of access to relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003 .
- 6.2.2 The C&AG has agreed to liaise with the Trust on who – the NIAO or a commercial auditor – shall undertake the actual audit on his behalf. The final decision rests with the C&AG.
- 6.2.3 The C&AG has agreed to share with the Department information identified during the audit process and the audit report (together with any other outputs) at the end of the audit. This shall apply, in particular, to issues which impact on the Department's responsibilities in relation to financial systems within the Trust. The C&AG will also consider, where asked, providing the Department and other relevant bodies with Regulatory Compliance Reports and other similar reports which the Department may request at the commencement of the audit and which are compatible with the independent auditor's role.

6.3 VFM examinations

- 6.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the Trust has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003. Where making payment of a grant, or drawing up a contract, the Trust should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the

transaction including those relevant to matters of professional competence, misconduct etc. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

7. STAFF MANAGEMENT

7.1 General

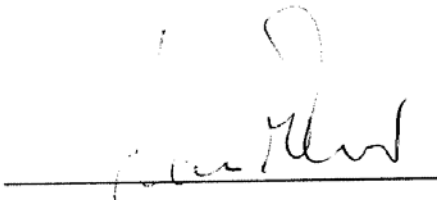
7.1.1. In line with the arrangements and guidance provided by the Department, the Trust shall have responsibility for the recruitment, retention and motivation of its staff. To this end the Trust shall ensure that:

- its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, domestic circumstances, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;
- the level and structure of its staffing, including grading and numbers of staff, are appropriate to its functions and the requirements of efficiency, effectiveness and economy as agreed by the Department;
- the performance of its staff at all levels is satisfactorily appraised;
- its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the Trust's objectives;
- proper consultation with staff takes place on key issues affecting them;
- adequate grievance and disciplinary procedures are in place;
- whistle blowing procedures consistent with the Public Interest Disclosure (Northern Ireland) Order 1998, as amended, are in place;

- a code of conduct for staff is in place based on Annex 5A of Public Bodies: A Guide for NI Departments (available at www.afmdni.gov.uk). This code should be copied to the sponsor team.

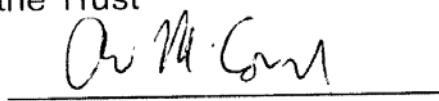
8. REVIEWING THE ROLE OF THE TRUST

- 8.1 The role of, and justification for the Trust shall be reviewed periodically, in accordance with the business needs of the sponsor Department and the Trust. Reference should be made to Chapter 9 of the Public Bodies: a Guide for Northern Ireland Departments.

Signed: 

Date: 6th April 2011

On behalf of the Trust

Signed: 

Date: 12th June 2011

On behalf of the Department

Appendix 1

1. Documentary requirements

1.1 Documentation to be copied to the Sponsor Branch for information

Monthly (or as the occasion arises)

- Board meeting papers (including draft minutes) for each meeting as and when issued to Committee members
- Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members
- Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee members
-

Annually

- Register of Board members' interests
- The annual report, with the draft submitted to the Department two weeks before the publication date (*separate timetable for the annual accounts, SIC etc, set by Finance Directorate*)
- The Assurance Framework (annually)
- Business Continuity Plan

Once and then when revised

- Code of Conduct for Board members
- Code of Practice for staff
- Audit Committee Terms of Reference
- Audit Strategy
- Assurance/Governance Committee Terms of Reference
- Complaints procedure
- Anti-Fraud policy
- Fraud Response plan
- Whistle-blowing procedures
- Grievance and Disciplinary procedures

- Equality scheme
- Publication scheme
- Consultation Scheme

1.2 Documentation to be copied to the Sponsor Branch for consideration/ comment/ approval

Quarterly

- [*Report on quarterly assessment of progress being made in the delivery of the Trust Delivery plan's aims and objectives*]

Bi-annual

- Corporate Risk Register every six months

Annually

- Annual Statement on Internal Control
- Mid-year Assurance Statement (by end-October)
- Annual report on Compliance with Controls Assurance Standards
- Annual Internal Audit work-plan
- Internal Audit Progress Report
- Annual Fraud return
- Corporate Plan (including the Business Plan)[, and the Trust Delivery Plan] must be produced, for approval by the Department
- The Head of Internal Audit's end-of-year and mid-year opinion on risk management, control and governance

Once

- Inspection reports by external bodies (e.g. RQIA, MHRA), as agreed with the Sponsor Branch
- All Internal Audit reports with less than satisfactory assurance in line with arrangements agreed with the Sponsor Branch
- NIAO management letters

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Text of model financial memorandum

I. INTRODUCTION

1 This *Financial Memorandum* sets out certain aspects of the financial framework within which the Trust is required to operate.

2The terms and conditions set out in the combined *Management Statement* and *Financial Memorandum* may be supplemented by guidelines or directions issued by the DHSSPS/Minister in respect of the exercise of any individual functions, powers and duties of the Trust.

3The Trust shall satisfy the conditions and requirements set out in the combined document, together with such other conditions as the DHSSPS/Minister may from time to time impose.

II. THE TRUST'S INCOME AND EXPENDITURE - GENERAL

The Departmental Expenditure Limit (DEL)

4The Trust's current and capital expenditure form part of the DHSSPS Department's Resource DEL and Capital DEL respectively.

Expenditure not proposed in the budget

5The Trust shall not, without prior written DHSSPS approval, enter into any undertaking to incur any expenditure which falls outside the Trust's delegations or which is not provided for in the Trust's annual budget as approved by the DHSSPS.

Procurement

6 The Trust's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002 (refreshed May 2009); *Procurement Guidance Notes*; and any other guidelines or guidance issued by Central Procurement Directorate and the Procurement Board. The Trust shall also ensure that it complies with any relevant EU or other international procurement rules.

- 7 Regional Supply Service (RSS), within the Business Services Organisation, shall carry out procurement activity on behalf of the Trust, governed by a documented Service Level Agreement. Periodic reviews of the Trust's procurement activity should be undertaken. The results of such review will be shared with DHSSPS.

Competition

- 8 Contracts shall be awarded on a competitive basis and tenders accepted from suppliers who provide best value for money overall.
- 9 Single tender action is the process where a contract is awarded to an economic operator (i.e. supplier, contractor) without competition. In light of their exceptional nature, all single tender actions should be subject to Trust Accounting Officer approval. It is advisable that the Trust seek an assurance from RSS, or their legal adviser, to provide assurance for the Accounting Officer that the use of single tender action is legitimate in a particular case. Further information is published in Procurement Guidance Note 02/10 on the 'Award of Contracts without a Competition'. www.cpdni.gov.uk/index/guidance-for-purchasers/guidance-notes.htm
- 10 The Trust shall send to the DHSSPS after each financial year a report for that year explaining any contracts above £5,000 in which competitive tendering was not employed.

Best Value for money

- 11 Procurement by the Trust of works, supplies and services shall be based on best value for money, ie the optimum combination of whole life cost and quality (or fitness for purpose) to meet the Trust's requirements. Where appropriate, a full option appraisal shall be carried out before procurement decisions are taken.

Timeliness In paying bills

- 12 The Trust shall collect receipts and pay all matured and properly authorised invoices in accordance with Annex 4.5 and Annex 4.6 of *Managing Public Money Northern Ireland* and any guidance issued by DFP or DHSSPS.

Novel, contentious or repercussive proposals

- 13 The Trust shall obtain the approval of the DHSSPS, and DFP, before:

- incurring any expenditure for any purpose which is or might be considered novel or contentious, or which has or could have significant future cost implications, including on staff benefits;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the DHSSPS;
- making any change of policy or practice which has wider financial implications (eg because it might prove repercussive among other public sector bodies) or which might significantly affect the future level of resources required. (The DHSSPS will advise on what constitutes "significant" in this context).

Risk management/Fraud

- 14 The Trust shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of best practice in corporate governance, and shall develop a risk management strategy, in accordance with the Treasury guidance *Management of Risk: A Strategic Overview (The "Orange Book")*.
- 15 The Trust shall take proportionate and appropriate steps to assess the financial and economic standing of any organisation or other body with which it intends to enter into a contract or to which it intends to give grant or grant-in-aid.
- 16 The Trust shall adopt and implement policies and practices to safeguard itself against fraud and theft, in line with DFP's guide *Managing the Risk of Fraud ..*
- 17 All cases of attempted, suspected or proven fraud shall be reported to the DHSSPS who shall report it to DFP and the NIAO as soon as they are discovered, irrespective of the amount involved.

Wider markets

- 18 In accordance with the wider markets policy, the Trust shall seek to maximise receipts from non-Consolidated Fund sources, provided that

this is consistent with (a) the Trust's main functions (b) its corporate plan as agreed with the DHSSPS. DHSSPS will confirm with the DFP Supply Officer that such proposed activity is appropriate.

Fees and charges

- 19 Fees or charges for any services supplied by the DHSSPS shall be determined in accordance with Chapter 6 of MPMNI.

III. THE TRUST'S INCOME

Grant-in-aid

- 20 Grant-in aid will be paid to the Trust in instalments, on the basis of need. The Trust shall submit a monthly written application to the Department forecasting its cash requirements and shall certify that the conditions applying to the use of revenue funds have been observed to date and that further grant-in-aid is now required for purposes appropriate to the Trust's functions.
- 21 The Trust should have regard to the guidance in DAO (DFP) 04/03 and to the general principle enshrined in Annex 5.1 of *Managing Public Money Northern Ireland* that it should seek grant-in-aid according to need.
- 22 Cash balances accumulated during the course of the year shall be kept at the minimum level consistent with the efficient operation of the Trust. Grant-in-aid not drawn down by the end of the year shall lapse. However, where draw-down of grant-in-aid is delayed to avoid excess cash balances at year-end, the DHSSPS will make available in the next financial year (subject to approval by the Assembly of the relevant Estimates provision) any such grant-in-aid required to meet any liabilities at year end, such as creditors.

Fines and taxes as receipts

- 23 Most fines and taxes (including levies and some licences) do not provide additional DEL spending power and should be surrendered to the DHSSPS.

Receipts from sale of goods or services

- 24 Receipts from the sale of goods and services (including certain licences), rent of land, normally provide additional DEL spending power. If a body wishes to retain a receipt or utilise an increase in the level of receipts, it must gain the prior approval of DHSSPS.
- 25 If there is any doubt about the correct classification of a receipt, the Trust shall consult the DHSSPS, which may consult DFP as necessary.

Interest earned

- 26 Interest earned on cash balances cannot necessarily be retained by the Trust. Depending on the budgeting treatment of this receipt, and its impact on the Trust's cash requirement, it may lead to commensurate reduction of grant-in-aid or be required to be surrendered to the NI Consolidated Fund via DHSSPS. If the receipts are used to finance additional expenditure by the Trust, DHSSPS will need to ensure it has the necessary budget cover.

Unforecast changes in in-year income

- 27 If the negative DEL income realised or expected to be realised in-year is less than estimated, the Trust shall, unless otherwise agreed with the DHSSPS, ensure a corresponding reduction in its gross expenditure so that the authorised provision is not exceeded. [NOTE: For example, if the Trust is allocated £100 resource DEL provision by the DHSSPS and expects to receive £10 of negative DEL income, it may plan to spend a total of £110. If income (on an accruals basis) turns out to be only £5 the Trust will need to reduce its expenditure to £105 to avoid breaching its budget. If the Trust still spends £110 the DHSSPS will need to find £5 of savings from elsewhere within its total DEL to offset this overspend.]
- 28 If the negative DEL income realised or expected to be realised in the year is more than estimated, the Trust may apply to the DHSSPS to retain the excess income for specified additional expenditure within the current financial year without an offsetting reduction to grant-in-aid. The DHSSPS shall consider such applications, taking account of

competing demands for resources, and will consult with DFP in relation to any significant amounts. If an application is refused, any grant-in-aid shall be commensurately reduced or the excess receipts shall be required to be surrendered to the NI Consolidated Fund via the DHSSPS.

Build-up and draw-down of deposits

- 29 The Trust shall comply with the rules that any DEL expenditure financed by the draw-down of deposits counts within DEL. The Trust shall maintain and manage cash balances as working balances only. These shall be held at a minimum level throughout the year. Any interest earned on overnight deposits must be returned to DHSSPS.
- 30 The Trust shall ensure that it has the necessary DEL provision for any expenditure financed by draw-down of deposits.

Proceeds from disposal of assets

- 31 Disposals of land and buildings are dealt with in Section VI below.

Gifts and bequests received

- 32 The Trust is free to retain any gifts, bequests or similar donations, subject to paragraph 33. These shall be treated as receipts and must be notified to the DHSSPS. [NOTE: Donated assets do not attract a cost of capital charge, and a release from the donated assets reserve should offset depreciation in the operating cost statement. The latest FReM requirements should be applied]
- 33 Before accepting a gift, bequest, or similar donation, the Trust shall consider if there are any associated costs in doing so or any conflicts of interests arising. The Trust shall keep a written record of any such gifts, bequests and donations and of their estimated value and whether they are disposed of or retained.

Borrowing

- 34 Normally the Trust will not be allowed to borrow but when doing so the Trust shall observe the principles set out in Chapter 5 and the associated annexes of MPMNI when undertaking borrowing of any kind. The Trust

shall seek the approval of the DHSSPS and, where appropriate, DFP, to ensure that it has any necessary authority and budgetary cover for any borrowing or the expenditure financed by such borrowing. Medium or long term private sector or foreign borrowing is subject to the value for money test in *Section 5.7 of MPMNI*.

- 35 Any expenditure by the Trust financed by borrowing counts in DEL

IV. EXPENDITURE ON STAFF

Staff costs

- 36 Subject to its delegated levels of authority the Trust shall ensure that the creation of any additional posts does not incur forward commitments which will exceed its ability to pay for them.

Pay and conditions of service

- 37 The staff of the Trust whether on permanent or temporary contract, shall be subject to levels of remuneration and terms and conditions of service (including superannuation) as approved by the DHSSPS and DFP. The Trust has no delegated power to amend these terms and conditions.
- 38 Current terms and conditions for staff of the Trust are those set out in its Employee Handbook. The Trust shall provide the DHSSPS and DFP with a copy of the Handbook and subsequent amendments.
- 39 Annual pay increases of Trust staff must be in accordance with the annual FD letter on Pay Remit Approval Process and Guidance issued by DFP. Therefore, all proposed pay awards must have prior approval of DHSSPS and the Minister for Finance before implementation.
- 40 The travel expenses of Board Members shall be tied to the rates allowed to senior staff of the Trust. Reasonable actual costs shall be reimbursed.

41 The Trust shall operate a performance-related pay scheme which shall form part of the general pay structure approved by the DHSSPS and DFP.

42 The Trust shall comply with the EU directive on contract workers [Fixed Term Employees Regulations (Prevention of Less Favourable Treatment)].

Pensions; redundancy/compensation

43 Trust's staff shall be eligible for a pension provided by :

- **Either** the Health and Social Care Superannuation Scheme **or** the Health and Social Care Pension Scheme.

44 Staff may opt out of the occupational pension scheme provided by the Trust. However, the employer's contribution to any personal pension arrangement, including a stakeholder pension, shall be limited to the national insurance rebate level.

45 Any proposal by the Trust to move from the existing pension arrangements, or to pay any redundancy or compensation for loss of office, requires the approval of the DHSSPS and DFP. Proposals on severance payments must comply with DAO (DFP) 17/05.

V. NON-STAFF EXPENDITURE

Economic appraisal

46 Trusts are required to apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending or saving public money, including European Union (EU) funds, and any other decisions or proposals that involve changes in the use of public resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:

- a. involve capital or current spending, or both;
- b. are large or small;

- c. are above or below delegated limits(see Appendix A).

- 47 Appraisal itself uses up resources. The effort that should go into appraisal and the detail to be considered is a matter for case-by-case judgement, but the general principle is that the resources to be devoted to appraisal should be in proportion to the scale or importance of the objectives and resource consequences in question. Judgement of the appropriate effort should take into consideration the totality of the resources involved in a proposal.

General guidance on economic appraisal that applies to Trusts can be found in:

- The Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE) See <http://www.dfpni.gov.uk/eag>
- The HM Treasury Guide, *The Green Book: Appraisal and Evaluation in Central Government*.
- Capital Investment Manual

Capital expenditure

- 48 Subject to being above an agreed capitalisation threshold, all expenditure on the acquisition or creation of fixed assets shall be capitalised on an accruals basis in accordance with relevant accounting standards. Expenditure to be capitalised shall include the (a) acquisition, reclamation or laying out of land; (b) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and (c) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels.
- 49 Proposals for large-scale individual capital projects or acquisitions will normally be considered within the Trust's corporate and business planning process. Subject to paragraph 51, applications for approval within the corporate/business plan by the DHSSPS and DFP if necessary, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the

Board. Regular reports on the progress of projects shall be submitted to the DHSSPS.

- 50 Approval of the corporate/business plan does not obviate the Trust's responsibility to abide by the economic appraisal process.
- 51 Within its approved overall resources limit the Trust shall, as indicated in the attached Appendix on delegations, have delegated authority to spend up to £500,000 on any individual capital project or acquisition. Beyond that delegated limit, the DHSSPS and where necessary, DFP's prior authority must be obtained before expenditure on an individual project or acquisition is incurred.

Transfer of funds within budgets

- 52 Unless financial provision is subject to specific Departmental or DFP controls (eg, where provision is ring-fenced for specific purposes) or delegated limits, transfers between budgets within the total capital budget, or between budgets within the total revenue budget, do not need Departmental approval. The one exception to this is that, due to HM Treasury controls, any movement into, or out, of depreciation and impairments within the resource budget will require departmental and possibly DFP approval. [NOTE: Under resource budgeting rules, transfers from capital to resource budgets are not allowed.]

Lending, guarantees, indemnities; contingent liabilities; letters of comfort

- 53 The Trust shall not, without the DHSSPS' and where necessary, DFP's prior written consent, lend money, charge any asset or security, give any guarantee or indemnities or letters of comfort, or incur any other contingent liability (as defined in Annex 5.5 of MPMNI), whether or not in a legally binding form.

Grant or loan schemes

- 54 Unless covered by a delegated authority, all proposals to make a loan to a third party, whether one-off or under a scheme, together with the terms and conditions under which such loan is made shall be subject to prior approval by the DHSSPS, and where necessary DFP. If loans are to be made under a continuing scheme, statutory authority is likely to be required.

55 The terms and conditions of a grant or loan to a third party shall include a requirement on the receiving organisation to prepare

accounts and to ensure that its books and records in relation to the grant or loan are readily available for inspection by the Trust, the DHSSPS and the C&AG.

56 See also below under the heading *Recovery of grant-financed assets* (paragraphs 78-80).

Gifts made, write-offs, losses and other special payments

57. Proposals for making gifts or other special payments (including issuing write-offs) outside the delegated limits set out in the Appendix A of this document must have the prior approval of the DHSSPS and where necessary DFP.

58 Losses shall not be written off until all reasonable attempts to make a recovery have been made and proved unsuccessful.

59 Gifts by management to staff are subject to the requirements of HSS(F)13/2007.

Leasing

60 Prior Departmental approval must be secured for all property and finance leases. The DHSSPS must have capital DEL provision for finance leases and other transactions which are, in substance, borrowing (paragraphs 34-35 above).

61 Before entering into any lease (including an operating lease) the Trust shall demonstrate that the lease offers better value for money than purchase.

Public/Private Partnerships

62 The Trust shall seek opportunities to enter into Public/Private Partnerships where this would be more affordable and offer better value for money than conventional procurement. Where cash flow projections may result in delegated spending authority being breached, the Trust shall consult the DHSSPS. The Trust should also ensure that it has the necessary budget cover.

- 63 Any partnership controlled by the Trust shall be treated as part of the Trust in accordance with guidance in the FReM and consolidated with it [subject to any particular treatment required by the FReM]. Where the judgment over the level of control is difficult the DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment).

Subsidiary companies and joint ventures

- 64 The Trust shall not establish subsidiary companies or joint ventures without the express approval of the DHSSPS and DFP. In judging such proposals the DHSSPS will have regard to the Department's wider strategic aim[s] objective and current Public Service Agreement.
- 65 For public expenditure accounts purposes any subsidiary company or joint venture controlled or owned by the Trust shall be consolidated with it in accordance with guidance in the FReM subject to any particular treatment required by the FReM. Where the judgment over the level of control is difficult, the DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with the DHSSPS and DFP, such subsidiary companies or joint ventures shall be subject to the controls and requirements set out in this *Management Statement* and *Financial Memorandum*, and to the further provisions set out in supporting documentation.

Financial investments

- 66 The Trust shall not make any investments in traded financial instruments without the prior written approval of the DHSSPS, and where appropriate DFP, nor shall it aim to build up cash balances or net assets in excess of what is required for operational purposes. Funds held in bank accounts or as financial investments may be a factor for consideration when grant-in-aid is determined. Equity shares in ventures which further the objectives of the Trust shall equally be subject to Departmental and DFP approval unless covered by a specific delegation.

Unconventional financing

- 67 The Trust shall not enter into any unconventional financing arrangement without the approval of the DHSSPS and DFP.

Commercial insurance

68 The Trust shall not take out any insurance without the prior approval of the DHSSPS and DFP, other than third party insurance required by the Road Traffic (NI) Order 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted under Annex 4.5 of MPMNI.

69 In the case of a major loss or third-party claim, DHSSPS shall liaise with the Trust about the circumstances in which an appropriate addition to budget out of the DHSSPS' funds and/or adjustment to the Trust's targets shall be considered. DHSSPS will liaise with DFP Supply where required in such cases.

Payment/Credit Cards

70 The Trust, in consultation with the DHSSPS, shall ensure that a comprehensive set of guidelines on the use of payment cards (including credit cards) is in place. Reference should be made to HSS (F) 11/2003.

Hospitality

71 The Trust, in consultation with the DHSSPS, shall ensure that a comprehensive set of guidelines on the provision of hospitality is in place. Reference should be made to DAO(DFP) 10/06 (revised).

Use of Consultants

72 The Trust shall adhere to the guidance issued by DFP, as well as any produced by the DHSSPS in relation to the use of consultants. Please see the delegated limits set out in Appendix A.

73 The Trust will provide DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

- 74 **Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.**

VI. MANAGEMENT AND DISPOSAL OF FIXED ASSETS

Register of assets

75The Trust shall maintain an accurate and up-to-date register of its fixed assets.

Disposal of assets

- 76 The Trust shall dispose of assets which are surplus to its requirements. Assets shall be sold for best price, taking into account any costs of sale. Generally assets shall be sold by auction or competitive tender [unless otherwise agreed by the DHSSPS], and in accordance with the principles in MPMNI.

- 77 All receipts derived from the sale of assets (including grant financed assets, see below) must be declared to the DHSSPS, which will consult with DFP if necessary, on the appropriate treatment.

Recovery of grant-financed assets

- 78 Where the Trust has financed expenditure on capital assets by a third party, the Trust shall set conditions and make appropriate arrangements to ensure that any such assets individually above a value of £500 are not disposed of by the third party without the Trust's prior consent.
- 79 The Trust shall therefore ensure that such conditions and arrangements are sufficient to secure the repayment of the NI Consolidated Fund's due share of the proceeds of the sale, in order that funds may be surrendered to the DHSSPS.
- 80 The Trust shall ensure that if the assets created by grants made by the Trust cease to be used by the recipient of the grant for the intended purpose, a proper proportion of the value of the asset shall be repaid to the Trust for surrender to the DHSSPS. The amounts recoverable under the procedures in paragraphs 78-79 above shall be calculated by reference to the best possible value of the asset and in proportion to the NI Consolidated Fund's original investment(s) in the asset.

VII. BUDGETING PROCEDURES

Setting the annual budget

81 Each year, in the light of decisions by the DHSSPS on the Trust's updated draft corporate plan the DHSSPS will send to the Trust:

- a formal statement of the annual budgetary provision allocated by the DHSSPS in the light of competing priorities across the DHSSPS and of any forecast income approved by the DHSSPS;
- and
- a statement of any planned change in policies affecting the Trust.

82 The Trust's approved annual delivery plan (TDP) will take account both of its approved funding provision and of any forecast receipts, and will include a budget of estimated payments and receipts together with a profile of expected expenditure and of draw-down of any Departmental funding and/or other income over the year. These elements will form part of the approved TDP for the year in question.

83 Any grant-in-aid provided by the DHSSPS for the year in question will be voted in the DHSSPS' Estimate and will be subject to Assembly control.

General conditions for authority to spend

84 Once the Trust's budget has been approved by the DHSSPS [and subject to any restrictions imposed by Statute/the Minister /this MSFM], the Trust shall have authority to incur expenditure approved in the budget without further reference to the DHSSPS, on the following conditions:

- the Trust shall comply with the delegations set out in Appendix A of this document. These delegations shall not be altered without the prior agreement of the DHSSPS and DFP;

- the Trust shall comply with the conditions set out in paragraph 13 above regarding novel, contentious or repercussive proposals;
- inclusion of any planned and approved expenditure in the Trust's budget shall not remove the need to seek formal Departmental, and where necessary, DFP, approval where such proposed expenditure is above the delegated limits set out in Appendix A or is for new schemes not previously agreed; and
- the Trust shall provide the DHSSPS with such information about its operations, performance, individual projects or other expenditure as the DHSSPS may reasonably require (see paragraph 85 below).

Providing monitoring information to the DHSSPS

85 Trust shall provide the DHSSPS with, as a minimum, information on a monthly basis which will enable the satisfactory monitoring by the DHSSPS of:

- the Trust's cash management;
- its draw-down of any grant-in-aid;
- the expenditure for that month;
- forecast outturn by resource headings; and
- other data required for the DFP Outturn and Forecast Outturn Return.

VIII. BANKING

Banking arrangements

86 The Trust is currently a member of the HSC 'pool' of bank accounts. The Trust's Accounting Officer is responsible for ensuring that the Trust's banking arrangements are in accordance with the requirements of Annex 5.7 of *MPMNI*. This responsibility remains even with the current banking pool arrangements. In particular, he/she shall ensure that the arrangements safeguard public funds and that their implementation ensures efficiency, economy and effectiveness.

87 He/she shall therefore ensure that:

- these arrangements are suitably structured and represent value-for-money. The HSC pool of accounts will be comprehensively reviewed leading to competitive tendering, at least every three to five years;
- sufficient information about banking arrangements is supplied to the DHSSPS' Accounting Officer to enable the latter to satisfy his/her own responsibilities;
- the Trust's banking arrangements shall be kept separate and distinct from those of any other person or organisation; and
- adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash.

IX. COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE

Relevant documents

88 The Trust shall comply with the following general guidance documents:

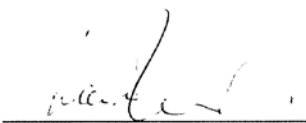
- This document (both the *Financial Memorandum* and the *Management Statement*);
- *Managing Public Money Northern Ireland (MPMNI)*;
- *Public Bodies - a Guide for NI Departments* issued by DFP;

- *Government Internal Audit Standards*, issued by DFP;
- The document *Managing the Risk of Fraud* issued by DFP;
- The Treasury document *The Government Financial Reporting Manual (FReM)* issued by DFP;
- Relevant Dear Consolidation Officer and Dear Consolidation Manager letters issued by DFP;
- *Regularity, Propriety and Value for Money*, issued by Treasury;
- The Consolidation Officer Letter of Appointment, issued by DFP;
- Other relevant guidance and instructions issued by DFP in respect of Whole of Government Accounts;
- Other relevant instructions and guidance issued by the central Departments (DFP/OFMDFM) including Procurement Board and CPD guidance;
- Specific instructions and guidance issued by the DHSSPS;
- Recommendations made by the Public Accounts Committee, or by other Assembly/Parliamentary authority, which have been accepted by the Government and which are relevant to the Trust.

X. REVIEW OF FINANCIAL MEMORANDUM

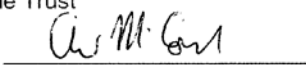
⁸⁹The *Management Statement* and *Financial Memorandum* will normally be reviewed at least every five years .

90 DFP Supply will be consulted on any significant variation proposed to the *Management Statement and Financial Memorandum*.

Signed: 

Date: 6th April 2011

On behalf of the Trust

Signed: 

Date: 12 June 2011

On behalf of the Department

APPENDIX A

DELEGATED EXPENDITURE LIMITS

General

These delegated expenditure limits have been agreed by the Department and the Department of Finance and Personnel.

1. PURCHASING ALL GOODS AND SERVICES

Table 1 Delegated Authority for the Purchase of Goods and Services
(All costs exclude VAT)

THRESHOLDS	NUMBER/TYPE OF TENDER REQUIRED	AUTHORISATION
Up to £2,000	No Quotations necessary	The Chief Executive/The appropriate officer as notified to the DHSSPS
>£2,000 - £30,000	4 Selected Tenders	The Chief Executive/The appropriate officer as notified to the DHSSPS
> £30,000 – EC Thresholds	Publicly advertised tender competition	The Chief Executive/The appropriate officer as notified to the DHSSPS

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, the Trust should undertake a comprehensive business case of all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

For any purchase where the minimum number of quotations/tenders is not obtained, the purchase may proceed if the accounting officer is satisfied that every attempt has been made to obtain competitive offers and that value for money will be achieved. In these cases, the accounting officer should complete a report and records of all correspondence should be retained on file including any justification given and/or approvals obtained.

2. **CAPITAL PROJECTS**

The Chief Executive [appropriate officer as notified to the DHSSPS], may authorise capital expenditure on discreet capital projects of up to £500,000. Capital projects over this amount require the approval of the DHSSPS, and may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the DHSSPS and DFP.

3. **DISPOSAL OF SURPLUS EQUIPMENT**

See paragraphs 76-77.

4. **LEASE AND RENTAL AGREEMENTS**

See paragraphs 60-61.

5. **APPROVAL OF INFORMATION TECHNOLOGY PROJECTS**

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The principles of appraisal, evaluation and management apply equally to proposals supported by information communication technology (ICT) as to all other areas of public expenditure. ICT-enabled projects should be appraised and evaluated according to the general guidance in the Northern Ireland Guide to Expenditure Appraisal and Evaluation (*NIGEAE*) and managed using the new *Successful Delivery (NI)* guidance which was issued in June 2009.

The purchase of IT equipment and systems should be in line with the guidance Procedures and Principles for Application of Best Practice in Programme/Project Management (PPM), (available at www.dfpni.gov.uk/successful-delivery) and be subject to competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated authority for each IT project is set out in Table 2.

**Table 2 Delegation Arrangements for Information Technology
Projects, Systems And Equipment**
(All costs exclude VAT)

THRESHOLDS	AUTHORISATION
Up to £250,000	The Chief Executive/The appropriate officer as notified to the DHSSPS
Projects over £250,000	The Chief Executive with prior approval from the DHSSPS

6. **ENGAGEMENT OF CONSULTANTS**

General

The Trust has authority to appoint consultants for a **single contract** without recourse to the DHSSPS up to a **total** cost of £20,000, and subject to any guidance as may be issued by DFP or the DHSSPS.

The Trust will provide the DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

Economic appraisal

A full business case should be prepared for all consultancy assignments expected to exceed £10,000. A proportionate business case should be prepared for all assignments below this threshold.

7. **LOSSES AND SPECIAL PAYMENTS**

The [Chief Executive] [appropriate officer as notified to the DHSSPS], with prior approval from the DHSSPS, will have the authority to write off losses and make special payments up to:

- (a) Cash losses – up to £10,000 per case/incident

- (b) Stores/Equipment losses – up to £10,000 per case/incident
- (c) Constructive losses and fruitless payments – up to £10,000 per case.
- (d) Compensation payments
 - i. Made under legal obligation, e.g. by Court Order – Complete delegation
 - ii. For damage to personal property of staff – up to £2,000 per case
 - iii. Where written legal advice is that the Trust should not fight a court action because it is unlikely that it would win – up to £250,000 per case
- (e) Claims abandoned or waiver of claim – up to £10,000 per case
- (f) Extra contractual payments – Nil
- (g) Ex gratia payments – up to £10,000 per case (Pensions payments are not covered by this threshold)
- (h) Extra statutory and extra regulatory payments – no delegation, all proposals must be submitted to the DHSSPS for approval

The prior approval of the DHSSPS must be obtained for amounts above these values.

A summary note of the losses in any financial year should be included in the Trust's accounts.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the appropriate officer as notified to the DHSSPS, for amounts below the delegated limit, and the DHSSPS, where appropriate.

TB/9/30/05/13



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

PRESENT	Prof M Hanratty	Non-Executive Director (Chair)
	Miss A Paisley	Non-Executive Director
	Mr N McKinley	Non-Executive Director
	Dr J Livingstone	Non-Executive Director
	Mr R Mullan	Non-Executive Director
IN ATTENDANCE	Mr L McIvor	Chief Executive
	Mr B McNeill	Director of Operations
	Mrs S McCue	Director of Finance & ICT
	Ms R O'Hara	Director of Human Resources & Corporate Services
	Dr N Ruddell	Assistant Medical Director
	Mr P Nicholson	Assistant Director of Finance
	Ms L Rafferty	Assistant Director of Human Resources, Education, Learning & Development
	Mr P Archer	Chairman
	Mrs J McSwiggan	Senior Secretary

1.0 **Apologies**

No apologies were received.

2.0 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

No potential conflicts of interest were declared.

2.2 **Quorum**

The Committee was confirmed as quorate.

2.3 **Confidentiality of Information**

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

3.0 **Minutes of the Assurance Committee Meeting held on 14 January 2013**

The Minutes were presented for noting by the Assurance Committee. The Minutes had been previously circulated, agreed and signed by Professor Hanratty (Chair) and will be presented to Trust Board on 28 March 2013.

4.0 Matters Arising

4.1 Minutes of Meeting 14 January 2013, Agenda Item 7: Audit Assignment Plan

It is hoped that the report will be issued by end March 2013, and this will be shared with the Trust Board upon receipt.

4.2 Minutes of Meeting 14 January 2013, Agenda Item 12: The Safety of Services Provided by HSC Trusts

The accuracy of the figures provided in Figure 2 is being checked and this will be added to the Agenda for the next Assurance Committee meeting in June 2013 to provide assurance that the necessary corrections have been made.

4.3 Current Agenda Item 10: Staff Appraisal under Matters Arising

This item was raised under Matters Arising and the discussion paper was noted.

It was noted that the Trust is unlikely to be able to meet the DHSSPS target of 90% of staff having had an annual appraisal of their performance during 2012/13 and DHSSPS will be advised accordingly.

The Committee asked that a further paper be provided for the next meeting of the Assurance Committee in June 2013 outlining the reasoning behind this, a new delivery plan and alternative timeframe for this target.

All other matters arising are dealt with as agenda items.

5.0 Chairman's Business

None.

6.0 Presentation

6.1 Information Governance

A presentation was given on Information Governance. The Committee thanked the Director of Finance & ICT and the Corporate Manager for a very useful presentation, and asked that thanks be passed on to the information governance team. Clarification was provided on a number of issues raised by members following the presentation.

7.0 Standing Items

7.1 Risk Register as at 5 March 2013

The Risk Register was noted, and the Committee was advised that efforts had been made to capture all the corporate risks identified by the Trust Board at the recent workshop. The Committee's comments on these new risks were requested.

A concern was raised that the information provided was out of date. The Committee was advised that it was the date of review that needs to be addressed, rather than the information contained within it, as all risks are reviewed on a regular basis.

Risk ID 224 (The terms and conditions of service available to senior executives) were discussed. A request had been made by the Non-Executive Directors for this risk to be removed. They had been advised that a risk cannot be removed until the current level of risk is changed to low and following discussion by the Assurance Committee.

The Risk Register Policy and Procedure is currently under review, but the process remains the same, in that when a risk is identified, it is given a target rating. When the target rating is attained, the risk owner makes a recommendation for it to be removed, and this is then considered and approved, or otherwise, by the Assurance Committee.

The Committee requested a copy of the updated Risk Register Policy and Procedure.

The Committee agreed that Risk ID 224 be downgraded to low and removed from the Risk Register.

The Committee discussed the new risks added to the register and it was noted that a clear rationale is required before changing the risk level, with a plan of action for managing that risk down.

These discussions will be brought to Trust Board.

7.2 Untoward Incidents Report as at 28 February 2013

The report was noted.

The issue of delayed/missed meal breaks was highlighted as the single biggest category reported.

The Committee noted that the majority of incidents of equipment failure related to Mobile Data Terminal (MDT) screens and patient care is not being compromised as a result.

An error in the key was noted and the labelling of the quarters will be corrected.

The Committee was advised that Untoward Incident Reports relate to both staff and patients, and a sub-division for patients is being considered.

It was requested that a brief narrative accompany the figures in future.

7.3 Serious Adverse Incidents as at 28 February 2013

The report was noted. It was clarified that the estimate of a potential claim was prompted by the legal claim itself, rather than the incident.

7.4 Controls Assurance Standards

The report was noted, with assurance sought and provided in the area of purchasing and supply.

7.5 Assurance Framework

The Assurance Framework was noted.

Under “NIAS Performance Management Process” the wording “professional Executive Directors and lay Non-Executive Directors” should be amended to read “Executive Directors and Non-Executive Directors”.

The Committee queried the timeliness of the data, with the same information having been presented at the previous Assurance Committee on 14 January and Trust Board meeting on 24 January 2013, rendering it out of date and potentially undermining the work of the Assurance Committee.

The Committee was advised that the information continues to be provided in a consistent manner for each Trust Board meeting, and that the issue has arisen from the new sequencing of Trust Board / Committee meetings.

The views of the Committee were noted and assurance was given that the Executive Directors sought only to support the Committee through the production of the Assurance Report. The Executive Directors will bring forward amendments and proposals to address the concerns raised, including issues of timing of the Assurance Committee meetings and the provision of more up to date information to the Committee.

A verbal update was provided as follows:

Director of Operations

- Regional cumulative Category A performance to end February 2013 is 68.7%, with key factors being an increase in activity, the complexity of hospital diverts, long handover times at Emergency Departments, an increase in demand.
- NIAS has met with representatives of the HSC Board and SE and Belfast Trusts to address diverts in Ulster and Royal Victoria Hospitals.
- NIAS has met with Commissioners in terms of measuring patient handover times.
- A protocol regarding MDT electronics has been introduced.
- C3 has been updated to Nexus to improve processing potential.

Director of Finance & ICT

- NIAS continues to forecast a break even position at year end.
- The Trust has received a further capital allocation in relation to the purchase of basis of vehicle chassis in the current year for subsequent build in 2013/14.
- The Trust is unlikely to be able to achieve the target of processing 95% of invoices within thirty days or other agreed payment terms. Cumulative performance at the end of December 2012 was 93.2%.

Director of Human Resources & Corporate Services

- NIAS is slightly over target for absence, but more work will be done in this area before year end.

- With regards job evaluation, the RQA panel has not yet been able to meet to consider the posts. NIAS continues to raise the matter on a fortnightly basis with the DHSSPS.

Assistant Medical Director

- Formal feedback on “treat and leave” and “treat and refer” will be available at the end of March 2013.

7.5.1 Draft Assurance Framework

The document was presented to the Committee, and its purpose, to provide a framework for the provision of assurance to the Trust Board and identify gaps in control and/or assurance, and action necessary to address, was noted.

It was proposed and agreed that this be recommended to Trust Board for approval and further development, and that a workshop be scheduled for detailed consideration of the content. The value of this document was acknowledged.

7.6 RQIA Action Plan

The Committee noted the Action Plan.

7.7 Medical Device Alerts

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

7.8 Coroner’s Rule 43

The report on Coroner’s Rule 43 recommendations was presented to the Committee and progress was noted against a number of recommendations.

7.9 Reports from Groups and Committees

7.9.1 Health & Safety Committee – Notes of Meeting 21 Nov 2013

The Report was noted.

7.9.2 Health & Safety Committee – Management Summary 16 Jan 2013

The Report was noted.

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

The Report was noted.

7.9.4 Infection Prevention & Control Group – Notes of Meeting 6 Feb 2013

The Report was noted, with the improvement in the reporting of vehicle cleaning highlighted.

7.9.5 Medical Equipment Group – Notes of Meeting 14 Feb 2013

The Report was noted.

7.9.6 Emergency Preparedness & Business Continuity Group – Notes of Meeting 11 Dec 2012

The Report was noted.

8.0 Pharmacy and Medicines Management Update

The audit of controlled drugs was noted. The cycle of pharmacy inspections has been concluded with a very satisfactory outcome. The next cycle of inspections is being planned.

9.0 Whistle-Blowing Policy Monitoring Report

This report will be presented at the next meeting of the Assurance Committee.

10.0 Staff Appraisal

This was covered under Agenda Item 4.0: Matters Arising.

11.0 Draft Governance Strategy

The Committee noted the draft strategy outlining the statutory duties of NIAS, the policies and strategies within the organisation, its values and mission, and the role of Committee Members.

A typographical error in section 5.9 was noted and will be corrected (“they” should be replaced by “he/she”).

The wording of 5.9.3 requires review.

The Committee welcomed the document, although it was suggested that in its current form it is a structure or framework rather than a strategy.

Issues of wording and the Committee's comments will be discussed further at the workshop as at Agenda Item 7.5.1: Draft Assurance Framework.

12.0 Any Other Business

12.1 The Committee asked for an update on the parity of the recruitment process. This will be presented at the next meeting of the Committee.

12.2 It was agreed that the next presentation will be on Paramedic Education.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Thursday 6 June 2013 at 11.00am** at NIAS HQ.

Signed: Mary Hanratty
(Professor Hanratty, Chairman)

Date: 17 April 2013

TB/10/30/05/13

NORTHERN IRELAND AMBULANCE SERVICE

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

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

Welcome and Introduction to the Meeting

Mr McKinley welcomed all those present to the meeting.

1.0 Apologies

Apologies had been received from Mrs C McKeown, who was represented by Mr D Charles. It was noted that papers had been sent to the DHSSPS but no apology or communication regarding attendance had been received from them.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

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

3.0 Minutes of Previous Meeting of the Audit Committee held on 14 January 2013 (for approval)

Minutes were agreed as a true reflection of the meeting and signed by the Chairman.

4.0 Matters Arising

There were no matters arising not already on the agenda.

5.0 Chairman's Business

5.1 Audit Committee Chairs meeting 18 February 2013

Both Mr McKinley and Professor Hanratty had attended this event and gave their feedback. The Department had made a number of presentations on their revised working arrangements with Arms Length Bodies (ALB's) and how things would proceed when the Governance Statement is introduced. There was a discussion around the process-driven approach, the impact of the changes on organisations and the need to maintain a focus on patient care.

It was confirmed that the Governance Statement will be required from the current financial year (2012/13). There was an acceptance from both the Department and NIAO that, while Governance Statements have been in place in other parts of the Public Sector since 2010/11, there would be a process of learning in the first year of introduction to Northern Ireland.

6.0 Internal Audit

6.1 Progress Report

Mr Charles referred members to page 3 of the report which provided a summary of progress against the Internal Audit Plan. There followed detailed discussions on various assignments within the plan.

Governance Review - There was lengthy discussion on the subject of the Governance Review, which had taken input from the Chair of Assurance Committee. Internal Audit intended referring to the updated Risk Register as presented to Assurance Committee on 14 March before finalising any draft report. Non Executive Directors expressed surprise that the Trust Board Chairman had not been consulted, given that Governance is the responsibility of the Trust Board, worked out through the Assurance Committee. It was noted that the focus of the audit had been Risk Management, the Assurance Framework and Performance Management. Mr Charles agreed to be in contact with Professor Hanratty for her further input before preparing a draft report and meeting with the Chief Executive.

Management of Contracts - Work on this audit was due to commence on Tuesday 19 March for report to the next Audit Committee meeting.

Year End Controls Assurance and Follow Up - Work was being scheduled so that these assignments would be completed for reports to the next Audit Committee meeting.

In respect of the audit assignments that had been completed and were being reported to this Audit Committee in detail, Mr Charles advised as follows:

General Ledger – Substantial Assurance – There were no Priority 1 or 2 findings, but one priority 3 finding.

Bank & Cash – Satisfactory Assurance – There were no Priority 1 findings, but one Priority 2 and one Priority 3 finding.

Budgetary Control – Satisfactory Assurance – There were no Priority 1 findings, but one Priority 2 and two Priority 3 finding.

It was noted that the new Human Resource, Payroll and Travel and Subsistence (HRPTS) and Finance Procurement and Logistics (FPL) systems had not been implemented in NIAS and that the audit had been on the legacy systems. There was a discussion over the requirement to provide appropriate training to budget holders. Mrs McCue advised that training has historically been provided to budget holders. There were no plans to deliver further training on the legacy systems, however there were detailed plans in place for the delivery of training in the new systems. Delivery of this training is dependent upon the development and delivery of the HRPTS and FPL systems. Mrs McCue advised that the Trust was participating in an initiative led by the Health and Social Care Board offering access to the Healthcare and Financial Management Association (HFMA) Introductory Certificate in Healthcare Finance. This training would be offered to all Executives and Non Executives and then cascaded to budget holders and other staff as appropriate. Mr McKinley indicated that he had already signed up for this training and would recommend it to all Board members.

Ms Paisley noted the requirement to ensure accurate and timely information is provided to Trust Board. She requested that this requirement be extended to include Trust Board Sub Committees.

6.2 Benchmarking across all HSC Trusts

Mr Charles presented the paper outlining BSO Internal Audit participation in the Chartered Institute of Public Finance and Accountancy (CIPFA) Audit Benchmarking Club for 2012. In response to a query from Ms Paisley, he highlighted that the comparison was largely with local authorities in England, Scotland and Wales however there were plans to extend the benchmarking in 2013 to

include comparable NHS Internal Audit providers.

He also highlighted findings in terms of value for money, audit coverage, staffing, structure and governance arrangements. There followed a discussion on the staff qualifications within Internal Audit. Mr Charles advised that Internal Audit are currently developing a workforce strategy that would consider training and development requirements and opportunities. Ms Paisley felt that it would be important to acquire relevant expertise in areas such as information technology and other specialist areas in order to effectively deliver audit. Professor Hanratty highlighted the requirement to gain specialist expertise outside of the traditional audit areas, for example infection prevention and control. Mr Charles advised that Internal Audit were taking steps to engage additional specialist expertise where a need was identified. The Chair suggested that incorporating a measure of quality of service would be helpful in future benchmarking exercises.

6.3 Minutes of Internal Audit Forum

Mr Charles provided an overview of the Internal Audit Partnership Forum and presented the minutes of the June 2012 meeting of this group which had been provided to all Audit Committees. Both Mr McKinley and Ms Paisley felt that, as the Internal Audit's client is the Audit Committee, rather than Executive Management staff, there would be a valuable opportunity for input from Audit Committee Chairs to this forum. Mrs McCue indicated that this forum was embryonic and that membership would be considered on an ongoing basis. Professor Hanratty advised that she had raised this issue before and this was an opportunity to extend the coverage of internal audit beyond technical financial issues. It was noted that the minutes presented were from June 2012. Mr Charles advised that the forum currently meets just twice a year and that these minutes had only been approved at the January 2013 meeting. Mr Charles was asked to consider ways to ensure that minutes are provided to Audit Committees in a more timely manner.

Mr Lynn highlighted the quality and independence of the BSO Internal Audit function, in particular the wide sector knowledge of Internal Audit and their total independence from Trust management.

7.0 External Audit

The external audit strategy had been approved in January 2013 and interim audit testing was to commence in April 2013. Mrs McCue advised that, as requested by Audit Committee, an additional Audit Committee date had been scheduled for 14 May 2013 to consider draft, unaudited, uncertified accounts and annual report. It was expected that all relevant reports from Internal Audit would also be available for this date. The Audit Committee meeting of 6 June 2013 will consider draft, audited, uncertified accounts and annual report and also the Draft Report to Those Charged with Governance.

8.0 For Approval

There were no specific items for approval not covered elsewhere in the agenda.

9.0 For Noting

9.1 Annual Compliance Report on the Use of External Consultants

The contents of the report were noted. Mrs McCue drew the committee's attention to the fact that ministerial approval is required for all external consultancy over £10k. Mr Nicholson advised that Departmental guidance in respect of the engagement of external consultants and the use of professional services had been updated through the year. He also advised that currently the only applicable area for NIAS was in relation to professional estates services in respect of site surveys.

9.2 Annual Theft and Fraud Report 2011/12

This report included cases of actual, attempted and suspected frauds reported by Northern Ireland Departments, Agencies and Arms Length Bodies in 2011/12. The purpose of the report is to assist organisations to identify risk areas and to improve prevention and detection of fraud. Ms Paisley asked what specific controls were in place with regard to fuel, its usage and reasonableness testing. Mr Nicholson outlined the controls in place. Mr McKinley inquired as to whether we could compare ourselves in this area with other Ambulance Trusts. Mrs McCue replied that some benchmarking between Ambulance Trusts is in place and it may be possible to check the feasibility of benchmarking in this area. Mr McKinley further suggested that a couple of lines of summary on a cover sheet for such reports might be useful for a quick focus on pertinent learning areas. Mr Nicholson agreed to provide this in future.

10.0 Any Other Business

10.1 Fraud Update

Mr Nicholson provided an update on the National Fraud Initiative data matching exercise. He expressed his gratitude to the NIAO for their recent advice and assistance in relation to the sharing of information between organisations.

10.2 BSTP

Mrs McCue updated the Committee with regard to issues with the new Finance Procurement and Logistics (FPL) system, which has meant a postponement of implementation for the third wave of organisations including NIAS. A detailed corrective plan was under development that would include revised go live dates. The Trust continued to participate in the Human Resources, Payroll, Travel and Subsistence (HRPTS) Project and the current planned go live date for NIAS was October 2013.

Mr Nicholson undertook to circulate the BSTP monthly Bulletin to Audit Committee members to keep them abreast of developments. Ms Paisley expressed her disappointment that resources had not been available to put in place adequate contingency plans for backfilling appointments to support the development of the new system. Mrs McCue explained that there was not only the financial resource issue but also that of finding suitably qualified and experienced staff both within Trusts and within the central BSTP Teams.

10.3 Procurement

Mrs McCue briefed the Committee with regard to the Vehicle Servicing and Maintenance Contract and the procurement exercise carried out by the Business Services Organisation (BSO) Procurement and Logistics Service (PaLS) on behalf of all HSC organisations. There followed a discussion on the business critical nature of vehicle servicing and maintenance to the Ambulance Service and the need to balance economies of scale and purchasing power with individual organisational requirements. The Trust will continue to work with BSO PaLS to progress the matter. This will include Single Tender Actions (STA's) as appropriate to ensure that services are maintained.

Mr Nicholson also advised the Committee that there NIAS was engaging with the National Ambulance Procurement Group and the NHS Commercial Alliance. This will provide the Trust with access to national contracts and ambulance specific procurement expertise.

10.4 Fuel

Mrs McCue outlined the fuel storage arrangements at Broadway Ambulance Station and the requirement to convert a fuel tank holding unleaded fuel to diesel. This will incur a loss of circa £2k which will be reported through Losses and Special Payments in due course. The necessity for this and the approach to the change was explained to the Committee's satisfaction.

Date, Time and Venue of Next Meeting

The next meeting of the Audit Committee is scheduled for Tuesday 14 May 2013 at 2.00pm in the Boardroom, NIAS Headquarters.

Other meetings of Audit Committee are scheduled for:

Thursday 6 June 2013

Thursday 13 June 2013 – Trust Board Meeting Annual Accounts

Thursday 5 September 2013

Thursday 5 December 2013

Given the extensive agenda on 6 June at Audit Committee, Professor Hanratty, as Chair of Assurance Committee, agreed to move that Committee's meeting to a 10am start on that occasion to prevent overrun.

These dates may be subject to change to accommodate Departmental deadlines, in particular in respect of Final Accounts and Mid Year Assurance.

Signed

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

(Chairman)

Date

18/04/2013

