NORTHERN IRELAND AMBULANCE SERVICE

A Meeting of Trust Board to be held on Thursday, 15 March 2012 at 2.00pm, Killyhevlin Hotel, Dublin Rd, Enniskillen. County Fermanagh. BT74 6RW

A G E N D A

Welcome, Introduction and Format of Meeting		Paper Enclosed
1.0	**Apologies**	
2.0	**Procedure:** Declaration of potential Conflict of Interest: Quorum:	
3.0	**Minutes of the previous meeting of the Trust Board held 19 January 2012** (for approval and signature)	TB/1/15/03/12
4.0	**Matters Arising**	
	4.1 Financial Pressures 2012/13 4.2 Implementation of 'Transforming Your Care'	
5.0	**Chairman's Business**	
	5.1 Visit to Enniskillen Ambulance Station 5.2 Chairman's Update 5.3 Setting Agendas of Trust Board	
6.0	**Chief Executive's Business**	
	6.1 Chief Executive's Update 6.2 Visit by Health Committee – 21 March 2011	
7.0	**Assurance Framework as at 31 January 2012**	TB/2/15/03/12
8.0	**Quality 2020: A 10 Year Strategy to Protect & Improve Quality in Health & Social Care in Northern Ireland**	TB/3/15/03/12
9.0	**Business Services Transformation Programme**	TB/4/15/03/12
10.0	**Items for Approval**	
11.0	**Business Case for Enniskillen Ambulance Station**	
12.0	**Items for Noting**	
	12.1 Consultations	TB/5/15/03/12
13.0	**Application of Trust Seal**	

14.0 Forum for Questions

15.0 Any Other Business

Next meeting of Trust Board will be held on Thursday, 17 May 2012 at NIAS Headquarters

Standing Orders

This section is designed to provide information extracted from Standing Orders pertinent to the smooth running of the public Board meeting. The full Standing Orders are available for consideration at any time through the Chief Executive's Office or from the website. The excerpts below represent key items relevant to assist with the management of the Public Meeting.

Admission of Public and the Press

3.17 ***Admission and Exclusion on Grounds of Confidentiality of business to be transacted***

The public and representatives of the press may attend meetings of the Board, but shall be required to withdraw upon a resolution of the Trust Board as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 23(2) of the Local Government Act (NI) 1972'

3.18 ***Observers at Board meetings***

The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these Terms and Conditions as it deems fit.

PROCEDURE RELATING TO SUBMISSION OF QUESTIONS FROM THE PUBLIC AT NIAS TRUST BOARD MEETINGS

Questions may be put to the Board which relate to items on the Agenda.

Every effort will be made to address the question and provide a response during the meeting at the appropriate point on the Agenda.

If it is not possible to provide a response during the meeting a written response will be provided within seven days.

Questions must be put to the Board in written form and must be passed to the Executive Administrator before the item on the Agenda entitled "Forum for Questions".

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

Meeting to be held on Thursday, 15 March 2012
at the Killyhevlin Hotel,
Dublin Rd, Enniskillen, BT74 6RW

TB/1/15/03/12

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 19 January 2012 at 2.00pm in the Armagh City Hotel, 2 Friary Road, Armagh. BT60 4FR

Present:

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

In Attendance:

Mrs M Crawford	Executive Administrator
Miss K Baxter	Senior Secretary

Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board and explained the arrangements for receiving questions from the public.

1.0 Apologies

Mr N McKinley, Non-Executive Director.

2.0 Procedure: Declaration of potential Conflict of Interest Quorum

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

3.0 Minutes of the Previous Meeting of the Trust Board held on 17 November 2011

Members accepted the minutes as a true and accurate record of proceedings on the proposal of Prof Hanratty seconded by Ms Paisley.

4.0 Matters Arising

None.

5.0 Chairman's Business

5.1 Visit to Armagh Ambulance Station

The Board were impressed with the way the Station is managed and the attitude of staff. It was noted that there was no covered area outside for washing vehicles and there was water damage to the roof. It was advised that the damage to the roof happened quite recently and will be repaired shortly. The Board asked if any capital investment was available for such works and were advised that the Trust has a 5 year programme for maintenance of existing premises. The Board found the comprehensive profile on the station very informative.

5.2 Chairman's Update

The Chairman gave a brief outline of his diary commitments since the last Board meeting. He also advised that a Non Executive Director vacancy has become available due to Mr McKeever tendering his resignation back in November 2011. The DHSSPS has been contacted and the process of recruitment should commence soon.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

The Chief Executive outlined some of his activities since the last Board meeting, in particular:

- Met with John Simpson, Economist and media commentator in relation to health care. This meeting was organised with NICON and proved useful with Mr Simpson having a better understanding of ambulance matters. The Chief Executive's advised that further meetings are planned with other media commentators.
- Held bilateral meetings with the Chairs of Audit/Assurance Committee.
- Mid Year Assurance meeting with the DHSSPS (to be discussed under Item 11)
- Met with the producer of the Nolan Show who plans to do a feature on NIAS.
- Meeting regularly with John Compton, Chief Executive of the HSC Board and Chief Executives of all HSC Trusts.

7.0 Assurance Framework as at 30 November 2011

Human Resources

Director of Human Resources & Corporate Services updated members on her report and the following comments/issues were noted:

- o The Board noted that absence has improved year on year.
- o Are the unions now engaging with the Trust.
- ➢ The Board were advised that it was Unison only who had withdrawn however they were now back in play for most issues.

Medical

The Medical Director updated members on his report and the following comments/issues were raised.

- Members of the Board commented on the wealth of information provided within the medical report and discussion ensued on what information was required.
- The Executive team welcomed the debate adding that the Assurance Framework is a working document which will continue to be developed to reflect the requirements of the Board
- The table on Page 16 of the report regarding hand hygiene was discussed and noted.
- Medical Director advised that regional healthcare hygiene and cleanliness standards were introduced in July 2011 and they have been reviewed in relation to those elements that are relevant to NIAS.
- Discussion arose in relation to who makes the decision on whether or not to transport a patient to hospital?
- Clarification was provided outlining the various processes in place which shape such decisions.

Operations

The Director of Operations presented his report and the following comments/issues were raised:

- Does NIAS receive and respond to consultations on road improvement proposals?
- NIAS have processes in place to respond to consultations with a summary report to Trust Board.
- Has any decision been made regarding the Station at the Erne hospital site?
- No decision can be made until the Trust has all the relevant information, but we continue to engage with key stakeholders to manage the service transition in Eniskillen.

The Board considered the Operations report to be very heartening, within the context of the pressures highlighted, and congratulated the Director of Operations.

Finance

Director of Finance updated members on her report and the following comments/issues were raised:

- The capital budget has been reduced by £300k. Did the Trust reduce the budget by surrendering this amount?
- Some estate projects had not progressed as planned and it was necessary to surrender the monies.
- Can the Trust capture the amount of clinical work being carried out by staff and produce more outcome based reports which would show the important role NIAS play and how the Trust saves the wider HSC money?
- The Trust system can only record what happens to the patient up to the point of hand over to the hospital. We have no access to information on patient outcomes at this stage and this would be the case for all ambulance services.

This is an area the Trust is aware of and work continues with key partners in regard to collating this type of information. Given the recent development of clinical audit within the Finance Directorate there is a focus on enhancing data quality and extending the use of clinical data to introduce clinical outcome information.

8.0 Briefing on National Day of Action

The day was managed very successfully and all Area Managers were involved in the planning. Patient care was not comprised.

- o Are any more days of action planned?
- ➢ The Trust has not been made aware of any further action.
- o The Board wished to commend all Officers involved in the planning for the day of action and wondered whether on reflection there was any learning from the day?
- ➢ The first day of action provided some learning for the Trust which showed where the major issues would be. The Trust had engaged with the other five health Trusts and consistency of service was maintained regionally. Learning has been shared with colleagues in the UK. Congratulations were extended to all staff.

9.0 Financial Pressures 2012/13

The Trust is forecasting a breakeven position at year end. It is anticipated that 2012/13 will be more difficult with potential additional savings of up to 4% to be made by each Trust. The Trust is currently working with the Department and the Board to identify the impact of this and develop proposals to deliver this saving. The savings plan is required to be ready by the end of January 2012 and the Board will be advised of the proposals as they are developed.

10.0 Review of Health & Social Care

The review has been published with a number of references to NIAS. The Trust did lobby hard in this regard with attendance at workshops and also met personally with the Review Panel. It was acknowledged that the role of NIAS is key in managing unscheduled care in the future.

- o Will the Trust be undertaking any capital plans in the next three years?
- ➢ The Trust is not aware of what the capital allocation will be, however if monies become available the Trust can make a bid for estate development.
- o Will the Trust meet the deadline of June 2012 for the development of plans for implementation of the HSC Review recommendations?
- ➢ NIAS will engage with local health economy leads to influence the development of their plans and will share the Corporate Plan in the first instance to identify our potential contribution.

The Board commended the work of the Executive team in relation to the Review of Health & Social Care.

11.0 Mid Year Assurance Meeting

No major issues were raised at the meeting and the Trust was commended for its contribution in supporting significant acute changes and financial performance.

The Trust advised that no approval has been received for both the Trust Delivery Plan and Corporate Plan. The Agenda for Change issue was also raised and discussed as requested by NIAS Trust Board.

12.0 Items for Approval

12.1 Learning & Development Strategy

The Trust has engaged with the HSC Leadership Centre and has benchmarked with other Trusts. This strategy draws from both the Corporate Plan and HR Strategy. The Strategy has been screened and no impact has been identified. If approved by Trust Board this document will be presented to trade unions. The following comments were received:

- How do staff manage stress?
- The Trust has a Health & Well Being strategy which complements this document.

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

13.0 Items for Noting

13.1 Consultations

Noted.

13.2 Minutes of Assurance Committee Meeting held 4 November 2011

Noted.

14.0 Application of Trust Seal

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

15.0 FORUM FOR QUESTIONS

A member of the public asked why there was no representative from the Patient Client Council (PCC) at the meeting. The Chairman advised that this had been discussed some months back with the Chair of the PCC who informed that there has been no PCC representative at NIAS Board Meetings due to a problem with their resources.

16.0 Any Other Business

No other business to discuss.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 15 March 2012 in the Western Division. Venue to be confirmed.

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

Signed: _____

Date: _____
Chairman

TB/2/15/03/12

Northern Ireland Ambulance Service
Health and Social Care Trust

ASSURANCE FRAMEWORK

(as at 31 January 2012)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2011-2012

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 – NIAS STRATEGIC AIMS & OBJECTIVES

Having considered the health priorities and key challenges within the context of the ambulance services' purpose, mission, vision, principles and values, NIAS has developed a set of strategic aims and objectives to shape the delivery of ambulance services over the coming years. These aims and objectives seek to align delivery of health priorities for the whole healthcare system with the specific priorities, challenges and opportunities presenting to the ambulance service.

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

Each of the strategic aims has been reviewed by Trust Board and a series of key strategic objectives identified which support and enable progress in delivery of the strategic aim. In order to deliver the strategic aims, to secure the future of the 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:

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

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

TO ENGAGE WITH LOCAL COMMUNITIES AND THEIR REPRESENTATIVES IN ADDRESSING ISSUES WHICH AFFECT THEIR HEALTH, AND PARTICIPATE FULLY IN THE DEVELOPMENT AND DELIVERY OF RESPONSIVE INTEGRATED SERVICES

The Key Objectives are as follows:

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

8. Identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
9. Establish processes, built around our Patient and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives.
10. Use those processes to clarify the ambulance role, function and resource with the community and test this against their perceived needs and expectations.
11. Use those processes to clarify the ambulance role, function and resource with those agencies responsible for setting policy and commissioning ambulance services and test against their assessments of community needs and expectations.
12. Establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.
13. Work with all stakeholders, in particular regional and local commissioners and providers of services, to develop and deliver responsive integrated services.

NIAS PERFORMANCE MANAGEMENT PROCESS

The Board of Directors of the Northern Ireland Ambulance Service Health and Social Care Trust is responsible for ensuring that the care and treatment provided by its staff is of the highest quality.

Executive and Non Executive Directors of the Board provide leadership of the organisation. Guided by the Minister and DHSSPS priorities, they set the strategic direction in promoting the health and well-being of the citizens and communities of Northern Ireland who use the Trust's services. They set the values and standards and ensure that the necessary financial and human resources are in place for the organisation to meet its objectives.

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

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 for the period of the plan

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

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

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

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

ASSURANCE REPORT: MEDICAL DIRECTORATE

Key Objective Areas	Performance to 31 January 2012	
Emergency Preparedness and Business Continuity		
Hazardous Area Response Team (HART)		
Clinical Quality and Positive Outcomes for Patients		
Risk Management and Learning from Adverse Incidents		
Providing Alternatives to Hospital A&E Attendance		
Improving the Patient Experience		

EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

A safe service is one which can react positively to unplanned and untoward incidents and maintain or re-establish operational capability in the event of loss of service.

NIAS needs to establish and maintain resilience and business continuity in the delivery of scheduled and unscheduled healthcare services on a 24/7 basis.

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

2010/11 PfA 1.1

Emergency Preparedness: by March 2011, all relevant HSC organisations should review, test and update their emergency and business continuity plans, including building on the lessons learned from recent incidents, exercises and the response to swine flu together with any regional and national developments for pandemic flu preparedness.

2010/11 PfA 1.2

Business Continuity Planning: by March 2011, each HSC organisation should ensure it has a fully tested and operational Business Continuity Plan in place.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

Following peer review of the Trust's Business Continuity Management arrangements during 2010, a number of recommendations were made and an action plan developed. These included the development of a Business Continuity Strategy, Policy, work programme and ultimately operational plans.

A work programme was developed and an Assistant Emergency Planning Officer has taken responsibility for this work since December 2010.

A Business Continuity Strategy and Policy have been developed and considered by the Senior Management Team and will be presented to Trust Board for approval in September 2011. Further benchmarking with other UK Ambulance Trusts was also undertaken in their development and is ongoing.

A review of existing NIAS Business Continuity Plans has been incorporated into this work and other plans are being developed. This work is being regularly reviewed by a group including the Emergency Planning Officer, Medical Director, Risk Manager and CEO and the draft Strategy, Policy and Plans will be presented to the Trust's Assurance Committee and then to Trust Board.

Business Continuity arrangements for a number of local issues continue to be implemented and tested and are now recorded in a central register. Any lessons learned or recommendations arising from this process are incorporated into the review of the relevant Business Continuity Plans. A series of recommendations arising from a formal debrief of the period of severe weather last winter have also been incorporated into this review.

The NIAS Major Incident Plan and associated emergency plans were previously reviewed and reprinted in 2009 and work commenced in July 2011 on the next review in accordance with the ongoing two-yearly cycle of planned review. This review has been expanded to include responses to special or unusual incidents that do not necessarily require a major incident response within the context of an incident response framework.

The Trust's Emergency Planning Officers continue to be involved in emergency planning developments at regional and national level with Government Departments and other Ambulance and Emergency Services. The Incident and Emergency Plans continue to be exercised with post-exercise and post-incident debriefing to facilitate identification of any necessary actions and learning.

Improvement Proposals for 2011/12

NIAS will review, test and update current emergency and business continuity plans to ensure the Trust has fully tested and operational plans in place for response to major, exceptional and specialised incidents and ensure resilience and business continuity in such circumstances. This will incorporate building on the lessons learned from recent incidents, exercises and the response to other situations and emergencies such as swine flu, together with any regional and national developments for pandemic flu preparedness.

Summary of Performance

NIAS undertook a Regional Audit of Powered Respirator Protective Suits (PRPS) and Decontamination Equipment within the HSC on behalf of the DHSSPS and the report was submitted to them in May 2011. Following consideration of the report, the NIAS Emergency Planning Officers undertook further site visits to all the hospitals in order to discuss recommendations arising and provide training and support. The NIAS Emergency Planning Officers are undertaking a series of further unannounced visits to these sites at the request of the DHSSPS.

An audit of NIAS PRPS and Decontamination Equipment within NIAS was undertaken by the Welsh Ambulance Service in May 2011 as part of a National Programme and the report and recommendations presented to the Trust's Assurance Committee in June 2011. The recommendations of the report have been actioned.

A review of the Trust's Major Incident Plan commenced in July 2011 as part of the planned biannual review and has been submitted to and approved by Trust Board in November 2011. The revised plan was circulated to all key stakeholders in January 2012. It will also be incorporated into an overarching incident response framework and strategy to include specialist incident responses and responses to exceptional circumstances.

The development of this framework and strategy commenced during the summer of 2011 and will be reported to Trust Board through the Trust's Assurance Committee.

A Trust Business Continuity Strategy and Policy has been developed and revised and was approved by Trust Board in September 2011. As part of this strategy, individual function and directorate-specific Business Continuity Plans have been identified with key leads in each Directorate who will liaise with the Trust's Emergency Planning Officers in order to review, update and test the individual plans as part of the next phase of this process.

A log of the activation of any local or regional contingency plans was established in Quarter 1 of 2011/12 and is actively reviewed to identify any learning and amendments to business continuity plans and decisions. Details of these are included in the attached Emergency Planning Officer's report.

The Trust has been assessed as being substantively compliant with the Emergency Planning Controls Assurance Standard as assessed in May 2011.

The Trust continues to participate in planning exercises with other services and organisations in emergency planning and major incident exercises, as well as major incident and multi-agency responses. The Trust will deliver a regional MIMMS (Major Incident Medical Management) course on behalf of the DHSSPS in February 2012 and has organised a Hospital MIMMS course to be delivered in March 2012, again on behalf of the DHSSPS.

RISK COMMENTARY

HAZARDOUS AREA RESPONSE TEAM (HART)

Cross-Reference to Ministerial Priorities and/or HSC Board Commissioning Plans

In January 2009 the DHSSPS formally requested NIAS to provide a Hazardous Area Response (HART) capability to be developed over a period of the ensuing three years in keeping with the Department of Health (DH) National HART Capability Programme (2005). The objectives were:

To provide a team of HART-trained operational A&E staff to respond 24 hours a day, either locally or nationally.

To provide a response in the event of potential or actual contamination or presence of hazardous substances or environments, including the “hot zone”.

To work in partnership with other responding agencies.

To provide clinical intervention and improved outcome for persons trapped/injured within an incident site.

To provide liaison/communication for health services responses.

Assessment of Controls and Assurance currently in place

The development of a Hazardous Area Response capability (HART) continues with paramedics having been trained in various elements of HART. This training is being undertaken jointly with PSNI, NI Fire and Rescue Service (NIFRS), the Maritime & Coastguard Agency, Medical Physics Agency and Mountain Rescue. An Assistant Emergency Planning Officer with responsibility for HART has been appointed as a secondment in January 2011 as part of the development of the team. Elements of the training have been quality assured and a national HART trainer is involved in its delivery.

The Medical Director and Assistant Medical Director are engaged in the development of national HART Standard Operating Procedures (SOPs) which have now been agreed, and participate in the National HART Medical Advisory Group and on call arrangements and have attended the national training for HART Medical Advisors.

Improvement Proposals for 2011/12

Team members will become increasingly multi-skilled through a programme of multi-agency training.

The capability of joint working with Mountain Rescue teams to bring paramedic skills to patients in remote locations will be introduced.

A specialised vehicle to support decontamination of small numbers of casualties, such as in “white powder” incidents, will be introduced.

Further recruitment to increase the size of the team to fifty-four members will be taken.

A programme of refresher training for all skills will continue.

Gas-tight suits will be introduced in consultation with the Public Health Agency (PHA).

Training delivered by PHA will commence.

HART deployments will be monitored and debriefed.

Summary of Performance

61 paramedics have now been trained in various elements of HART.

Activation and deployment procedures have been developed and agreed jointly with Emergency Ambulance Control.

Team members continue to participate in an ongoing programme of multi-agency training and are becoming increasingly multi-skilled.

Recurrent funding for HART has been agreed and provided by DHSSPS through PHA.

NIAS HART SOPs have been agreed and continue to be reviewed through participation in the national HART programme.

HART awareness sessions including capability and deployment have been undertaken for Control staff.

HART paramedics have been deployed on 20 occasions during this year in support of other emergency services at, for example, potential chemical incidents.

A capability in all aspects of HART has been in place within NIAS since April 2011.

A programme of multi-agency training is in place for 2011/12.

A demonstration of HART members, equipment and techniques was provided to Trust Board members in May 2011.

A post-project evaluation of the initial pilot of HART has been completed and submitted to DHSSPS and PHA. A number of minor amendments and actions were requested and have been made and the report resubmitted.

NIAS HART participated in a multi-agency exercise “Medical Bridge” in June 2011.

The NIAS HART capability was officially launched by the Chief Medical Officer at the Waterfront Hall, Belfast on 26 October 2011. The launch included a display of HART capability and equipment including rope rescue, chemical decontamination, gas-tight suits and treatment and rescue from height as part of a multi-agency demonstration with NIAS as the lead agency.

Discussions with mountain rescue teams and the Regional Mountain Rescue Co-ordination Committee are at an advanced stage and appropriate PPE specified and ordered in advance of commencement of joint training with local mountain rescue teams. A pilot of joint training with the North West Mountain Rescue Team has been undertaken and the amendments to the training have been made on the basis of this to inform future joint training.

Training in the use of gas-tight protection suits in conjunction with breathing apparatus has been commenced and the suits purchased and this capability is now in place.

A purpose-built HART vehicle has been identified and costings are currently being developed in conjunction with other ambulance services and the DHSSPSNI.

RISK COMMENTARY

CLINICAL QUALITY & POSITIVE OUTCOMES FOR PATIENTS

The delivery of appropriate clinical assessment, care and treatment to patients is fundamental to the provision of a high-quality service.

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

2010/11 PSA 2.6

Stroke services: by March 2011, the HSC Board and Trusts should ensure that appropriate arrangements are in place to monitor and ensure – as far as possible within available funding – patients attending hospital within ninety minutes of the onset of stroke symptoms receive a CT scan and report within a maximum of a further ninety minutes to inform the appropriate use of thrombolysis.

2010/11 PSA 2.1

Healthcare associated infections (HCAI): in the year to March 2011, the Public Health Agency and Trusts should secure a further reduction of 20% in MRSA and C Difficile infections compared to the position in 2009-10.

2010/11 PfA 2.7

Hygiene and cleanliness: from September 2010, each of the five HSC Trusts should put in place arrangements to routinely review compliance with standards of hygiene and cleanliness. Trust review arrangements should include consideration at Trust Board.

2010/11 PfA 2.10

Service Frameworks: by March 2011, ensure the implementation of agreed standards from the Cancer Framework in accordance with guidance to be issued by the Department in October 2010.

2010/11 TA 2.4

To ensure that patients and clients have timely access to high quality services responsive to their particular needs and delivered locally where this can be done safely, sustainably and cost-effectively.

2010/11 PfA 3.1

Pathway management: by March 2011, the HSC Board should establish: (i) models of integrated care in community settings which incorporate integration along clinical care pathways and address the wider determinants of health; and (ii) models of unscheduled care in hospital settings which integrate primary care out-of-hours services with ambulance and A&E services.

The Commissioning Plan Direction (Northern Ireland) 2011, 4(b).

Improving the quality of services and outcomes for patients, clients and carers.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

NIAS continues to participate in the regional development and implementation of stroke care pathways and the monitoring of performance. A NIAS clinical performance indicator for the management of acute stroke has been developed and is subject to regular audit. NIAS is currently achieving a high level of compliance with current stroke guidelines and protocols.

Regarding healthcare acquired infection, while this is an Acute Trust-led target, NIAS continues to work with Commissioners, the Public Health Agency (PHA) and the

Regulation Quality and Improvement Authority (RQIA) to identify and deliver relevant requirements from an ambulance perspective. The Trust's Infection Prevention and Control (IPC) Group continues to meet on a bi-monthly basis with regular reports provided to relevant sub-committees of Trust Board. The Trust's revised IPC Policy and Procedures have been issued to all staff within the previous year and continue to be updated on the basis of emerging national and regional guidelines. NIAS continues to participate in the National UK Ambulance Services Infection Prevention and Control Group and benchmarking with other UK Ambulance Services. A sub-group of the Trust's IPC Group has been formed to review arrangements for the reporting and monitoring of vehicle cleaning. This sub-group is comprised of members from all Divisions and all grades of operational staff including representation from Ambulance Control. The outcome of this work will be disseminated through a series of workshops for Station Officers. The Trust Clinical Waste Policy will be reviewed.

An initial audit of compliance with IPC procedures was completed in March 2010 and demonstrated a high degree of compliance. Further audits of hand hygiene measures will be undertaken during the year and the results reported to the Trust's Assurance Committee. A review of hygiene and cleanliness within the Trust was undertaken by RQIA as part of their inspection and review in May 2010. Only two comments were made in relation to infection prevention and control in their report but these have been noted and included in the action plan developed in response to their report. NIAS now participates in the Regional HCAI Forum which provides a platform for engagement, discussion, partnership working and sharing of best practice/learning for HCAI prevention, and provides all Trust colleagues with the opportunity to inform future HCAI policy development and HCAI action plans going forward. The Medical Director has obtained agreement from his colleagues in the other HSC Trusts to access IPC expertise. This is being further explored with one HSC Trust in particular. From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area.

A number of key performance indicators in relation to infection prevention and control have been agreed. These are regularly monitored by the Trust's IPC Group and are reported to the Assurance Committee.

NIAS continues to be actively engaged in a number of regional networks, groups and frameworks. These include cardiovascular, respiratory, stroke, oncology and palliative care frameworks.

Regular clinical audit reports are provided to the Trust's Assurance Committee and to support a number of regional and national audits, for example stroke and acute cardiac care. Regular reports on performance against a number of condition-specific Clinical Performance Indicators (CPIs) are provided to the Trust's Assurance Committee and are benchmarked against similar CPIs nationally. A number of new Clinical Quality Indicators have been introduced in England from April 2011 and will be monitored by NIAS. The Director of Operations and Medical Director continue to participate in these developments nationally. Clinical activity and audit data have been reviewed to inform the ongoing programme of clinical supervision by the Trust's Clinical Support Officers (CSOs).

New pharmacy arrangements have now been introduced throughout the Trust including the introduction of controlled drugs. These arrangements have been reviewed and approved by RQIA, DHSSPS and the Home Office.

Annual reports in relation to medicines management for 2010 have been submitted and approved by DHSSPS since the introduction of the new arrangements. NIAS participates in regional pharmacy review and monitoring arrangements and is currently substantively compliant with the Medicines Management Controls Assurance Standard. A number of unannounced inspections of medicines management within the Trust have now been undertaken by DHSSPS during this year and no problems have been reported. They were also subjected to review as part of the internal audit process and all issues identified have now been actioned. They will be re-audited again in September 2011.

Paramedic administered thrombolysis continues to be available on a regional basis and its administration is being monitored with an increasing number of patients successfully receiving this treatment. In addition an increasing number of patients are being taken directly to the cardiac catheterisation lab for Primary Percutaneous Coronary Intervention (PPCI) and work in this regard is ongoing in conjunction with the Belfast and Southern HSC Trusts.

A number of condition-specific treat and leave and treat and refer protocols have been developed for introduction within this year, with a review of arrangements in other Ambulance Services both nationally and internationally having been undertaken.

A number of joint care pathway initiatives such as integrated falls management are currently being discussed with other Trusts and agencies and the development of an integrated system of unscheduled care has been raised with the Regional Health & Social Care Board (RHSCB).

IMPROVEMENT PROPOSALS FOR 2011/12

NIAS will continue to ensure that appropriate arrangements are in place to transport potential stroke patients to hospital within ninety minutes of the onset of stroke symptoms with a pre-arrival alert in order to facilitate rapid in-hospital intervention in accordance with regional guidelines and standards.

NIAS will seek to maintain controls to prevent MRSA, C Difficile and other healthcare acquired infections.

NIAS will establish and maintain arrangements to routinely review compliance with standards of hygiene and cleanliness. Trust review arrangements will include consideration at Trust Board through the Assurance Committee.

NIAS will implement agreed standards from relevant service frameworks in accordance with guidance issued by the Department.

NIAS will ensure that patients and clients have timely access to high quality services responsive to their particular needs and delivered locally where this can be done safely, sustainably and cost-effectively.

NIAS will continue to work with the HSC Board and other Trusts to establish models of integrated care in community settings incorporating integrated clinical care pathways and models of unscheduled care which integrate hospital Emergency Departments, primary care out-of-hours services and ambulance services.

A number of outcome-based clinical quality indicators will be developed for a range of conditions and introduced during the year and methods to enhance clinical information to support quality of care will be considered, including a review of the current Patient Report Form (PRF) and the use of an electronic care record.

New Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines will be introduced following their publication during the year.

A number of patient safety initiatives such as leadership walkrounds will be introduced.

The Trust's Infection Control Policies and Procedures and the Trust's Medicines Management Policy and Procedures will be reviewed.

The Trust will support Community Responder Schemes in partnership with statutory and voluntary organisations and increase participation in Road Safety and other initiatives with other statutory agencies.

SUMMARY OF PERFORMANCE

Clinical Care

The Trust continues to monitor its performance to ensure that patients with actual or potential strokes are transported to hospital within ninety minutes of the regionally agreed timeframe with a pre-alert message to the receiving hospital (see Table 1 below).

Regular reports on performance against a number of condition-specific Clinical Performance Indicators (CPIs) and audits of compliance with infection prevention and control procedures and cleanliness standards are provided to the Trust's Assurance Committee (see Table 2 below). Improvement has been noted in a number of Clinical Performance Indicators, for example the measurement of PEFR in asthma and post-treatment blood glucose measurement in hypoglycaemia, and IPC audits show a high degree of compliance with IPC procedures.

Infection Prevention & Control

The Trust is substantively compliant with the Infection Prevention & Control Controls Assurance Standard as assessed in May 2011.

Two audits of hand hygiene have been completed in year, one in August 2011 and the second in November 2011. The results have been collated and are presented in Table 3.

A number of IPC performance indicators have been agreed and are being monitored by the IPC Group as standing agenda items at its meetings and reported to the Assurance Committee.

A sub-group of the Trust's Infection Prevention and Control Group has reviewed arrangements for the reporting and monitoring of vehicle cleaning and a new reporting system was introduced in September 2011. Following the outcome of this work, a series of workshops were arranged for Station Officers commencing in late August 2011 in relation to the new reporting procedure and other IPC issues. Compliance with the reporting of vehicle cleaning has improved substantially following the introduction of the new system and work remains ongoing to improve this further. This is considered as a standing agenda item by the Trust's Infection Prevention & Control Group.

The Trust's Clinical Waste Policy has been reviewed in association with other HSC Trusts and was submitted to Trust Board in November 2011 and approved with some amendments. These amendments have now been made and incorporated into the Policy and were presented to the Trust's Health & Safety Committee and Infection Prevention & Control Group.

No healthcare acquired infections arising within the Trust have been reported within the current year.

From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area. Using a template provided by the Public Health Agency and following benchmarking with other UK Ambulance Services, a Trust Outbreak Contingency Plan has now been developed and forwarded to the Regional Healthcare Acquired Infection Forum for agreement. Following this it will be presented to the Trust's Assurance Committee for approval.

Following a meeting with the Public Health Agency, a consultant in public health medicine has been identified as the clinical lead to liaise on behalf of the Public Health Agency with NIAS in relation to infection prevention and control.

Regional Healthcare Hygiene and Cleanliness Standards and an associated Audit Tool were introduced in July 2011. As reported to the Assurance Committee in November 2011, the Trust's Infection Prevention & Control Group have reviewed these in relation to those elements that are relevant to NIAS for submission to the Trust's Assurance Committee in March 2012. Following approval, these will be incorporated into the station visits and audits currently being undertaken. A programme of station inspections, which includes a review of hygiene and cleanliness, has been ongoing throughout the year.

The Medical Director has obtained agreement from his colleagues in the other HSC Trusts to access IPC expertise. Agreement has been reached with one HSC Trust in particular to provide expert IPC advice subject to the signing of a formal agreement.

The Trust's first annual report on infection control has been published and submitted to the Trust's Assurance Committee in November 2011.

A further programme of fit testing for a new face mask for use as PPE in the management of patients with certain infectious diseases such as flu has been commenced.

The recently published NICE Prevention & Control of HCAI Quality Improvement Guide is currently being reviewed for incorporation into NIAS policy and procedures and the revised IHCD Basic Training Manual guidance on infection prevention and control has been reviewed and adopted for inclusion in future training.

A number of items of medical equipment are currently being reviewed in relation to IPC requirements, such as laryngoscope handles and blades, trolley mattresses and disposable tourniquets etc.

Medicines Management

The Trust is substantively compliant with the Medicines Management Controls Assurance Standard as assessed in May 2011.

A number of findings in relation to Medicines Management were made by the Internal Auditors which have all now been actioned and were reviewed and reassessed by the auditors in September 2011, and their draft report indicates that these have now been fully implemented.

Over thirty unannounced inspections of the Trust's Medicines Management Procedures and compliance with them have now been undertaken in different areas by the DHSSPS Drugs Inspection Unit and no significant defects have been identified. The reports of these inspections have been presented to the Trust's Medical Equipment Group which considers these as a standing agenda item, and subsequently to the Assurance Committee. Further inspections will continue to be undertaken.

A number of incidents involving personal controlled drug registers have been identified through the Trust's incident reporting system and the Medicines Management Policy and

Procedures are currently being reviewed in light of this, and new instructions in this regard have been circulated to staff in January 2012.

The Trust fully complies with all statutory requirements in relation to medicines management, including the submission of annual reports to the DHSSPSNI and participation in LIN and other regional groups.

Other

A review of the system of management of GP Urgent Calls is currently being undertaken in order to improve the response to such calls.

NIAS has participated in two multi-agency reviews of the management of calls involving sudden death and those involving detention under mental health legislation. New multi-agency regional guidance arising from this process in relation to mental health was formally launched in October 2011.

NIAS is currently participating in two clinical research projects in relation to acute cardiac care in association with the Belfast Trust.

The RQIA report of their inspection undertaken in May 2010 has now been received, their findings noted, and an action plan arising from the report developed which is regularly reviewed as a standing agenda item by the Trust's Assurance Committee.

NIAS continues to actively participate in the Regional Patient Safety Forum.

NIAS has commenced engagement with further community responder schemes in Fermanagh, Derry, Tyrone and East Down.

A further review to update the current Patient Report Form in light of new guidelines and clinical developments has now commenced.

Table 1

Stroke Services: % of ALL 999 patients at hospital within 90 minutes												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	96.40%	97.50%	99.13%	97.51%	99.49%	97.29%	98.02%	97.03%	95.44%	95.40%		
Belfast	95.80%	100.00%	100.00%	100.00%	100.00%	98.55%	97.96%	100.00%	98.36%	98.36%		
North	97.30%	97.56%	97.92%	97.87%	100.00%	93.88%	92.31%	100.00%	95.52%	93.55%		
Sth East	94.30%	95.45%	97.83%	95.92%	97.44%	100.00%	100.00%	95.12%	91.11%	88.00%		
South	100.00%	97.14%	100.00%	93.94%	100.00%	100.00%	100.00%	93.55%	96.67%	98.11%		
West	94.70%	96.97%	100.00%	100.00%	100.00%	94.29%	100.00%	93.94%	94.74%	100.00%		

Table 2

Northern Ireland Ambulance Service – Clinical Audit - Clinical Performance Indicator – **Acute Stroke Indicator Set**

Performance Area	Inclusion	Indicator	Description	Exceptions	Expected Patient Benefit	Evidence Base
Acute Stroke	Patients with a clinical diagnosis of stroke / TIA	CVA1	FAST assessment fully recorded on PRF	Patient unconscious Patient refusal Patient does not understand request Secondary head injury / trauma	Improved assessment and management of ischaemic and haemorrhagic stroke	JRCALC Clinical guidelines 2006 Stroke Association Guidelines
		CVA2	Airway assessed as 'CLEAR' on PRF or managed appropriately		Reduced risk of aspiration	
		CVA3	Blood glucose recorded on PRF	Patient refusal		
		CVA4	Blood pressure recorded	Patient refusal Over-riding critical feature i.e. airway or breathing problem		
		CVA5	Local stroke team contacted	Time of onset of symptoms to assessment >3 hrs or patient awoke with symptoms No local stroke team available	Increased access to thrombolysis for patients with ischaemic stroke	
		CVA6	Glasgow Coma Scale section of PRF completed			

1504 Patient Report Forms sampled from Oct 2011 to Jan 2012 – CVA/TIA management results:

Criteria for inclusion in sample = CVA/TIA Assessment = Facial Weakness = "YES" – *or* – Arm Weakness="YES" –*or*—Speech Impairment="YES"

Ambulance Trust area	Estimated Number of TIA/CVA per month	Number sampled	FAST Performed	FAST Exceptions	Blood Glucose	Blood Glucose Exceptions	Blood Pressure	Blood Pressure Exceptions	Airway manage	GCS Complete	Local Stroke Team contact
(ALL NIAS INC.)	376	1504 (4 months)	1504 (100%)	0%	1197 (79.6%)↑	1.3%	1488 (98.9%)↑	1.3%	1489) (99%)↑	1501 (99.8%)↑	n/a*
Previous audit:	334	668 (2 months)	668 (100%)	0%	506 (75.5%)	1.0%	660 (98.8%)	1.0%	663 (99%)	666 (99%)	n/a

*Local stoke team information not currently recorded on Patient Report Form – this will be reviewed at annual PRF reformat/updates. 1% of patients refused assessment/treatment

Review: **6 months**

Andrew Watterson – Clinical Audit Officer

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

Table 3

Hand Hygeine Audit November 2011													
This audit has been carried out by the Clinical Support Officers in each division.													
The audit tool used was the Quality Improvemnet Toolkit for Infection and Prevention Control in General Practice (National Public Health Service for Wales)													
	NORTH (30)		**SOUTH (30)**		**BELFAST (30)**		**SOUTH EAST (30)**		**WEST (30)**		**TOTAL**	**150**	
Audit Criteria -All must be met	Achieve	Not Achieved	Achieved	Not Achieved	Achieve	Not Achieved	Achieve	Not Achieved	Achieve	Not Achieved		% Achieved	% Not Achieved
Hand Washing													
Hand Preparation													
Free from Jewellery	28	2	27	3	9	21	6	24	4	26	150	51%	49%
Nails short /no varnish	30	0	30	0	9	21	30	0	20	10	150	93%	7%
Sleeves are sort/rolled up	30	0	30	0	9	21	30	0	18	12	150	78%	22%
Cuts covered with waterproof dressings	30	0	30	0	9	21	30	0	20	10	150	79%	21%
Hand Washing technique													
Hands wet under running water	28	2	30	0	9	21	30	0	22	8	150	80%	20%
Warm water used	30	0	30	0	9	21	30	0	22	8	150	81%	19%
Dispensed liquid soap used	30	0	30	0	9	21	30	0	22	8	150	81%	19%
Liqiud soap applied to wet hands	30	0	29	1	9	21	30	0	22	8	150	80%	20%
Hands rubbed to create lather	30	0	30	0	9	21	11	19	22	8	150	77%	23%
10 Steps to hand hygien displayed at sink	30	0	28	2	9	21	19	11	22	8	150	72%	28%
lather rubbed over all of hand 10-15 secs	30	0	30	0	9	21	30	0	7	23	150	71%	28%
hands rinsed thorourghy undr running wate	30	0	30	0	9	21	30	0	18	12	150	90%	10%
Drying Hands													
Taps turned off using wrist/elbow/paper	28	2	25	5	9	21	18	12	18	12	150	66%	34%
Hands dried using paper towels	30	0	30	0	9	21	30	0	30	0	150	86%	14%
Location where Audit took place;													
Hospital		7		20	9	21		28		25	110		
Station		7		10				2		5	24		
Other		16									16		
Rating based on Controls Assurance Standards													
70 - 99 = Substantive Compliance													
30 - 69 = Moderate Compliance													20120105NIASHandHygeineV2

RISK COMMENTARY

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

RISK MANAGEMENT & LEARNING FROM ADVERSE INCIDENTS

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

2010/11 TA 2.3

During 2010-11 PHA in partnership with the HSCB should establish effective arrangements to ensure that lessons learnt from adverse events are taken forward by Trusts, primary care and other providers.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

NIAS continues to actively participate in the Regional Patient Safety Forum.

The Trust's Serious Adverse Incident Reporting procedures have been reviewed in line with the new regional reporting mechanisms and NIAS is participating in the introduction of the Regional Adverse Incident Learning (RAIL) arrangements. The Executive Directors, Risk Manager, Complaints Manager and Employee Relations Manager now meet regularly to facilitate appropriate learning and action from untoward incidents, complaints, disciplinary procedures etc. as well as reports from the wider healthcare system. Safety and Quality, which includes the review of Serious Adverse Incidents, is now included as a Standing Item on the Agenda of the Trust's Performance Meetings with the Regional Board.

Clinical and non-clinical adverse incidents are reported to the Trust's Assurance Committee as a standing agenda item.

IMPROVEMENT PROPOSALS FOR 2011/12

The current system for the handling and management of GP Urgent calls will be reviewed and a number of measures introduced to improve the response to such calls including the potential integration of GP Urgent calls with systems currently in place for the management of other emergency calls.

The performance in relation to GP Urgent call handling and response will be monitored to ensure improvement in performance.

The role of the Regional Pressures Co-ordination Centre (RPCC) in regional pressures co-ordination and GP call handling will also be reviewed.

The adverse incident reporting system will be reviewed to improve reporting of and learning from incidents, particularly involving patient safety.

Procedures will be reviewed to integrate the learning from Coroner's Rule 43 recommendations from other parts of the UK into current NIAS systems.

Further audits of infection prevention and control procedures will be undertaken and regular audits of medicines management will commence.

A policy and supporting procedures will be introduced for the placement of alerts relating to particular patients and locations on the dispatch system in Ambulance Control.

A new procedure to ensure the accurate reporting of vehicle cleaning will be introduced.

SUMMARY OF PERFORMANCE

A procedure has been introduced to collate the learning from Coroner's Rule 43 recommendations from other parts of the UK and is now a standing item on the Trust's Assurance Committee agenda.

The Risk Manager and Emergency Planning Officer are currently undertaking a review of the recommendations contained within the Coroner's reports following the inquests into the London bombings and the Cumbria shooting incidents. Recommendations arising are being incorporated into the development of ballistic training for NIAS HART team members in collaboration with PSNI and in accordance with emerging national guidance.

The recommendations from a Coroner's report in Wales relating to post-operative complications, and in particular post-tonsillectomy bleeding, have been implemented with relevant information circulated to all operational staff, and the call triage system in Ambulance Control reviewed to ensure compliance.

The recommendations from a Coroner's report relating to the use of carbon dioxide monitoring in intubated patients have been reviewed. The training in the use of carbon dioxide monitoring previously delivered to staff has been reviewed and further revised information is currently being developed and will be issued to staff in year. The current PRF will be amended in order to include carbon dioxide monitoring and compliance will be monitored through the clinical audit process.

All regional Serious Adverse Incidents raised during the previous year involving NIAS have now been closed. As a result, a regional policy and procedure for the emergency transfer of patients and the use of police escorts is currently being developed in conjunction with the other acute Trusts and PSNI. There are currently no active Regional Serious Adverse Incidents involving NIAS. NIAS is currently liaising with the Regional Health & Social Care Board to ensure learning from such incidents is disseminated regionally where appropriate.

The RQIA report of their inspection undertaken in May 2010 has been received, their findings noted, and an action plan arising from the report developed which is regularly reviewed as a standing agenda item by the Trust's Assurance Committee.

From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area. A draft NIAS outbreak contingency plan has been developed using a template provided by PHA and following benchmarking with other UK Ambulance Services. This has been forwarded to the Regional HCAI Forum for comment following which it will be submitted to the Trust's Assurance Committee for approval.

Following the deaths of a number of neonates from Pseudomonas infection in the Royal Jubilee Maternity Hospital and Altnagelvin Hospital, NIAS participated in the regional groups dealing with this issue. NIAS was represented at daily teleconferences involving the other HSC Trusts, Public Health Agency and Department of Health, and at other meetings. Measures were put in place to facilitate, monitor and report neonatal transfers both within and outwith the jurisdiction and transfers of pregnant woman arising from this incident. All correspondence from the Chief Medical Officer and Public Health Agency was reviewed for relevance to NIAS and while significant numbers of the measures were not relevant to NIAS, our infection prevention & control procedures were felt to be compliant. This will be further facilitated through ongoing audits of IPC procedures.

Following this and previous correspondence in relation to potential contamination of water supplies with Legionella and Pseudomonas, the Assistant Director of Operations with responsibility for Fleet and Estates and the Trust's Risk Manager have engaged with Health Estates and the Health & Safety Executive in regard to the development of an action plan to address any issues in relation to NIAS estate. A number of Area Managers have also participated in training in this regard. This work remains ongoing.

Two audits of hand hygiene have been undertaken in year, the first completed in August 2011 and the second in November 2011, and the results will be presented to the Trust's Assurance Committee.

A sub-group of the Trust's Infection Prevention and Control Group has reviewed arrangements for the reporting and monitoring of vehicle cleaning and a new reporting system was introduced in September 2011. Following the outcome of this work, a series of workshops was arranged for Station Officers commencing in late August 2011 in relation to the new reporting procedure and other IPC issues.

A new system for the management of GP Urgent Calls, where these are integrated with other emergency calls, has been agreed in principle and work is currently ongoing with the providers of the Control software systems to support implementation. A technology solution has been developed and installed to support this and the procedure for the future management of such calls is currently being finalised. Consideration is currently being given to the need for consultation in regard to these changes prior to implementation.

The process for the recruitment of a RPCC Manager on a temporary basis to undertake a review of the role of RPCC has commenced.

A review of the adverse incident reporting system commenced in October 2011 and is ongoing.

Equipment and safety alerts are now reported as a standing item on the Trust's Assurance Committee agenda.

RISK COMMENTARY

PROVIDING ALTERNATIVES TO HOSPITAL A&E ATTENDANCE

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

2010/11 PfA 3.1

Pathway management: by March 2011, the HSC Board should establish: (i) models of integrated care in community settings which incorporate integration along clinical care pathways and address the wider determinants of health; and (ii) models of unscheduled care in hospital settings which integrate primary care out of hours services with ambulance and A&E services.

The Commissioning Plan Direction (Northern Ireland) 2011, 4(c).

Commissioning more innovative, accessible and responsible services, promoting choice and making more services available in the community.

The Commissioning Plan must demonstrate how the services commissioned will improve access to more primary care and community-based services which prevent people unnecessarily entering hospital and enable them to return home safely as soon as they are fit to do so.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

Ministerial Priorities for Action have placed a responsibility on the RHSCB to ensure greater engagement between secondary and primary care clinicians and practitioners to agree clinical pathways which reduce the use of hospital services and increase the capability of primary and community care to manage patients more locally.

Ever increasing demands are being placed on hospitals. Patient flows must be more effectively managed so that patients are seen, diagnosed and treated in the right setting by the right person at the right time. Much of the care provided in hospital or other institutional settings could be delivered in community settings. Many referrals and unplanned admissions to hospital, outpatient appointments and diagnostic tests could be more appropriately managed in the community. Moving care from hospitals to community settings and patients' own homes should not only improve efficiency but should also drive improvements in quality.

The pilot of Category C call triage by GPs in Emergency Ambulance Control (EAC) was completed last year and evaluated and the GP call handling process is being fully integrated within the call handling process and the remit of GPs in the Control Room is being extended to facilitate, for example, advice to responding ambulance crews etc. in order to direct patients to more appropriate care pathways with clinical advice and, where appropriate and safe, alternatives to an emergency ambulance response and A&E Department attendance.

NIAS is also engaged with the Regional GP Out of Hours Review Group and has provided activity data to support their work and is currently exploring the reintroduction of a call triage pilot with one of the GP Out of Hours providers with a view to potentially extending this regionally to provide direct referral to GP Out of Hours and other community services where possible.

A number of condition-specific treat and leave and treat and refer protocols are being developed, supported by ongoing audits of clinical activity. It is anticipated that these will be introduced in Quarter 2 of 2011/12.

A number of joint care pathway initiatives, for example integrated falls management, are currently being discussed with other Trusts and agencies and the development of an integrated system of unscheduled care has been raised with the Regional Health & Social Care Board.

IMPROVEMENT PROPOSALS FOR 2011/12

The system of GP Triage in EAC will be further developed through a review of procedures to increase call volumes subject to secondary triage and maximise non-ambulance responses and alternatives to transport to hospital.

A regional Directory of Services in Ambulance Control to facilitate referral of patients to appropriate care pathways within the community will be developed and established.

A number of condition-specific treatments at scene and referral protocols will be introduced and compliance monitored.

Opportunities for joint working and referral with other relevant care providers such as GP Out of Hours organisations will be explored, as well as other alternative call management systems for their suitability for use in NIAS.

NIAS has engaged in a number of regional service frameworks resulting in the provision of relevant clinical information to attending ambulance crews to patients with chronic disease such as Chronic Obstructive Pulmonary Disease (COPD), cancer, terminal and palliative care to facilitate them remaining at home.

SUMMARY OF PERFORMANCE

A number of condition-specific treat and leave protocols have been developed and circulated to the Training and Clinical Support Officers for review and comment. A number of amendments have been made in response to this process prior to the introduction of the protocols. A treat and leave protocol for the management of hypoglycaemia has been developed with supporting information for staff. This will be presented to the Trust's training team in February 2012 for consideration prior to introduction during March 2012, following which its use will be monitored and reviewed.

Discussions remain ongoing with a GP Out of Hours provider to reintroduce a joint system of call triage and referral and NIAS continues to be engaged in the regional review of GP Out of Hours services. The publication of a regional strategy for the future delivery of GP Out of Hours services for consultation is still awaited. NIAS continues to engage in this process.

Discussions and meetings have taken place regarding the introduction of a system of integrated falls management initially within one HSC Trust area and in October 2011, following a meeting with the Public Health Agency, NIAS has been requested to participate in the development of a regional strategy in this regard and this work commenced in February 2012.

Patients with acute myocardial infarction are being admitted directly to the cardiac catheterisation laboratory in the Royal Victoria Hospital and Craigavon Area Hospital wherever possible rather than being taken to A&E.

NIAS now participates in the Regional Acute Oncology Group regarding the direct admission of patients to Cancer Treatment Centres if complications arise following chemotherapy.

A patient database of relevant clinical information continues to be populated in Ambulance Control regarding the specific clinical needs and management of individual patients to facilitate their ongoing care in the community and direct referral to specialist hospital departments rather than transport to the A&E Department. Systems are now in place for the population of the database with oxygen alert information for patients with COPD and other conditions such as Addison's Disease, etc.

NIAS actively participated in a number of consultation events as part of the recent healthcare review and a number of references to the pivotal role of the Ambulance Service in improving the integration of A&E services and alternatives to hospital attendance have been included in the review report.

NIAS is now engaging with the other HSC Trusts in the development of plans to support the implementation of the Transforming Your Care report in keeping with the Trust's Corporate Strategy and Plans.

RISK COMMENTARY

There is a risk to the achievement of this objective due to the potential failure to obtain support, co-operation and engagement from other key external stakeholders such as GPs, A&E Departments, GP Out of Hours organisations, Social Services, etc. for the implementation of proposed new call management processes and procedures.

Other service providers may not agree to accept direct referrals from Ambulance Services arising from treat and refer protocols. The NIAS Medical Directors are engaging with other HSC Trusts and service providers to agree these procedures, in particular with GP Out of Hours services etc.

This has been raised with the Public Health Agency and DHSSPS who have agreed to facilitate the engagement from other key stakeholders.

IMPROVING THE PATIENT EXPERIENCE

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

2010/11 PfA 2.8

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, and ensure appropriate reporting and follow-up, consistent with direction from PHA.

PfA targets for Personal and Public Involvement (PPI) and Client Experience Standards are not yet confirmed however these work streams are prioritised within the HSCB Commissioning Plan.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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 Public Health Agency (PHA) Regional PPI Forum in partnership with other HSC organisations and service users.

The Trust is also engaged with PHA in respect of a collaborative approach across HSC to the implementation of PPI.

Patient and Client Experience Standards

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

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

IMPROVEMENT PROPOSALS FOR 2011/12

Development 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.

SUMMARY OF PERFORMANCE

PPI

The Trust has engaged with service users to inform the finalisation of a Draft PPI Strategy and in order to work towards the establishment of an Ambulance Service reference panel. The Draft PPI Strategy has been developed and will be subject to a consultation process in line with commitments in the Trust's published Consultation Scheme.

In addition the Trust is continuing to work to enhance involvement of service users and Community and Voluntary sector organisations in Trust work streams and policy development.

The Trust continues to participate in regional work streams to influence and ensure a collaborative approach to the PPI and Patient and Client Experience standards agendas within the HSC. In particular the Trust ensures specific issues relevant to the delivery of an ambulance service are fully considered within regional work streams in this regard. In addition the Trust is engaging with the Public Health Agency and Patient Client Council in terms of these areas.

Patient and Client Experience Standards

NIAS works in partnership with other HSC Trusts to develop and implement methodologies to monitor compliance with the Minister's Patient and Client Experience Standards.

The methodologies currently in use are patient/client satisfaction surveys (including ambulance service specific questions against the five Patient Client Experience standards), observations of practice, gathering patient/client stories, review of compliments and complaints and an audit of organisational arrangements and staff feedback.

Acute Trusts continue to include ambulance related questions in surveys in this area and results are provided to NIAS for analysis. A quarterly report which outlines results in respect of patient surveys, Observations of Practice undertaken within NIAS and ambulance relevant Patient Stories is provided to HSCB. In the current quarter the Trust is undertaking a review of a pilot of Observations of Practice within NIAS to inform future development of this work. The Trust considers learning outcomes from these activities in order to deliver improved practice and service user experience.

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 as per HSCB Draft Commissioning Plan 2011/12 (published 23/06/11) and approved by DHSSPS in August 2011.

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 is achieving the 72.5% Regional PfA category A performance target with an actual of 73% at the end of January 2012.

The 65% target is being achieved in all LCG areas with exception of Northern LCG which is achieving 64.6%.

NIAS is providing 89% 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 47% of CatA8 response, regionally.

Delays at Emergency Departments on handing patients continue to put pressure on levels of cover and response capacity.

RISK COMMENTARY

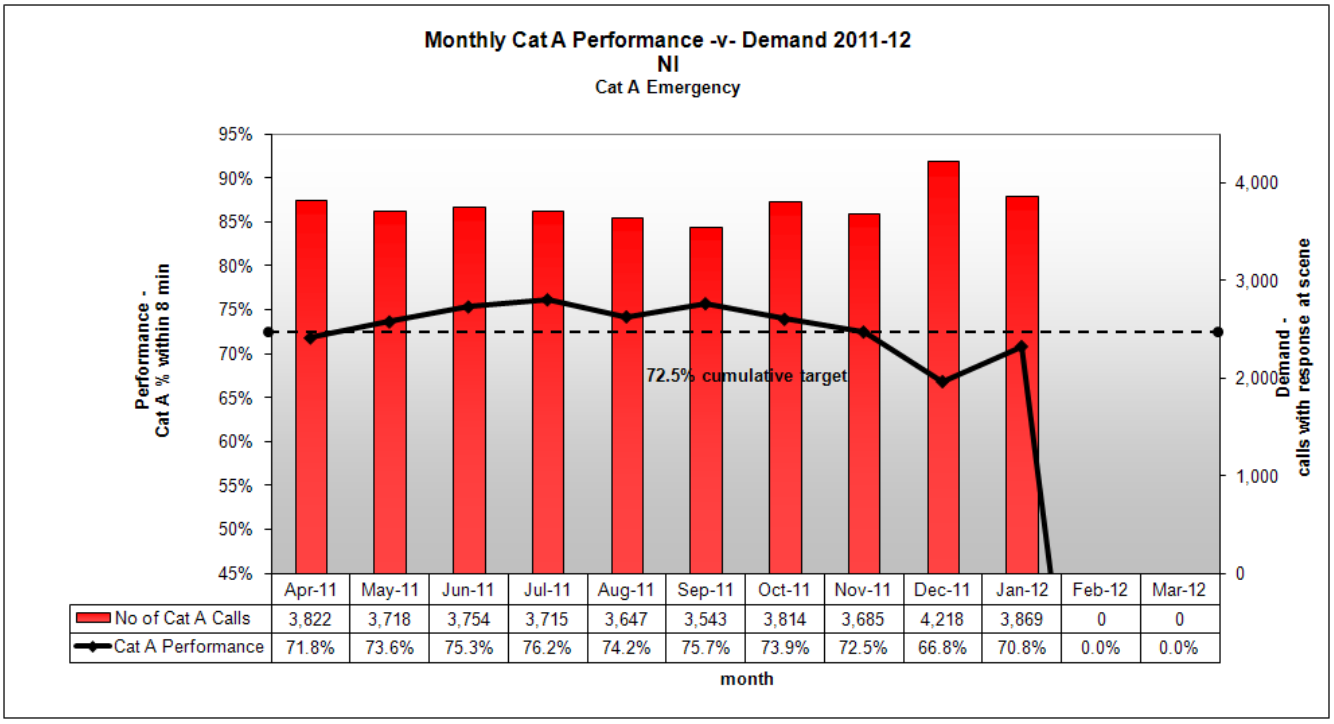
There is a potential risk to achieving the targets if:

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 changes to the management of GP urgent call
5. Significant changes in the configuration of Acute Services without assessing the need for or commissioning off 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.

Performance Reports

Category A: % Response within 8 minutes

Regional target: 72.5% LCG target 65%



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Cat A Calls	3,822	3,718	3,754	3,715	3,647	3,543	3,814	3,685	4,218	3,869	0	0
Cat A Performance	71.8%	73.6%	75.3%	76.2%	74.2%	75.7%	73.9%	72.5%	66.8%	70.8%	0.0%	0.0%

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

PERFORMANCE COMMENTARY

Comparison with January 2011

- 2.9% increase in overall activity compared to January 2011 with Belfast LCG up by 8.2%, South Eastern LCG up by 3.5% and Northern LCG up by 6.6%.
- 2.3% increase in overall **Emergency** activity compared to January 2011, with an 8.8% increase in South Eastern LCG, a 3.3% increase in the Belfast LCG and a 3.2% increase in Western LCG.
- 0.6% increase regionally in **Urgent** activity compared to the same time last year with Belfast LCG increasing by a staggering 29.8% (equivalent to 8 additional urgent calls each day for the month of December). However, South Eastern and Southern LCGs saw noticeable reductions 16.5% and 11.6% respectively
- The regional **Non-Urgent** activity increased by 3.8% compared to same time last year with Northern LCG increasing by 11.5%, Belfast LCG by 6.7%, and South Eastern by 5.7%.

Comparison to previous month (December 2011)

- 1.5% reduction in **overall activity** compared to December 2011 (previous month) across the region. This trend is in line with previous years with a reduction usually following the Christmas period.
- 8.9% reduction in **Emergency** activity across all LCGs with Belfast LCG falling by 12.5% from December 2011, South Eastern LCG by 3.9%, Northern LCG by 6.9%, Southern LCG by 9.3% and Western LCG by 11.2%.
- 3.4% increase in regional **Non-Urgent** activity compared to December 2011, noticeable across all LCGs but particularly South Eastern LCG (17.8% increase).
- Regionally **Cat A calls as proportion of all emergency calls** remained the same as the previous month at 41.1% with the Belfast LCG increasing by 2.1% (43.5% in Jan 2012) and South Eastern LCG increasing by 1.4% (41.8% in Jan 2012).
  Regionally the proportion has fallen by 1% from the same time last year. The proportion is particularly high (over 42%) in the following LGD areas: Belfast (43%), Castlereagh (46.3%), Lisburn (47.2%), Antrim (47.6%), Craigavon (42.3%), Newry and Mourne (44%), Derry (42.8%), and Omagh (47.8%).

Service pressures - Local context

- Closure of Belfast City Hospital Emergency Department on 1st November
- Christmas and New year holiday period.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	**71.8**	**73.6**	**75.3**	**76.2**	**74.2**	**75.7**	**73.9**	**72.5**	**66.8**	**70.8**			**73.0**
Belfast	88.3	90.3	91.5	91.1	89.6	89.0	87.6	86.8	79.3	84.1			87.6
South East	70.1	67.6	70.2	70.0	70.5	70.9	67.0	68.4	60.9	66.9			68.1
North	61.7	65.0	67.0	67.1	66.1	69.2	66.7	64.6	57.9	62.0			64.6
South	63.0	69.3	70.7	75.1	69.1	69.1	67.1	69.2	65.3	64.3			68.1
West	69.3	68.4	71.0	73.2	69.5	74.1	75.4	68.0	65.9	71.0			70.5

PERFORMANCE COMMENTARY

NB: The HSCB Commissioning Plan 2011/12 states that the Cat A response target is: "*From April 2011 the HSCB and NIAS should ensure 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)*"

- Based on the above mentioned HSCB Cat A Target, cumulative and monthly performance for the month of January was substantially achieved both regionally and at individual LCG with the exception of Northern LCG which missed the target by 0.4%.
- Cumulative Cat A performance regionally is 3.8% higher than last year in January with improved response times across all LCG.
- South Eastern LCG's improved performance is particularly welcomed considering it has seen a 17.8% increase in Routine activity from the previous month (December 2011) and an 8.8% increase in Emergency activity compared to the same time last year (Jan 2011).

- Whilst Northern LCG's cumulative Cat A response times is 0.4% off the LCG target it is still 2.5% higher than last year at the same time even with an 11.55 increase in Routine activity.
- The monthly performance has improved across all LCG compared to the previous month (see table above) and compared to the same time last year with a 3.6% increase since Jan 2011.
- Overall cumulatively activity across the region has remained almost the same as last year (increase of 0.4%). However **Cumulative Emergency Activity** has increased by 2.8% regionally with South Eastern LCG increasing by 6.8%, Western LCG by 4.1%, Southern LCG by 3.7% and Belfast by 2.3% compared to the same timeframe last year.

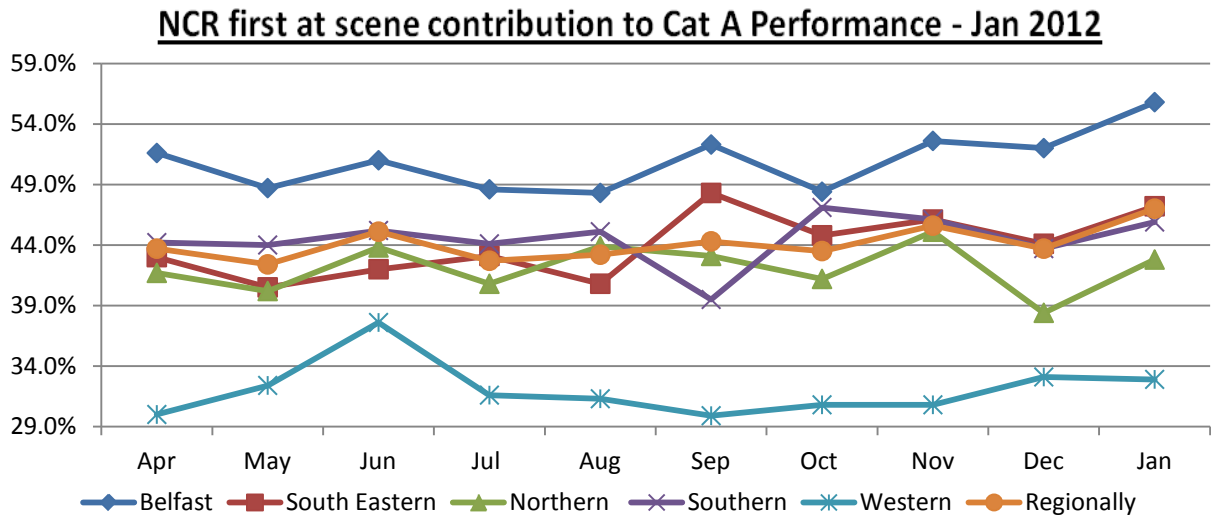
Category A : % Conveyance Resource Response arriving within 21 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	**92.1**	**93.4**	**93.1**	**93.5**	**92.6**	**92.6**	**92.1**	**91.2**	86.2	89.0		
Belfast	95.7	96.1	97.4	95.6	96.5	93.7	94.1	92.8	87.9	91.3		
South East	90.4	91.2	92.5	92.0	90.5	90.1	89.5	88.6	83.7	86.3		
North	90.8	92.5	91.1	93.8	92.3	94.0	91.6	90.0	84.4	88.7		
South	89.0	92.1	93.5	91.1	90.4	90.4	91.0	91.0	87.1	88.8		
West	92.9	93.5	89.5	93.9	94.1	94.1	93.8	93.4	87.7	89.1		

PERFORMANCE COMMENTARY

The above table shows that regionally the conveyancing of 95% of Cat A calls within 21 minutes is 89% Regionally for January.

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

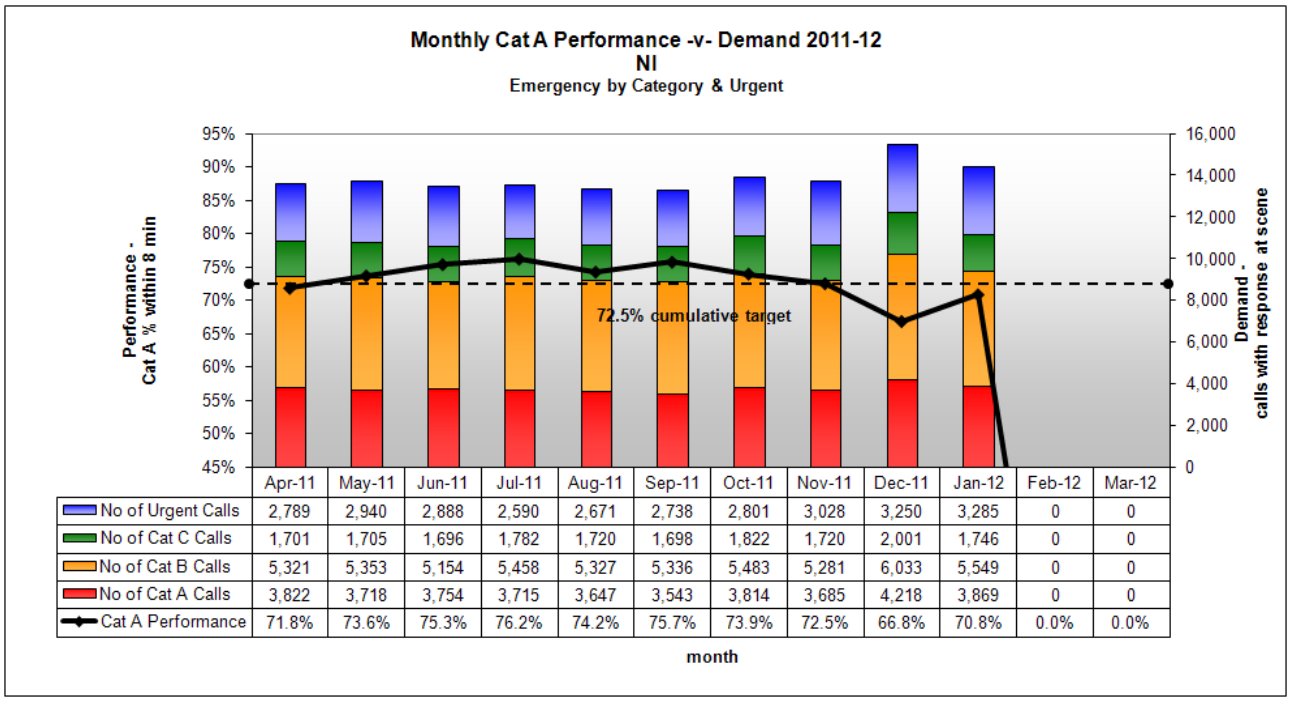


Non-Conveying Resource (RRV Etc) - contribution to Cat A data												
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Belfast	470	442	466	428	418	455	447	446	471	506		
Belfast (%)	*51.6%*	*48.7 %*	*51.0%*	*48.6%*	*48.3%*	*52.3%*	*48.4%*	*52.6%*	*52.0%*	*55.8%*		
South East	197	175	182	203	191	212	215	208	195	234		
South East (%)	*43.0%*	*40.5%*	*42%*	*43.1%*	*40.8%*	*48.3%*	*44.8%*	*46.1%*	*44.1%*	*47.2%*		
Northern	224	213	254	236	235	235	230	248	213	225		
Northern (%)	*41.7%*	*40.2%*	*43.8%*	*40.8%*	*43.9%*	*43.1%*	*41.2%*	*45.1%*	*38.4%*	*42.8%*		
Southern	179	191	203	196	202	163	202	188	201	191		
Southern (%)	*44.2%*	*44.0%*	*45.2%*	*44.1%*	*45.1%*	*39.5%*	*47.1%*	*46.1%*	*43.7%*	*45.9%*		
Western	130	140	170	144	122	124	132	127	150	130		
Western (%)	*30.0%*	*32.4%*	*37.6%*	*31.6%*	*31.3%*	*29.9%*	*30.8%*	*30.8%*	*33.1%*	*32.9%*		
Regionally	1200	1161	1275	1207	1168	1189	1226	1217	1230	1286		
Regionally (%)	***43.7%***	***42.4%***	***45.1%***	***42.7%***	***43.2%***	***44.3%***	***43.5%***	***45.6%***	***43.7%***	***47.0%***		

PERFORMANCE COMMENTARY

The table above shows that the number of calls where a non-conveying response is first on scene has increased by 3.3% from the previous month.

Urgent Calls (non-life-threatening):



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	2,789	2,940	2,888	2,590	2,671	2,738	2,801	3,028	3,250	3,285	0	0
No of Cat C Calls	1,701	1,705	1,696	1,782	1,720	1,698	1,822	1,720	2,001	1,746	0	0
No of Cat B Calls	5,321	5,353	5,154	5,458	5,327	5,336	5,483	5,281	6,033	5,549	0	0
No of Cat A Calls	3,822	3,718	3,754	3,715	3,647	3,543	3,814	3,685	4,218	3,869	0	0
Cat A Performance	71.8%	73.6%	75.3%	76.2%	74.2%	75.7%	73.9%	72.5%	66.8%	70.8%	0.0%	0.0%

Urgent Admissions: within standard ("not more than 15 minutes late of time specified"):

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	1558	1655	1590	1443	1476	1480	1531	1607	1629	1775			15744
Belfast	381	421	372	342	371	360	367	526	494	578			4212
South East	310	340	322	263	266	219	251	263	256	269			2759
North	433	437	419	392	392	478	472	428	442	454			4347
South	245	258	299	247	248	241	252	216	246	276			2528
West	189	199	178	199	199	182	189	174	191	198			1898

PERFORMANCE COMMENTARY

- O.6% increase in **Urgent** activity compared to the same period last year across the region compared to the previous month, with Belfast LCG increasing by 29.8%%, (equivalent to 8 additional urgent calss per day for the month of December. South Eastern LCG activity reduced by 16.5% and Southern LCG by 11.6%.
- 1.1% increase in **Urgent** activity across the region compared to the previous month, with Belfast LCG increasing by 1.4%, South Eastern LCG by 2.3%, and Southern LCG by 4.3%.

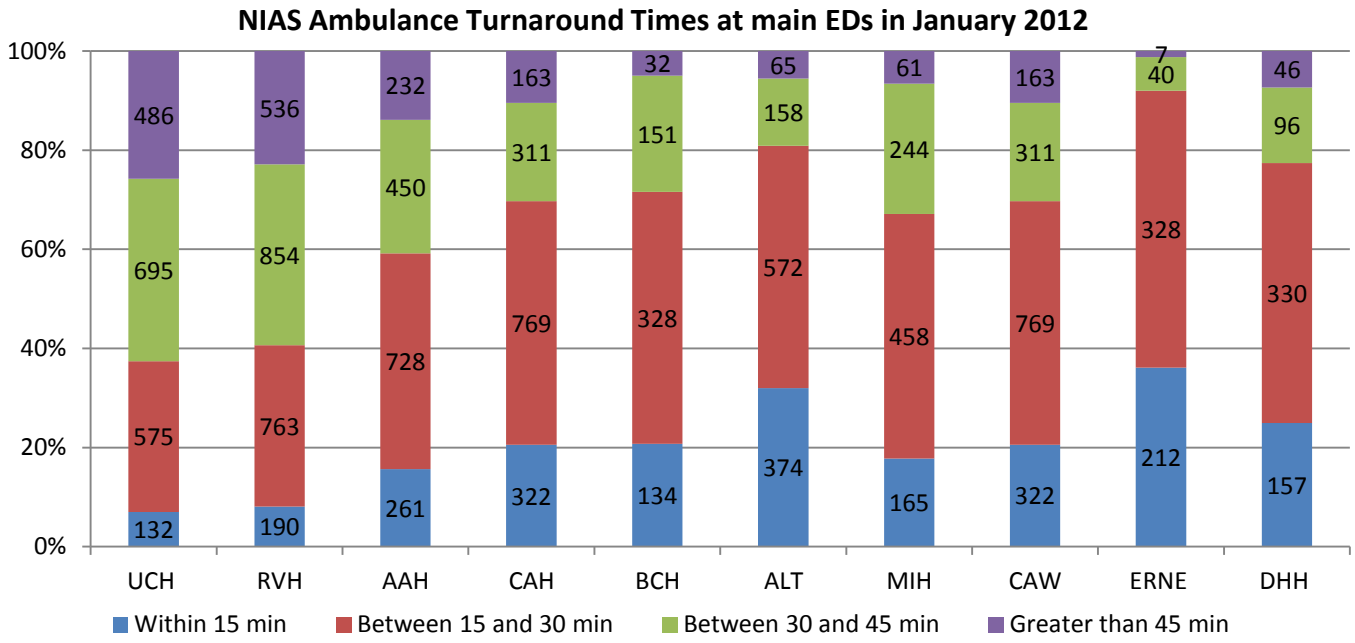
Urgent Calls: undertaken by Non-Emergency Ambulance

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	800	828	888	757	925	956	990	997	1015	1107		
Belfast	253	263	236	215	319	311	309	388	416	455		
South East	125	140	143	120	150	146	157	140	147	146		
North	248	224	284	278	300	324	368	298	311	333		
South	76	110	117	63	72	90	58	63	52	54		
West	98	91	108	81	84	85	98	108	89	119		

PERFORMANCE COMMENTARY

Non emergency Ambulance play a significant role in supporting the A&E tier by responding to urgent calls and conveying patients where clinically appropriate.

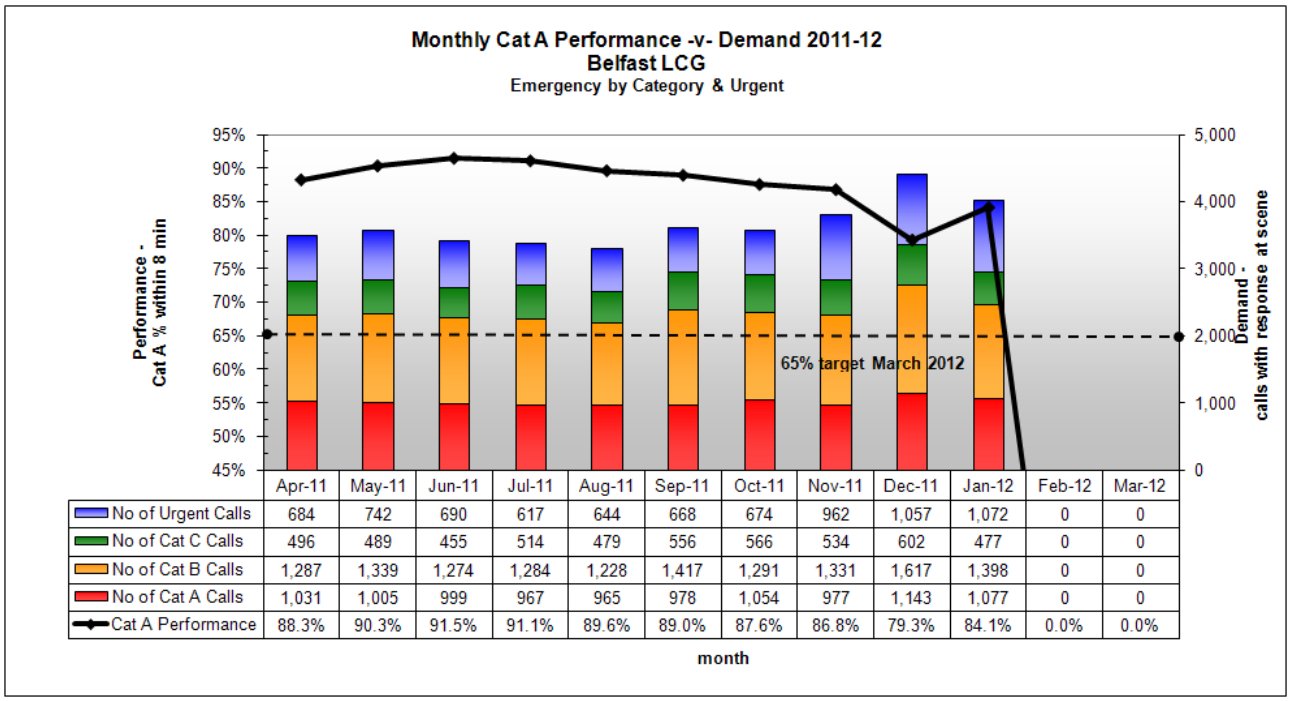
TURNAROUND TIMES AT HOSPITALS



- The number of ambulance turnaround times greater than 30 mins across the region has fallen by 4.2% (=215) compared to December 2011. However this is not reflected across the top nine Emergency Departments where there has been a 2.9% increase (=144) in the number of turnaround times greater than 30 mins compare for the same comparative month.
- In addition, the total number of ambulance turnaround times greater than 45 mins has dropped by 2% (=35) compared to December 2011 across all hospitals but increased by 5.5% (=94) for the same nine hospitals.

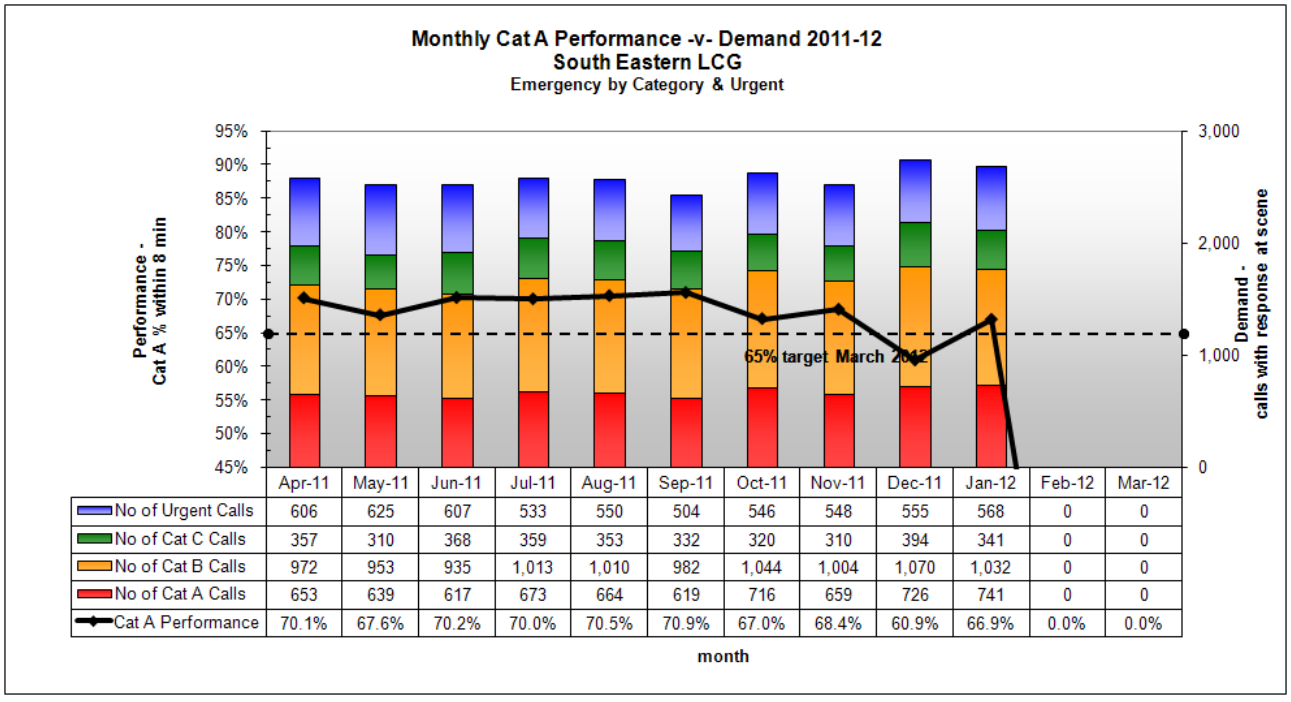
PERFORMANCE REVIEW BY DIVISION

BELFAST DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	684	742	690	617	644	668	674	962	1,057	1,072	0	0
No of Cat C Calls	496	489	455	514	479	556	566	534	602	477	0	0
No of Cat B Calls	1,287	1,339	1,274	1,284	1,228	1,417	1,291	1,331	1,617	1,398	0	0
No of Cat A Calls	1,031	1,005	999	967	965	978	1,054	977	1,143	1,077	0	0
Cat A Performance	88.3%	90.3%	91.5%	91.1%	89.6%	89.0%	87.6%	86.8%	79.3%	84.1%	0.0%	0.0%

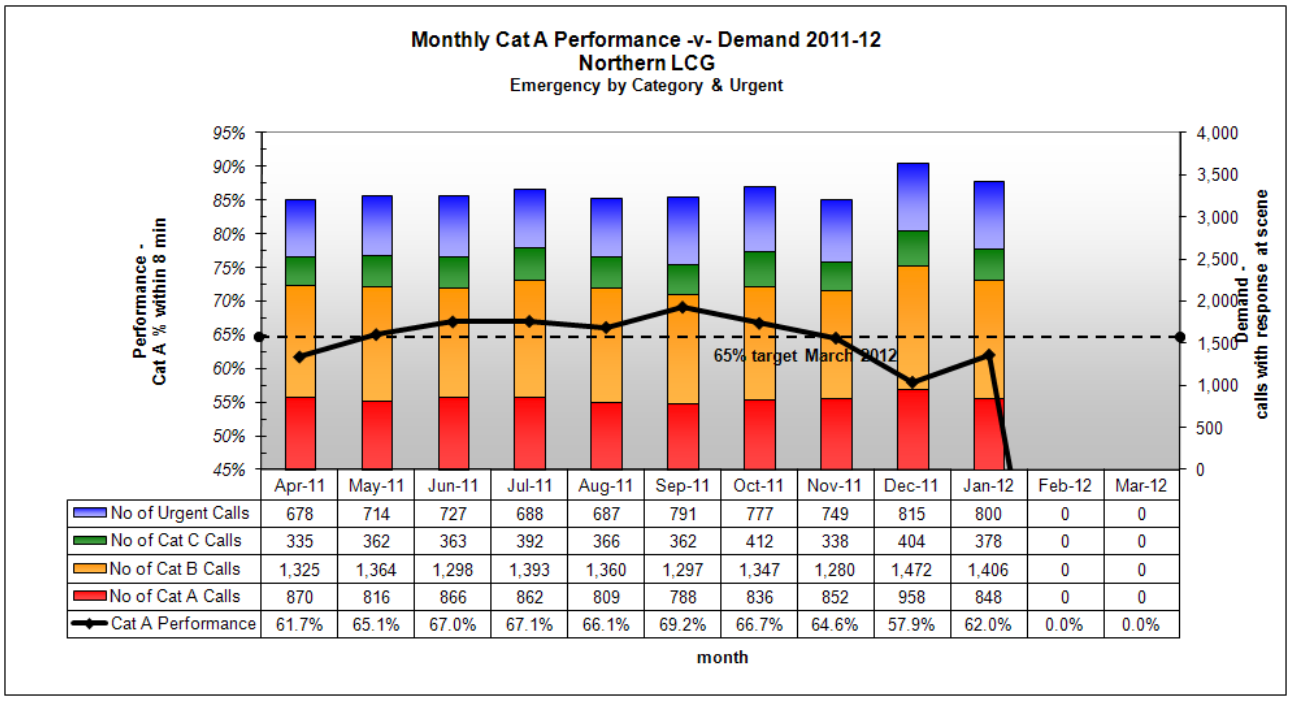
SOUTH EASTERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	606	625	607	533	550	504	546	548	555	568	0	0
No of Cat C Calls	357	310	368	359	353	332	320	310	394	341	0	0
No of Cat B Calls	972	953	935	1,013	1,010	982	1,044	1,004	1,070	1,032	0	0
No of Cat A Calls	653	639	617	673	664	619	716	659	726	741	0	0
Cat A Performance	70.1%	67.6%	70.2%	70.0%	70.5%	70.9%	67.0%	68.4%	60.9%	66.9%	0.0%	0.0%

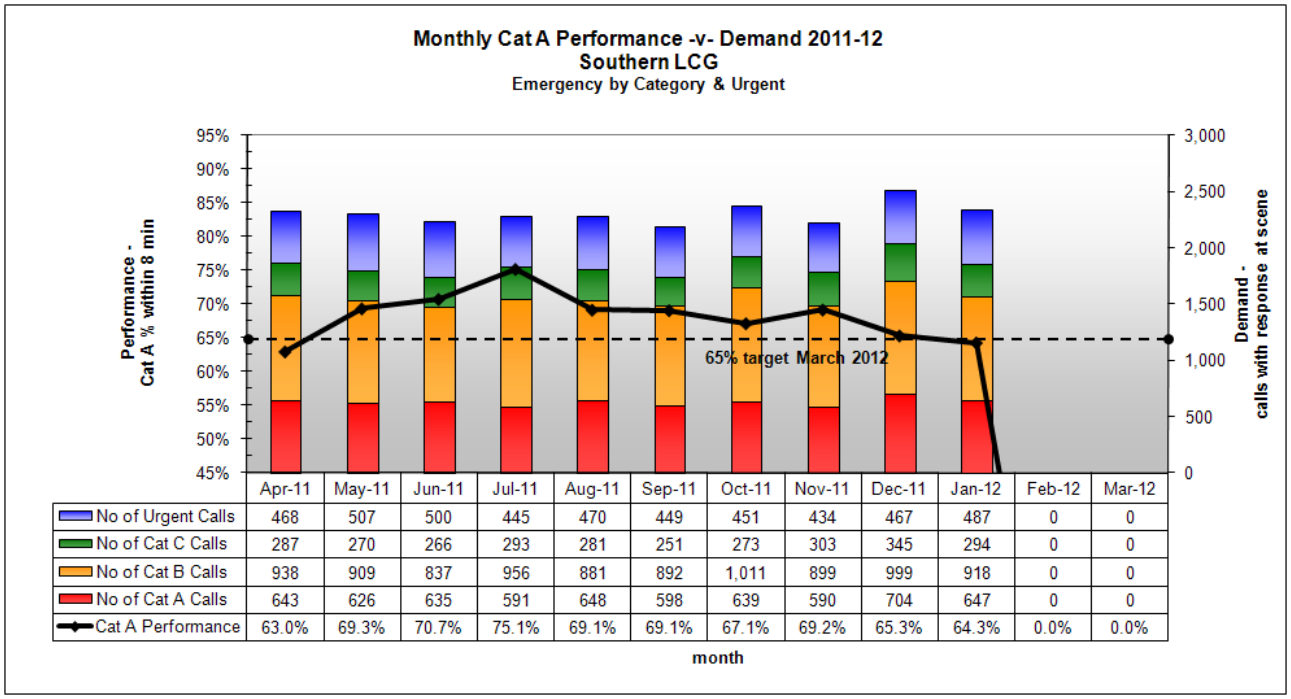
Legend for Performance Reporting: Green(G) = Fully Achieved : Green-Amber(GA)= Substantially Achieved : Amber(A)= On Target to Achieve ; Amber-Red(AR)Under-Achieving - Monitoring Required : Red(R) Failing to Achieve – Action Required

NORTHERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	678	714	727	688	687	791	777	749	815	800	0	0
No of Cat C Calls	335	362	363	392	366	362	412	338	404	378	0	0
No of Cat B Calls	1,325	1,364	1,298	1,393	1,360	1,297	1,347	1,280	1,472	1,406	0	0
No of Cat A Calls	870	816	866	862	809	788	836	852	958	848	0	0
Cat A Performance	61.7%	65.1%	67.0%	67.1%	66.1%	69.2%	66.7%	64.6%	57.9%	62.0%	0.0%	0.0%

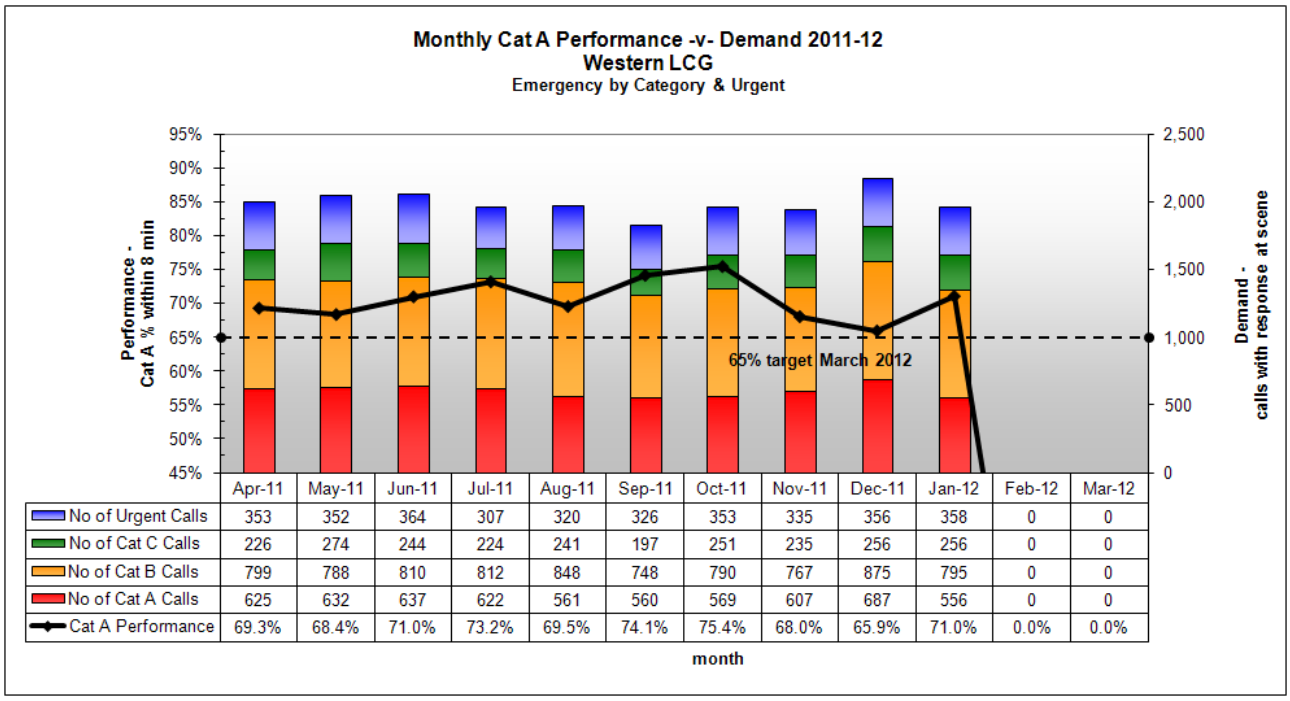
SOUTHERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	468	507	500	445	470	449	451	434	467	487	0	0
No of Cat C Calls	287	270	266	293	281	251	273	303	345	294	0	0
No of Cat B Calls	938	909	837	956	881	892	1,011	899	999	918	0	0
No of Cat A Calls	643	626	635	591	648	598	639	590	704	647	0	0
Cat A Performance	63.0%	69.3%	70.7%	75.1%	69.1%	69.1%	67.1%	69.2%	65.3%	64.3%	0.0%	0.0%

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

WESTERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	353	352	364	307	320	326	353	335	356	358	0	0
No of Cat C Calls	226	274	244	224	241	197	251	235	256	256	0	0
No of Cat B Calls	799	788	810	812	848	748	790	767	875	795	0	0
No of Cat A Calls	625	632	637	622	561	560	569	607	687	556	0	0
Cat A Performance	69.3%	68.4%	71.0%	73.2%	69.5%	74.1%	75.4%	68.0%	65.9%	71.0%	0.0%	0.0%

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 – January 2012

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. The next review of the Controls Assurance Standard is due on 31 March 2012. This should be completed in April 2012.

Estate and Fleet Strategy will be drafted by 31 March 2012.

	Score in March 2011	RAG Rating	Rating (75% required)	Comment
Buildings & Land	79%		Substantive	Estate Strategy (under review)
Environmental Mgt	81%		Substantive	Policy at Trust Board, November 2011
Fire Safety	90%		Substantive	Fire Manual and Policy (under review)
Fleet & Transport	79%		Substantive	Fleet Strategy (under review)
Security	86%		Substantive	
Waste Management	88%		Substantive	

The Controls Assurance files are continually updated with evidence and will be fully reviewed before March 2012.

FLEET

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	62.5	62.5	62.5	62.5	69.2	65.0	65.0	59.2	56.7	56.7		
Non-Emergency Ambulances	61.9	61.9	83.8	83.8	79.0	77.1	77.1	77.1	77.1	77.1		
Rapid Response Vehicles	70.0	72.5	72.5	72.5	72.5	72.5	72.5	72.5	72.5	72.5		
Support Vehicles	47.1	49.0	50.9	51.9	51.9	52.9	53.8	55.8	55.8	57.7		

PERFORMANCE COMMENTARY

There are ten WAS vehicles that were held for training. These will be fed into the fleet but have not taken effect as at 31 January 2012.

IMPROVEMENT PROPOSALS FOR 2011/12

Fleet

A&E fleet is under conversion for delivery early in the new calendar year. Cars have also been ordered and PCS fleet has already been converted and delivered in year.

Funding is available to purchase chassis and base vehicles for next year's conversion cycle. 22 A&E vehicle chassis and 21 PCS base vehicles will be ordered for delivery by 31 March 2012.

Estate Capital Programme

Ballymena
NIAS to respond to queries from Department concerning Ballymena's Business Case. Outline planning approval has been received.

Enniskillen
Feasibility study has been completed. NIAS is working on a Business Case for replacement Station and to include decant option. Decant section to be rewritten as the preferred option to remain on site has been refused. Planning application is being progressed.

Craigavon
No further developments.

Ards/Bangor
Presentation to Ards Council on 12 January 2012. Agreement to proceed to planning application.

Belfast
No further developments.

RISK COMMENTARY

Fleet

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.

Changes to Service Provision – Short notice changes to service provision experienced in relation to reconfiguration of emergency departments means that the only way we can expand our fleet at short notice is to retain vehicles previously earmarked for disposal. These are vehicles over our five year threshold. This has a negative impact on achieving our standard. Within the past two years despite a steady replacement programme there have been dynamic changes within the fleet configuration which mitigate against the true benefit being realised.

Enniskillen

The existing Erne hospital site is due to be decommissioned and vacated by June 2012 as the new hospital is commissioned. The Western Trust is currently putting through a Business Case for the disposal of the Erne site. NIAS may have to vacant the site by December 2012. It is unlikely that even with a prompt Business Case approval in early 2012 that our construction phase would be complete. Therefore interim arrangements are being considered.

Interim arrangements focused on remaining on site, in self-contained building. Western Trust are advising this will not be possible due to pressures for disposal and site costs. NIAS will progress planning with decant option on site.

ASSURANCE REPORT: FINANCE, INFORMATION & ICT DIRECTORATE

FINANCE

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

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

Summary performance in each of these areas is as follows:

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

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. These controls are routinely and independently tested by internal and external audit to ensure compliance and identify areas for improvement.

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	A	A	A	G	G	G	G	G	G		
Approval of TDP by HSC Board	A	A	A	A	A	A	A	A	A	A		
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		
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		
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		

IMPROVEMENT PROPOSALS FOR 2011/12

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		
Review of Authorisation Frameworks	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		
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		

SUMMARY OF PERFORMANCE

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,643	11,562	15,412	19,253	23,178	27,063	30,911	34,843	38,682		
Other Expenditure		1,611	2,380	3,182	3,987	4,868	5,747	6,568	7,445	8,252		
Expenditure Total		9,254	13,942	18,594	23,240	28,046	32,810	37,479	42,288	46,934		
Income		255	383	510	638	827	965	1,103	1,223	1,359		
Net Expenditure		8,999	13,559	18,084	22,602	27,219	31,845	36,376	41,065	45,575		
Net Resource Outturn		8,999	13,559	18,084	22,602	27,219	31,845	36,376	41,065	45,575		
Revenue Resource Limit (RRL)		8,999	13,526	18,046	22,568	27,190	31,820	36,356	41,057	45,577		
Surplus/(Deficit) against RRL		0	(33)	(38)	(34)	(29)	(25)	(20)	(8)	2		

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

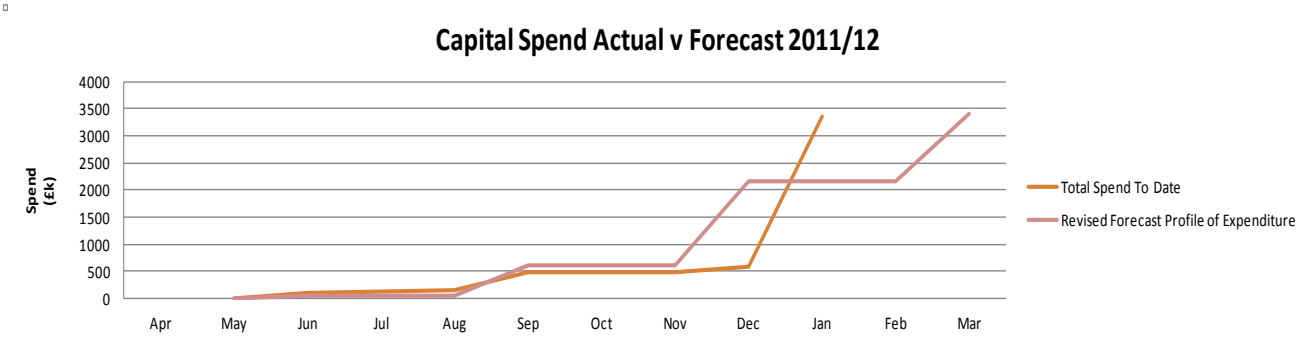
The position at the end of January 2012 (Month 10) is a small surplus of £2k. The Trust continues to forecast a breakeven position at year end, subject to and without prejudice, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed by HSC Board and NIAS and assessed on an ongoing basis to determine the impact which may significantly affect "break-even".

RISK COMMENTARY

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

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	111	131	158	480	493	494	592	3,167		
Estate		0	0	0	0	0	0	0	0	0		
Medical Equipment		0	0	0	0	0	0	0	0	0		
IT Equipment		0	0	0	0	0	0	0	0	76		
General Capital		0	0	0	0	0	0	0	0	110		
Total		0	111	131	158	480	493	494	592	3,353		
Original Forecast Profile of Expenditure		0	61	61	74	637	700	784	2,378	2,416	2,472	3,785
Revised Forecast Profile of Expenditure		0	61	61	61	611	611	611	2,161	2,161	2,161	3,411

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 allocation (CRL) is £3,411,000 broadly prioritised as Fleet £3,011,000; IT £100,000 and General Capital £300,000.



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

Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	0	0	0	0	0	17	17	17	17	17		
Actual Disposals	0	0	0	0	0	17	17	17	17	17		

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	98.8	95.8	95.3	95.3	96.8	98.6	97.0	97.4	97.5	99.5		
Cumulative	98.8	97.4	96.6	96.3	96.4	96.8	96.8	96.9	97.0	97.2		

A number of old vehicles were disposed of in September 2011 (Month 6) generating receipts of £17k. Performance in respect of prompt payment of invoices within 30 days or other agreed terms remains a challenge for the Trust, but performance continues to improve above the target of 95% of invoices by volume.

RISK COMMENTARY

Delays in the submission and approval of business cases and the estate planning process may place the capital expenditure programme at risk. Delivery is also subject to supplier capacity. The geography and management infrastructure of NIAS makes achievement of 95% of invoices paid within 30 days or other agreed terms a challenge.

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	2.49	2.10	1.76	2.25	2.80	2.46	1.51	1.92	1.95	3.23		
Percentage of Products Supplied on First Request % (Target 95%)	98.1	98.7	97.4	98.7	99.1	98.2	98.2	97.6%	96.2%	94.2%		
Number of Lines Issued (Stock and Non Stock Line)	716	704	807	655	717	776	728	778	734	708		
Value of Spend £k (Stock and Non Stock)	932	531	127	214	282	1,809	248	425	847	1,254		

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.

RISK COMMENTARY

The review and implementation of recommendations from a myriad of sources together with current focus on the implementation and delivery of new Finance and HR systems presents a significant challenge to a small management team.

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

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 has been developed to identify how these strategic themes will be addressed over the next four years in NIAS. An assessment has been carried out at 30 November. This considers the Trust's ability to achieve the elements of this implementation plan to be actioned by the end March 2012. 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 HPSS 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 HPSS 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:	ICT Programme Board
	BSTP Systems Group
	BSTP Programme 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 Systems Project Group to prepare NIAS for these new systems.

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

Controls Assurance Standards

Information, Communications and Technology as at 31/03/2011 was assessed as substantive 76%

Records Management as at 31/03/2011 was assessed as substantive 77%.

DHSSPS expected level of compliance was >70%. Both these standards met these expectations. Internal Audit is currently reviewing these assurance standards to update the position as at 31 March 2012.

Internal Audits

Fully reviewed by Audit Committee

As part of the midyear assurance process internal audit examined any ICT recommendations outstanding from previous audits and commented as follows:
Priority one audit re information audit and data control is 83% fully implemented. Plans are in place to demonstrate further progress by end March 2012.

IMPROVEMENT PROPOSALS

The ICT Strategy implementation plan identifies improvement proposals as priorities 1,2 and 3. Those identified as priority 1 are planned to be delivered in 2011/12. All improvement proposals set out above within this theme 1 are described as priorities 2 and 3. Whilst there are no specific improvement proposals as part of the ICT strategy this year there continues to be core work in this area. A summarised update is shown below.

SUMMARY OF PERFORMANCE

Core Work

System Availability

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

On 23 February 2012 there was a major system failure to the integrated telephony and radio system in the non emergency control room, Altnagelvin. The system was unavailable to users from 07:53am until 18:50pm while work was undertaken to determine the cause of the fault and replace the faulty hardware. During this time users were still able to receive and make telephone calls from the handsets on their desks without any disruption to service, Contingency hand held radios were used for radio communications between control and ambulance crews.

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 1 are planned to be delivered in 2011/12 and are listed below:

1.2 Create a data library to enable users to navigate to the relevant information

SUMMARY OF PERFORMANCE

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

IMPROVEMENT PROPOSALS

Those improvement proposals set out above which have been identified as priority 1 are planned to be delivered in 2011/12. An update on performance against this objective is shown below:

1.2 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.

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.

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

Fully reviewed by Audit Committee

As part of the mid year assurance process internal audit examined any ICT recommendations outstanding from previous audits and commented as follows:
Priority one audit re information audit and data control is 83% fully implemented. Plans are in place to deliver this recommendation by end March 2012.

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 1 are planned to be delivered in 2011/12 and are listed below.

2.1 Establish and maintain policies and procedures in compliance with current legislation and guidance.

2.2 Promote effective confidentiality practice to staff through the provision of appropriate training.

2.3 Undertake assessments/audits of compliance with legal requirements as appropriate

3.1 Establish and maintain policies and procedures for the effective and secure management of information assets and resources in line with best practice.

3.2 Promote effective ICT security practice to staff through the provision of appropriate training.

3.3 Establish and maintain incident reporting procedures. Monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.

SUMMARY OF PERFORMANCE

IMPROVEMENT PROPOSALS

Those improvement proposals set out below which have been identified as priority 1 are planned to be delivered in 2011/12. An update on performance against these objectives is shown below:

2.1 Establish and maintain policies and procedures in compliance with current legislation and guidance.

The following policies and procedures have been developed to embed information governance into the Trust and ensure compliance with legislative standards. These continue to be reviewed and extended to incorporate new legislative requirements and best practice.

- Data Protection Act 1998 Policy Statement
- Freedom of Information Act 2000 Policy
- Records Management Policy
- Record Management – Retention and Disposal Schedule
- Data Quality Policy
- Policy for the Safeguarding, Movement and Transportation of Patient/Client/Staff/Trust Records, Files and other Media Between Facilities
- Confidentiality Code of Practice
- Information and Communications Technology (ICT) Security Policy

- Policy on the Use of the Internet
- Email Policy
- Policy on the Use and Management of Passwords

2.2 Promote effective confidentiality practice to staff through the provision of appropriate training.

It was confirmed by Internal Audit, in a review of their recommendations relating to Records Management, that face to face refresher training in the area of information governance had been provided in 2009/10 to approximately half of all operational staff. All staff have received a Staff Information Booklet which includes Information Governance and Records Management.

2.3 Undertake assessments/audits of compliance with legal requirements as appropriate.

There have been a number of assessments of the Trust's compliance with legislation and DHSSPS guidelines to include three Data Protection Reviews (2007, 2008 and Oct 2010). In addition the area of Information Governance is considered as part of the Records Management controls assurance standard by Internal Audit.

3.1 Establish and maintain policies and procedures for the effective and secure management of information assets and resources in line with best practice.

A Data Protection Review was instigated by the Office of the First Minister and Deputy First Minister. The associated action plan informed the development of a number of policies and procedures to ensure best practice. These include among others the Record Management – Retention and Disposal Schedule and the policy for the Safeguarding, Movement and Transportation of Patient/Client/Staff/Trust Records, Files and other Media between Facilities.

3.2 Promote effective ICT security practice to staff through the provision of appropriate training.

A range of policies and procedures in the area of ICT security have been developed in line with best practice. These include Information and Communications Technology (ICT) Security Policy, Policy on the Use of the Internet, Email Policy, Policy on the Use and Management of Passwords. These form part of face-to-face awareness sessions conducted by the Finance & ICT Directorate. By 2010 this had been delivered to approximately half of all operational staff. These policies are included in the Staff Information Booklet, which is circulated to all.

3.3 Establish and maintain incident reporting procedures. Monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.

The Trust recognises that there are risks associated with users accessing and handling information in order to conduct official Trust business and has established and developed information governance incident reporting procedures in line with Trust's Risk Management Strategy. The SIRO and Caldicott Guardian have responsibility for the monitoring and investigation of all reported instances of actual or potential breaches of confidentiality and security by ensuring incidents are followed-up correctly and to help identify areas to decrease the risk and impact of future incidents.

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 1 are planned to be delivered in 2011/12. All improvement proposals set out above within this theme 4 are described as priorities 2 and 3. Whilst there are no specific improvement proposals as part of the ICT strategy this year there continues to be core work in this area. A summarised update is shown below.

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.

THEME 5: *BUILDING AN E-INFORMATION CULTURE*

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

Strategic Objectives

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

IMPROVEMENT PROPOSALS

The ICT Strategy implementation plan identifies improvement proposals as priorities 1, 2 and 3. Only those identified as priority 1 are planned to be delivered in 2011/12 and are listed below.

2.1 Maintain, continue to develop and review the corporate intranet focusing on the information needs of the organisation

2.2 Continue to develop the organisation's website

SUMMARY OF PERFORMANCE

IMPROVEMENT PROPOSALS

Those improvement proposals set out above which have been identified as priority 1 are planned to be delivered in 2011/12. They are detailed below where applicable.

2.1 Maintain, continue to develop and review the corporate intranet focusing on the information needs of the organisation

A corporate intranet framework has been provided by the IT Department and made available at all sites across the Trust. Computers have been installed at stations to facilitate access. Content updates are being coordinated by the Trust's Communications Officer.

2.2 Continue to develop the organisation's website

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 1 are planned to be delivered in 2011/12. 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	1	1	7	1	2	5	1	3	1	0		
Completed Requests processed within 40 days or less	0	N/A	7	1	2	4*	0*	2*	0*	0		
Completed Requests exceeding 40 days	1	N/A	0	0	0	0	0	0	0	0		

*A number of requests were not processed further as documentation was not received to confirm identity.

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	5	6	6	5	5	4	8	1	6	15		
Completed Requests processed within 20 days or less	3	6	5	5	4	2	8	1	3	13		
Completed Requests exceeding 20 days	2	0	1	0	1	2	0	0	3	2		
Number of Records Fully Disclosed	4	4	4	4	5	3	8	1	5	11		
Vexatious Requests	0	0	0	0	0	0	0	0	0	0		
Number of Records for which records not held	1	2	2	1	0	0	1	0	1	3		
Requests where exemptions wholly/partially applied	0	1	1	0	0	0	0	0	0	0		
Referrals for Independent Review	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		

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Assembly Questions (Oral)	ELECTION	0	0	0	0	0	0	0	0	0		
Assembly Questions (Written)		0	3	0	0	9	9	6	3	6		
CORs Received		1	3	1	0	1	2	0	1	1		
TOFs Received		0	1	0	0	1	1	0	0	0		
INVs Received		0	0	0	0	1	2	0	0	0		

*Stormont was in recess during periods of July/August/Sept

ASSURANCE REPORT: HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

EXECUTIVE SUMMARY

Workforce

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 2011/2012 to support implementation of the Trust's Health & Wellbeing Strategy 2010-2015.

Industrial Relations during this reporting period has continued to present a challenge to the Trust with work ongoing to finalise the review of the Trust's Trade Union Recognition Agreement and the review of structures for engagement with Trade Unions. In addition, the Trust continued to manage the ongoing industrial relations with UNISON (the Trust's largest Trade Union) in an attempt to facilitate their re-engagement in the Trust's existing structures. UNISON has given a commitment to re-engage in KSF and have also now given a commitment, following a meeting with UNISON Officials to re-engage in all Industrial Relations mechanisms within the Trust.

Work continues on BTSP, with NIAS participation in regional structures to support its introduction and 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, whilst 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".

The JE panel appointed to carry out the evaluation of all 3 jobs have met over a period of 11 days between November 2010 and November 2011. No outcomes have been reached to date. A date has been identified in March 2012 for the Job Analysts to provide advice as requested by the JE Panel.

The JE Leads will continue to proactively manage the process through to panel outcomes for the 3 jobs, with a view to finalising this step of the process at the earliest opportunity.

Following due process, the JE Leads will manage the consistency-checking process of the panel's outcomes for all 3 jobs, both internally and externally. Only upon completion of the consistency-checking process will the final outcomes be known and communicated to the post-holders and to the Trust.

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 and the Human Rights Act. In particular the Trust continues to engage with key stakeholders in the delivery of this agenda.

During this reporting period, the Trust received approval from the Equality Commission for Northern Ireland (ECNI) of its new Equality Scheme, submitted to ECNI in line with the Trust's duties under revised Section 75 guidance. The Trust has worked with other HSC Trusts to produce an Audit of Inequalities which informed the development of an action plan to address key inequalities within the Trust. This action plan will be implemented alongside implementation of the Trust's new Equality Scheme.

The Trust has also developed 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 1-15) and are reflected in the NIAS HR Strategy 2011-16, which takes account of Ministerial priorities and HSC Commissioning plans.

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, ethical and fair 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 submission (service delivery, patient care and staff focus)

- Health Professions Council (HPC)

  HPC Annual re-approval

  Annual external verification (HPC 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 2011/12

The strategic aims are outlined in points 1-15 and are reflected in NIAS HR Strategy 2011-16, which takes account of Ministerial priorities and HSC commissioning plans. The improvement proposals are outlined under each strategic aim with a corresponding assessment of performance.

Improvement proposals and performance assessment

1. **To support excellent patient care, safety and quality.**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Review and revise Recruitment & Selection policy and procedures to ensure safe recruitment practices.	A	A	A	A	A	A	A	A	A	A		
Develop and implement Annual Training Plan to prioritise training & education that supports excellent patient care & safety.	G	G	G	G	G	G	G	G	G	G		
Support professional regulation through training & education.	G	G	G	G	G	G	G	G	G	G		
Further develop the model of clinical supervision and support for front line staff to maximise, audit and improve patient care, safety and quality of care.	GA	GA	GA	GA	GA	GA	G	G	G	G		

2. To scope, agree and implement opportunities for workforce related modernisation and reform programmes.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ensure effective organisational development and workforce planning mechanisms are in place to support modernisation and reform programmes.	G	G	G	G	G	G	G	G	G	G		
Finalise NIAS Organisational Change Programme (Year 5)	GA	GA	GA	GA	GA	GA	GA	GA	GA	G		
Ensure effective mechanisms are in place for Trade Union and staff engagement in periods of major change, reform and modernisation and manage the industrial relations implications.	GA	GA	GA	GA	GA	GA	GA	GA	GA	G		

3. To influence, shape and participate in the DHSSPS BSTP and manage implementation within NIAS.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Participate on DHSSPS BSTP and, through this, influence direction of travel.	GA	GA	GA	GA	GA	GA	GA	GA	G	G		
Participate in related regional structures.	G	G	G	G	G	G	G	G	G	G		
Project-manage the BSTP as it relates to NIAS.	G	G	G	G	G	G	G	G	G	G		

Performance Commentary

Work continues on BTSP, with NIAS participation in regional structures to support its introduction and 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.

Shared Services - Performance Assessment

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NIAS REPRESENTATION AT BSTP REGIONAL/LOCAL GROUPS												
Regional BSTP Programme Board	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
Regional BSTP Implementation Board	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
Regional Shared Services Implementation Board	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
Regional Forum for Engagement with Trade Unions	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
NIAS BSTP Project Board	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
NIAS BSTP Project Team Meeting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
COMMUNICATION STRUCTURES WITHIN NIAS												
JCNC Standard Agenda Item	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
Communication Sessions as per Action Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
Newsletter Circulation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
NIAS PROJECT TEAM												
Local Management of BSTP Aims & Objectives	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		
NIAS RESPONSE TO PUBLIC CONSULTATION												
Deadline Submission date – 29/02/12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	G		

4. To develop and implement workforce strategies and plans which integrate effectively with service and financial planning and through which NIAS can meet changing needs and continue to provide high quality, effective, responsive and safe patient care.	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Ensure workforce planning and strategy monitors and predicts workforce dynamics that match supply of labour to the Service demand.	G	G	G	G	G	G	G	G	G	G		
Ensure workforce information is accurate and timely to aid strategic decision making.	G	G	G	G	G	G	G	G	G	G		

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

5. **To create an environment which supports employees, promotes their health, welfare and development.**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Develop an annual action plan in order to promote and embed the Trust's Health and Well-being Strategy and manage attendance.	A	A	A	A	GA	GA	G	G	G	G		

6. To develop ethical leadership and management capability at all levels underpinned by the right skills which promote and reflect Trust values.	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Provide Trust managers with the necessary skill sets and frameworks to lead major reform and modernisation programmes, whilst continuing to motivate staff and provide optimum patient safety and care.	A	A	A	A	A	GA	G	G	G	G		
Ensure management training and development programmes reflect and promote Trust values.	GA	GA	GA	GA	GA	GA	G	G	G	G		

7. **To promote a culture of performance management, developing sound systems for managing performance and under performance issues effectively and constructively, establishing a clear relationship between organisational, professional and individual standards and objectives.**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Develop a mechanism for identifying & and measuring individual contribution to the achievement of Trust objectives.	A	A	A	A	A	A	A	A	A	A		

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To ensure the effective implementation of systems to identify and manage under performance in line with contractual and legislative requirements.	GA	GA	GA	GA	G	G	G	G	G	G		

8.	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
To maintain a competent and professional workforce to enable staff to deliver optimum patient safety and care through the promotion of a life-long learning culture and the delivery of effective Education, Training and Development programmes.												
Develop and implement the Trust's Learning & Development Strategy that incorporates and reinforces NIAS mission, vision and values.	A	A	A	A	A	A	GA	GA	G	G		
Develop and deliver an annual training plan that addresses Trust priorities in relation to education, training and development of the NIAS workforce.	G	G	G	G	G	G	G	G	G	G		
Monitor and evaluate the Knowledge & Skills Framework implementation within NIAS to ensure it is fit for purpose and supports the maintenance of a competent and professional workforce.	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		

9.	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
To modernise Education, Training and Development, seeking new and innovative ways for staff to learn, ensuring reflective practice and transfer of learning.												
Develop and implement a blended learning approach to the delivery of the Trust's annual training plan.	GA	GA	GA	GA	GA	GA	GA	G	G	G		

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Continue to develop and implement opportunities for experiential learning and assessment.	GA	GA	GA	GA	GA	GA	G	G	G	G		

10. **To support professional regulation and the requirement of professional staff to demonstrate Continuous Professional Development for registration or revalidation purposes where these apply.**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Ensure the Trust's annual Training Plan supports CPD for paramedics.	G	G	G	G	G	G	G	G	G	G		
Ensure the Medical Consultant's job plans and activities therein support medical appraisal and revalidation mechanisms.	G	G	G	G	G	G	G	G	G	G		
Ensure post-entry education and training systems support all professionally regulated staff in achieving CPD requirements.	G	G	G	G	G	G	G	G	G	G		

11. **To ensure the ongoing development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining quality standards in practice and in accordance with Regulatory and Professional bodies.**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Ensure clinical excellence through developing effective systems of clinical support, supervision and providing related education, training and development.	GA	GA	GA	GA	GA	GA	GA	G	G	G		

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Continue to engage in national forums leading national agenda on Paramedic Education to ensure best practice and transfer of learning.	G	G	G	G	G	G	G	G	G	G		

12. To promote and embed a culture of equality of opportunity and human rights in the provision of patient care, within the workforce and in the development of Trust policy.	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
To establish effective mechanisms for the promotion of equality of opportunity and human rights in service delivery and employment.	GA	GA	GA	GA	GA	GA	GA	GA	G	G		
To promote good practice to ensure harassment and discrimination are not tolerated and diversity is embraced.	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		
Identify and address inequalities relating to ambulance services and employment practices.	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		

13. To promote a culture where staff are involved and feel valued through partnership working for the benefit of patients, supporting effective and innovative joint working arrangements.	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Develop a framework for consultation, engagement and involvement to inform the implementation of the equality and human rights agenda within the Trust.	GA	GA	GA	GA	GA	GA	GA	GA	G	G		

14. To pro-actively manage employee relations to deliver enhanced working practices and environment.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
To ensure effective mechanisms are in place for engagement with managers, staff and Trade Unions to facilitate identification of priority areas for improvement.	GA	GA	GA	GA	GA	GA	GA	GA	GA	G		

15. Absence PFA Target - Initial discussions have indicated that Trusts will be expected to achieve an absenteeism level of no more than 5% in the year to March 2012.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
There has been no PFA Target identified for NIAS Year 11/12. The target set by NIAS is 6.85%	G	G	G	G	G	G	G	G	G	GA		

Performance Commentary

In the absence of a related PFA Target for Absence, NIAS has identified its own Absence Management Performance Indicator, in consultation with the NIAS management team. The target set for NIAS is an absence level of 6.85%. This is based on HSC benchmarking with Nurses & Midwives and Support Services Staff Absence Trends. NIAS cumulative absence level, as at the end of November 2011, is 6.53%.

TOTAL YEAR TO DATE ABSENCE 2011/12 =7.02%						2010/11 ABSENCE = 6.87%						
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target absenteeism 2010/11 (%)	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
NIAS monthly absenteeism 2010/11 (%)	6.78%	5.93%	6.78%	6.31%	5.86%	7.52%	7.59%	6.18%	7.27%	7.13%	6.11%	5.98%
NIAS cumulative 2010/11 (%)	6.78%	6.34%	6.48%	6.44%	6.29%	6.59%	6.79%	6.70%	6.82%	6.93%	6.91%	6.87%
Target absenteeism 2011/12 (6.85%)	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%
NIAS monthly absenteeism 2011/12 (%)	5.84%	6.21%	6.03%	6.64%	5.89%	6.69%	7.02%	7.33%	8.60%	8.22%		
NIAS cumulative 2011/12 (%)	5.84%	6.12%	5.97%	6.22%	6.14%	6.31%	6.42%	6.53%	6.85%	7.02%		

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Performance Assessment	G	G	G	G	G	G	G	G	G	GA		
% short term monthly absenteeism	2.81%	2.87%	2.39%	2.88%	2.46%	3.06%	3.61%	3.23%	3.70%	4.07%		
% long term monthly absenteeism	3.03%	3.34%	3.64%	3.76%	3.43%	3.63%	3.41%	4.10%	4.90%	4.15%		
No. of employees on half pay	7	6	2	5	7	6	10	6	7	7		
No. of employees on no pay	3	5	3	2	1	1	2	2	2	1		

COMPARATIVE ANALYSIS OF % REDUCTIONS BETWEEN NIAS AND HSC TRUSTS

	% Absence	% Absence	% Variance	% Absence	% Variance	% Absence	% Variance
	07/08	08/09		09/10		10/11	
Regional	6.03%	5.65%	- 6.3%	5.49%	-2.8%	5.46%	-0.55%
NIAS	8.38%	6.99%	-16.6%	6.72%	-3.9%	6.87%	+2.23%
PFA TARGET REDUCTION			PFA Target 10% reduction	PFA Target 5.5%		PFA Target 5.20%	

Staff Group	**No. of staff in group as at Q1 (01/04/10)**	**Staff Group as % of Workforce as at Q1**				
Regulated				**2009-10 Q3&4**	**2010-11 Q1&2**	**2010-11 Q3&4**
Station Supervisors & Clinical Support Officers	67	5.87%	**NIAS**	6.36%	5.93%	4.67%
Paramedics	405	35.46%	**NIAS**	8.23%	6.87%	6.76%
Nursing & Midwifery (formerly TC5)	N/A	N/A	**HSC**	6.25%	5.97%	6.26%
Social Services (formerly TC6)	N/A	N/A	**HSC**	6.57%	5.98%	6.42%
Non-Regulated						
Admin & Clerical	123	10.77%	**NIAS**	4.88%	3.48%	2.67%
			HSC	4.83%	4.16%	4.26%

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Works & Maintenance	4	0.35%	**NIAS**	50.0%	50.0%	9.57%
			HSC	5.06%	4.89%	6.25%
ACA's	233	20.40%	**NIAS**	6.09%	5.10%	6.57%
EMT's	198	17.34%	**NIAS**	11.16%	8.44%	8.91%
Control Staff	112	9.81%	**NIAS**	8.48%	10.27%	13.81%
Support Services (formerly TC4)	N/A	N/A	**HSC**	7.78%	6.99%	7.16%

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. of Grievances received	2	2	0	0	0	0	1	0	1	4		
Grievances acknowledged within 2 days	2	2	N/A	N/A	N/A	N/A	1	N/A	0	4		
Grievances at Informal Stage	0	0	N/A	N/A	N/A	N/A	0	N/A	0	2		
Grievances resolved informally / withdrawn	1	1	N/A	N/A	N/A	N/A	1	N/A	1	2		
Stage 1 hearing arranged within 15 working days	0	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0		
Stage 1 outcome conveyed within 7 working days of hearing	0	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0		
Stage II hearing arranged within 15 working days of notification	0	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0		
Stage II outcome conveyed within 7 working days of hearing	0	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0		
Grievance Cases Closed	1	1	N/A	N/A	N/A	N/A	1	N/A	1	2		
Total number of active grievance cases	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**		

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of disciplinary cases	13	4	1	0	1	2	3	0	2	1		
Number of HPC referrals	9	1	0	0	0	0	0	0	0	0		
Number of suspensions	0	0	0	0	0	1	0	0	0	0		
Decision to suspend is reviewed every 4 weeks	0	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A		
Formal investigations ongoing	11	1	0	0	1	2	1	0	2	1		
Formal investigations completed as soon as is reasonable	3	3	1	0	0	0	1	0	0	0		
Document disclosure exchanged 5 working days prior to disciplinary hearing	1	2	1	0	0	0	1	0	0	0		

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Decision of Stage I Panel conveyed within 7 working days of date of hearing	0	N/A	0	0	0	0	0	0	0	0		
Employee will be given 7 working days notice of appeal hearing	0	N/A	0	0	0	0	0	0	0	0		
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	N/A	0	0	0	0	0	0	0	0		
Disciplinary Cases Closed	2	2	0	0	0	0	1	0	0	0		
Total number of active disciplinary cases	**11**	**2**	**1**	**0**	**1**	**2**	**2**	**0**	**2**	**1**		
Total number of active suspensions	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**		

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of harassment cases	0	0	0	0	0	1	0	1	1	2		
Number of informal cases	N/A	N/A	N/A	N/A	N/A	0	N/A	1	0	2		
Number of formal cases	N/A	N/A	N/A	N/A	N/A	1	N/A	0	1	0		
HR rep meets complainant within 5 working days of receipt of complaint	N/A	N/A	N/A	N/A	N/A	0	N/A	1	1	0		
Investigation complete within 30 working days of receipt of complaint	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	0	N/A		
Harassment Cases Closed	N/A	N/A	N/A	N/A	N/A	0	N/A	1	0	0		
Total number of active harassment cases	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**2**		

Industrial Tribunal Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. of lT Applications received	0	0	1	0	0	0	0	0	0	0		
Response to IT Applications within 28 days	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
IT Cases Closed	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

PERFORMANCE COMMENTARY

Industrial Relations ongoing issues with UNISON continue to have an impact on performance standards linked to the management of disciplinary/grievance/harassment cases.

Education, Learning & Development - Training Plan 2011-2012 Progress Assessment

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accredited Clinical Training Programmes												
Paramedic-In-Training Programmes	A	A	A	A	G	G	G	G	G	G		
BTEC ACA FPOS Programme	G	G	G	G	G	G	G	G	G	G		
Mandatory Refresher Training Programmes												
Mandatory Refresher Training Workbook	A	A	A	A	A	A	A	A	GA	GA		
Annual Assessment – Paramedic & EMT	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G		
Annual Assessment - PCS	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G		
IHCD Driver Instructor Course	A	A	A	A	A	GA	GA	GA	GA	G		
High Speed Competency Assessments	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G		
High Speed Assessor Training CSO's	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G		
C & R Instructor Training	A	A	A	A	A	A	A	A	A	A		
C & R Refresher 1 day Training	N/A	N/A	N/A	N/A	N/A	G	G	G	G	G		
C & R 2 day Training	A	A	A	A	A	G	G	G	G	G		
First Aid Refresher Control Staff	A	A	A	A	A	G	G	G	G	G		
Continuous Professional Development (CPD)												
CSO Manual Handling Train the Trainer	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G		
CSO -Supervision of Clinical Practice	GA	GA	GA	GA	G	G	G	G	G	G		
CSO -IHCD Instructional Methods Module	N/A	N/A	N/A	N/A	N/A	N/A	G	G	G	G		
Management Training												
Deliver Management Training Programme	N/A	A	A	A	A	G	G	G	G	G		
Clinical Support Officer Workstreams												
Paramedic-in-Training Support	A	A	A	A	G	G	G	G	G	G		
Ambulance Care Assistant BTEC FPOS Support	A	A	A	A	G	G	G	G	G	G		
FIT Testing	A	A	A	A	G	G	G	G	G	G		
Hand Hygiene Audit	A	GA	A	A	N/A	N/A	G	N/A	N/A	N/A		
Treat & Refer Protocols	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Clinical Performance Indicators (CPIs)	A	A	A	A	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		
Observational Assessments	A	A	A	A	G	G	G	G	G	G		
Patient Experience Audit	G	G	G	G	G	G	G	G	G	G		
CPD Events	G	G	G	G	G	G	G	G	G	G		
Vehicle Training	A	A	A	A	A	G	G	G	G	G		

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

Agenda for Change - Progress Assessment

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Knowledge & Skills Framework												
Implement Action Plan 2011-2012 as agreed in Partnership	GA	AR	AR	AR	AR	AR	AR	A	A	A		
Implement NI position on gateway progression	G	G	G	G	G	G	G	G	G	G		

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Board Performance Assessment produced by Trust Job Evaluation Leads **Job Evaluation for Paramedics, RRV Paramedics & EMTs**												
Carry out Job Evaluation following due process	G	G	G	G	G	G	G	G	G	G		
Job Evaluation Panel meetings (met on 6 dates during Nov 2010 – Mar 2011)	1	3	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A		
Outcome from Job Evaluation Panel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Consistency Check Job Evaluation Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Notify post-holders of Job Evaluation Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Notify Payroll of Job Evaluation Outcome	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

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

Continually developing and delivering a regional ambulance service for the people of Northern Ireland requires significant effort and presents unique challenges and opportunities for engagement with service users and improvement in patient and client experience.

The strategic aims in relation to listening to patients are outlined below (points 1-3) and are reflected in NIAS HR Strategy 2011-16, which takes account of Ministerial priorities and HSC Commissioning plans.

It is a priority for NIAS to develop 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, ethical and fair practice during a period of increasing public expectation regarding service delivery.

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. External validation is also provided through:

- Statutory returns;

  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 submission (service delivery, patient care and staff focus)

- RQIA Report

Responding to complaints within the 20 working days timeframe remains a challenge for the Trust due to the completing priorities of the investigating officers, who are employed as front line Officers. An escalation plan to assist in the timely response to complaints is being developed for implementation. The Regional Complaints Group (HSC Board, PHA et al) noted that while the timescales for responding to complaints in NIAS are high, the numbers of complaints reopened are low which indicates that most complainants are satisfied with the response issued. The Group commented that in all cases the onus and greater importance should be attributed to satisfactorily resolving complaints rather than meeting target timescales.

IMPROVEMENT PROPOSALS FOR 2011/12

The strategic aims are outlined in points in points 1-3 and are reflected in the NIAS HR Strategy 2011-16, which takes account of Ministerial priorities and HSC commissioning plans. The Improvement Proposals are outlined under each strategic aim with a corresponding assessment of performance.

1. To ensure statutory compliance and mainstream equality and human rights in the NIAS strategic decision making process.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Undertake an audit of inequalities and develop and implement a revised Equality Scheme and Action Plan	G	G	G	G	G	G	G	G	G	G		
Lead a programme of policy screening, Equality Impact Assessment (EQIA) and Monitoring	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		
Complete and submit statutory reports as appropriate.	GA	GA	GA	GA	G	G	G	G	G	G		

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2. To ensure HR and CS practice supports the delivery of the Trust Corporate Plan and Trust Delivery Plan and is flexible to the needs of the organisation.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
To develop and implement an action plan for the Trust's Communications Strategy	G	G	G	G	G	G	G	G	G	G		
The Trust will continue to engage with the media in order to respond to queries and highlight and invite discussion on NIAS stories of public interest. A robust media management procedure will be developed to ensure robust systems of recording and reporting in respect of this area.	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		
To develop and implement of a programme of Community Education.	G	G	G	G	G	G	G	G	G	G		
Develop a Corporate Responsibility Action Plan for the Trust.	G	G	G	G	G	G	G	G	G	G		
To review claims and litigation processes and make recommendations for improvement and learning.	A	A	A	A	A	A	A	A	GA	GA		

3. To support excellent patient care, safety and quality and improve the patient experience through public consultation and service user engagement, ensuring learning is transferred into professional practice.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Develop a framework for stakeholder engagement to inform Trust policy and decision making and make recommendations for improvement, developing and implementing associated action plans	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		

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

Review and implement Complaints Guidance and Procedure.	A	A	A	A	GA	GA	GA	GA	GA	GA		
Develop Action Plan for implementation of performance management framework to monitor application of the Procedure and learning outcomes.	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		
Provide training to Officers on investigating complaints.	G	G	G	G	G	G	G	G	G	G		

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

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Daily Media - Response within same day											
Number of enquiries received	1	18	17	10	37	37	39	18	8	9	
Number of responses issued on day of receipt	1	18	17	10	37	37	39	18	8	9	
Weekly Media - Response within three days											
Number of enquiries received	1	1	4	1	1	3	4	3	4	5	
Number of responses issued within three days of receipt	1	1	4	1	1	3	4	3	4	5	
Number of responses resulting in Media Coverage	2	19	19	9	38	36	41	21	11	14	

Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of visits delivered	8	18	24	5	5	6	20	19	6	12	

CLAIMS AND LITIGATION

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Review and implement guidance and procedure	A	A	A	A	A	A	A	A	A	A		
Undertake a review of claims and litigation received and identify learning	A	A	A	A	A	A	A	A	A	A		

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

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability													
Cases Received	0	1	2	1	0	1	0	0	2	2			**9**
Cases Settled	2	3	0	0	1	0	2	0	0	3			**11**
Cases Ongoing													**20**
Clinical Negligence													
Cases Received	0	0	0	0	2	0	1	0	0	0			**3**
Cases Settled	0	0	0	1	0	0	0	0	0	0			**1**
Cases Ongoing													**10**
Public Liability													
Cases Received	0	0	0	0	0	0	0	0	0	0			**0**
Cases Settled	0	0	0	1	0	0	0	0	0	0			**1**
Cases Ongoing													**4**

COMPLAINTS & COMPLIMENTS

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Complaints Received	2	11	5	9	5	8	10	5	14	9			**78**
Acknowledge Complaints within 2 Working Days	2	11	5	9	5	8	10	5	14	8			**77**
Respond to Complaints with 20 Working Days	2	3	1	3	4	2	3	0	6	0			**25**
Cases Closed	2	11	5	8	5	7	9	5	10	3			**66**
Cases Remaining Open	0	0	0	1	0	1	1	0	4	5			**12**

	APR 2011- JAN 2012		**2010-11 (total)**	
COMPLAINTS RECEIVED	Count	%	Count	%
Total complaints received at 31/01/2012	78		85	
HANDLING TIMES OF COMPLAINTS				
Acknowledged within 2 working days	77	99%	81	95%
Acknowledged after 2 working days	1	1%	4	5%

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Response within 20 working days	25	33%	14	16%
Response after 20 working days	41	52%	67	79%
Average Response time (Working days)	***29***		***46***	
Complaints Investigations ongoing	12	15%	4	5%
Cases referred to NI Ombudsman (ongoing)	3 (0)		3	
SERVICE AREA OF COMPLAINTS				
Accident & Emergency (plus RRV)	34	44%	37	43%
Patient Care Service	13	16%	16	19%
Control & Communications	28	36%	29	34%
Other	0	0%	3	4%
Voluntary Car Service	3	4%	0	0%
NATURE OF COMPLAINTS RECEIVED				
Staff Attitude	31	40%	26	31%
Ambulance Late/No Arrival	32	42%	28	33%
Clinical Incident	12	15%	19	22%
Suitability of Equipment/Vehicle	0	0%	4	5%
Other	2	2%	7	8%
Patient Property	1	1%	1	1%
COMPLIMENTS RECEIVED				
COMPLIMENTS RECEIVED	105		112	
SERVICE AREA OF COMPLIMENTS RECEIVED				
Accident & Emergency (plus RRV)	90	85%	97	86%
Control & Communications	7	7%	4	4%
Patient Care Service	8	8%	11	10%
Voluntary Car Service	0	0%	0	0%
Other	0	0%	0	0%

Appendix 1

DHSSPS GUIDANCE ON ASSURANCE FRAMEWORKS

Guidance provided by DHSSPS on introduction and use of Assurance Frameworks is intended to help the boards of HSC organizations 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 organizations. 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) organization 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 organization is carrying out its responsibilities within a system of effective control and in line with the objectives set by Ministers. Their organizations 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 organizational 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 organizational or in clinical and social care together with a need for governance to suffuse each organization's culture. Good governance depends on having clear objectives sound practices a clear understanding of the risks associated with the organization's business and effective monitoring arrangements – in other words a sound system of organization-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 organization's purpose and on outcomes for citizens and service users

- Performing effectively in clearly defined functions and roles
- Promoting values for the whole organization 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

Northern Ireland Ambulance Service
Health and Social Care Trust

EMERGENCY PLANNING REPORT

January to February 2012

	Total from April
No of Potential Major Incidents	**11**
No of Declared Major Incidents	**1**
No of Airport alerts	
Belfast International Airport	**7**
Belfast city Airport	**4**
City of Derry Airport	
St Angelo Airport	
Newtownards Airfield	
Business Continuity	**11**
Hazardous Material Incidents	**9**
Exercises	
Live	**11**
Tabletop	**12**
Observer	

Potential Major Incident

On 8 February 2012 at 03.46am Northern Ireland Ambulance Service (NIAS) received a call from the Northern Ireland Fire and Rescue Service (NIFRS) for a fire in ruptured gas pipe line with a warehouse next to the fire which contained large a number of gas cylinders. In the vicinity of the fire was an old persons' residential home and a residential home for disabled adults. The Fire Service were considering evacuation, therefore a potential major incident was called by the Ambulance Service. Tasked to the scene 3 A&E crews and 4 officers on standby in Belfast the Emergency Equipment Vehicle (EEV) and the Mobile Control Vehicle (MCV). No patients were treated or transport to hospital the incident was stood down at 06.22am.

Major Incidents

There were no declared Major Incidents.

Airport Alerts

On 7 February 2012 NIAS received an airport alert for an airbus 320 with 184 persons on board making an emergency landing following a warning that the wheels would not retract. The plane remained in the air for 1 hour to use up fuel before making a safe landing. Tasked to the scene were 29 Emergency Services resources and 12 Patient Care Service resources. This was one of the largest deployments to an airport alert in several years due to the information available to the responding agencies.

BUSINESS CONTINUITY

On 19 January 2012 the "on site recovery facility" for the Emergency Ambulance Control (EAC) was tested and set in preparation for use. The centre was utilised on this occasion but the test of the equipment was very useful.

On 25 February 2012 the Belfast Trust installed a new generator on the Knockbracken site. NIAS took this opportunity to test run our own standby generator in preparation for any faults discovered during the installation.

HAZMAT

On 9 January 2012 NIAS responded to a report of Carbon Monoxide in a house in Belfast. A Hazardous Area Response Team (HART) trained RRV person was despatched to the scene.

On 25 January 2012 NIAS received a call for an explosion of lithium batteries in a police station. Total of 10 patients at scene. Tasked to scene 1 RRV, 4 A&E crews, 1 ICV crew, 1 Oscar call sign and 1 Delta call sign. Five patients were transported to hospital, 2 to the Royal Victoria Hospital (RVH) and 3 to the Ulster Hospital Dundonald (UHD). A further 5 patients were treated and discharged at scene. The incident was not a potential Major Incident as the numbers started were small (initially one patient). The RRV paramedic asked for HAZMAT assistance to the scene Oscar 6 was tasked and who assumed command of the incident.

HAZARDOUS AREA RESPONSE TEAM (HART)

On 9 to 13 January 2012 HART staff took part in a Breathing Apparatus (BA) course hosted by the Northern Ireland Fire and Rescue Service.

On 23 to 27 January 2012 HART staff took part in a Breathing apparatus course hosted by the Northern Ireland Fire and Rescue Service.

On 20 January 2012 5 HART staff attended a military 3 day MIMMS course held at RAF Aldergrove.

Some of the new recruits to HART attended their Occupational Health appointments.

On 18 January 2012 the HART manager attended the National HART Coordination Group (England)

During the month regular HART training took place on Wednesdays with the days being planned by the RMC.

Throughout the month the NIFRS held and made available to HART staff BA refresher training days.

_____

William Newton
Emergency Planning Officer

COMPLAINTS CLOSED FOR THE PERIOD DECEMBER - JANUARY 2012

Ref	Description	Outcome	Action taken (Investigation)
COMP/319	Complaint from MLA regarding a number of delays in non-emergency transport for a constituent.	Complaint upheld. Investigation identified two delays, one as a result of staff shortages and a second as the patient required to be transported by Bariatric ambulance, which was located in another location and resulted in a delay in picking the patient up.	Letter of explanation and apology issued.
COMP/320	Complaint regarding the attitude of ambulance personnel during an emergency call.	Complaint not upheld. Crew refute allegations contained within complaint and investigation found no independent confirmation of what occurred.	Letter of explanation issued. No action identified.
COMP/321	Complaint regarding an 6 hour delay in responding to a Doctors Urgent call.	Complaint Upheld. Investigation found that delay was caused by the high volume of transport request received on this day.	Letter of explanation and apology issued.
COMP/322	Complaint regarding the attitude and behaviour ambulance personnel during an emergency call.	Complaint not upheld. Crew refute allegations contained within complaint and investigation found no independent confirmation of what occurred.	Letter of explanation issued. No action identified.
COMP/323	Complaint regarding a delay of over 1 hour in an ambulance response to a patient with a suspected stoke.	Complaint partly upheld. Investigation found that call was categorised appropriately in accordance line with the information received. Issues with call handling raised and addressed.	Letter of explanation and apology issued.
COMP/324	Complaint regarding why an ambulance was not dispatched to respond to a baby suffering from an allergic reaction.	Complaint not upheld. Investigation found that call was appropriately triaged on the information provided as non life threatening. Patient was transported to hospital by neighbour.	Letter of explanation issued. No action identified.
COMP/326	Complaint regarding the attitude and behaviour of staff.	Complaint upheld. Investigation found that crew member made an inappropriate comment.	Letter of apology issued. Crew member subjected to informal disciplinary procedure.
COMP/327	Complaint regarding the attitude of staff.	Complaint not upheld. Investigation found evidence that ambulance personnel involved acted inappropriately during this call.	Letter of explanation issued. No action identified.

Ref	Description	Outcome	Action taken (Investigation)
COMP/328	Complaint regarding the driving of an A&E Ambulance.	Complaint not upheld. Investigation found no evidence that ambulance was driven dangerously en route to an emergency call.	Letter of explanation issued. Crew reminded of their responsibility to ensure they drive with care and consideration of other road users.
COMP/329	Complaint from MP regarding ambulance response provided to cardiac patient.	Complaint not upheld. Investigation found that call was managed appropriately and ambulance response provided.	Letter of explanation issued. No action identified.
COMP/331	Complaint regarding the behaviour of a voluntary car driver.	Complaint not upheld. Investigation found no evidence that driver acted inappropriately	Letter of explanation issued. No action identified.
COMP/332	Complaint regarding the actions of an ambulance crew who attended to her son.	Complaint withdrawn.	No action identified.
COMP/333	Complaint regarding the delay in providing a conveying ambulance to transport patient to hospital.	Complaint upheld. Investigation confirmed there was a delay in the arrival of the conveying ambulance to transport the patient to hospital as a result of the volume of high priority calls being dealt with at the time.	Letter of apology and explanation issued. No action identified.
COMP/336	Patient was not transported to hospital for an out-patients appointment due to the unavailability of a Bariatric ambulance.	Complaint not upheld. Investigation found that hospital did not book the patient as requiring a Bariatric ambulance and a normal ambulance was dispatched to provide transport.	No further action identified.
COMP/337	Complaint regarding a delay in ambulance arrival for a patient in cardiac arrest. Patient later died.	Complaint not upheld. Investigation found that call was managed appropriately and the nearest available ambulance responded.	Letter of explanation issued. No action identified.
COMP/339	Complaint regarding the driving of a Rapid Response Vehicle. Complainant alleges that while riding her horse on a public road an Ambulance car passed her at high speed and with lights and horns on which caused her horse to spook.	Complaint not upheld. Investigation found that NIAS vehicle was not involved in this incident.	Letter of explanation issued. No action identified.
COMP/340	Compliant regarding the availability of non-emergency ambulance transport to discharge a patient from hospital.	Complaint not upheld. Investigation found no evidence that a booking was made with NIAS to transport patient.	Letter of explanation issued. No action identified.

COMPLAINTS CLOSED FOR THE PERIOD DECEMBER - JANUARY 2012

Ref	Description	Outcome	Action taken (Investigation)
COMP/341	Complaint regarding the loss of personal belongings during a patient transfer.	Complaint not upheld. Investigation found no evidence that actions of crew resulted in loss of personal belongings.	Letter of explanation issued. No action identified.

COMPLIMENTS RECEIVED DECEMBER - JANUARY 2012

Date Received	Date of Incident	Description
28/11/2011	24/11/2011	I would like to compliment the gentleman who escorted me home following treatment. Please can this be used as an example of good care and consideration.
29/11/2011	17/10/2011	I would really like to pass on our sincere thanks to your service, especially the paramedics who helped. I cannot express our thanks enough. They kept everyone calm and reassured us the whole time when we were very frightened.
29/11/2011	18/11/2011	I am writing to ask you to convey my sincere thanks and appreciation to the crew who came to our assistance on 18 November 2011 with the safe transfer and conveyance of a patient. Your officers dealt with the situation in an extremely calm professional and humane manner minimising the risks posed to the patient, family, staff and themselves. I feel it is important to commend your staff for a job well done. Such excellent assistance makes the job less stressful.
30/11/2011	21/11/2011	Can I sincerely thank you for the work of the crew on 21 November 2011. Your staff were brilliant, please let them know that and thank them from me.
01/12/2011	25/11/2011	We as a family would like to say a massive thank you to the crew that saved the life of a member of my family. Not only did they work hard in doing so they continued to work in a calm and professional manner over a two hour period. It was due to their expertise and their professionalism that the whole family were able to remain calm in what was a difficult and scary situation. We would appreciate it greatly if you could pass on our sincere thanks to the crew.
01/12/2011	18/08/2011	In grateful appreciation to the Para Medical Team a very dedicated team of medics.
02/12/2011	11/07/2011	On 11 July an ambulance was called to our home to take a member of my family to hospital. The crew were able to get him there despite the date in good time and he was stabilised in A&E after being cared for on the journey. Please pass on my thanks.
15/12/2011	14/11/2011	It is difficult for us to put into words our heartfelt appreciation and thanks for your diligence, professionalism and compassion whilst attending to an incident. We acknowledge the fact that this was a difficult situation and we understand the heartache that you must have felt as time went by. We are truely grateful and forever indebted to you all.
16/12/2011	07/12/2011	I would like you to officially pass on my thanks to the crew who attended a call on 7 December 2011. The ambulance crew arrived promptly. The crew were professional and courteous throughout. The treatment regime provided was appropriate and of a high standard. Many thanks to both crew members for not only high standards of care but also upholding the good reputation of NIAS.
19/12/2011	18/12/2011	I would be grateful if you could pass on a word of thanks to the crew who attended a member of my family today after an incident outside her home. On arrival the crew were very professional in their approach by introducing themselves and then tactfully asking some questions with responses that gained confidence. They explained the easiest and safest way to transport to hospital. Please pass on the thanks of my parents and family to the crew.
02/01/2012	02/02/2012	Credit is due to the ambulancemen for having the skill to identify a potentially very serious injury and for following proper procedures and prorocol. Considering the patient hasn't been properly assesd by anyone, they prevented this patient from any futher affrevtion of a very serious injury. May I just commend these two individuals for their professional handlling of a sitation in which they found themselves and for the manner in which they dealth with it.
03/01/2012	21/12/2011	I want to thank the two amulance personnel who attended me, they were excellent in the way they carried out their duties in a caring and compassionate manner, they certainly did their job and a lot more besides, please convey my heartfelt thanks to them.

Date Received	Date of Incident	Description
05/01/2012	15/01/2011	I would like to thank the ambulance crews who treated a member of our family, they treated them with respect and consideration as did the paramedic, at all times they acted with respect and reassurance and ensured the family member was as comfortable and painfree as possible. They were professional and caring and kept us well informed of everything that was happening, they are a credit to the Northern Ireland Amublance Service, many thanks to them all.
09/01/2012	01/09/2011	I received help from an ambulance crew and I would like to be able to thank them. I didn't recover until I was in hospital and was unable to thank them, they saved me again and they never seem to get the appreciation they deserve. Thank you for the brilliant service you all provide.
18/01/2012	10/01/2012	From I left my home by Ambulance the care and attention I was given was really very good. The Rapid Response Vehicle and the driver really assured me and immediately put me at ease. I would have no problem in bow or in the future recommending the service, thanks to everyone involved.
23/01/2012	06/11/2011	Thank you very much for coming to my aid, your kindness and great care was so reassuring. Many thanks and such appreciation.

TB/3/15/03/12

Dr Jim Livingstone
Director of Safety, Quality and Standards

Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

Quality 2020 Strategy Workshop Attendees
Quality 2020 Strategy Project Team
Quality 2020 Strategy External Experts
Gavin Lavery, HSC Safety Forum

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24 January 2012

Dear Colleague

Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland

As I am sure you are aware the Quality 2020 Strategy was launched by the Minister, Edwin Poots MLA, on 17 November 2011. A copy is available on http://www.dhsspsni.gov.uk/quality2020.pdf . I want to take this opportunity again to thank you for your contribution to its development.

Since the launch, colleagues across health and social care have been working to develop the strategy's implementation plan. The enclosed draft represents the latest position. It sets out the strategic goals and objectives, along with planned projects over the first 3 years of the strategy, as well as the programme management structures to support the delivery of the strategy over the next ten years.

In keeping with the inclusive development process associated with this strategy, I would like to offer you an opportunity to comment on the implementation plan as presently drafted. If you have any comments, they should be sent to Paula McGeown at paula.mcgeown@dhsspsni.gov.uk by 3rd February 2012.

Thank you for your continued support in this matter.

Yours sincerely

DR J F LIVINGSTONE

Department of
Health, Social Services
and Public Safety
www.dhsspsni.gov.uk

QUALITY 2020

A 10-YEAR STRATEGY TO PROTECT AND IMPROVE QUALITY IN HEALTH AND SOCIAL CARE IN NORTHERN IRELAND

STRATEGIC IMPLEMENTATION PLAN

JANUARY 2012

TABLE OF CONTENTS

1. BACKGROUND

1.1 Quality 2020 (the Quality Strategy) was officially launched on 17 November 2011 by Edwin Poots, Minister for Health, Social Services and Public Safety. The strategy has been in development for two years and has involved input from many people including service users, carers and staff involved in the delivery of health and social care. It has been the subject of public consultation.

1.2 The purpose of the Quality Strategy is to establish a framework that will protect and improve quality within health and social care over the next 10 years, recognising that this will be a period of major challenges including financial constraints.

1.3 Its vision is for the HSC **to be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care**. It highlights five strategic goals necessary to realise this vision:

- Transforming the culture;
- Strengthening the workforce;
- Measuring the improvement;
- Raising the standards; and
- Integrating the care.

2. MANAGEMENT AND DELIVERY

2.1 A programme management structure will support the delivery of the Quality Strategy, its philosophy, strategic goals and associated objectives over the next 10 years. This will include the development of delivery mechanisms to ensure that the implementation is managed, that the strategy is kept under review and remains fit for purpose and that the people served by health and social care services, and those employed in the system, are kept fully informed of progress.

2.2 An Implementation Planning Team led by the Department which draws on a range of interests from across the HSC will ensure that the Quality Strategy's Strategic Implementation Plan takes account of HSC financial planning and other initiatives, such as, the HSC Review (Transforming Your Care). A list of members is included at Annexe [ ].

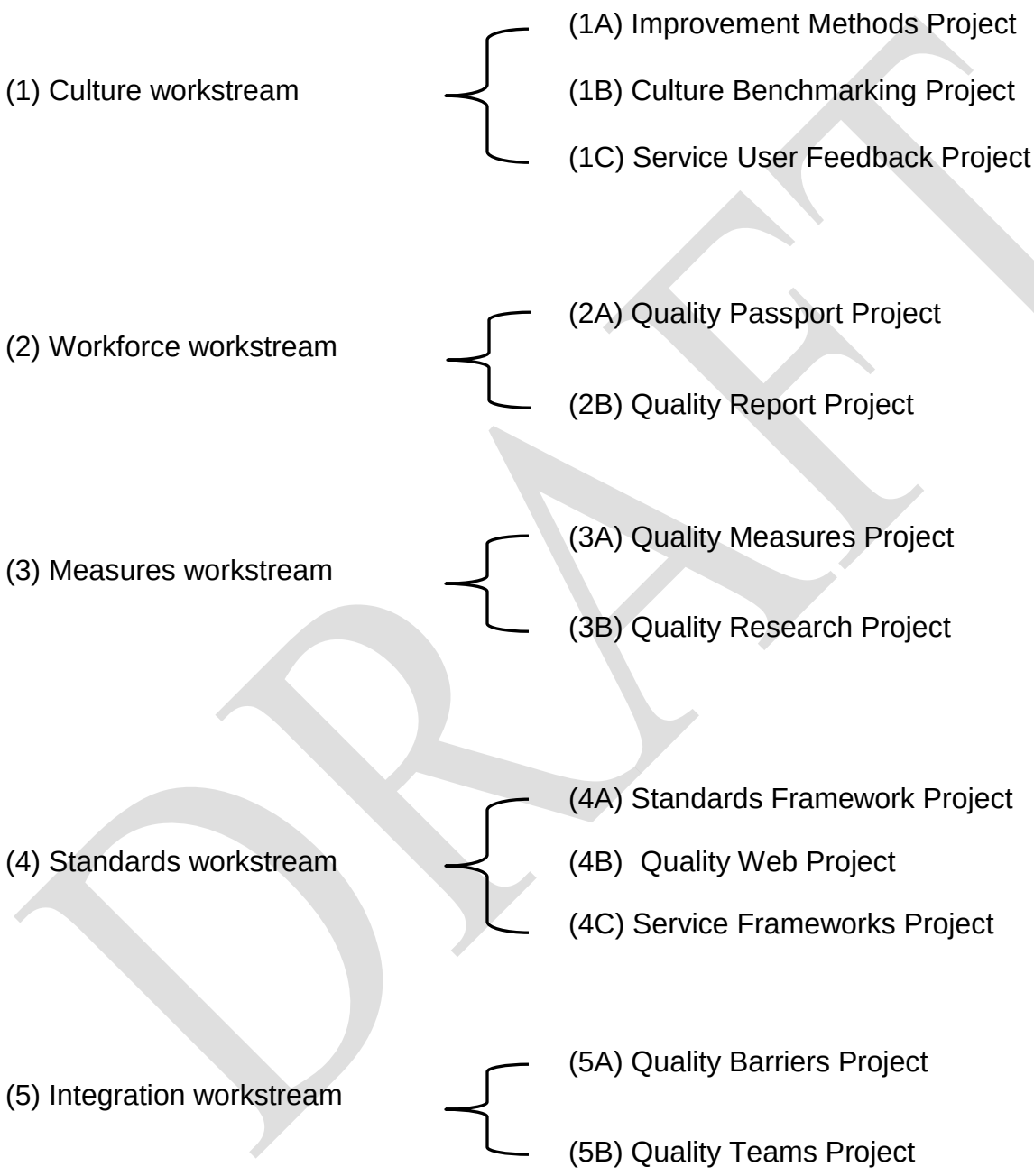
2.3 As part of this process, the Chief Medical Officer will make a presentation to each organisation's board/ senior management team to assist in their understand of the genesis of the strategy, its broad substance and relevance to HSC policy and strategy, and details of the Implementation Plan currently under development. These meetings are scheduled to take place in January and February 2012.

3. PROGRAMME MANAGEMENT STRUCTURES

3.1 The programme management structure is made up of a Programme Management Board, Programme Management Team and Quality Advisory Forum. Five Workstreams will be established to reflect the five strategic goals as follows:

- Culture workstream;
- Workforce workstream;
- Measures workstream;
- Standards workstream; and
- Integration workstream.

3.2 Each Workstream will be supported by, and will need to call upon, the expertise of a number of Project Teams, each of which have been allocated a unique identifier, as follows:



3.3 The governance arrangements and structures are designed to deliver results at every stage in the process. These arrangements recognise the importance of leadership, programme management, review and reporting.

Programme Management Board

3.4 A Programme Management Board, chaired by the Chief Medical Officer, will be responsible for overall control and will report on progress on the implementation of the strategy to the Minister.

3.5 Membership will include senior Departmental policy and professionals, senior executives from health and social care organisations, independent sector providers[1] and service user/ carer representatives.

3.6 A senior official within the Department will be responsible for co-ordinating and overseeing the work of the programme (the Programme Director).

Quality Advisory Forum

3.7 The Quality Advisory Forum will meet twice a year. Its membership will include a wide range of stakeholders including service users, carers, trade unionists, relevant professional bodies, academics and HSC frontline staff and representatives from the independent sector providers of health and social care services. It will be chaired by a service user and its secretariat will be provided by the Department.

3.8 The Forum will facilitate comment on the regular six-monthly reports provided by the Programme Board.

[1] For these purposes, the independent sector is comprised of private, voluntary, community and social enterprise providers

Programme Management Team

3.9 The Programme Management Team will be chaired by the Programme Director who will report to the Programme Management Board. Its membership will include the five Workstream Managers.

3.10 It will be responsible for ensuring that the strategy is implemented in line with the implementation plan, on schedule and to the required standard.

3.11 The secretariat will be provided by the Department.

3.12 Figure 1 below illustrates the links between the Programme Management Board, the Quality Advisory Forum, the Project Management Team and the Workstreams.

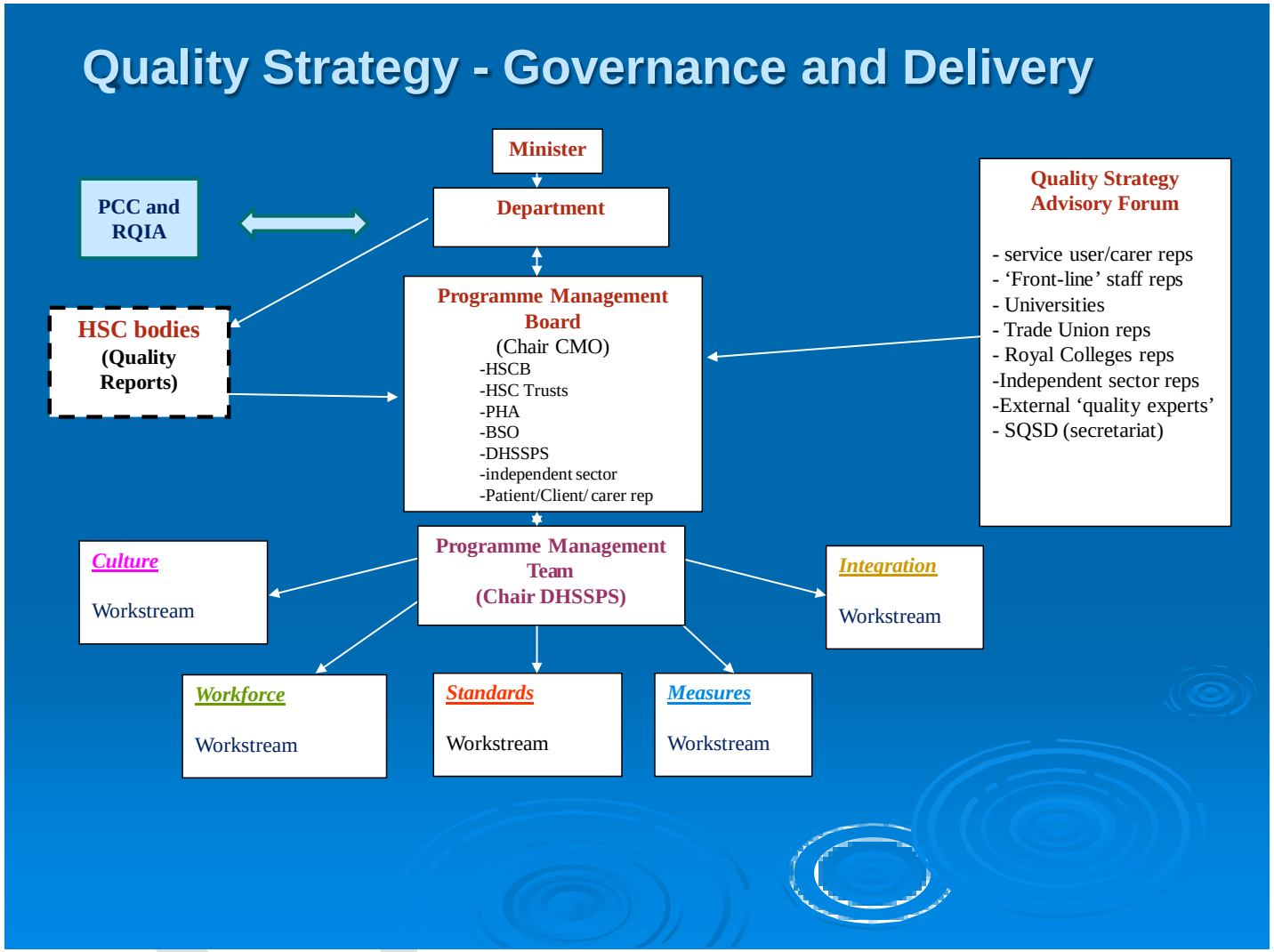


Figure 1
Quality Strategy Implementation Programme Management Structure

Workstreams

3.13 Each Workstream will be associated with a lead organisation as follows:

- **xxxx** will provide the lead for the **Culture** Workstream;
- **xxxx** will provide the lead for the **Measures** Workstream;
- **xxxx** will provide the lead for the **Workforce** Workstream;
- **xxxx** will provide the lead for the **Standards** Workstream; and
- **xxxx** will provide the lead for the **Integration** Workstream.

3.14 The lead organisation will nominate an individual to act as Workstream Manager. Workstream Managers will act as members of the Programme Management Team and report to the Programme Director.

3.15 Workstream Managers will co-ordinate the Project Teams delivery of targets and of agreed Terms of Reference.

Project Teams

3.16 Each Project Team will be lead by a Project Manager. The Project Manager will report to the Workstream Manager.

3.17 The Department will endeavour to ensure that resources are made available to support the projects. The Department will also look to the lead organisation for administrative and other support.

3.18 The Project Manager will be responsible for enlisting a representative membership of the Project Team and, based on the outline of purpose and product, the development of draft Terms of Reference for the project to be approved by the Programme Management Board.

3.19 To ensure a consistent approach each Project Team must:

- operate in accordance with an agreed Project Initiation Document (PID);
- be able to demonstrate active involvement by service users and carers;
- take account of existing policies, procedures, information systems and protocols and build upon their strengths avoiding duplication of effort;
- provide recommendations, in relation to completed products, and on how these are to be implemented;
- where output requires actions to be taken within HSC services, provide recommendations on how, and by whom, implementation might best be led and monitored;
- where the completed product requires financial investment the report should be presented as a formal business case, demonstrate value for money and options for implementation; and
- be as inclusive as possible and reflect the composition of the Programme Board.

3.20 Figure 2 below illustrates the linkages between the Workstreams and the Project Teams as set out in the Strategic Implementation Plan.

3.21 An outline of the purpose and product of each project is shown at Annexe 2.

3.22 A draft Project Initiation Document (PID) template can be found at Annexe 3.

PROGRAMME MANAGEMENT STRUCTURE (CONTINUED)

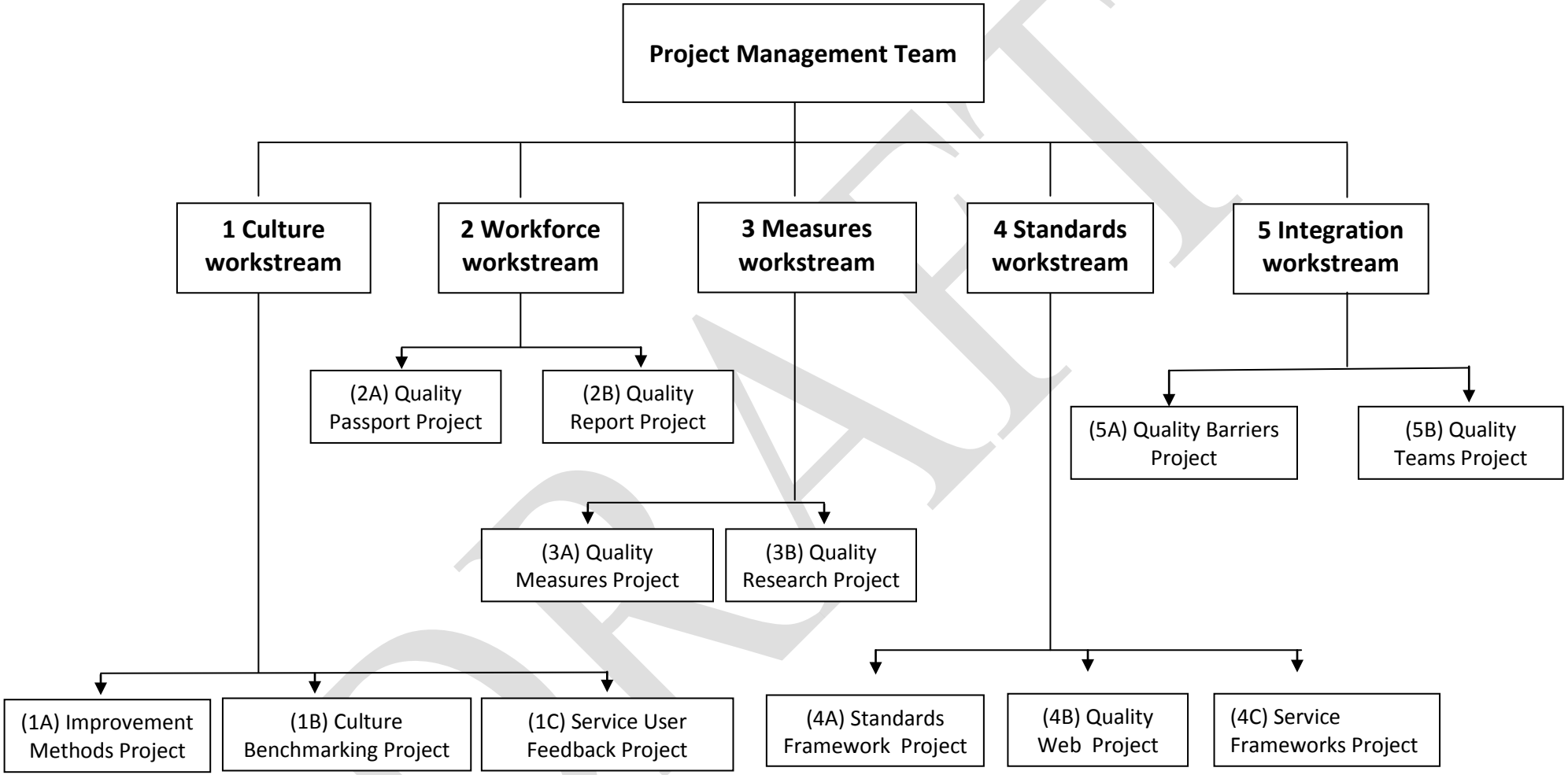


Figure 2
Quality Strategy Implementation Programme Management Structure
Workstreams and associated Project Teams

4. HOW TO READ THE IMPLEMENTATION PLAN

4.1 The Strategic Implementation Plan is set out in Annexe 1. It is divided into 2 sections:

1) Strategic Goals and Objectives
2) Project Team Timelines

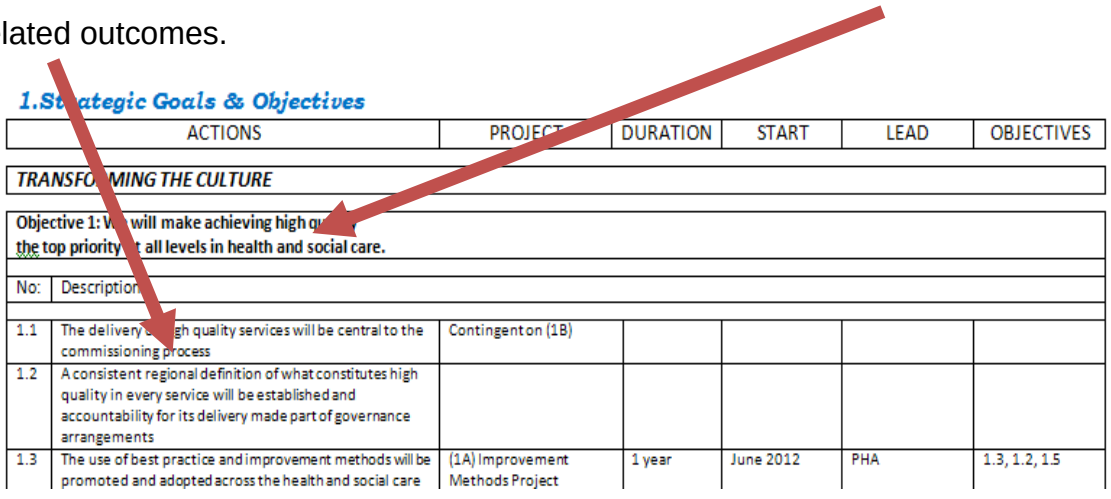
4.2 It is designed to provide a 3 year vista between triennial reviews.

Strategic Goals and Objectives

4.3 This section explains how the Workstreams reflect the five strategic goals, namely:

- Culture;
- Workforce;
- Measures;
- Standards; and
- Integration.

4.4 Each Workstream has two objectives and each objective has a number of outcomes. In the *Culture* W*orkstream* example set out below the first objective has five related outcomes.



1.Strategic Goals & Objectives

ACTIONS		PROJECT	DURATION	START	LEAD	OBJECTIVES
TRANSFORMING THE CULTURE						
Objective 1: W will make achieving high q the top priority t all levels in health and social care.						
No:	Description					
1.1	The delivery gh quality services will be central to the commissioning process	Contingent on (1B)				
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements					
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care	(1A) Improvement Methods Project	1 year	June 2012	PHA	1.3, 1.2, 1.5

4.5 In order to deliver each of the five outcomes, the *Culture* W*orkstream* will need to utilise the expertise of a number of project teams. In this particular example, these will include the Improvements Methods Project (1A) and the Culture Benchmarking Project (1B).

Objective 1: We will make achieving high quality the top priority at all levels in health and social care.						
No:	Description:					
1.1	The delivery of high quality services will be central to the commissioning process	Contingent on (1B)				
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements					
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care system.	(1A) Improvement Methods Project	1 year	June 2012	PHA	1.3, 1.2, 1.5
1.4	Staff and service users' awareness of their individual roles and responsibilities in ensuring high quality outcomes for health and social care will be maximised					
1.5	A culture of innovation and learning that creates more quality-focused attitudes and behaviours among HSC staff will be promoted	(1B) Culture Benchmarking project	1 year	May 2012	PHA	1.5, 1.4

4.6 This section also sets out the expected duration of the work of the projects, the anticipated start dates and the responsible lead organisation and identifies the other strategic objectives this action contributes to.

1.Strategic Goals & Objectives

ACTIONS	PROJECT	DURATION	START	LEAD	OBJECTIVES
TRANSFORMING THE CULTURE					
Objective 1: We will make achieving high quality the top priority at all levels in health and social care.					
No:	Description:				
1.1	The delivery of high quality services will be central to the commissioning process	Contingent on (1B)			
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements				
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care system.	(1A) Improvement Methods Project	1 year	June 2012	PHA	1.3, 1.2, 1.5
1.4	Staff and service users' awareness of their individual roles					

Project Team Timelines

4.7 This section sets out the range of project teams identified, to date, that will be required to deliver the quality strategy over the next 2-3 years. Not all are required to start during 2012/13. Some are reliant on the outputs of others and cannot therefore commence until these outputs have been delivered.

4.8 This list is not static. As the implementation progresses the need to establish new, close or review existing projects will become apparent.

4.9 As set out in Section 3 above, each Project Team will work to specific Terms of Reference (see template at Annexe 3) setting out its purpose, scope, constraints and deliverables.

5. REVIEW & MONITORING

Programme Management

5.1 The Programme Management Team will receive quarterly reports from individual projects through the relevant workstream manager.

5.2 These progress (and highlight) reports will be expected prior to Programme Management Board meetings.

Quality Advisory Forum

5.3 The Quality Advisory Forum will receive reports, for comment, from the Project Management Team.

The Regulation & Quality Improvement Authority (RQIA)

5.4 RQIA will provide a quality assurance role. It will not contribute to formal decision-making at Programme level. It may participate at Project level, where appropriate.

The Patient Client Council (PCC)

5.5 The PCC will provide a quality assurance role. It will not contribute to formal decision-making at Programme level. It may participate at Project level, where appropriate.

ANNEXE 1: IMPLEMENTATION PLAN

1.Strategic Goals & Objectives

ACTIONS	PROJECT	DURATION	START	LEAD	OBJECTIVES
TRANSFORMING THE CULTURE					
Objective 1: We will make achieving high quality the top priority at all levels in health and social care.					
No:	Description:				
1.1	The delivery of high quality services will be central to the commissioning process	Contingent on (1B)			
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements				
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care system.	(1A) Improvement Methods Project	1 year	June 2012	PHA	1.3, 1.2, 1.5
1.4	Staff and service users' awareness of their individual roles and responsibilities in ensuring high quality outcomes for health and social care will be maximised					
1.5	A culture of innovation and learning that creates more quality-focused attitudes and behaviours among HSC staff will be promoted	(1B) Culture Benchmarking project	1 year	May 2012	PHA	1.5, 1.4
Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.					
No:	Description:				
2.1	Best practice standards will be established for informing patients, clients and carers based on what has been	Contingent on (4A)			

	successful elsewhere.					
2.2	Regular patient and client surveys as well as other creative approaches to getting feedback, such as 'patient/client narratives' will be conducted in collaboration with the PCC	Service User Feedback Project (1C)	1 year	September 2012	PHA	2.2, 2.3, 3.6
2.3	Effective and meaningful partnerships to support shared decision-making for HSC staff, patients, clients and carers will be created, including the voluntary and independent sectors.					
2.4	Patients, clients and carers will be involved in the design and delivery of education and training to all staff working in health and social care					
2.5	The needs and values of individuals and their families will always be taken into account	Contingent on (1C)				

STRENGTHENING THE WORKFORCE

Objective 3: We will provide the right education, training and support to deliver high quality service.						
No:	Description:					
3.1	Opportunities for continuous learning by staff will be resourced and planned in order to continuously improve quality.					
3.2	Increased knowledge and skills in the principles of PPI will be promoted among all HSC staff.					
3.3	Arrangements will be made to involve service users and carers more effectively in the training and development of staff.					
3.4	A customised Healthcare Quality training package for all staff working in health and social care (with mandatory levels of attainment dependent on job responsibilities) will be developed, with possible links to regulation and dovetailed with existing and emerging training and development strategies across HSC	Quality Passport Project (2A)	1 year	June 2012	HSC Trusts	3.4, 3.1, 3.2, 3.5
3.5	Better use will be made of multi-disciplinary team working and shared opportunities for learning and development in the HSC					
3.6	Regular feedback from staff and service users and carers will be sought alongside commissioned research on quality					

	improvement.					

Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.						
No:	Description:					
4.1	Top management teams will be expressly accountable for quality improvement within their organisations					
4.2	Each HSC organisation will produce an annual quality report and be responsible for making improvements year-on-year.	Quality Report Project (2B)	6 months	May 2012	PHA	4.2, 4.1
4.3	Staff will be actively supported through service change programmes					
4.4	Change champions will be trained and supported in the latest improvement techniques					
4.5	A renewed emphasis will be placed on generating robust and relevant research to support innovation and quality improvement building on links with local research organizations					

MEASURING THE IMPROVEMENT

Objective 5: We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.						
No:	Description:					
5.1	devise a set of outcome measures, with quality indicators, focused on safety, effectiveness and patient/client experience	Quality Measures Project (3A)	1 year	May 2012	PHA	5.1, 5.3
5.2	agree a set of effective quality performance targets, involving service users to drive improvement					
5.3	Monitor quality improvement year-on-year and compare our performance with the rest of the UK, the Republic of Ireland and internationally.					
5.4	publish a regional annual quality report that is widely available.					
Objective 6: We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.						

No:	Description:					
6.1	A set of improvement methods and techniques for use in the HSC will be agreed and HSC staff will be trained and resourced to use them.					
6.2	Capacity and capability will be built up within the HSC to achieve the desired results					
6.3	Audit techniques to measure how standards are being met will be further developed					
6.4	Research and innovation will be encouraged	Quality Research Project (3B)	2 years	September 2012	PHA	4.5, 6.3, 6.4
6.5	Benchmarking with other health and social care organisations outside Northern Ireland will be conducted to ensure that there is up-to-date information available on best practice					

RAISING THE STANDARDS

Objective 7: We will establish a framework of clear evidence-based standards and best practice guidance

No:	Description:					
7.1	Information on national and international standards will be gathered and standards developed, where necessary, to deliver best practice					
7.2	A coherent regional framework for standards and guidelines will be established	Standards Framework Project (4A)	2 years	May 2012	DHSSPS	2.1, 7.1, 7.2
7.3	A Web-based system will be established to allow easy access to the framework of standards and related information	Quality Web Project (4B)	1 year	September 2012	DHSSPS	7.3

Objective 8: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards

No:	Description:					
8.1	An advisory group, representative of HSC organisations and including service user and carer representation, will be set up to harmonise processes in relation to the					

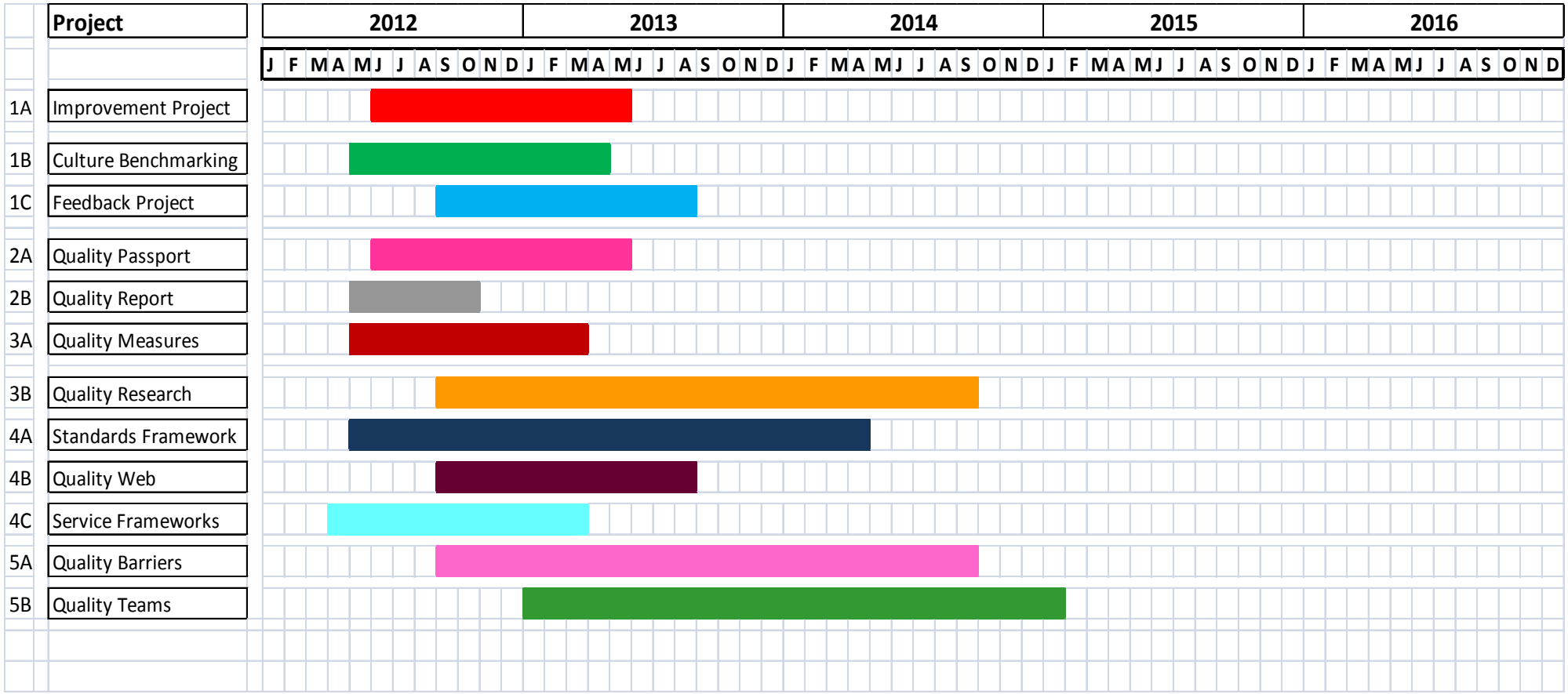
	application of standards					
8.2	A new structure will be created for drafting and agreeing standards and guidelines that gives meaningful inclusion to those affected by them					
8.3	A performance management mechanism will be put in place to ensure standards are achieved by means of audit and compliance measurement within set timescales					
8.4	An incentives mechanism will be created to better ensure compliance with quality standards in all health and social care settings					
8.5	The use of Service Frameworks will be extended	Service Frameworks Project (4C)	6 mths	April 2012	DHSSPS	8.5
8.6	Surveys of the public will be conducted to seek feedback on compliance with standards					

INTEGRATING THE CARE

Objective 9: We will develop integrated pathways of care for individuals.						
No:	Description:					
9.1	More effective and secure information systems will be established to record and share information across HSC structural and professional boundaries (and with other relevant Departments and agencies as appropriate)					
9.2	Service users will be given a greater role in, and responsibility for, information transfer (e.g. patient held records, patient smart cards, etc)					
9.3	Barriers to integrated multidisciplinary and multi-sectoral working will be identified and removed	Quality Barriers Project (5A)	2 years	September 2012	HSC Board	9.3
9.4	Annual targets for use of personal care plans will be established					
Objective 10: we will make better use of multi-disciplinary team working and shared opportunities for learning and development in the HSC and with external partners.						
No:	Description:					
10.1	All disciplines should contribute to a single assessment through a shared assessment framework – NI Single					

	Assessment Tool, and for children, Understanding the Needs of Children in Northern Ireland (UNOCINI)					
10.2	More integrated treatment/care teams will be established with innovative management approaches	Quality Teams Project (5B)	2 years	January 2013	HSC Board	10.2, 10.3, 10.4
10.3	Universities will further develop inter-professional education at undergraduate and post-graduate levels in health and social care					
10.4	MDT pre-registration and post-registration training will be revised to encourage use of multi-disciplinary training					

Project Team Timelines



ANNEXE 2: PROJECT TEAMS - OUTLINE OF PURPOSE AND PRODUCT

Name:	(1A) Improvement Methods Project
Workstream:	Culture
Strategic Objective 1:	We will make achieving high quality the top priority at all levels in health and social care.
Workstream lead:	
Starting:	June 2012
Anticipated duration:	1 year
Purpose & Product:	To identify and evaluate available quality improvement methodologies for application in HSC services. This should include methodologies appropriate to health and social care settings and the ease of application and cost effectiveness.
Feeding into:	
Contingent on:	N/A
Contributing to:	
Strategic Objectives:	1.2, 1.3 and 1.5

Name:	(1B) Culture Benchmarking Project
Workstream:	Culture
Strategic Objective 1:	We will make achieving high quality the top priority at all levels in health and social care.
Workstream lead:	
Starting:	May 2012
Anticipated duration:	1 year
Purpose & Product:	Stage 1: to identify suitable tools for measuring and assessing culture in an operational environment in the HSC; Stage 2: to establish a benchmark across HSC services and develop a culture change programme.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic Objectives:	1.4 and 1.5

Name:	(1C) Service User Feedback Project
Workstream:	Culture
Strategic Objective 2:	We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.
Workstream lead:	
Starting:	September 2012
Anticipated duration:	1 year
Purpose & Product:	To identify cost effective methods and sources of information that can be used to measure service user perspectives of quality (safety, standards and patient/ client experience) drawing on existing sources, such as complaints, compliments, surveys, etc.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic Objectives:	2.2, 2.3 and 3.6

Name:	(2A) Quality Passport Project
Workstream:	Workforce
Strategic objective 3:	We will provide the right education, training and support to deliver high quality service.
Workstream lead:	
Starting:	June 2012
Anticipated duration:	1 year
Purpose & Product:	A report (and business case if appropriate) that tests feasibility and cost effectiveness of devising a Quality Passport training and development package.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic Objectives:	3.1, 3.2, 3.4, 3.5, 4.1 and 4.2

Name:	(2B) Quality Report Project
Workstream:	Workforce
Strategic objective 4:	We will develop leadership skills at all levels and empower staff to take decisions and make changes.
Workstream lead:	
Starting:	May 2012
Anticipated duration:	6 months
Purpose & Product:	Stage 1: to devise a template for use by all HSC organisations to report on quality within the organisation in the previous year. Stage 2: a timetable for the introduction of Quality Reports.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	4.1 and 4.2

Name:	(3A) Quality Measures Project
Workstream:	Measures
Strategic objective 5:	We will improve outcome measurement and report on progress for safety effectiveness and the patient/ client experience.
Workstream lead:	
Starting:	May 2012
Anticipated duration:	1 year
Purpose & Product:	To produce a set of quality measures to address the three quality dimensions (safety, standards and patient/ client experience) across health and social care and a timetable for commencement taking account of similar developments in the UK.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	4.2, 5.1 and 5.3

Name:	(3B) Quality Research Project
Workstream:	Measures
Strategic objective 5:	We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.
Workstream lead:	
Starting:	September 2012
Anticipated duration:	2 years
Purpose & Product:	A scoping exercise to identify areas for research in HSC taking account of what already exists as well as reviews of international research in the area of quality improvement with a view to developing a research programme/agenda.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	4.5, 6.3 and 6.4

Name:	(4A) Standards Framework Project
Workstream:	Standards
Strategic objective 7:	We will establish a framework of clear evidence-based standards and best practice guidance.
Workstream lead:	
Starting:	May 2012
Anticipated duration:	2 years
Purpose & Product:	Devise a coherent framework to review existing standards and how they are developed and applied within HSC including the identification of gaps in standards, establishing the role of service frameworks and managing the proliferation of standards.
Feeding into:	
Contingent on:	
Contributing to;	
Strategic objectives:	2.1, 7.1 and 7.2

Name:	(4B) Quality Web Project
Workstream:	Standards
Strategic objective 8:	We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.
Workstream lead:	
Starting:	September 2012
Anticipated duration:	1 year
Purpose & Product:	To carry out a feasibility study in relation to the development of a HSC Quality website, its location and management. Where options are identified and costs determined then a business case must be produced.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	7.3

Name:	(4C) Service Frameworks Project
Workstream:	Standards
Strategic objective 8:	We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.
Workstream lead:	
Starting:	April 2012
Anticipated duration:	6 months
Purpose & Product:	Stage 1: to produce a new prioritisation list of topics for the Service Frameworks Programme to cover the next 3 – 5 years; Stage 2: to review existing Service Frameworks over next 3 – 5 years.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	8.5

Name:	(5A) Quality Barriers Project
Workstream:	Integration
Strategic objective 9:	We will develop integrated pathways of care for individuals.
Workstream lead:	
Starting:	September 2012
Anticipated duration:	2 years
Purpose & Product:	A study of barriers (structural, professional, functional, other) to integrated working and the identification of options for overcoming these.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	9.3

Name:	(5B) Quality Teams Project
Workstream:	Integration
Strategic objective 10:	We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.
Workstream lead:	
Starting:	January 2013
Anticipated duration:	2 years
Purpose & Product:	
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	10.2, 10.3 and 10.4

ANNEXE 3: PROJECT INITIATION DOCUMENT TEMPLATE

To be developed

TB/4/15/03/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 March 2012

Title:	Business Services Transformation Programme Update
Purpose:	To provide NIAS Trust Board on progress to date
Content:	Recent Developments in BSTP
Recommendation:	For Noting
Previous Forum:	N/A
Prepared by:	Mrs Sharon McCue, Director of Finance & ICT
Presented by:	Mrs Sharon McCue, Director of Finance & ICT

Northern Ireland Ambulance Service
Health and Social Care Trust

Business Services Transformation Programme (BSTP)

Over the next two years, the BSTP will procure and implement modern Business IT systems in all HSC Trusts and organisations in three key areas: (1) HR and Payroll (2) Finance (3) procurement & Logistics. Evidence suggests that operating modern business systems in a Shared Services environment will generate significant value to organisations in all industries. Therefore, the BSTP will plan, design and deliver Shared Services for a range of business functions in HSCNI.

Additionally, The BSTP will also replace the ageing Family Practitioner Services payment systems used to pay GPs, Dentists and Pharmacists.

Why is it happening?

The majority of the current systems used by the Trusts in these critical business areas are aged and thus need urgently replaced with modern IT solutions. Further, the implementation of these new systems enable a critical analysis of some of our existing business processes, some of which can be quite disjointed, and replace them with standardised, harmonised and automated end-to-end processes within and across multiple parts of HSC organisations.

When is it happening?

The new systems have been procured, November 2011 and it is anticipated that they will be implemented in all HSC organisations over the next 12 months.

Health Minister Edwin Poots announced the consultation on the location of shared services for finance (payments & income), human resources (recruitment & selection) and payroll, travel and subsistence, 7 December 2011.

The consultation ran until 29 February 2012.

Julie Thompson, as the Senior Responsible Officer for BSTP led the engagement at public meetings across Northern Ireland and received over 2,000 detailed consultation responses.

Recent Activities within NIAS

NIAS has been actively participating with colleagues from the other five Trusts in working with the suppliers of the Finance, Procurement and Logistics System (FPL) and the Human Resources, Payroll, Travel and Subsistence System (HRPTS). This process aims to develop a set of agreed documents which set out in detail what the new solutions will be like. When agreed the suppliers will set their programming teams to work to deliver our specific requirements.

FPL

There has been a substantial amount of progress during these months with workshops facilitated by Advanced Business Solutions (ABS) across all e-financial products (Order to Cash, (O2C) Procure to Pay (P2P) and Accounts to Report (A2R)), Procurement and Logistics work streams.

Authorisation workshops involving Assistant Directors of Finance and senior PaLS staff have been held to validate design principles and strategies. Activities have culminated in the achievement of a significant project milestone on 21 February – formal ratification of Solution Design, ABS Stage 3 milestone. This marks the completion of the Solution Design Phase and the start of Implementation and Testing of ICT Structures – ABS Stage 4.

Throughout February ABS is conducting a series of training sessions with staff to test system design principles to inform the process of User Acceptance Testing (UAT). Throughout March 2012 and April 2012 there will be significant effort attributed to developing test plans and test scripts building up to UAT.

This Phase of UAT will be the first real opportunity for staff to engage with the new systems and identify queries and issues to help develop final system solutions.

HRPTS

Configuration Documents setting out how the systems work, continue to be signed off: Configuration design workshops took place over the last two weeks (6-17 February 2012) with specialists in the areas of recruitment, payroll , expenses, employment relations etc. met to discuss how the new systems would be configured around these areas. Most of these issues were signed off by the functional specialists on APSE (Axon Project Support Environment, a storage facility for documentation).

Functional Specifications will be issued to the Service for agreement and sign off in March 2012. Functional Specialist Groups of Recruitment, Learning and Development, Travel and Subsistence, Employment Relations, HR Terms and Conditions, Reporting and Payroll have all been meeting and have a schedule of future meetings that HCL Axon are also attending.

-Role definition work to take place in March
-Functional Specialists continue to meet regionally on a weekly basis across all of the areas of HRPTS.

The associated workload represents significant commitment by staff across Finance and HR in the Trust. The solution will have a significant impact on work flows and practices throughout the whole organisation.

TB/5/15/03/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 March 2012

Title:	Summary of NIAS Responses to Consultations 1 December 2011 – 31January 2012
Purpose:	To advise Trust Board of consultations responses in the period 1 December 2011 to 31 January 2012
Content:	Table summarising NIAS responses to consultations
Recommendation:	Trust Board to note responses to consultations
Previous Forum:	N/A
Prepared by:	Mr John Gow, Equality and Patient Involvement Office
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

SUMMARY OF NIAS RESPONSES TO CONSULTATIONS 1 MAY – 30 NOVEMBER 2011

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link
10/01/2012	**DHSSPS Consultation on the policy for car parking provision and management in the Health and Social Care sector** DHSSPS consultation on the policy for car parking in the HSC sector. The preferred option allows for more extensive charging on hospital sites including implementing staff charging and extending current charging to other HSC sites.	Staff often operate from premises owned and managed by the Hospital-based Trusts and will thus be affected by any change to the policy on charging staff for car parking. NIAS's main concern is that more extensive charging on hospital sites including implementing staff charging may not apply equitably and consistently to all our staff on a regional basis and have an adverse impact on those staff based in larger and/or busier sites. If Hospital Trusts are able to determine their own staff car parking charging policy, it is likely that some of our staff may be charged differing amounts for workplace car parking, or not be required to pay for car parking, depending on which Trusts site their workplace is located.	http://www.dhsspsni.gov.uk/showconsultations?txtid=51962
13/01/2012	**Search and Rescue Framework Document.** The document describes the background, scope and responsibilities of UK Search and Rescue and its strategic and operational management,	The document in its current draft has not taken the introduction of this capability into consideration. NIAS, working closely with NIMCCRCC, has sought to put the patient first and the introduction of HART has	http://www.cabinetoffice.gov.uk/sites/default/files/resources/emergency-response-recovery_0.pdf

	functional delivery of maritime, aviation and land search and rescue and provides details of those authorities and organisations that provide a significant national role in the provision of search and rescue.	changed the response in Northern Ireland in that appropriately trained NIAS HART paramedics will now respond as necessary with the mountain rescue teams. If the document is to be accepted across the whole of the UK then allowances for some local differences/variation will be necessary. Ambulance Chief Executives should be represented on the UK SAR Strategic Committee through engagement with Association of Ambulance Chief Executives (AACE) and Chief Executives of Ambulance Services in the devolved nations which are not part of the AACE. Ambulance Services should be represented on the UK SAR Operators Group through engagement with AACE and Chief Executives of Ambulance Services in the devolved nations which are not part of the AACE.	

20/01/2012	**DHSSPS Consultation on the proposed increases to HSC Pension Scheme employee contribution rates from April 2012**	The method of allocation of the amount of savings to be made by each public sector pension scheme if based on the average 3.2% increase is flawed. Those schemes which provide a far higher level of benefits when compared to contribution rates will continue this inequality – the wider remuneration package should also be taken into consideration. This disparity will be perpetuated by entering scheme-specific discussions with Trade Unions regarding further increases in rates and the proposals for pension reform. Savings as a result of the 2008 reform of the HSC Pension Scheme should be taken into consideration when allocating the HSC Pension Scheme share of the savings to be realised.	http://www.dhsspsni.gov.uk/showconsultations?txtid=52876