



**A Meeting of Trust Board/AGM to be held on Thursday, 20 September 2012
at 1.30pm, Boardroom, NIAS Headquarters, Knockbracken Healthcare
Park, Saintfield Road, Belfast. BT8 8SG**

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:**

Suspension of Standing Orders

3.0 ANNUAL GENERAL MEETING

i. Presentation of Annual Report 2011/12

TB/1/20/09/12
(tabled at meeting)

ii. Presentation of Annual Accounts 2011/2

TB/2/20/09/12
(tabled at meeting)

iii. Question and Answer Session

FINISH

Re-instate Standing Orders

**4.0 Minutes of the previous meeting of the Trust Board held 19 July 2012
(for approval and signature)**

TB/3/20/09/12

5.0 Matters Arising

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

TB/4/20/09/12
(paper withdrawn)

5.2 Recent Media Stories (Acting CX to write to relevant Editors)

5.3 Trend Analysis on Recruitment

TB/5/20/09/12

6.0 Chairman's Business

6.1 Chairman's Update

7.0 Chief Executive's Business

7.1 Chief Executive's Update

8.0 Assurance Framework as at 31 July 2012

TB/6/20/09/12

9.0	<u>Proposed Trust Board & Committee Dates 2013</u>	TB/7/20/09/12
10.0	<u>Items for Approval</u>	
	10.1 Whistle Blowing Policy	TB/8/20/09/12
11.0	<u>Items for Noting</u>	
	11.1 NIAS Annual Report on Equality Scheme	TB/9/20/09/12
	11.2 Assurance & Accountability Arrangements for Arms Length Bodies – Business Planning for 2013/14	TB/10/20/09/12
12.0	<u>Application of Trust Seal</u>	
13.0	<u>Forum for Questions</u>	
14.0	<u>Any Other Business</u>	

Next meeting of Trust Board will be held on Thursday, 15 November 2012 in the Eastern Division, venue to be confirmed.

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

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

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

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

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

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



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Meeting to be held on Thursday, 20 September 2012 at NIAS Headquarters,
Knockbracken Healthcare Park, Belfast. BT8 8SG***



ANNUAL REPORT

(to be tabled at meeting)



ANNUAL ACCOUNTS

(to be tabled at meeting)

TB/3/20/09/12

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 19 July 2012 at 2.00pm at the Northern Ireland Ambulance Service Headquarters, Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG

Present:

Mr P Archer	Chairman
Ms R O'Hara	Director of Human Resources & Corporate Services (Acting Chief Executive)
Mrs S McCue	Director of Finance & ICT
Mr B McNeill	Director of Operations
Ms A Paisley	Non Executive Director
Prof M Hanratty	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 Liam McIvor, Chief Executive
Mr Norman 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 31 May 2012

Members accepted the minutes as a fair summary of discussions held on the proposal of Prof Hanratty seconded by Ms Paisley.

4.0 Matters Arising

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

The presentation which was to have been made to the Board today by a member of the CMO's staff has had to be cancelled. It will be rescheduled.

4.2 Issue of '111' information

Information in relation to '111' has been issued to the Board by the Chief Executive. Discussion ensued in relation to which organisation would take ownership of the system and what would be involved for that organisation. NIAS are in a strong position to take this major project forward; given the platform of 24/7 emergency cover, however it will be the DHSSPS/HSCB who will make this decision.

5.0 Chairman's Business

5.1 Visit to Whiteabbey Ambulance Station

The Board were very impressed with their visit this morning. The enthusiasm of the Station Officer and his staff was noted and the Station appeared to be a good environment for all. The Board requested that the Director of Operations convey the Board's thanks to all concerned for their warm welcome.

5.2 Chairman's Update

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

5.3 Queen's Ambulance Medal

The Chairman congratulated the Director of Operations, Mr McNeill on behalf of the Board on his recent award of the Queen's Ambulance Medal.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

The Director of HR&CS (Acting Chief Executive) outlined some activities since the last Board meeting as follows:

- The 'Nolan Show' was presented this morning from the Emergency Control Room. This was an excellent opportunity to showcase the service. Positive feedback has already been received through social networking sites. Tributes were paid to the Communications Officer, Mr John McPoland for his sterling work in engaging with the producers of the show and choreographing calls from members of the public who had cause to ring 999 in the recent past which delivered a very positive image of NIAS. The Board concurred with this and added that they were very proud and honoured to be part of the ambulance service.
- The Minister for Health, Mr Edwin Poots launched the use of 'FAST' straplines on the sides of some ambulances in conjunction with the Health Promotion Agency at NIAS Headquarters this morning. This occurred after the Nolan Show.
- Contingency arrangements over the 12 July 2012 period were operated at Ardoyne and the Ambulance Station decanted for around 24 hours to Broadway Station. Response times were not affected.

- There was a recent attack on ambulance staff where the crew had to lock themselves in the back of an ambulance until police arrived. The crew were stood down and post incident support was given. Meetings with local representatives from the area have taken place to address the issue.
- There was a recent media story in the Belfast Telegraph on the 18 June 2012 where it was stated that hundreds of patients had to wait more than one hour for an ambulance during 2011/12. The actual figure was 277 patients however the Trust aims to transport patients within 21 minutes and the RRV paramedic will remain with the patient until the conveying ambulance arrives. It was noted that 96% of patients are conveyed to hospital within 30 minutes.
- There was a further media story at the weekend where it reported of a delay in ambulance response to an incident involving a child at a beach in North Antrim. The crew was advised of the best point to access the beach and got the ambulance as close as possible but had to travel by foot the rest of the way. The crew made a sterling effort to save the child and this was not reported in the article. Unfortunately the child died and the Board wished to extend their sympathies to the family and considered that the report in the media could cause further upset to the family.

Action: It was agreed by the Board that the Acting Chief Executive should write to the Editors regarding their misinterpreting of the facts and making the point that such reporting only caused further upset to patients and families.

6.2 Transforming Your Care (TYC)

The Board were pleased to see that there have been a number of references to the Ambulance Service within TYC. It was noted that the proposal for '111' is listed in the paragraphs on the Ambulance Service.

7.0 Assurance Framework as at 31 May 2012

Medical

The Medical Director presented his report and referred members to the Audit of Acute Stroke Management. He advised that it would save time to alert the Stroke Team within the Hospital and take the patient direct to the scanner room which could aid a better recovery for the patient. NIAS have shown that crews are correctly identifying the symptoms of stroke. It was added that the FAST programme and its advertising on ambulances, which was initiated today by the Minister, gives clear advice to the public regarding the symptoms of stroke. The Board will be kept informed of any further developments in this area.

The following comments/issues were raised:

- The review of the GP urgent calls was raised.
- The review is ongoing with the collection of data to help inform decisions.
- Does the Trust get inappropriate calls from GPs?
- If 'inappropriate' is taken as meaning 'relying on inaccurate information', the Trust does receive inappropriate calls on occasions from GPs. However the GP bases the request on the information he/she has been given.

Operations

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

- The information on turnaround times at A&E hospitals was welcome and the delays at the Ulster and RVH was noted?
- This situation is not ideal however these hospitals are very busy and work is ongoing with the hospitals to identify local solutions. The Commissioners are aware and a definition of turnaround times is to be agreed to enable them to monitor the situation.
- The information in relation to the time lost waiting at hospitals was stark reading and the Board asked if some of the local solutions put in place at other hospitals could be transferred to these busier hospitals.
- Efforts are being made to eliminate ambulance queuing time spent at hospitals. It was clarified that seriously ill patients are being treated as urgent upon arrival at A&E.
- How wide is this information being shared?
- This matter has been raised with the Board at Performance Management Meetings.
- Are Acute Trusts counting this time in their figures for waiting times?
- This is an issue that has been highlighted in the past and it is anticipated that this will be addressed when the Commissioners review the hospital turnaround times at A&E.
- What can the Trust do to address the issue of transport in rural areas?
- This matter is being addressed through the Trust's Delivery and Corporate Plans.

Finance

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

- If the Trust gets consent for the Enniskillen Business Case what is the next stage?
- Once agreement is given the Trust will then apply for the funding to implement.
- The Board noted the number of FOI requests received.
- These requests can cover a wide range of subjects and can have a number of requests within one question. This generates a significant workload for the small team within the Information Department.

Human Resources

The Director of Human Resources & Corporate Services updated members on her report and advised the Board of the initiatives being piloted following a recent Health Promotion Day at HQ. This enabled staff to have a health check which included blood pressure and cholesterol checks. The following comments or issues were raised:

- The Board welcomed the additional information on absence and asked if the Trust promoted exercise opportunities eg a static bicycle within Stations?
- There is no such equipment at present and it was advised that Charitable Funds could be considered if such a request was received from staff.

8.0 Items for Approval

None.

9.0 Items for Noting

9.1 HR Annual Report 2011/12

The Director of HR&Cs presented the report and the following questions were raised.

- Why were there a large number of contracts issued in comparison to the number of recruitments for the year?
- A number of contracts have been updated and issued to existing staff.
- In regard to the equality information there appeared to be a high percentage of males and Protestants recruited this year compared to the proportion of applications. The Director of HR&CS was requested to provide a trend analysis for the Board's information.

Action: Director of HR&CS will provide trend analysis to the Board.

9.2 Health & Wellbeing & Attendance Management Action Plan

Noted.

9.3 Minutes of Audit Committee held 12 March & 7 June 2012

Noted.

9.4 Minutes of Assurance Committee held 7 June 2012

Noted.

10.0 Application of Trust Seal

10.1 Streamline Merchants

The Trust Seal has been applied today in respect of banking mandates and the provision of online/telephone payment services to facilitate the new BSTP systems.

11.0 FORUM FOR QUESTIONS

A member of the public present had asked if the provision of '111' will be provided by NIAS. This question was addressed during the discussion on '111' under Matters Arising and NIAS's aspirations, as outlined in its Corporate Plan, to be the provider of the service, were again noted.

12.0 Any Other Business

None.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board & AGM will be held on Thursday, 20 September 2012 at NIAS Headquarters.

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

Signed: _____

Date: _____
Chairman

TB/4/20/09/12

(paper withdrawn)

TB/5/20/09/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

20 September 2012

Title:	HR Annual Report: Analysis of New Recruits by Gender and Religion
Purpose:	To provide an analysis to Trust Board in relation to the high percentage of Males and Protestants recruited, as requested by Trust Board on 19 July 2012.
Content:	Trend analysis of Applicants and Appointees by Gender and by Religion between 2006 and 2011.
Recommendation:	For information
Previous Forum:	Trust Board
Prepared by:	Mrs Janette Boyle, HR Officer
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services

INTRODUCTION

The tables below show the Gender composition and the Religious composition of the pool of Applicants and Appointees during 2006 – 2011.

Table 1

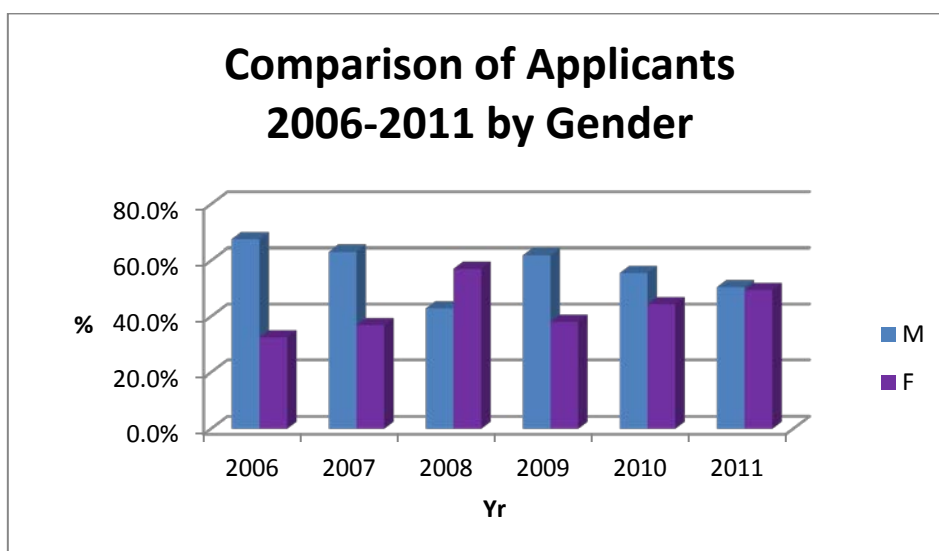


Table 1 above shows a comparison by Gender of the Applicant pool between 2006 and 2011. For 1 year only, 2008, the Trust received more applications from women than from men. It is also encouraging to note that the difference in percentage split between Male and Female Applicants decreased in the last 3 years.

Table 2

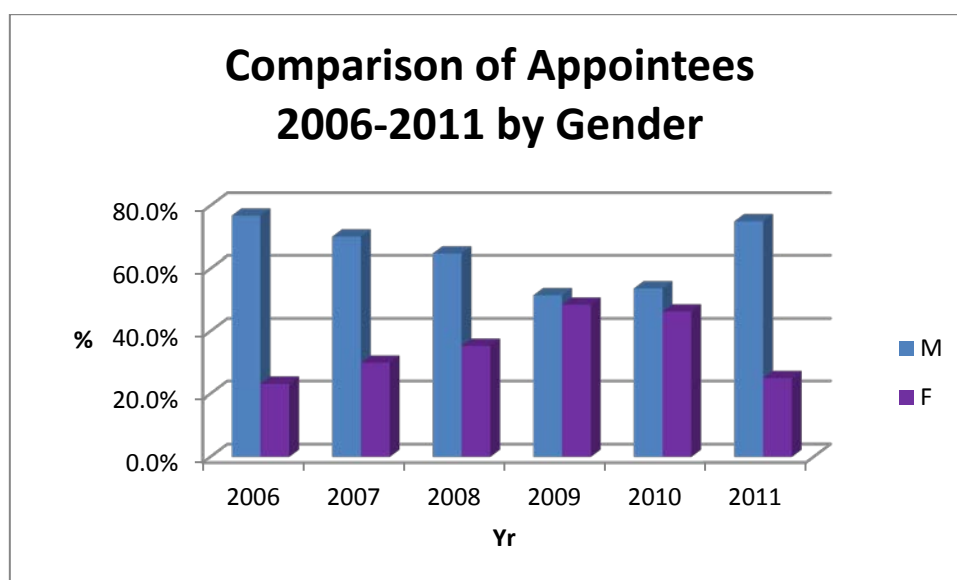


Table 2 above shows a comparison by Gender of the Appointee pool between 2006 and 2011.

Table 3

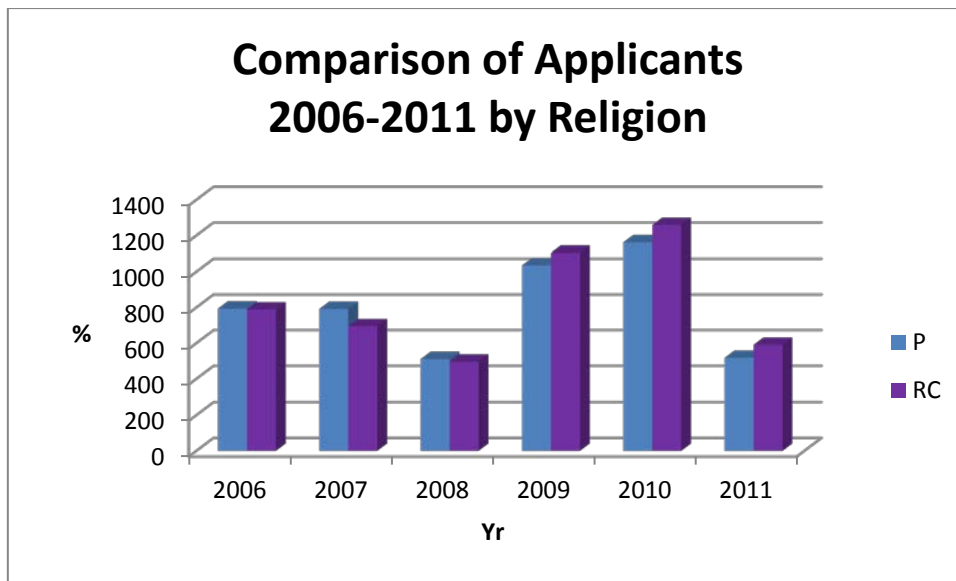


Table 4

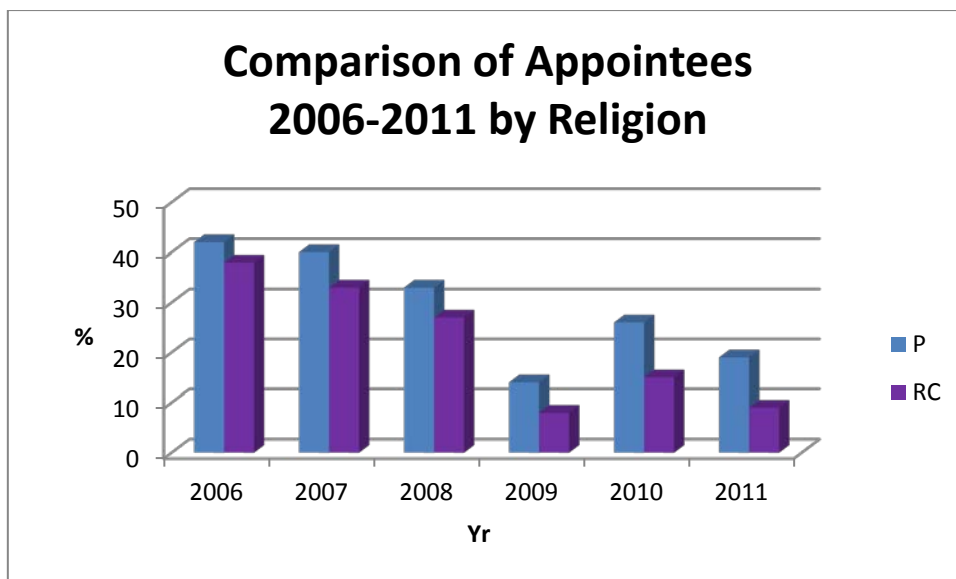


Table 5: Success Rate between Male Applicants and Appointees and Female Applicants and Appointees during 2006 - 2011.

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

Table 6: Success Rate between Protestant Applicants and Appointees and Roman Catholic Applicants and Appointees during 2006 - 2011.

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



ASSURANCE **FRAMEWORK**

(as at 31 July 2012)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2012-2013

MISSION

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

INTRODUCTION

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

MINISTERIAL PRIORITIES

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

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

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

DELIVERING SAFE, HIGH-QUALITY CARE – NIAS STRATEGIC AIMS & OBJECTIVES

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

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

The Strategic Aims are as follows:

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

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

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

The Key Objectives are as follows:

1. Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients.
2. Develop a service delivery model for scheduled and unscheduled care and transportation which addresses rural issues.
3. Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.
4. Review and develop operational systems and processes to support the service delivery model which provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
5. Promote and develop an open, transparent and just culture focussed on patients and patient safety.
6. Review existing resources and ensure those resources are aligned with delivery of agreed outcome-based quality indicators for patients.
7. Review resource utilisation and ensure those resources are aligned with delivery of high quality corporate governance, risk management and probity.
8. Identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
9. Establish processes, built around our Patient and Public Involvement strategy, to enable effective communication and engagement with all our communities and their representatives.
10. Use those processes to clarify the ambulance role, function and resource with the community and test this against their perceived needs and expectations.
11. Use those processes to clarify the ambulance role, function and resource with those agencies responsible for setting policy and commissioning ambulance services and test against their assessments of community needs and expectations.

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

NIAS PERFORMANCE MANAGEMENT PROCESS

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

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

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

The Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims.

The Corporate Plan is supported by an annual Trust Delivery Plan which is developed to take account of available resources and outline Trust priorities for the period of the plan. This Assurance Framework outlines the key actions which NIAS has identified as being necessary to deliver strategic objectives, and identifies principal risks to delivery of objectives. Where possible objective measures of performance against objectives are presented in support of an internal self-assessment of performance against objectives and key actions. The objectives set by the Trust Board are cascaded through the Chief Executive, the Executive Directors, and through senior managers and embedded within service delivery models for all aspects of the organisation. This process seeks to align activity with objectives reflecting Ministerial priorities, which correspond to the delivery of safe, high-quality care within available resources.

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

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

ASSURANCE REPORT: MEDICAL DIRECTORATE

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

STRATEGIC OBJECTIVES

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

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

1.1 TREAT AND LEAVE PROTOCOL FOR MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE HYPOGLYCAEMIA

This protocol is based on the premise that diabetic patients who develop acute hypoglycaemia can have their condition completely reversed by treatment delivered by emergency ambulance crews. Following a risk assessment process, a judgement can be made on whether it is safe and appropriate to allow the patient to remain at home. A decision pro forma has been developed to allow crews to ensure all the necessary safety checks are in place before recommending the patient remain at home including assurances on the patient's medical condition and a satisfactory response to treatment, their understanding of the situation and the presence of appropriate carers. Treat and leave will only be implemented with the patient's consent.

The pro forma serves as an aide memoire to crews, but also allows for audit of the pilot.

NIAS Safety checklist for non-transport of patients recovered from an episode of acute hypoglycaemia.



PATIENT NAME: ADDRESS:	
NIAS Incident Number:	NIAS PRF Number:
Date:	Time:

	Y	N
1. Is the patient alert (GCS 15) and fully orientated with capacity to consent?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a responsible adult with the patient?	<input type="checkbox"/>	<input type="checkbox"/>
Are they currently free from any additional disorders or other complicating factors?		
3. e.g. renal dialysis, chest pain, cardiac arrhythmias, alcohol consumption, dyspnoea, seizures or focal neurological signs/symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are they free from a high temperature or other signs of infection (urinary tract infection, upper respiratory tract infections) and/or unwell (flu-like symptoms)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is their blood sugar back up to 5.0 mmol/l or greater?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do they have access to the long acting carbohydrates (e.g. bread, potatoes or bananas) in order to help maintain blood glucose levels?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has this episode occurred during the daytime / early evening?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do they understand the signs and symptoms of hypoglycaemia and what to do if they re-occur?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the patient consent to remaining at home?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
10. Advise patient / carer to call 999 for help if symptoms of hypoglycaemia recur.	<input type="checkbox"/>	<input type="checkbox"/>
11. Advise patient / carer to re-check blood sugar again in 2-3 hours or if they feel unwell.	<input type="checkbox"/>	<input type="checkbox"/>
Advise patient to eat long-acting carbohydrate (as detailed above) after the hypoglycaemic episode to help maintain blood glucose levels unless the patient is on an insulin pump, when only quick-acting carbohydrate should be given.		
12.	<input type="checkbox"/>	<input type="checkbox"/>
13. Remove cannula and give wound care advice (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
14. Check that the patient had warning symptoms prior to the hypoglycaemic episode.	<input type="checkbox"/>	<input type="checkbox"/>
15. Checklist and PRF and RTF form complete (submit this checklist with the PRF and RTF).	<input type="checkbox"/>	<input type="checkbox"/>

NIAS ATTENDANT:	SIGNATURE:	PIN:
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If the answer to any of the above factors is NO then the patient must be advised to travel to hospital due to the risk of further hypoglycaemic episodes.



INTERNAL MEMO

From: Dr David McManus
Medical Director

To: RATC

Date: 8T

Ref: 8T

Guidance on non-transport of diabetic patients recovered from an episode of acute hypoglycaemia

The Northern Ireland Ambulance Service Health & Social Care Trust (NIAS) believes that it is beneficial to patients, Health and Social Care services, Emergency Departments and the Trust to provide local procedures for staff to follow when making a transport decision and/or referring selected patients to these services.

Many patients can be safely treated at home without the need to transport to secondary care. A non-transport guideline is to enable and support ambulance staff to safely decide when a patient does not need to be transported to hospital in specific defined clinical scenarios in order to reduce the risk of adverse patient events and inappropriate decisions being made. The guidance and associated checklist also ensures that patients who are not conveyed to hospital are offered appropriate care and advice based upon their clinical needs, safeguarding the interests of both patients and staff.

The risk of serious incidents and complaints as a result of non-transport is recognised by the Trust, but following the development of this guideline by the Medical Directorate and Regional Ambulance Training Centre, NIAS will fully support staff who use the guideline appropriately and adhere to the safety checklist attached to this memo.

The guideline is based on evidence that includes Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK ambulance service clinical practice guidelines and also the National Institute for Clinical Effectiveness (NICE).

The first NIAS non-transport safety guideline relates to the management of diabetic patients who in many cases may safely remain at home with advice to take further food by mouth. This includes diabetic patients who are fully recovered after being treated and have blood glucose of at least 5 mmol/l and are in the care of a responsible adult.

THE FOLLOWING POINTS MUST BE ASSESSED BEFORE CONSIDERING NON-TRANSPORT OF A PATIENT RECOVERED FROM HYPOGLYCAEMIA:

- Is the patient alert (GCS 15) and fully orientated with the capacity for consent?
- Is there a responsible adult with the patient?
- Are there any other complicating factors? (see below)
- Is their blood sugar back up to 5 mmol/l or greater?
- Do they have access to the long acting carbohydrates (e.g. bread, potatoes or bananas) in order to help maintain blood glucose levels?
- Is the episode in the late evening or at night? If it is then transport recommended?
- Do they understand the signs and symptoms of hypoglycaemia and what to do if they re-occur?
- Does the patient consent to remaining at home?

BEFORE LEAVING A DIABETIC PATIENT AT HOME AFTER RECOVERING FROM AN ACUTE HYPOGLYCAEMIC EPISODE:

- Advise patient / carer to call for help if symptoms of hypoglycaemia recur.
- Advise patient / carer to re-check their blood sugar again in 2-3 hours or if they feel unwell.
- Advise patient to eat long-acting carbohydrate (as detailed above) after the hypoglycaemic episode to help maintain blood glucose levels unless the patient is on an insulin pump, when only quick-acting carbohydrate should be given.
- Remove cannula and give wound care advice (if applicable).
- Check that the patient had warning symptoms prior to the hypoglycaemic episode.
- A RTF form should be completed for the purpose of leaving clinical information for the benefit of the patient's own GP and as a means of recording consent to remain at home.
- Document all the above on PRF / checklist and return the checklist together with the PRF and RTF.

IN THE FOLLOWING CIRCUMSTANCES, PATIENTS MUST BE ENCOURAGED TO ATTEND HOSPITAL:

- If there is no responsible adult present to continue care / observation.
- If they are taking oral hypoglycaemic agents, as hypoglycaemia may recur.
- If they have no history of diabetes and have suffered their first hypoglycaemic episode.
- If they still have a blood glucose less than 5 mmol/l after treatment.
- If they have not returned to normal mental status within 10 minutes of IV glucose.
- If they been treated with glucagon and do not have suitable supervision or food available.
- If they currently have any additional disorders or other complicating factors e.g. renal dialysis, chest pain, cardiac arrhythmias, alcohol consumption, dyspnoea, seizures or focal neurological signs/symptoms.
- If they have a high temperature or other signs of infection (urinary tract infection, upper respiratory tract infections) and/or unwell (flu-like symptoms).

1.2 TREAT AND REFER PROTOCOL FOR MANAGEMENT OF FALLS PATIENTS

This protocol allows for assessment of patients who can be judged safe to remain at home following a fall, but who may benefit from follow-up assessment from a local hospital falls team. After exclusion of injury or underlying medical conditions, patients will be advised that they can remain at home, although this will only occur with the patient's consent. If agreeable, details will be taken and a referral form completed to allow the patient's details to be passed to the local falls team, who will arrange for timely multidisciplinary assessment of the patient with a view to secondary prevention of falls. Such an approach has been shown to reduce subsequent falls in at-risk patients, the frequency of further calls to the Ambulance Service and potentially the short-term mortality amongst such patients as their underlying medical issues are identified and resolved over and above the prevention of injury from another fall. NIAS has been working with the Southern Trust to develop a pilot of this scheme which will inform a regional approach.

CLINICAL ASSESSMENT OF PATIENTS PRIOR TO REFERRAL TO SOUTHERN TRUST FALLS ASSESSMENT TEAM

INTRODUCTION

Falls are the commonest reason for 999 calls to the Ambulance Service across the UK, and accounted for around 18,000 responses by NIAS in the past year. Elderly patients are particularly at risk of falls and fall-related injuries, and previous research has indicated that falls occurring in this group often have a preventable cause. By identifying underlying causes for falls such as mobility issues, medication side-effects, suboptimal management of co-existing medical conditions and environmental factors, the risk of subsequent falls can be reduced significantly, and previous work by other UK Ambulance Services has shown that this not only reduces significantly the risk of a subsequent fall and further calls to the Ambulance Service, but also reduces the risk of serious morbidity and even mortality in elderly patients.

Patients who have fallen and are assessed as having a significant medical problem or injury will continue to be transported to an emergency department as normal where a falls assessment appointment can be arranged by hospital staff, but this pilot aims to identify patients who, while not requiring immediate hospital treatment, may benefit from early referral to a hospital-based falls assessment team who are equipped to assess all of these factors.

The process involves completing a falls assessment referral form for any patient aged 75+ within the Southern Trust catchment area who is not being immediately transported to hospital. With the patient's consent, this is faxed to NIAS HQ from where it will be passed to the most appropriate falls assessment team to arrange follow up within a few days.

Rather than dictating that patients who meet certain criteria must be left at home, the following clinical guidance should be viewed as advice on what patients may be safely left at home following full assessment.

PROCESS FOR ASSESSMENT, DIAGNOSIS, TREATMENT AND DOCUMENTATION

GENERAL

All operational staff have a responsibility to ensure that the procedures within this guideline should be used after consideration of the individual clinician's own competence, confidence and experience.

The guideline should be adhered to wherever possible and practicable, with the best interests and wishes of the patient always taken into account. Any deviation from this guideline must be documented in full on the Patient Report Form.

Consideration should always be given to whether a patient lacks capacity.

Following assessment and treatment of a patient it may be apparent that attendance at hospital is not required and/or the patient may not wish to travel.

It is important that for all patients that are not transported, clinical assessment of the patient and documentation are robust and appropriate. If a patient does not consent to any part of this assessment then this should also be documented.

If in any doubt about a patient's condition then the patient should be encouraged to travel to hospital.

If a patient insists on being transported to hospital, their wish should be respected irrespective of the clinical judgement of ambulance staff.

ASSESSMENT

A full clinical assessment should be undertaken and documented to include:

- Primary survey: Airway, Breathing, Circulation, Disability;
- Vital signs: pulse, Glasgow Coma Score (GCS), blood pressure, respiratory rate, temperature, blood glucose;
- History taken;
- Appropriate examination;
- Consideration of age of patient, social factors and circumstances (e.g. young, old, lives alone);
- For patients that have had collapse/dizziness/faint a 12 lead ECG should be taken, recorded and reviewed. In cases of double technician crews not trained in 12 lead interpretation, paramedic back-up should be requested for assistance with interpretation. If this resource is not immediately available then the patient should be transported for further assessment.

Any clinical assessment must consider what are abnormal clinical signs. Appendix 1 details the normal ranges of clinical signs for adult patients.

A patient should be transported to hospital if in severe pain that cannot be managed by simple pain relief. (I.e. if morphine is administered then the patient must travel.)

Consideration should be given to the elderly and patients with disabilities affecting mobility. If the patient is not usually mobile, ensure if possible that they have no pain on hip movement and straight leg raising and can hold up both arms to shoulder level. Ensure that level of mobility is normal for them.

A discussion should always take place with the patient and (with their consent) relatives/carers about the most appropriate care plan for the patient. The patient's choice should always be respected if they are assessed as having capacity.

DOCUMENTATION

The importance of full documentation including the rationale for decision-making cannot be overestimated. Documentation must always be full and comprehensive and per NIAS PRF completion guidance and include:

- Details of all clinical assessment, examination and history taking;
- Completion of the non transport form in addition to the PRF documentation of giving patient/carer a copy of any appropriate NIAS patient information leaflet;
- Documented conversations and agreements if a referral is made including name of person who has agreed to accept referral for the patient;
- Documented response time of other professional if appropriate;
- Documented refusal to referral. NIAS staff should beware of effects of refusal – see refusal section.

It is important to remember that if a patient does not wish to travel and does not fall under the remit of the non-transport guideline they should complete a refusal to travel document.

Leaving patients at home outside of this guideline, except where they have refused and documentation is signed to this effect, may leave the clinician open to criticism should something go wrong.

NO APPARENT INJURY/MINOR ILLNESS – PRIMARY SURVEY NORMAL

This may include patients after a slip/trip or fall e.g. mechanical fall in an elderly patient, and patients that have accessed 999 for minor illness.

PRIMARY SURVEY

A primary survey is normal when the patient is:

- Fully alert (GCS of 15/15) and not under the influence of drugs or alcohol;
- Talking normally for that patient;
- Has clinical observations within the normal range for the patient's age and condition (see Appendix 1);
- Not cold/clammy or sweating and no signs of blood loss;
- Not taking beta-blockers e.g. propranolol, atenolol;
- Has no symptoms suggesting any potentially life threatening problem.

SECONDARY SURVEY

The patient should have no complaints of severe pain. In the case of the elderly or those with communication problems the patient's carers should confirm the patient is responding normally.

The mechanism of incident must be clearly recorded. Even where there is no apparent injury, if the patient has been involved in a significant incident where there is clear potential for an injury they should be advised to go to hospital.

The history of the illness should be assessed. In the case of falls the reason for the fall should be assessed. Care should be taken to assess the possibility of dizziness or collapse as a cause of the fall that may indicate serious underlying illness.

Patients should be advised to be transported by NIAS to hospital if there appears to be:

- Possible non-accidental injury of a vulnerable patient;
- Lack of home/carer support;
- History of warfarin usage or bleeding problems;
- Inability to access other health care;
- An abnormal primary survey;
- Inability to walk or mobilise in the normal way for that patient.

NIAS staff should have a lower threshold for transporting patients with communication problems.

REFERRAL FORM

The dedicated referral form for the pilot must be fully completed in addition to the normal PRF.

On return to station, the form must be faxed to NIAS Emergency Ambulance Control (EAC) using the speed dial on fax machines at stations.

After faxing, tick the box to indicate successful transmission to EAC.

Place the referral form in the secure PRF box for return via the usual PRF pathway.

On receipt of a faxed form, EAC staff will place the fax in the form placed in EAC for this purpose.

Every working day morning, the nominated member of staff from the Information Team will collect the received faxes from the box in EAC, and record the details on the database for the pilot.

After contacting the referral centre in the Southern Trust to advise of incoming personal data, the fax will then be forwarded to the secure fax in the referral centre. Reception of all referrals will then be confirmed by phone.



Front Line Referral to Falls Assessment Service Pilot

IN CONFIDENCE

Patient name	NIAS Incident number (C3): PRF form number:
Address	
Postcode	Name of Patients GP
Phone number	GP Surgery
Date of birth	

Are you attending this patient as a result of a fall?	YES	NO
If YES , has the fall resulted in a possible fragility Fracture (Fracture due to a minor bump or fall)	YES	NO
<p>Important:</p> <p>If the answer is NO to BOTH the above questions, do not complete the remainder of this form and instead attach to PRF.</p> <p>If the answer is YES to any of the above questions, please fill out the remainder of this form and fax to the number below.</p>		

CONSENT

I am willing to have a further falls risk assessment if necessary.
This may involve a referral to another member of the health care team.
I hereby give my express permission that details from this assessment may be shared with other health care professionals including my GP Practice.

Name: (please print)

Signed: (patient/representative*) Date:

*If the person is unable to sign, a representative must sign indicating verbal consent has been obtained and their relationship to the patient

1	How many falls has this person had in the last 12 months (including this fall)?	ENTER NUMBER	
2	Is this person taking four or more types of medication per day?	YES	NO
3	Does this person, have a diagnosis of stroke or Parkinson's disease?	YES	NO
4	Does this person have any problems with their balance?	YES	NO
5	Score YES if the person is UNABLE to rise from a chair of knee height WITHOUT using their arms for assistance.	YES	NO
6	Does this person, complain of blackouts, loss of consciousness, or is unable to recollect how they have found themselves on the floor?	YES	NO

Please ensure the patient's destination is identified before faxing this form to the Falls Service (please circle)

Conveyed to hospital? Patient left at home? Patient referred elsewhere? (where:)

Name of Crew Member	PIN:
Signature	Date

Once complete, fax this form to EAC using the speed dial button on the station fax machine, tick this box to confirm faxing ☐, then return along with PRF via normal PRF pathway

Developed in cooperation with the Southern Health and Social Care Trust



Southern Health
and Social Care Trust

All personal information processed will be in line with the DPA Act 1998

APPENDIX 1

NORMAL ADULT CLINICAL OBSERVATION VALUES FOR CREWS *PULSE*

51-100 should be considered normal. This allows for athletes, those on beta-blockers and other physiological variants.

(120 is the upper cut-off in the triage sort, however this relates to trauma in which case other variables are likely to necessitate patient transfer.)

Ref: MEWS

SYSTOLIC BP

100-150 systolic should be considered normal. Very small children can have a BP less than this and the JRCALC pocket book should be used for reference.

BP greater than 150 is not uncommon due to physiological changes in acute stress or those in known hypertension with poor control. However, these patients should be assessed in context and against their known “normal”.

Bariatric patients will require a correct cuff size to ensure an accurate reading.

Ref: MEWS, JRCALC

OXYGEN SATURATIONS

Where possible, the initial level should be measured without oxygen on the patient. Also be aware of risk related to nail varnish or peripheral vasoconstriction.

>95% should be considered normal. Heavy smokers may have a saturation of less than this and should be considered against the clinical picture.

In patients with COPD >91% should be considered normal. Where the saturation is lower it should only be considered normal where there is documented evidence that it is normal for the patient (eg. COPD alert card).

Ref: JRCALC, NICE, British Thoracic Society

BLOOD SUGAR

In non-diabetic patients, a blood glucose of 4.0 – 7.0 mmol/l should be considered normal. A glucose level >11.0 mmol/l indicates possible diabetes and necessitates admission. Where the value is 7.1 - 11.0 mmol/l the patient should at least be referred to primary care for further review as this may indicate Impaired Glucose Tolerance/Impaired Fasting Glycaemia.

Known diabetics with poor control may routinely run with blood sugars of above 7.0mmol/l. These cases should be assessed in context and decision made jointly with primary care if appropriate as to further management.

Ref: WHO

RESPIRATORY RATE

Normal should be considered between 10 and 20 breaths per minute for an adult. The trauma triage sort uses 30 as the upper limit, however in these cases other variables are likely to necessitate transfer to hospital.

Patients with chronic lung disease may have higher respiratory rates and these individuals should have 30 as their upper limit cut-off if a degree of dyspnoea is “normal” for the patient.

Children have higher respiratory rates and the medi-memo should be used to guide assessment.

Ref: JRCALC

TEMPERATURE

Normal should be considered between 36.4 and 37.6 degrees celsius. This is based upon varying average readings from different body locations.

<35°C indicates hypothermia, >41°C indicates heatstroke.

1.3 CLINICAL AUDIT

REPORT 1 - Clinical Performance Indicator – Diabetic Patient (*hypoglycaemia*) Management Indicator Set

Performance Area	Inclusion	Indicator	Description	Exceptions	Expected Patient Benefit	Evidence Base
Hypoglycemia Management	Patients with clinical diagnosis of hypoglycemia	HYP1	Oxygen Administered	Patient Refusal Patient taking oral carbohydrates	Increased Cerebral perfusion	JRCALC Clinical Guidelines 2006
		HYP2	Pulse Rate observed	Patient Refusal	Good practice when taking obs	
		HYP3	Blood Glucose level measured	Patient Refusal Patient Took own reading Glucometer damaged or not available	Assists in specific diagnosis	
		HYP4	Glucagon administered	Patient refusal	BM level increased to normal – increased Level of consciousness	
		HYP5	2 nd Blood Glucose level measured	Patient refusal Scene to Hospital < 15mins	Assess progress of condition – bring LOC to normal	
		HYP6	Blood Glucose Increased	Initial glucose level not recorded	Patient can remain at scene and will not need to travel to hospital	
		HYP7	Glasgow Coma Scale recorded		Establish LOC	
		HYP8	Transport patient to hospital	Patient refusal/ Patient recovered		

Audit of Hypoglycaemia Management Indicator Set for: 01/05/12 to 31/07/12

40,257 Patient Report Forms submitted for period 01/05/12 to 31/07/2012 Of these, 649 were eligible for inclusion in Hypoglycaemia Indicator Set (HYP1 to HYP7)														
Indicator:		HYP1		HYP2		HYP3	HYP4		HYP5		HYP6	HYP7	HYP8	
Audit Coverage/ Monitoring Period	Hypoglycaemic Incidents Identified	Oxygen Administered to Patient	Oxygen Administered Exceptions	Pulse Rate Observed	Pulse Rate Exceptions	Blood Glucose Observed	Patient Given Glucagon	Given Glucagon Exceptions	2 nd Blood Glucose reading taken	2 nd BM reading exceptions	Blood Glucose level improved	GCS Completed/ Observed	Transport to hospital	Transport to hospital exceptions
Across all NIAS Divisions 01/05/12 to 31/07/12 (3 month period)	3 months: 649 Monthly Avg: 216	230 (35%)	8 Refused (1.2%)	633 (97.5%)	8 Refused (1.2%)	592 (91.2%)	209 (32.2%)	8 Refused (1.2%)	354 (54.5%)	0 (0%)	393 (60.6%)	640 (98.6%)	423 (65.2%)	226 (34.8%)
PREVIOUS AUDIT: Across all NIAS Divisions 01/02/12 to 30/04/12 (3 month period)	3 months: 522 Monthly Avg: 174	219 (42%)	9 refused (1.7%)	516 (98.9%)	9 refused (1.7%)	516 (98.9%)	203 (38.9%)	9 refused (1.7%)	310 (59.4%)	0 (0%)	361 (69.2%)	519 (99.4%)	361 (69.2%)	161 (30.8%)

Blood Glucose observed – A number of patients had taken own BM level/other person on scene (e.g. family/care worker) observed BM using personal glucometer.

Oxygen exceptions – It was not possible to ascertain from system if patient was taking oral carbohydrate

Given Glucagon – a majority of patients carried own supply of glucagon/other – difficult to ascertain personal use of Glucagon/glucose from free text of PRF

2nd BM reading – a majority of patients had left care of NIAS before a 2nd BM reading could be obtained

BM level improved – all patients that had 2nd reading had an improved BM level

REPORT 2 - 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			

Audit of Acute Stroke management Indicator Set for: 01/05/2012 to 31/06/2012

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

8690 Patient Report Forms submitted for period 01/04/2012 to 31/04/2012 Of these, 279 were eligible for inclusion in Acute Stroke management Indicator set (CVA1 to CVA5)											
Indicator:				CVA1	CVA3		CVA4		CVA2	CVA6	CVA5
Ambulance Trust area	Estimated Number of TIA/CVA per month	Number sampled	FAST Test Performed	FAST Exceptions	Blood Glucose Observed	Blood Glucose Exceptions	Blood Pressure Observed	Blood Pressure Exceptions	Airway Managed/ Observed	GCS Completed/ Observed	Local Stroke Team contacted
ALL NIAS INC.	360	721 (2 months)	721 (100%)	0%	520 (71.2%)	1.4%	679 (94.2%)	1.4%	710 (98.5%)	711 (98.6%)	n/a*
ALL NIAS INC.	279	279 (1month)	279(100%)	0%	232 (83.2%)	1.1%	276 (98.9%)	1.1%	278 (99.6%)	279 (100%)	

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

REPORT 3 - Clinical Performance Indicator – Myocardial Infarction (MI) Management Indicator Set

Performance Area	Inclusion	Indicator	Description	Exceptions	Expected Patient Benefit	Evidence Base
Myocardial Infarction Management	Patients with clinical diagnosis Myocardial Infarction	MI 1	Response time less than 8 mins	CAT B/C, Drs Urgent?	Effective care/treatment	• JRCALC 2006 • NSF for CHD • National Cardiac Ambulance Audit Scoping Paper 2007
		MI 2	12 Lead ECG Performed	Patient Refusal	Improved assessment and management of STEMI Improved survival from STEMI	
		MI 3	GTN Given	Patient refusal Contraindication to drug (specified)/Carried own drug		
		MI 4	Aspirin Given			
		MI 5	Analgesia given (Morphine/Entonox)	Patient refusal/Patient not in pain/Contraindication to drug(s) (specified)		
		MI 6	Pain Score Recorded	Patient refusal/Patient unable/Patient unconscious		
		MI 7	SPO2 Recorded	Patient Refusal		

Audit of Myocardial Infarction (MI) Management Indicator Set for period: 01/07/10 to 31/12/10

			80,589 Patient Report Forms submitted for period 01/07/10 to 31/12/10													
			Of these 62 were identified as a Myocardial Infarction within the Belfast Trust Area only and included within this indicator set (MI 1 to MI 7)													
Indicator:			MI 1		MI 2		MI 3		MI 4		MI 5		MI 6		MI 7	
Audit Coverage /Period	Estimated Number of MI incidents per month	Number sampled	Response Time <8mins	Response Time Exception s	ECG taken	ECG Exceptions	GTN Given	GTN exceptions	Aspirin Given	Aspirin exceptions	Analgesia Given	Analgesia Exceptions	Pain* Score Record	Pain Score Exceptions	SPO2 Recorded	SPO2 Exceptions
Belfast LCG - July 10 – Dec 10	10	62	47 (75.8%)		61 (98%)	0	32 (51.6%)	0	32 (51.6%)	0	27 (43.5%)	0	n/a		62 (100%)	
Previous Audit Jan 10 – June 10	11	65	62 (95.4%)↑	3	63 (96.9%)↑	0	38 (58.5%)↑	4	41 (63.1%)↑	2	20 (30.8%)↑	1	n/a		64 (98.5%)↑	1
Previous Audit July 09 – Dec 09	13	79	60 (76%)		69 (87%)	2	36 (46%)	1	39 (50%)		23 (29%)	1	n/a		76 (96%)	

(1) Patient Report forms audited from RVH Myocardial Ischaemia National Audit Project (MINAP) Project (Confirmed MI's) – This project cover only incidents within the Belfast LCG Trust area.

*Indicator MI 6 currently not obtainable from PRF – presently recorded in free text section of Patient Report Form. Pain score scale to be included on reformatted NIAS Patient report form.

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

STRATEGIC OBJECTIVES

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

Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.

2.1 EMERGENCY PLANNING REPORT FOR JUNE-AUGUST 2012

KPI No		Total from April
2	No of Potential Major Incidents	9
	No of Declared Major Incidents	1
	No of Airport Alerts	
	Belfast International Airport	
	Belfast City Airport	
	City of Derry Airport	
	St Angelo Airport	
	Newtownards Airfield	1
	Other airfields	1
	Business Continuity	6
	Hazardous Material Incidents (HART calls)	15
	HART pre-planned deployments	4
4	Training sessions	
	Emergency Planning	17
	HART	17
	Business Continuity	1
5	Exercises	
	Live	1
	Tabletop	3
	Observer	1
6	Updates or amendments to MIP	

POTENTIAL MAJOR INCIDENT

13 June 2012 at 15.55 Northern Ireland Ambulance Service (NIAS) received a call to Langford Lodge Engineering, Crumlin for a potential Major Incident (MI), this was given as a Chemical incident. Oscar 47 was tasked to the scene and was first to arrive. After a face to face meeting with the manger of the company all resources except N523 & Oscar 7 were stood down. Nine patients were assessed and discharged at scene and one patient was taken to Antrim Area Hospital for further assessment. The incident was stood down at 16.53.

19 June 2012 at 11.27 NIAS was notified of a Road Traffic Collision (RTC) involving a bus crash on the Ballycregg Road, Kells with children on board. Tasked to scene 1 Rapid Response Vehicle (RRV), 4 A&E crews, 1 ICS crew, 1 Oscar call sign. Available but not tasked 2 Oscar call signs, Emergency Equipment Vehicle (EEV) & Mobile Control Vehicle (MCV). Antrim Hospital was the only hospital alerted (minor issue identified with MI alert number at hospital). Sit-rep from Oscar 4 incident stood down only two patients to travel to hospital.

30 June 2012 at 03.35 NIAS received a call from the Police Service Northern Ireland (PSNI) for a report of an explosion in a house, NIFRS and PSNI responded. Two on-call officers were tasked to the scene but were stood down on information from NIFRS who had arrived to find the situation was a flat fire but was out when they arrived.

26 July 2012 at 18.45 NIAS received a call from the Police Service Northern Ireland (PSNI) to advise that a train had hit a car at the railway crossing. Due to the lack of information a potential Major Incident (MI) was activated. Tasked to the scene 6 A&E crews, 2 Delta call signs, 3 Oscar call signs. No patients required hospital treatment and the scene was stood down at 19.15.

23 August 2012 NIAS received a call to Drumragh College, Omagh for reports of a chemical spill with 5 patients. The total number of patients transported to hospital was 6, one of which was decontaminated by Northern Ireland Fire and Rescue Service (NIFRS) at the scene. Tasked to the scene were 3 A&E crews, 1 Rapid Response Vehicle (HART) and 2 Officers. The Mobile Control Vehicle (MCV) & Emergency Equipment Vehicle (EEV) were stood down. The Altnagelvin and South West Hospitals were alerted however all Patients were transported to the South West Hospital.

MAJOR INCIDENTS

There were no declared Major Incidents.

AIRPORT ALERTS

31 August 2012 NIAS was put on standby to assist Dublin Airport. Despatched to Newry station were 2 A&E crews, 2 PCS crews, local Ambulance Service Area Manager (ASAM), local Station Officer and 1 Assistant Emergency Planning Officer (AEPO). Incident was stood down prior to deployment to Eire.

HAZMAT / HAZARDOUS AREA RESPONSE TEAM (HART) DEPLOYMENTS

03.06.12	MCA, Irish Coastguard	Female Patient ankle injury Fair Head – stood down helicopter from Irish Coast Guard arrived scene first
07.06.12	NIFRS	Male missing presumed in slurry tank
07.06.12	NIFRS	House fire
08.06.12	NIFRS Search & Rescue Team (SRT)	Male on Cavehill with spinal injuries
13.06.12		Substance in Langford Lodge
16.06.12		3 males in water – stood down
26.06.12	NIFRS	Male fallen off stone wall down approx 4ft
27.06.12	MCA	Person fallen of cliff Fairhead. Stood down airlifted by helicopter to Causeway Hospital
29.06.12	PSNI SRT	Planned search operation cover
05.07.12	NIFRS	Male with arm caught in industrial machine
09.07.12		Male found unresponsive in garage, cause unknown
11.07.12	NIFRS NIFRS SRT	House fire with explosion (Report from EPO control officer and Neil Blackmore HART Responder)
12.07.12	PSNI, NIFRS, SRT, Foyle S&R Tactical Support Group (TSG) & Divers	19 y/o got into difficulties in a reservoir at the Country Park
16.07.12	NIFRS, PSNI, Belfast City Council Staff	Suspected package at Belfast City Hall
21.07.12	NIFRS	Oil tank set on fire, set house on fire Dundonald area
21.07.12	NIFRS	House fire Strabane call from NIFRS, no HART personnel required
26.07.12	NIFRS	Fire building collapse person reported
07.08.12	NIFRS, SRT Team	Roof fallen onto male
11.08.12		Female injured knee during Lurig Run Cushendall
23.08.12	NIFRS	Bromide containers corroded – substance spillage
28.08.12	NIFRS	Patient collapsed behind door of flat, gained access through window
31.08.12	NIFRS	Fire nursing home



William Newton
EMERGENCY PLANNING OFFICER

2.2 RISK REGISTER

Please see Risk Register at end of Assurance Framework.

2.3 RISK MAP

RISK MAP AS AT 31/07/12 IDENTIFYING CURRENT RISK LEVEL

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

- 224 Senior Executive Directors Retention & Succession Planning - 12
- 232 Business Services Transformation Programme (BSTP) - 12
- 4 Business Continuity P.FA 1.2. - 10
- 197 Vehicle Cleaning - 9
- 219 Assuring Optimal Clinical experience in Patient Care - 9
- 233 Achieving Financial Balance 2012/13 - 9

2.4 INCIDENT REPORTS

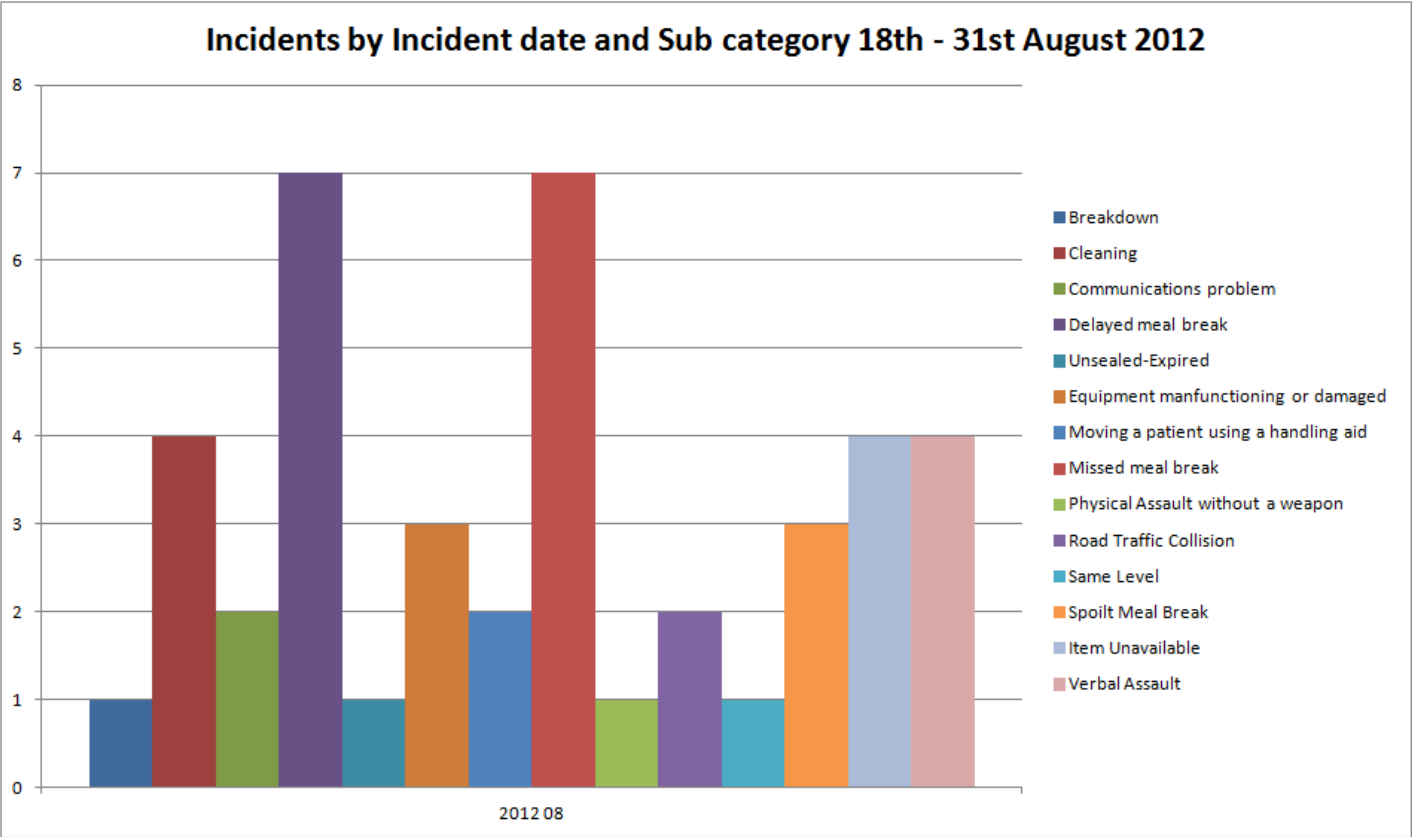


Figure One: Incidents 18th – 31st August 2012

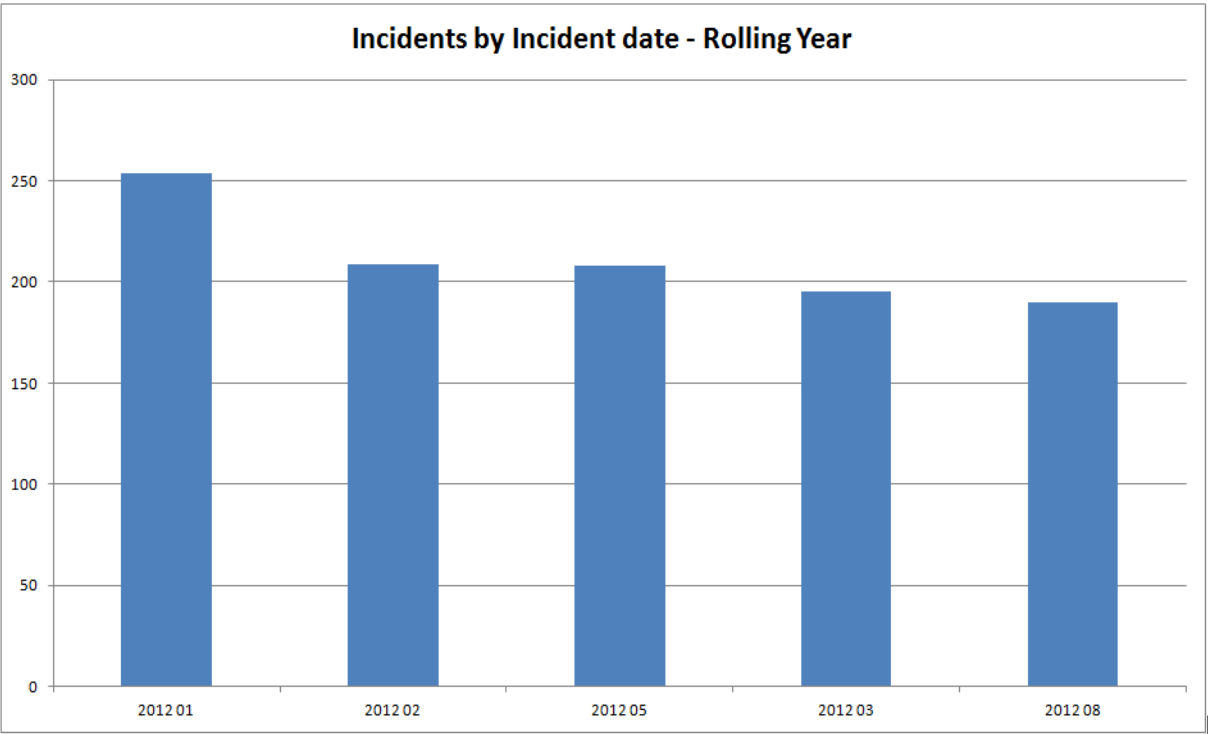


Figure Two: Total Number of Incidents Rolling Calendar Year

2.5 CONTROLS ASSURANCE STANDARDS REPORT – SCORES 2012

Standard			Lead	Criterion																															2012			
NO				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	T	I/A		
1	Buildings	B McNeill	Self	90	90	86	N/A	88	85	82	92	92	N/A	N/A	87	75	87	88	1042																	80%		
2	n		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																			
3	Emergency Planning	D McManus	Self	95	95	95	95	90	95	90	85	95	90	90	925																				93%			
4	Environmental Cleanliness		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																			
5	Environmental Management	B McNeill	Self	90	82	84	86	86	92	88	92	86	90	876																					88%			
6	Financial Management	S McCue	I/A	95	95	95	95	90	90	85	95	95	95	95	90	1115																				93%	92%	
7	Fire Safety	B McNeill	I/A	93	90	95	91	92	N/A	92	95	94	90	94	92	92	92	88	92	93	1475															92%	93%	
8	Fleet	B McNeill	I/A	86	84	82	78	78	80	88	80	82	86	90	90	76	82	90	1252																	83%		
9	Governance	S McCue / D	I/A	90	83	83	80	90	90	85	601																								86%	84%		
10	Health and Safety	R O'Hara	Self	99	99	99	80	90	90	90	95	75	40	95	85	90	80	85	85	75	60	85	90	85	60	75	85	1992							80%			
11	Human Resources	R O'Hara	Self	85	85	50	90	80	85	85	80	75	80	80	70	80	80	80	80	90	80	1435														80%		
12	Infection Control	D McManus	Self	95	85	80	75	75	95	85	75	N/A	90	90	95	85	80	90	90	1285																86%		
13	ICT	S McCue	Self	93	90	90	75	80	76	76	75	75	77	80	75	95	75	75	70	72	75	72	1496													79%		
14	Purchasing & Supply	S McCue	Self	85	60	60	75	85	85	85	85	70	80	80	75	75	80	1080																		77%		
15	Medical Devices	B McNeill	Self	85	80	88	80	N/A	85	88	N/A	85	85	90	90	86	90	N/A	90	80	N/A	95	95	90	90	95	95	95	90	90	80	84	84	2285	88%			
16	Medicines Management	D McManus	Self	90	90	90	N/A	85	95	95	95	N/A	95	N/A	95	95	95	95	95	95	1305															93%		
17	Records Management	S McCue	I/A	90	85	80	85	85	80	505																									84%	84%		
18	Risk Management	D McManus	I/A	95	90	90	90	90	80	90	90	805																							89%	86%		
19	Waste Management	B McNeill	Self	85	76	90	90	92	90	90	90	N/A	90	89	90	90	82	88	90	1322															88%			
20	Security	B McNeill	I/A	92	87	87	85	92	92	92	92	75	89	91	90	1064																			89%	85%		
21	Food Hygiene		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																			
22	Research Governance		Not Assessed as per Departmental Guideline HSS(PPM) 1/2005																																			
KEY= ore Standard Not Assessed Self Audit I/A= Internal Audit V1final2 2012																																						

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

STRATEGIC OBJECTIVES

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

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

3.1 PERSONAL AND PUBLIC INVOLVEMENT (PPI)

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

PATIENT AND CLIENT EXPERIENCE STANDARDS

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

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

ACTIONS FOR 2012/13

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

CONSULTATION SCHEME

Trusts were required under the 2009 Reform Act to produce consultation schemes by undertaking a process of involvement, following guidance and engaging with the Patient Client Council. NIAS was required to publish its Consultation Scheme by 31 March 2012. The DHSSPS-approved Scheme was published on the Trust website.

DHSSPS subsequently requested on 21 May 2012 that NIAS update their consultation scheme to reflect more relevant timeframes. A revised consultation scheme was resubmitted to SEMT for approval and subsequently to DHSSPS on 13 June 2012.

PROGRESS TO 31 JULY 2012

PPI

Following engagement with service users and through regional work streams, NIAS has produced a PPI Strategy for the Trust which will be published for consultation. Developed based on PHA/HSCB strategy and following engagement with service users through writing to Acute Trust PPI lists, and placement on PCC website.

The PPI Strategy was approved by NIAS Trust Board in May 2012. The Strategy will be issued for consultation which will close on 5 October 2012 (14 weeks to take account of holiday period). To facilitate consultation an Easy Read version of the Strategy is being produced. The Trust continues to work to increase the involvement of service users and in Trust work streams and policy development.

Regionally NIAS is working alongside DHSSPS, PHA and service users and carers to produce updated guidance on PPI for the HSC and to take forward a programme of work within the Regional PPI Forum.

A meeting has been arranged with the British Deaf Association in respect of engagement with deaf service users and issues around making complaints and accessing emergency services in order to lead to involvement in producing accessible guidance in this regard for deaf service users. A blind service user and Guide Dogs for the Blind Association have been involved in the development of guidance on the transportation of Assistance Dogs.

The Trust has been involved in the work of Regional PHA Forum and the DHSSPS working group on PPI Guidance. The PHA Forum is developing PPI Standards.

PATIENT AND CLIENT EXPERIENCE STANDARDS

NIAS continues to participate in regional work streams to develop and implement methodologies to monitor the standards in delivery of HSC Services. Involved in regional Patient Experience Working group and Patient Experience Steering group which involved in reviewing these work streams. NIAS continues to work with other Trusts on the roll out of surveys and gathering patient stories which include questions on ambulance experience. Quarterly reports are provided to SEMT in respect of learning outcomes from Patient Experience and PPI activity.

Within this framework NIAS piloted the use of observations of practice in respect of the standards within the Belfast Area and has now undertaken a review of this pilot in order to inform decisions about further developments in methodologies employed.

The Trust also continues to produce regular reports for submission to HSCB around implementation of this work stream including learning outcomes and action plans where appropriate. In addition this work now informs part of the learning outcome work presented to the Trust Senior Executive Management Team (SEMT) on a quarterly basis.

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

BACKGROUND

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

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

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

Priorities for Action 2010/11 includes the following target:

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

DEVELOPMENT OF MONITORING TOOLS AND EXTENSION OF MONITORING TO ADDITIONAL CLINICAL AREAS

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

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

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

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

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

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

PATIENT SATISFACTION SURVEYS

Trust: Northern Ireland Ambulance Service HSC Trust **Ward:** Accident and Emergency Departments across HSC Trusts.

Quarter Ending: 30 June 2012

Return of Questionnaire:	Two options for return of questionnaires were provided: <ul style="list-style-type: none"> • Via freepost return envelope to the Safe & Effective Care Department. • Placed in a sealed envelope on the ward on day of discharge and then forwarded to the Safe & Effective Care Department.
Response Rate:	Of the 1281 questionnaires issued across the 5 Trusts in Quarter 1 2012/13, 520 were returned. This equates to a response rate of 40.6% compared with 40.9% in Quarter 4 2011/12. The overall number of questionnaires distributed in Quarter 1 2012/13 (1281) was higher than the number distributed in Quarter 4 2011/12 (563). Of those who responded to the survey, 10.8% (55/511) travelled to hospital by ambulance in Quarter 1 2011/12, compared with 13% in Quarter 4 2011/12.

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

RAG ASSESSMENT OF PATIENT CLIENT EXPERIENCE STANDARDS

Did you feel the ambulance staff ...

<i>Respect</i>	100% (55/55) treated you as an individual	98.1% (53/54) considered and respected your wishes	100% (55/55) made you feel safe and secure
<i>Attitude</i>	100% (55/55) were polite and courteous		
<i>Behaviour</i>	were caring and compassionate 100% (55/55)	behaved in a professional manner 100% (55/55)	
<i>Communication</i>	98.1% (46/47) Did the ambulance staff introduce themselves?	100% (55/55) spoke to you in a way which you could easily understand	100% (55/55) Explained what was happening in relation to your care and treatment
<i>Privacy & Dignity</i>	100% (55/55) maintained your privacy and dignity		

Patients and Carers, Emergency Department Ulster Hospital

- I think the ambulance staff are very good. Could not say a bad word about them. They've been really good with my mum.
- Smooth journey to hospital.
- The ambulance crew were very kind and very patient with my mother.
- The ambulance staff were very helpful and approachable with a fantastic bedside manner.

Carer, Lagan Valley Hospital Emergency Department

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

Patients, Downe Hospital Emergency Department

- Smooth journey to hospital.
- The ambulance staff were very helpful and approachable with a fantastic bedside manner.
- I was transferred to another hospital after waiting two hours for an ambulance that was due to arrive within one hour timescale.

Patients, Antrim Area Hospital Emergency Department

- Ambulance crew were excellent.
- Had excellent attention from the ambulance staff.
- Well pleased with the service.

Patient, Causeway Hospital

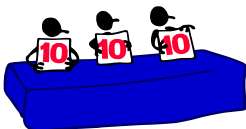


- Brilliant.

ISSUES IDENTIFIED

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

COMPLIMENTS AND COMPLAINTS

Figures for compliments and complaints have been collected for the quarter and are presented in the table below. A total of 43 compliments and 27 complaints were received by the Trust during the period compared with 36 and 29 respectively in the previous quarter. Compliments and complaints have been mapped from DATIX categories to the five patient experience standards. All compliments are dealt with via the Chief Executive's Office.

COMPLIMENTS and COMPLAINTS FOR PERIOD: 1 Apr – 30 Jun 2012		
Total number of compliments received: 43		
Total number of complaints received: 27		
COMPLIMENTS received at ward / department level (cards, thank you letters)  Recorded over same timespan that questionnaires are being distributed and themed as per Standards	THEMATIC ANALYSIS <i>ILLUSTRATIVE EXTRACTS (UP TO A MAXIMUM OF 5 FOR EACH STANDARD)</i>	NUMBER
	RESPECT All members of staff display a person-centred approach to their care and treatment or in their contact with patients and clients	N/A
	ATTITUDE	N/A
	BEHAVIOUR	N/A
	COMMUNICATION All staff members engage in effective verbal and non verbal communication, leading to clear information being exchanged between staff and patients / clients	N/A
	PRIVACY and DIGNITY	N/A
COMPLIMENTS received through the Chief Executive's office  Recorded over same timespan that questionnaires are being distributed and themed as per Standards	RESPECT	6
	ATTITUDE Personal approaches and responses to patients and clients by all members of staff show care and compassion	24
	BEHAVIOUR	7
	COMMUNICATION	3
	PRIVACY and DIGNITY Staff members ensure that all environments where care is provided protect the privacy and dignity of patients and clients	3
COMPLAINTS received  Previous 3 months to commencement of PSQ distribution and themed as per Datix categories (refer to Complaints Mapping Proforma)	RESPECT	2
	ATTITUDE	1
	BEHAVIOUR All members of staff involve patients and clients in their care, respecting their wishes and showing professional and appropriate behaviour	12
	COMMUNICATION	12
	PRIVACY and DIGNITY	0

PATIENT STORIES

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

OBSERVATION OF PRACTICE

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

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

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

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

LEARNING AND TAKING ACTION

The results from implementation of the range of methodologies for this quarter, in terms of experiences of ambulance services, are generally very positive. NIAS is keen to learn from the experiences of all those who use our services. The Trust continues to reaffirm the importance of the standards to staff.

NIAS has established a system to ensure action is taken in respect of issues identified within complaints and patient and client experience work streams.

Regular reports including emerging themes and actions taken to demonstrate learning from this feedback are provided to the Trust's Senior Executive Management Team.

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

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

ASSURANCE REPORT: OPERATIONS DIRECTORATE

TIMELY RESPONSE

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

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

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

OBJECTIVES

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

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

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

SUMMARY OF PERFORMANCE

NIAS achieved 70.9% up to July against the 72.5% Regional category A performance target.

The 65% target was not achieved in Northern LCG area.

NIAS provided an average of 90.4% of category A patients with a conveying ambulance within 21 minutes of receipt of call. Non conveying ambulances, the majority of which are RRVs contribute 43.2% of Cat A response, regionally.

Significant events / local context impacting on performance:

- 'Twelfth' celebrations and parades in advance of long weekend
- CT scanner in Causeway hospital off line on a number of occasions (requiring patients to be transferred from Coleraine to Antrim for diagnostic tests)
- Potential Major incident on 26 July in Cullybackey (car hit a train)
- Annual leave pressures.

RISK COMMENTARY

There is a potential risk to achieving the targets if:

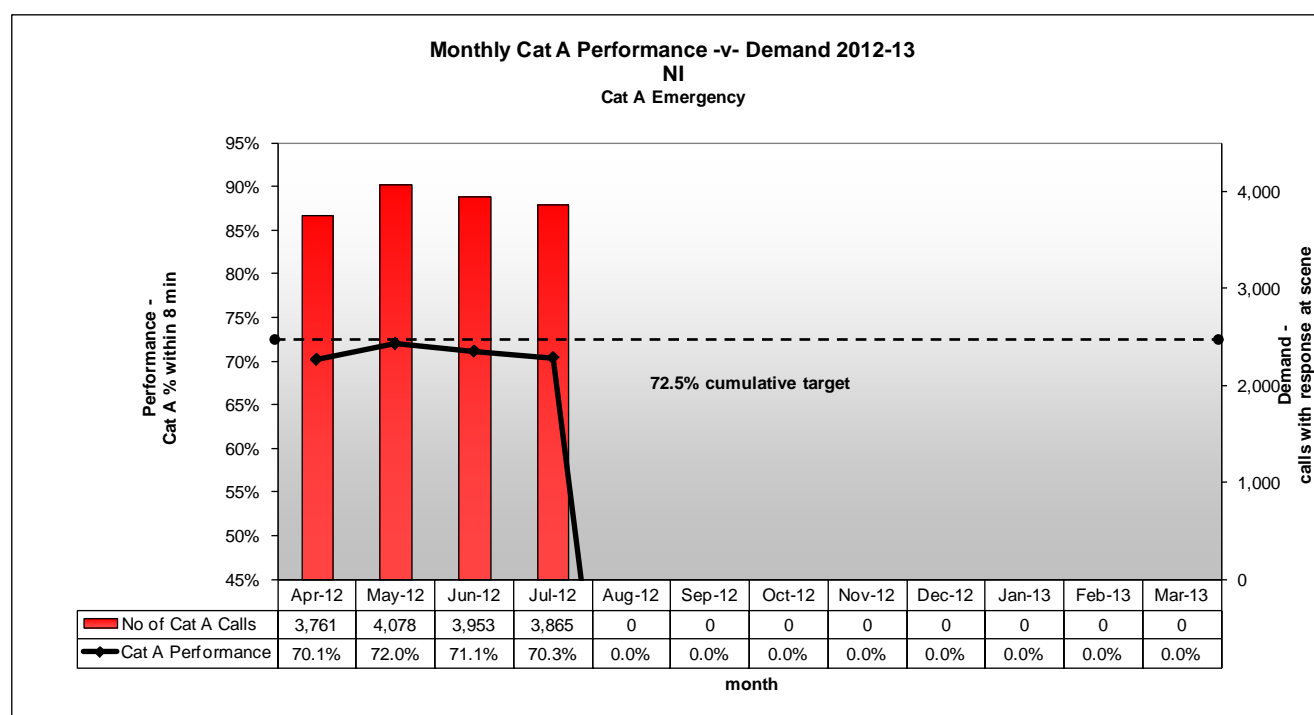
1. NIAS experiences an increase in activity:
2. There are continued delays in emergency departments relating to patient handover.
3. There are continued requests for divers away from emergency departments resulting in longer journey times and ambulances being out of area.
4. Lack of stakeholder support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

PERFORMANCE REPORTS

Category A: % Response within 8 minutes. Update for April to July 2012

Regional target: 72.5%

LCG target 65%



July Trend analysis

Activity	Compared with July last year
Emergency	Up 3.2%
Urgent	Up 8%
Non urgent	Up 6%
Total	Up 5.1%

CATEGORY A: CUMULATIVE REPORT

NB: Performance objective for 2012/13 : *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)*”

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
NI	70.1	72.0	71.1	70.3									
Belfast	85.7	83.9	85.4	85.0									
South East	63.4	66.1	64.4	64.9									
North	62.2	65.0	63.5	58.7									
South	63.5	65.4	67.0	68.1									
West	68.8	73.1	67.9	69.3									

PERFORMANCE COMMENTARY:

Against the Regional 72.5% category A performance target an actual of 71% was achieved end month 4 (July).

The 65% target was not achieved in North (62.3% realised). There has been a 5.1% increase in overall activity compared to July 2011, (equivalent to 50 calls extra calls each day) with Belfast LCG increasing by 9.8% (17 extra responses each day), Western LCG increasing by 8.1% (12 extra calls each day) and Northern LCG by 7.8% (22 extra calls each day).

Local context :

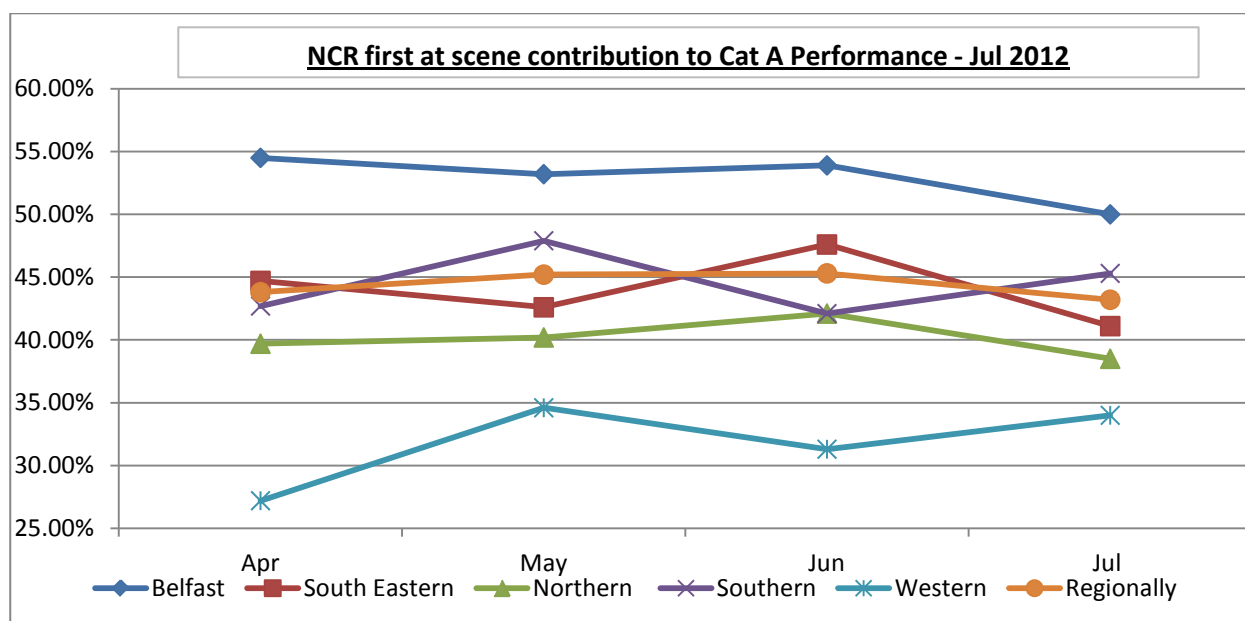
- ‘Twelfth’ celebrations and parades in advance of long weekend
- CT scanner in Causeway hospital off line on a number of occasions (requiring patients to be transferred from Coleraine to Antrim for diagnostic tests)
- Potential Major incident on 26 July in Cullybackey (car hit a train)
- Annual leave pressures.

Category A : % Conveyance Resource Response arriving within 21 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	89.3	89.4	90.2	90.4								
Belfast	89.5	90.2	91.6	92.8								
South East	84.9	86.7	87.5	88.9								
North	90.8	89.8	89.2	89.4								
South	90.9	89.6	92.6	89.8								
West	90.1	90.3	89.6	90.1								

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

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



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

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Belfast	476	520	511	458								
<i>Belfast (%)</i>	<i>54.5%</i>	<i>53.2%</i>	<i>53.9%</i>	<i>50.0%</i>								
South East	191	197	211	174								
<i>South East (%)</i>	<i>44.7%</i>	<i>42.6%</i>	<i>47.6%</i>	<i>41.1%</i>								
Northern	201	221	228	198								
<i>Northern (%)</i>	<i>39.7%</i>	<i>40.2%</i>	<i>42.1%</i>	<i>38.5%</i>								
Southern	166	218	186	199								
<i>Southern (%)</i>	<i>42.7%</i>	<i>47.9%</i>	<i>42.1%</i>	<i>45.3%</i>								
Western	120	170	136	145								
<i>Western (%)</i>	<i>27.2%</i>	<i>34.6%</i>	<i>31.3%</i>	<i>34.0%</i>								
Regionally	1154	1326	1272	1174								
<i>Regionally (%)</i>	<i>43.8%</i>	<i>45.2%</i>	<i>45.3%</i>	<i>43.2%</i>								

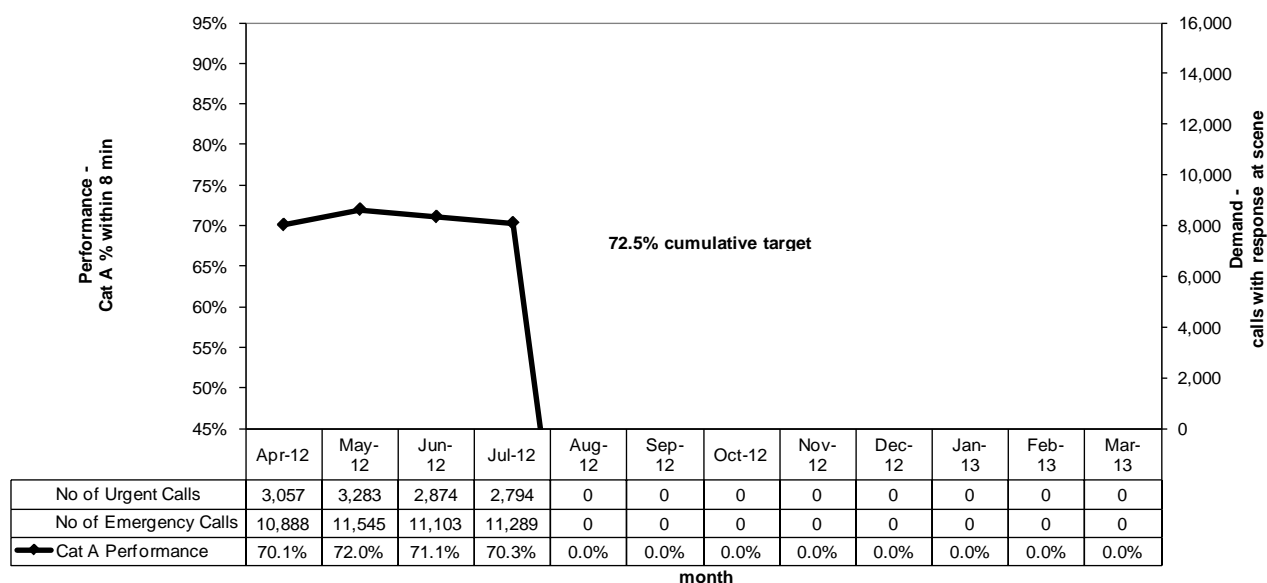
PERFORMANCE COMMENTARY:

The above table shows that the number of calls where a non-conveying response is first on scene has dropped by 8% with the contribution to Cat A performance dropping by 2.1% in comparison with the previous month with the exception of Southern & Western LCG.

Urgent Calls (non-life-threatening):

Monthly Cat A Performance -v- Demand 2012-13

**NI
Emergency & Urgent**



PERFORMANCE COMMENTARY:

Graph above details the number of Drs Urgent calls responded to for each month. It also shows a profile of 999 calls broken down by category A, B, C, for each month. Black lines shows performance against the regional 72.5% target. 7.9% increase in urgent activity compared to the same time last year with Belfast LCG up by 30.1% (6 calls each day) and Western LCG up by 15%. However, South Eastern LCG is down by 6.2% (1 call per day).

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	1576	1715	1520	1548									6359
Belfast	482	573	449	422									1926
South East	240	258	228	260									986
North	461	440	416	408									1725
South	214	260	255	264									993
West	179	184	172	194									729

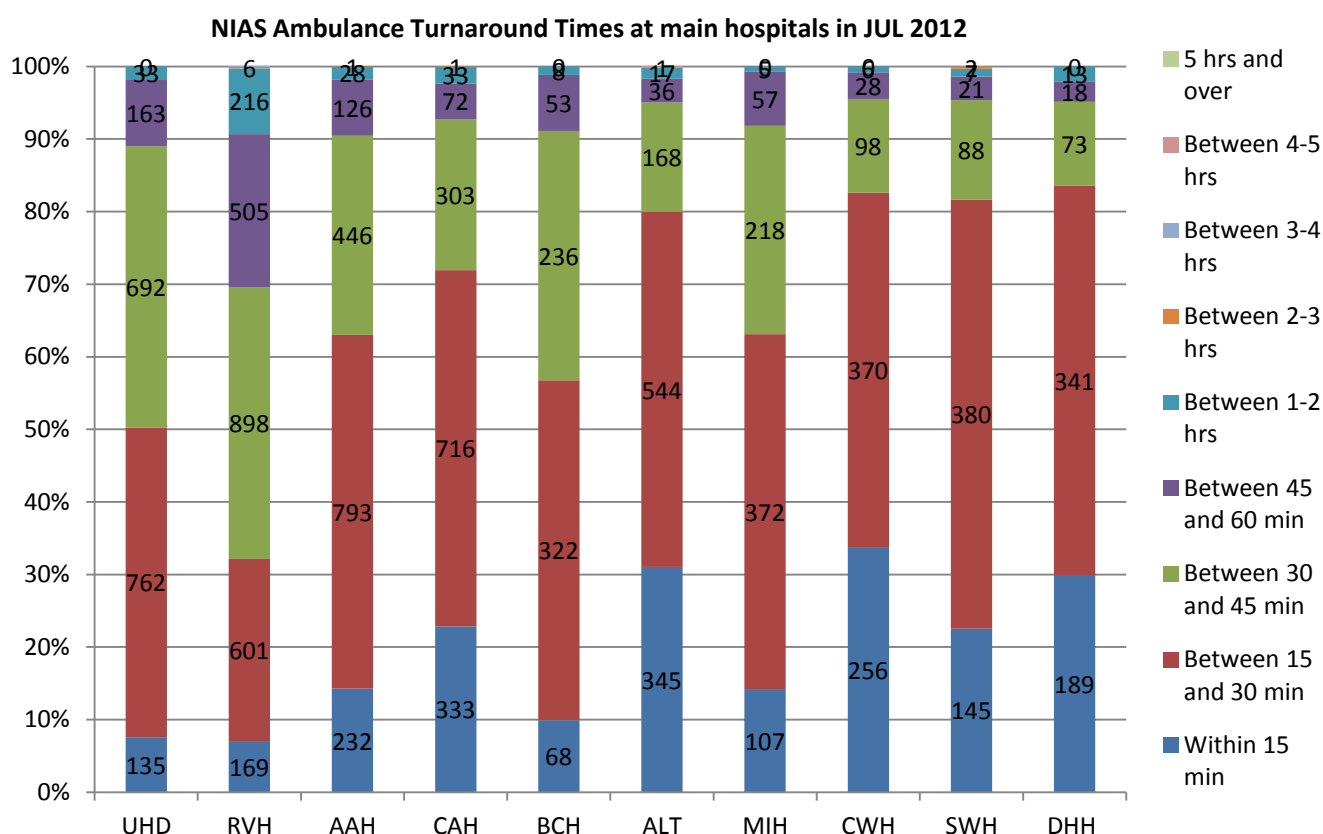
PERFORMANCE COMMENTARY:

Urgent Calls: undertaken by Non-Emergency Ambulance												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	1079	1147	971	957								
Belfast	429	520	357	374								
South East	148	108	106	124								
North	345	371	339	308								
South	56	59	70	67								
West	101	89	99	84								

PERFORMANCE COMMENTARY:

Non-emergency ambulance crews play a significant role in supporting the A&E tier by responding to urgent calls and conveying patients where clinically appropriate. This is a key component in the service delivery plan enabling NIAS to achieve the PfA target.

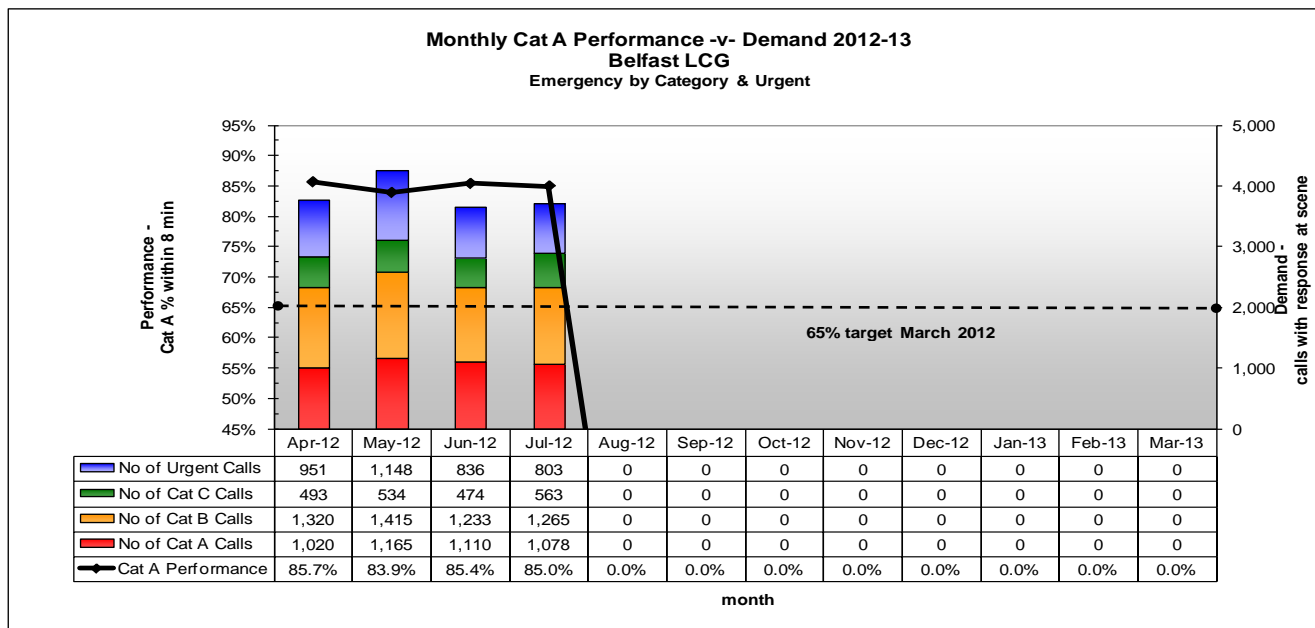
TURNAROUND TIMES AT HOSPITALS



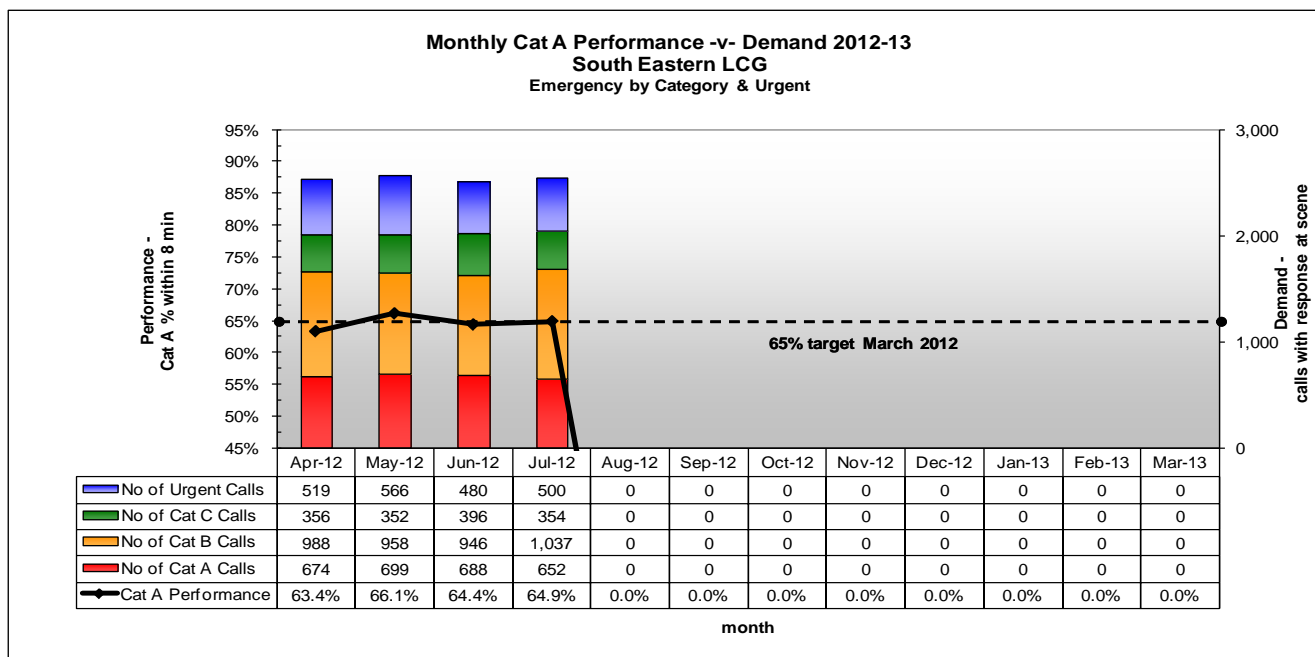
- The total loss of production hours for the top 9 hospitals combined is 2914 hours for the month of July (compared to 2746 in June 2011) and this equates to 3.9 A&E ambulance lost each day.

PERFORMANCE REVIEW BY DIVISION

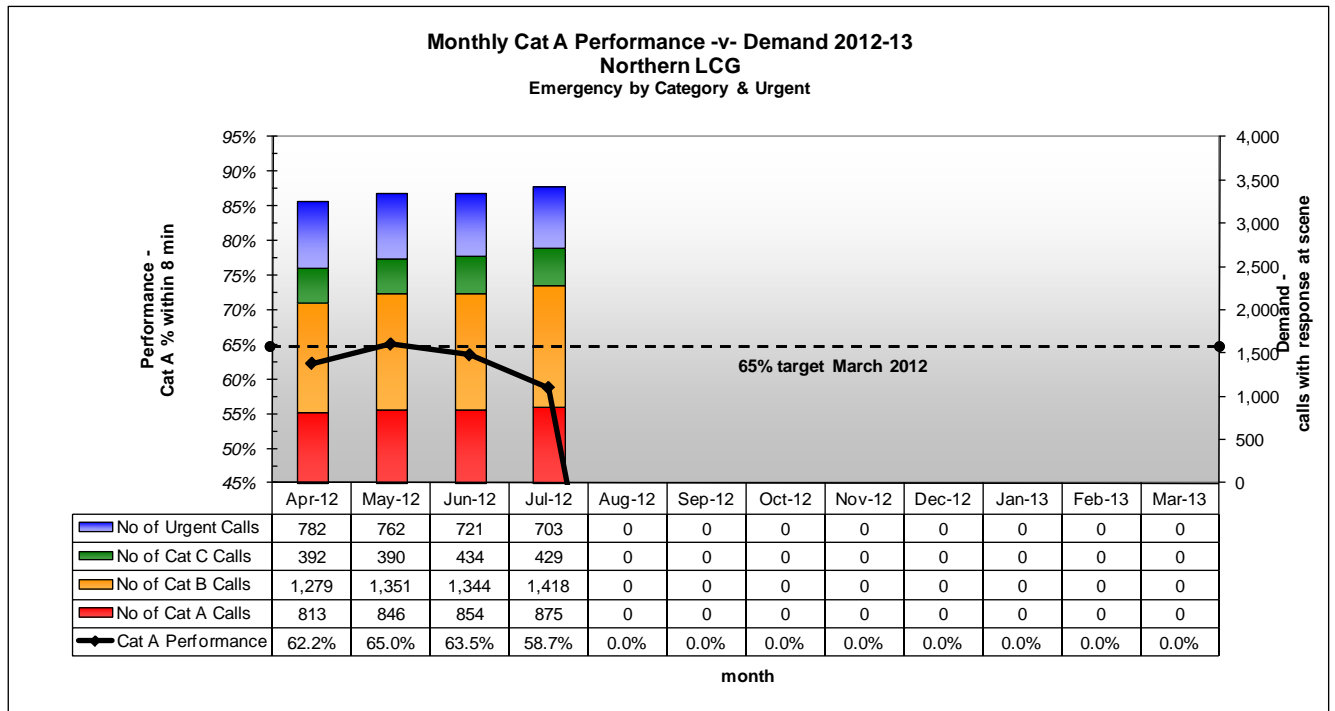
Belfast Division



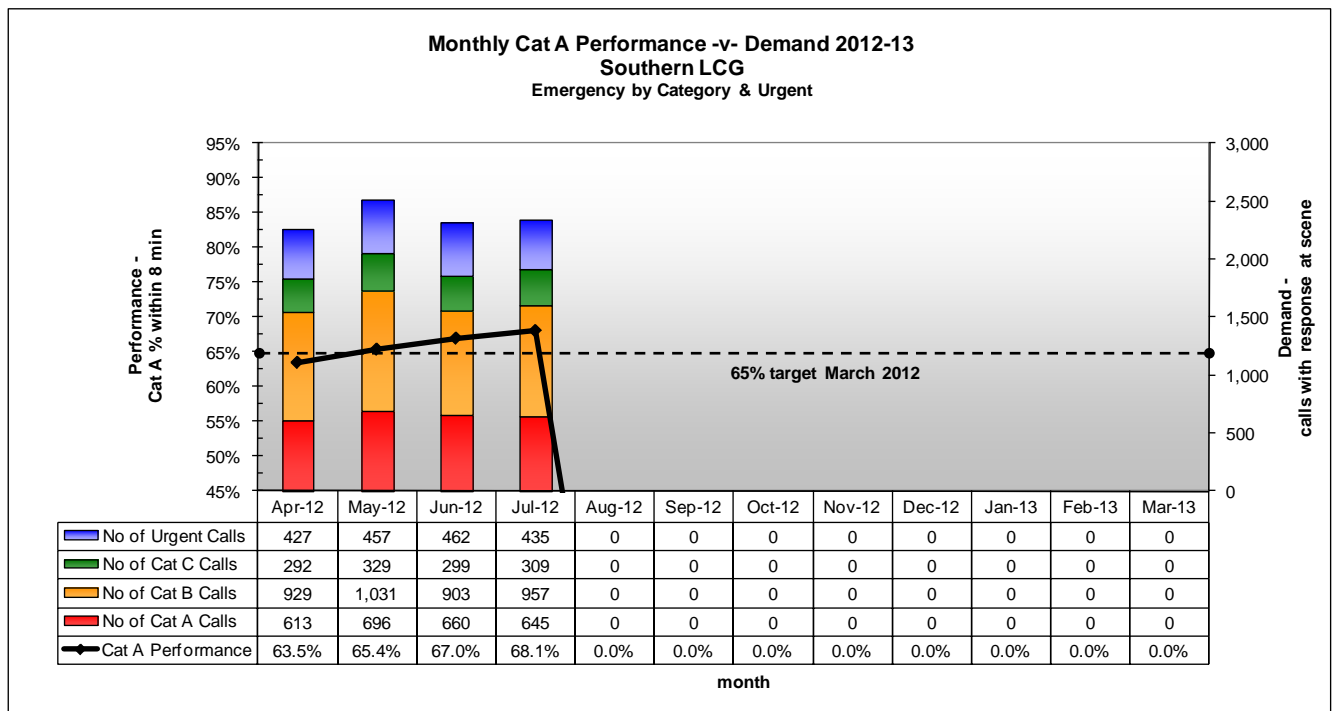
South Eastern Division



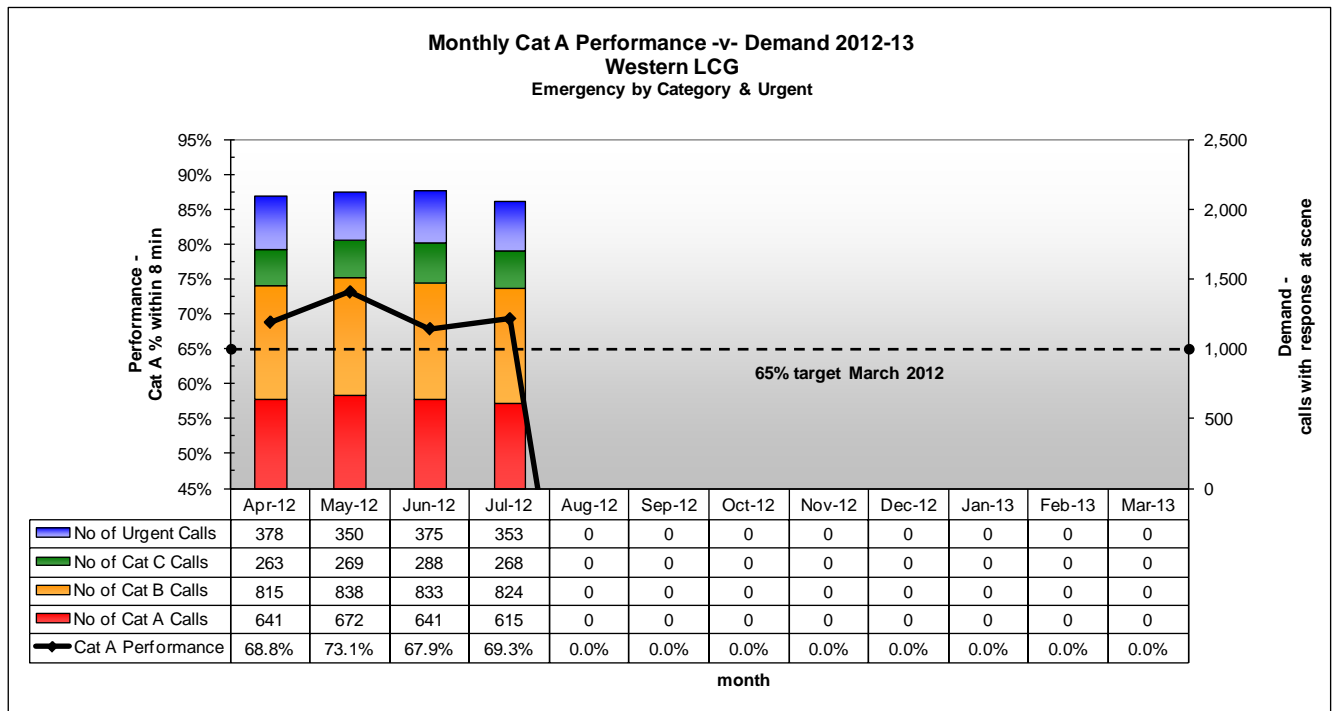
Northern Division



Southern Division



Western Division



SECURING THE INFRASTRUCTURE – FLEET ESTATE

OBJECTIVES

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

CONTROLS ASSURANCE PROGRESS REPORT

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

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

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

	Score in March 2012	RAG Rating	Rating (75% required)	Comment
Buildings & Land	80%		Substantive	
Environmental Mgt	88%		Substantive	
Fire Safety	93%		Substantive	NIAS Audit Visit commenced June 2012
Fleet & Transport	83%		Substantive	
Security	85%		Substantive	
Waste Management	88%		Substantive	NHS Audit of Contractor June 2012

Fleet

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	64.3	64.3	65.2	68.7								
Non-Emergency Ambulances	84.8	88.6	90.5	91.4								
Rapid Response Vehicles	78.9	78.4	78.4	81.1								
Support Vehicles	55.8	48.1	48.1	46.2								
PERFORMANCE COMMENTARY:												

IMPROVEMENT PROPOSALS FOR 2011/12

All fleet purchases have been delivered for Year 2011/2012.

21 PCS vehicles are operational

10 A&E vehicles are out with Training for tail-lift

10 vehicles are operational with 2 commissioned week commencing 3 September 2012

Cars are being commissioned – currently going through mobile data installation.

IMPROVEMENT PROPOSALS FOR 2012/2013

Conversions:

Mercedes Benz have been delivered to converters and are due for completion by December 2012.

PCS vehicles have been delivered to converter for completion by December 2012.

ESTATE CAPITAL PROGRAMME

BALLYMENA:

Project Management costs have been added into case. All options are required to be updated. Prices are index linked and to be returned to the Department.

ENNISKILLEN:

Costs are to be updated for re-submission to the Department. Discussions with HEIG, Western Trust and the Commissioner with regard to additional options for Enniskillen and the potential for the interim decant option to remain on site. Discussions have taken place on this over the course of the last six weeks. The position is still being clarified to enable options to be included in the Enniskillen Business Case.

CRAIGAVON:

No further developments.

ARDS/BANGOR:

Outline planning permission submitted.

BELFAST:

Search for sites initiated by LPS.

RISK COMMENTARY***FLEET***

Business Case to be prepared for Replacement Programme 2013 – 2018.

Continual investment within fleet has enabled the replacement programme to progress. The replacement cycle has remained relatively constant and the benefit is now becoming evident in the age profile for Emergency, Non-Emergency and Rapid Response Vehicles.

Support vehicles showing a decline in percentage under five years old. This is due to a temporary increase in support vehicles in order to maintain RRV developments and therefore older vehicles are being retained within the Fleet to cover this demand.

ENNISKILLEN

The patients from the Erne hospital site have been transferred to the South West Hospital. Discussions are on-going about the interim arrangements for NIAS remaining on site and the longer term development of the site, potentially by Fermanagh District Council. This has delayed clarity on the options and therefore the re-submission of the Business Case to the Department.

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, most recently for 2011/12 where internal audit provided an opinion that there is a satisfactory system of internal control designed to meet the organisation's objectives. External audit also provided an unqualified financial and regularity opinion on the 2011/12 financial statements.

For 2012/13 the Trust is required to submit a mid year assurance statement to DHSSPS which presents the organisation's statement of internal control as at 30 September 2012. This statement, signed by the Chief Executive as Accounting Officer, will be examined by the Trust's Audit Committee and presented to Trust Board on the basis of recommendations by Audit and Assurance Committees in October 2012.

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

IMPROVEMENT PROPOSALS FOR 2012/13

Ensure that the service lives within available resources	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Review and develop reporting of financial performance	A	A	A	A								
Review of Authorisation Frameworks	A	A	A	A								
Prepare NIAS for Business Service Transformation Programme changes.	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								

Summary of Performance

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,812	11,775	15,712								
Other Expenditure		1,962	2,551	3,423								
Expenditure Total		9,774	14,326	19,135								
Income		285	465	619								
Net Expenditure		9,489	13,861	18,516								
Net Resource Outturn		9,489	13,861	18,516								
Revenue Resource Limit (RRL)		9,489	13,844	18,493								
Surplus/(Deficit) against RRL		0	(17)	(23)								

The Trust is reporting a small deficit of £23k at the end of July 2012 (Month 4). The Trust continues to forecast a breakeven position at year end, subject to and without prejudice, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed by HSC Board and NIAS and assessed on an ongoing basis to determine any issue which may significantly affect "break-even".

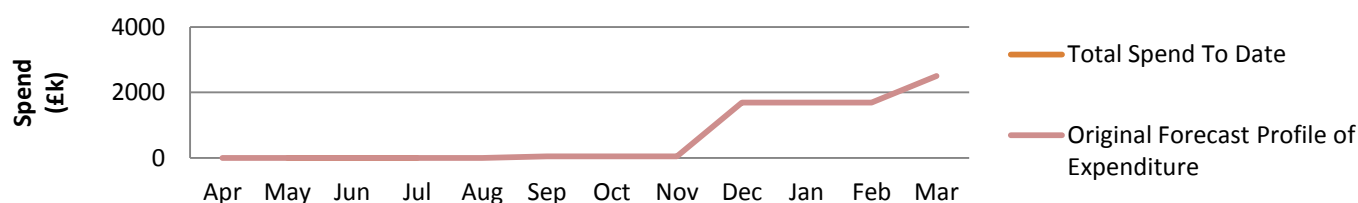
RISK COMMENTARY

There remain uncertainties in the current economic climate that may impact on the ability of the Trust to maintain financial balance. Given additional pressures on public sector finances, NIAS will respond to any further requests for savings and identify the consequential impact on service delivery. As the final outcome of the Agenda for Change process remains uncertain, there remains a risk to financial breakeven and stability. Discussions with Commissioners to enable NIAS to provide support for changes in the provision of Health Services across Northern Ireland are ongoing.

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	0	0								
Estate		0	0	0								
Medical Equipment		0	0	0								
IT Equipment		0	0	0								
General Capital		0	0	0								
Total		0	0	0								
Original Forecast Profile of Expenditure		0	0	0	0	0	0	0	0	0	0	0
Revised Forecast Profile of Expenditure		0	0	0	0	50	50	50	1,690	1,690	1,690	2,500

Funds are allocated based on priorities identified in Trust plans such as NIAS's Corporate Plan, annual Trust Delivery Plan and supporting Capital Investment Plans. The current approved Capital Resource Limit (CRL) has been increased by £82k in respect of Increased Access to Patient Care Data schemes and now stands at £2,582k (split between General capital of £300k, Fleet Replacement for 2012/13 of £2,200k and Improved Access £82k). The profile of spend for Improved Access to Patient Care Data schemes is currently being assessed.

Capital Spend Actual v Forecast 2012/13



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

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	97.1	90.8	92.0	89.4								
Cumulative	97.1	93.4	93.0	92.1								

Performance in respect of prompt payment of invoices within 30 days or other agreed terms remains a challenge for the Trust. The demands of final accounts and the Business Services Transformation Programme continue to impact on performance in this area.

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 the target 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)	4.37	2.89	2.04	4.05								
Percentage of Products Supplied on First Request % (Target 95%)	99.3	100.0	99.3	99.3								
Number of Lines Issued (Stock and Non Stock Line)	567	786	757	643								
Value of Spend £k (Stock and Non Stock)	148	205	87	1,926								

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 presents a challenge to a small management team.

INFORMATION & COMMUNICATIONS TECHNOLOGY (ICT)

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

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

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

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

STRATEGIC THEME 1: IMPROVE SYSTEM INTEGRATION

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

STRATEGIC OBJECTIVES:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTEGRATION – INTERNAL

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

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

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

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

INTEGRATION – EXTERNAL

NIAS representatives are actively involved in collaborative forums such as:

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

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

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

CONTROLS ASSURANCE STANDARDS

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

INTERNAL AUDITS

Fully reviewed by Audit Committee

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

IMPROVEMENT PROPOSALS

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

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.

July 2012: A planned programme of work was led by IT to configure VOIP recording on the telephony voice recording system in NIAS Emergency Ambulance Control (EAC). This resulted in two periods of interruption to the voice recording system of 5 minutes and 25 minutes. No calls to the EAC were recorded during these periods of down time. This work will provide a platform for recording telephony in the Resource Management Centre in the future.

SYSTEM SECURITY

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

There are no security breaches to report.

STRATEGIC THEME 2: ENABLING IMPROVEMENT IN PERFORMANCE MANAGEMENT THROUGH ICT

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

Strategic Objectives:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

IMPROVEMENT PROPOSALS

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

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

SUMMARY OF PERFORMANCE

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

IMPROVEMENT PROPOSALS

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

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

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

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

CORE WORK

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

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

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

Strategic Objectives

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTERNAL AUDITS

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

Governance Structures

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

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

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

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

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

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

IMPROVEMENT PROPOSALS

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

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

SUMMARY OF PERFORMANCE

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

STRATEGIC THEME 4: ENHANCING ICT SKILLS AND KNOWLEDGE

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

Strategic Objectives

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

IMPROVEMENT PROPOSALS

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

SUMMARY OF PERFORMANCE

CORE WORK

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

STRATEGIC THEME 5: BUILDING AN E-INFORMATION CULTURE

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

STRATEGIC OBJECTIVES

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

IMPROVEMENT PROPOSALS

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

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

SUMMARY OF PERFORMANCE

IMPROVEMENT PROPOSALS

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

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

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

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

CORE WORK

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

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

- Non-Emergency Web Booking System – browser based system which allows Trusts to more effectively book non-emergency patient transport

- Hospital Arrivals System – browser based system which provides acute hospitals with information on impending arrivals to their A&E Departments.

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

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

Data Protection (Subject Access)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	2	1	2	0								
Completed Requests processed within 40 days or less	0	1	1	0								
Completed Requests exceeding 40 days	2*	N/A	1*	N/A								

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

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

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

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

ASSURANCE REPORT: HUMAN RESOURCES AND CORPORATE SERVICES

DIRECTORATE

EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

Accordingly, the Director of Human Resources and Corporate Services has now written to the Regional Joint Chairs and requested that they move the 3 related NIAS posts to the next stage of the process, ie, to the blocked protocol as specified in section 15 of the Job Evaluation handbook.

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

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

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

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

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

WORKFORCE

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

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

The HR Strategy will be operating during a period of key challenges that include reduced finances; increasing public expectation regarding service delivery; structural reform and service modernisation; reduced job security in public sector organisations, maintaining skills and motivation during a period of public sector workforce reduction; the need for

leadership in reorganisation and change; developing and maintaining high quality employment practice; supporting employees and maintaining NIAS as an employer of choice.

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

STATUTORY RETURNS

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

Article 55 3-year review (employment practices)

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

Disability Discrimination Order Annual Report (implementation of Disability Duties)

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

HEALTH PROFESSIONS COUNCIL (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 2012/13

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

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

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

PERFORMANCE COMMENTARY

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

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

Ensure Statutory Compliance													
1.1 MEES and TYC/QICR													
EXCEPTION REPORT (1.1.9): ON TARGET FOR ACHIEVEMENT. SECTION 75 AND DISABILITY DUTIES ANNUAL PROGRESS REPORT DUE TO BE SUBMITTED TO EQUALITY COMMISSION (NI) AUGUST 2012													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.1.1	Support Trust in adhering to statutory duty in relation to Equality Screening	G	G	G	G								
1.1.2	Support Trust in adhering to statutory duty in relation to EQIA and public consultation	G	G	G	G								
1.1.3	Support Trust in adhering to statutory duty in relation to Section 75 monitoring	G	G	G	G								
1.1.4	Support Trust in adhering to statutory duty in relation to management of industrial relations/employee relations	G	G	G	G								
1.1.5	Implement and monitor NIAS Equality Scheme Action Plan	G	G	G	G								
1.1.6	Support NIAS PPI Lead and related workstreams in ensuring Trust compliance with statutory requirements under PPI agenda	G	G	G	G								

1.1.7	Complete & Submit Fair Employment & Treatment Order Statutory Annual Report	G	G	G	G								
1.1.8	Implement and monitor Disability Action Plan	G	G	G	G								
1.1.9	Complete & Submit Section 75 and Disability Duties Annual Progress Report	A	A	A	A								
1.1.10	Health and Safety	G	G	G	G								

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

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

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

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

EXCEPTION REPORT (1.3.5): ON TARGET FOR ACHIEVEMENT. PLANS IN PLACE TO FINALISE WORK AND SUBMIT TO SEMT FOR APPROVAL IN OCT 2012

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.3.1	Finalise and implement KSF Action Plan	GA	GA	GA	GA								
1.3.2	Develop and implement Communication Strategy Action Plan	GA	GA	GA	GA								
1.3.3	Develop and implement Corporate Social Responsibility Action Plan	GA	GA	GA	GA								
1.3.4	Develop and implement Community Education Action Plan	GA	GA	GA	GA								

1.3.5	Develop and implement an action plan around Claims Management to include production of recommendations for improvement and learning	A	A	A	A								
1.3.6	Develop and implement an action plan around Complaints Management to include production of recommendations for improvement and learning.	GA	GA	GA	GA								

2. MODERNISATION AND REFORM

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

PERFORMANCE COMMENTARY

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

2.1 Manage implementation of BSTP as it relates to NIAS MEES

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

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2.1.1	Participate on Regional BSTP Structures e.g. Regional BSTP Implementation Board, Regional Shared Services Implementation Board, Regional Forum for Engagement with Trade Unions and related regional work streams.	G	G	G	G								

2.1.2	Identify NIAS specific issues and highlight to regional structures as appropriate	G	G	G	G								
2.1.3	Agree and implement related action plans for implementation of BSTP Shared Services within NIAS	G	G	G	G								
2.1.4	Agree and implement related action plans for implementation of BSTP HRPTS Systems within NIAS	G	G	G	G								

3. SHAPING AND DEVELOPING THE FUTURE WORKFORCE

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

PERFORMANCE COMMENTARY

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

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

3.2 To scope and shape the educational environment for NIAS staff, MEES													
EXCEPTION REPORT:													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3.2.1	Engage at National level in relation to ambulance education and ensure related developments meet NIAS requirements	G	G	G	G								
3.2.2	Engage nationally and regionally in relation to all other aspects of education, learning and development for NIAS staff and ensure related developments meet NIAS requirements	G	G	G	G								

4. SUPPORTING STAFF TO ACHIEVE HIGH QUALITY PERFORMANCE

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

PERFORMANCE COMMENTARY

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

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

4.2 Develop, prioritise, agree and implement 2012-13 NIAS Education Learning and Development (ELD) Plan **MEES**

EXCEPTION REPORT: -

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.2.1	Engage with key stakeholders in relation to the priority ELD requirements in the plan.	G	G	G	G								
4.2.2	Agree Plan at SEMT	G	G	G	G								
4.2.3	Present Plan to Assurance Committee and report compliance	N/A	G	G	G								
4.2.4	Implement ELD Plan	G	G	G	G								

5. EQUALITY AND HUMAN RIGHTS

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

PERFORMANCE COMMENTARY

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

5.1 Support the Trust in the mainstreaming of Equality and Human Rights Agenda **MEES**

EXCEPTION REPORT: -

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
5.1.1	Review and update research and data to inform Audit of Inequalities	G	G	G	G								
5.1.2	Implement and monitor NIAS Equality Scheme Action Plan	G	G	G	G								
5.1.3	Engage in regional work streams and contribute to the implementation and monitoring of HSC Regional Equality Action Plan	G	G	G	G								

5.1.4	Support the Trust in mainstreaming Equality and Human Rights mechanisms in policy development and decision making	G	G	G	G								
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6.0 PARTNERSHIP AND EMPLOYEE ENGAGEMENT

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

PERFORMANCE COMMENTARY

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

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

NIAS RESPONSES TO CONSULTATIONS

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
No consultation responses during June and July			

PERFORMANCE INFORMATION STATISTICAL ANNEX

ATTENDANCE MANAGEMENT ABSENCE STATISTICS

TOTAL YEAR TO DATE ABSENCE 2012/13 = 6.74 % ABSENCE TARGET 2012/13 = 6.7%							2011/12 ABSENCE = 7.18%					
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OPERATIONS DIRECTORATE % ABSENTEEISM				HEADCOUNT: 1035								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	7.32	7.06	7.55	6.79								
Cumulative absence (%)	7.32	7.12	7.19	7.09								
No. of employees on half pay	9	13	12	11								
No. of employees on no pay	2	2	2	4								
MEDICAL DIRECTORATE % ABSENTEEISM				HEADCOUNT: 7								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	14.97	14.29	4.76	0								
Cumulative absence (%)	14.97	14.45	11.21	8.08								
No. of employees on half pay	0	0	0	0								
No. of employees on no pay	0	0	0	0								
FINANCE & ICT DIRECTORATE % ABSENTEEISM				HEADCOUNT: 27								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	0.18	0	0.07	0.16								
Cumulative absence (%)	0.18	0.09	0.08	0.10								
No. of employees on half pay	0	0	0	0								
No. of employees on no pay	0	0	0	0								
HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE % ABSENTEEISM				HEADCOUNT: 70								
Target absenteeism 2012/13	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
Monthly absence (%)	3.31	2.89	0.82	0.72								
Cumulative absence (%)	3.31	3.06	2.29	1.89								
No. of employees on half pay	0	0	0	0								
No. of employees on no pay	0	0	0	0								

NIAS % ABSENTEEISM					HEADCOUNT: 1139							
Absence Target 12/13 (6.7%)	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7
% short term absence	3.13	2.86	3.03	3.32								
% long term absence	3.69	3.83	3.78	2.79								
No. of employees on half pay	9	13	12	11								
No. of employees on no pay	2	2	2	4								
Monthly absence (%) 12/13	6.82	6.69	6.81	6.11								
Cumulative absence (%) 12/13	6.82	6.74	6.74	6.58								
Performance Assessment	A	A	A	G								
Estimated Cumulative Cost of absence* (£'000)	262.3	519.9	793.7	1,033.9								
% absence 11/12 (monthly)	5.84	6.21	6.03	6.64	5.89	6.69	7.02	7.33	8.60	8.22	7.82	7.78
% absence 11/12 (cumulative)	5.84	6.12	5.97	6.22	6.14	6.31	6.42	6.53	6.85	7.02	7.11	7.18

*Absence costs have been estimated by expressing the % absence figure as a % of the total staff costs within the Trust. As such, this figure is a broad approximation of the cost of absence.

Commentary:

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

NHS TRUST	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
North East Ambulance Service	5.07	4.92	4.89	5.60	5.54	5.56	5.98	6.51	6.35	6.88	6.63	6.33
North West Ambulance Service	5.17	5.43	5.59	5.51	6.11	5.79	5.99	6.17	6.25	5.53	6.02	5.24
Yorkshire Ambulance Service	5.38	5.01	4.99	5.56	5.50	5.46	5.64	6.60	6.74	6.24	6.39	6.44
East Midlands Ambulance Service	6.65	6.17	6.69	6.89	7.08	7.11	7.32	6.70	6.69	6.51	6.56	6.35
West Midlands Ambulance Service	4.16	3.94	4.17	4.74	5.10	5.71	5.84	5.77	5.86	5.90	5.54	4.95
East of England Ambulance Service	6.42	5.96	5.75	5.59	6.06	6.14	6.28	6.72	7.41	7.34	7.45	6.63
London Ambulance Service	5.23	5.09	5.07	5.35	5.10	4.93	5.14	5.07	6.00	6.02	5.70	5.18
South East Coast Ambulance Service	5.23	5.74	5.72	5.75	5.72	5.26	6.21	6.46	6.23	5.82	5.49	5.72
South Central Ambulance Service	5.40	5.30	5.51	4.99	5.49	5.69	5.87	6.48	7.56	6.80	6.23	5.86
Great Western Ambulance Service	5.40	4.24	4.75	4.73	4.31	4.94	5.81	5.57	6.45	5.73	5.28	4.55
South Western Ambulance Service	4.92	4.87	5.33	5.69	5.85	5.20	5.11	4.92	5.56	5.70	5.18	4.63
NI Ambulance Service Trust	6.87	6.12	5.97	6.22	6.14	6.31	6.42	6.53	6.85	7.02	7.11	7.18

*Source - The Information Centre for Health and Social Care

Commentary:

COMPARATIVE ANALYSIS OF % ABSENCE REDUCTIONS

BETWEEN NIAS AND REGIONAL HSC TRUSTS

REPORTING PERIOD	2009/10		2010/11		2011/12		2012/13
ABSENCE TARGET	DHSSPS PFA Target 5.5%		DHSSPS PFA Target 5.2%		NIAS Target 6.85%		NIAS Target 6.7%
	% Absence (2009/10)	% Variance (2008/09)	% Absence (2010/11)	% Variance (2009/10)	% Absence (2011/12)	% Variance (2010/11)	% Absence (to date)
REGIONAL HSC TRUSTS	5.49%	-2.8%	5.46%	-0.55%	-	TBC	-
NI AMBULANCE SERVICE TRUST	6.72%	-3.9%	6.87%	+2.23%	7.18%	+4.5%	6.58%

- Source : HSCT Monitoring of Human Resource Activity

Commentary:

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

Staff Group	No. of staff in group as at Q1 (01/04/11)	Staff Group as % of Workforce as at Q1						
Regulated				2009-10 Q3&4	2010-11 Q1&2	2010-11 Q3&4	2011-12 Q1&2	2011-12 Q3&4
Station Supervisors & Clinical Support Officers	61	5.30	NIAS	6.36	5.93	4.67	7.98	N/A*
Paramedics	427	37.05	NIAS	8.23	6.87	6.76	5.18	N/A*
Nursing & Midwifery (formerly TC5)	N/A	N/A	HSC	6.25	5.97	6.26	5.90	N/A*
Social Services (formerly TC6)	N/A	N/A	HSC	6.57	5.98	6.42	5.89	N/A*
Non-Regulated								
Admin & Clerical	120	10.41	NIAS	4.88	3.48	2.67	3.78	N/A*
			HSC	4.83	4.16	4.26	3.91	N/A*
Works & Maintenance	3	0.26	NIAS	50.0	50.0	9.57	1.28	N/A*
			HSC	5.06	4.89	6.25	3.78	N/A*
ACA's	241	20.90	NIAS	6.09	5.10	6.57	6.83	N/A*
EMT's	197	17.11	NIAS	11.16	8.44	8.91	8.84	N/A*
Control Staff	102	8.86	NIAS	8.48	10.27	13.81	7.74	N/A*
Support Services (formerly TC4)	N/A	N/A	HSC	7.78	6.99	7.16	6.09	N/A*

- Source : HSCT Monitoring of Human Resource Activity

* Figures unavailable

Commentary:

PERFORMANCE INFORMATION STATISTICAL ANNEX

EMPLOYEE RELATIONS

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

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	2	4	1	5									12
Number of HPC referrals	2	3	0	4									9
Number of suspensions	0	0	0	0									0
Decision to suspend reviewed every 4 weeks	N/A	N/A	N/A	N/A									
Formal investigations ongoing	1	2	1	5									9
Formal investigations completed as soon as is reasonable	1	2	Ongoing										3
Document disclosure exchanged 5 working days prior to disciplinary hearing	0	0	0	0									0
Decision of Stage I Panel conveyed within 7 working days of date of hearing	0	0	0	0									0
Employee will be given 7 working days notice of appeal hearing	0	0	0	0									0
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	0	0	0									0
Disciplinary Cases Closed	1	2	0	0									3
Number of active suspensions	0	0	0	0									0
Number of active Disciplinary Cases (2012/13)													9
Total number of active Disciplinary Cases													28

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

Industrial Tribunal Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
No. of IT Applications received	0	0	0	1									1
Response to IT Applications within 28 days	0	0	0	-*									0
IT cases Closed	0	0	0	0									0
Number of active IT cases (2012/13)													1
Total number of active IT cases													2

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

Commentary:

PERFORMANCE INFORMATION STATISTICAL ANNEX

EDUCATION, LEARNING AND DEVELOPMENT

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

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

PERFORMANCE INFORMATION STATISTICAL ANNEX

AGENDA FOR CHANGE

Knowledge & Skills Framework													
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Finalise and implement Knowledge & Skills Framework Action Plan as agreed in Partnership	G	G	G	G									
Implement Northern Ireland position on gateway progression	G	G	G	G									
Job Evaluation for Paramedics, RRV Paramedics & Emergency Medical Technicians													
Produced by Trust Partnership Job Evaluation Leads													
Manage Job Evaluation (JE) for all 3 jobs	G	G	G	G									
JE Panel meetings (10 between Nov 2010-Mar 2011)	-	2	2	2									
Paramedic Job													
Outcome from JE Panel	N/A	N/A	N/A	N/A									
Consistency Check JE Outcome	N/A	N/A	N/A	N/A									
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A									
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A									
RRV Paramedic Job													
Outcome from JE Panel	N/A	N/A	N/A	N/A									
Consistency Check JE Outcome	N/A	N/A	N/A	N/A									
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A									
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A									
EMT Job													
Outcome from JE Panel	N/A	N/A	N/A	N/A									
Consistency Check JE Outcome	N/A	N/A	N/A	N/A									
Notify post-holders of JE Outcome	N/A	N/A	N/A	N/A									
Notify Payroll of JE Outcome	N/A	N/A	N/A	N/A									

CLAIMS MANAGEMENT

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability													
Cases Received	2	3	1	1									7
Cases Settled	0	0	1	0									1
Cases Ongoing													23
Clinical Negligence													
Cases Received	0	1	0	0									1
Cases Settled	0	0	0	1									1
Cases Ongoing													10
Public Liability													
Cases Received	0	1	0	0									1
Cases Settled	0	0	0	0									0
Cases Ongoing													5

PERFORMANCE INFORMATION STATISTICAL ANNEX

COMPLAINTS MANAGEMENT

COMPLAINTS & COMPLIMENTS

					2012-13	2011-12		
COMPLAINTS RECEIVED					Total (to date)	Total		
Total complaints received at 31/07/2012					37	98		
HANDLING TIMES OF COMPLAINTS								
	Apr	May	Jun	Jul	2012-13 (to date)	%	2011-12	
Total Complaints received	13	6	8	10	37	100%	98	100%
Acknowledged within 2 working days	13	6	8	10	37	100%	95	97%
Acknowledged after 2 working days	0	0	0	0	0	0%	3	3%
Response within 20 working days	9	2	2	4	17	46%	34	35%
Response after 20 working days	4	4	3	1	12	32%	64	65%
Complaints Investigations ongoing	0	0	3	5	8	22%	0	0%
Average Response time (Working days)					29		31	
Cases referred to NI Ombudsman (cases ongoing)	0	0	0	1	1 (1)	3%	4	4%
SERVICE AREA OF COMPLAINTS								
	Apr	May	Jun	Jul	2012-13 (to date)	%	2011-12	
Accident & Emergency	6	5	4	4	19	51%	42	43%
Patient Care Service	1	1	2	5	9	24%	19	19%
Control & Communications	5	0	2	1	8	22%	34	35%
Other	1	0	0	0	1	3%	0	0%
Voluntary Car Service	0	0	0	0	0	0%	3	3%
TOTAL	13	6	8	10	37		98	

NATURE OF COMPLAINTS RECEIVED								
	Apr	May	Jun	Jul	2012-13 (to date)	%	2011-12	
Staff Attitude	2	3	3	4	12	32%	37	38%
Ambulance Late/No Arrival	7	2	3	4	16	43%	39	40%
Clinical Incident	2	1	1	0	4	11%	17	17%

Suitability of Equipment/Vehicle	0	0	0	1	1	3%	0	0%
Other	2	0	1	0	3	8%	4	4%
Patient Property	0	0	0	1	1	3%	1	1%
TOTAL	13	6	8	10	37		98	
COMPLIMENTS RECEIVED								
	Apr	May	Jun	Jul	2012-13 (to date)	2011-12		
COMPLIMENTS RECEIVED	9	19	14	11	53	145		
SERVICE AREA OF COMPLIMENTS RECEIVED								
	Apr	May	Jun	Jul	2012-13 (to date)	%	2011-12	
Accident & Emergency	7	17	13	11	48	90%	128	88%
Control & Communications	1	2	1	0	4	8%	10	7%
Patient Care Service	1	0	0	0	1	2%	7	5%
Voluntary Car Service	0	0	0	0	0	0%	0	0%
Other	0	0	0	0	0	0%	0	0%
TOTAL	9	19	14	11	53		145	

Performance Information Statistical Annex

SECTION 75

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

PERFORMANCE INFORMATION STATISTICAL ANNEX

MEDIA MANAGEMENT

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Daily Media - Response within same day													
Number of enquiries received	18	26	25	20									89
Number of responses issued on day of receipt	18	26	25	20									89
Weekly Media - Response within three days													
Number of enquiries received	3	5	3	5									16
Number of responses issued within three days of receipt	3	5	3	5									16
Number of responses resulting in Media Coverage	20	31	27	25									103

In July, NIAS facilitated the live broadcast of the BBC NI Nolan Show, from the Emergency Control Centre and in partnership with PHA, launched an advertising campaign for F.A.S.T. making use of ambulances as a unique advertising medium.

PERFORMANCE INFORMATION STATISTICAL ANNEX

COMMUNITY EDUCATION

Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of visits delivered	4	16	27	7									54

DHSSPS GUIDANCE ON ASSURANCE FRAMEWORKS

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

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

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

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

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

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

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

- Focusing on the organisation's purpose and on outcomes for citizens and service users
- Performing effectively in clearly defined functions and roles

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

Appendix 2

Reporting Template

TITLE:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

IMPROVEMENT PROPOSALS FOR 2011/12

SUMMARY OF PERFORMANCE

RISK COMMENTARY

ID	224
Principal Aim/Objective/Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity
Risk Type	CORP
Title	Senior Executive Directors Retention & Succession Planning
Description	There is a risk to the Trust that the current terms and conditions of service available to senior executives may not be sufficiently attractive to support retention of existing staff or recruitment of suitably qualified and experienced applicants
Risk level (initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	MOD
Lead Director	CHAIR
Initial Action Taken to Control/Mitigate Risk	<p>Existing remuneration, terms and conditions are consistent with DHSSPS guidance. <input type="checkbox"/></p> <p>Permanent Secretary has been appraised of concerns by CX NIAS. <input type="checkbox"/></p> <p>Issue has been discussed at NIAS Trust Board level by non-executive directors and at Remuneration committee. <input type="checkbox"/></p> <p>NIAS has engaged fully in all senior job evaluation processes to address issue - SSRB, HAYS. <input type="checkbox"/></p> <p>Chairman has requested re-evaluation of jobs through DHSSPS. <input type="checkbox"/></p> <p>Application has been made to secure re-evaluation through SSRB and HAYS. <input type="checkbox"/></p> <p>Directors have been appraised of developments by CX and Chair. <input type="checkbox"/></p> <p>Relevant directors have been, and will be, fully engaged in the process and appraised of developments <input type="checkbox"/></p>
Opened	28/09/2011
Review Date	10/08/2012
Action Plan to Address /Mitigate Risk	<p>1. Chair to write to DHSSPS to seek re-evaluation of jobs and regrading to address anomalies and pay differentials. <input type="checkbox"/></p> <p><u>1.1 DHSSPS response received after numerous requests on 30/5/2012 advising of outcomes of process.</u> <input type="checkbox"/></p> <p>2. Issue to be raised with Permanent Secretary DHSSPS in Accountability Review meeting (July 2012) to highlight risk to NIAS and identify any other actions available to NIAS to address risk. <input type="checkbox"/></p> <p><u>2.1 Issue Raised at Meeting on 3/7/2012. NIAS has been advised by Permanent Secretary at accountability meeting on 3/7/2012 that the risk identified by the Trust is acknowledged but the process has been applied and the results are as notified. the risk is therefore recognised but no further steps have been identified which are available to the Trust to reduce or mitigate the risk further.</u> <input type="checkbox"/></p> <p>3. Chair to write to DHSSPS at request of Remuneration Committee to appeal result of regrading and request further evaluation of the posts which had no change in outcome. <input type="checkbox"/></p> <p><u>3.1 Chair wrote to DHSSPS on 26/7/2012 requesting this.</u> <input type="checkbox"/></p> <p>4. Chair to review risk position taking account of most recent developments. <input type="checkbox"/></p> <p><u>4.1 On the basis of information received as at 10/8/2012, it is recommended that the target risk level be changed to moderate. It is further proposed that the risk remain as live and active on the Corporate Risk Register to maintain focus and attention on this issue.</u></p>
Closed	

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

All
All

ID	4
Principal Aim, Objective, Value	To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective
Risk Type	CORP
Title	Business Continuity pFa 1.2.
Description	There is a risk to the Trust from the failure to review, update and test the internal disaster management plans.
Risk level (initial)	HIGH
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	MEDDIR
Initial Action Taken to Control/ Mitigate Risk	<ul style="list-style-type: none"> - There are a number of Business Continuity Plans in place requiring review.□ - Amended plans have been presented to the SEMT for comment in Q4 2010□ - AEPO has been appointed to develop Business Continuity Strategy, Policy and Action Plans to review existing plans.□ - A number of local BCP were implemented due to civil disturbances and adverse weather.□ - EAC evacuation plan was tested in September 2010□ - All existing plans captured and identified whether in draft, tested or implemented.□ - Four 'Critical' activities identified□ <ul style="list-style-type: none"> Call Taking□ Information Processing□ Ambulance Despatch□ Medical Care□ - Existing plans reviewed to ensure that the areas which directly influence these 'critical' activities have been tested, activated and reviewed or debriefed: REMDC, Operational Divisions, REMDC - specific ICT Infrastructure.□
Opened	30/12/2010
Review Date	30/06/2012
Action Plan to Address /Mitigate Risk	<p>1. Draft Strategic Business Continuity Strategy/ Policy completed for submission to SEMT ratified during Q2 2011/12□</p> <p><u>1.1 Completed - Presented to Trust Board 17th November 2011</u>□</p> <p>2. Action plan for review of Directorate and local BCP agreed and presented to SEMT Q1 2011/12□</p> <p><u>2.1 Completed - Approved by SEMT and Trust Board 17th November 2011</u>□</p> <p>3. EAC evacuation plan to be amended and retested based on learning outcomes for evacuation exercise in September 2010□</p> <p><u>3.1 Completed ICT tested - Date August 2012 further test scheduled 9/9/12 during schedule fire drill.</u>□</p> <p>4. All other areas will be captured during the next phase of the programme which is under the control of the Emergency Planning Officer.□</p> <p><u>4.1 Established EP and BCP group in June 2012</u>□</p> <p><u>4.2 Terms of Reference and Schedule of Meetings will be submitted to the Assurance Committee Oct 2012</u>□</p> <p>5. EP Team engaging with all directorates to undertake a systematic review of existing contingency plans by year end□</p> <p><u>5.1 Identified directorate BC leads</u>□</p> <p>5.2 Identified and agreed with RATC training programme for BC leads, HSCB staff will also attend this programme.□</p> <p>6. Programme of 'testing' plans will be developed□</p> <p><u>6.1 This will be within the remit of the EP and BCP group. (4.1)</u>□</p> <p>7. Learning identified following this exercise will be incorporated into plans□</p> <p><u>7.1 Learning will be incorporated into future plans and exercises.</u></p>
Closed	

ID	197
Principal Aim, Objective, Value	Establish and develop agreed outcome-based clinical and non-clinical quality indicators for patients to improve outcomes for patients
Risk Type	CORP
Title	Vehicle Cleaning
Description	There is a risk to the Trust from the lack of a robust reporting system for cleaning to ensure compliance with Infection Prevention and Control Policy and procedures
Risk level (initial)	MOD
Risk level (Target)	VLOW
Risk level (current)	LOW
Lead Director	MEDDIR
Initial Action Taken to Control/Mitigate Risk	<ul style="list-style-type: none"> - Vehicle cleaning considers as a 'standing item' on the Trust's IPC Group. Activity is reported to the Trusts Assurance Committee <input type="checkbox"/> - Vehicle cleaning schedule has been introduced <input type="checkbox"/> - Vehicle cleaning products have been reviewed, streamlined and are now consistent across the Trust <input type="checkbox"/> - Web based reporting system developed <input type="checkbox"/> - Compliance with the reporting of cleaning is improving <input type="checkbox"/> - System reviewed and improvements made <input type="checkbox"/> - EAC will record the cleaning on data base <input type="checkbox"/> - Significant improvement in reports <input type="checkbox"/> <input type="checkbox"/>
Opened	05/02/2010
Review Date	30/06/2012
Action Plan to Address /Mitigate Risk	<p>1. Vehicle Cleaning Sub group of the IPC Group established with individual representatives from across the Trust to review current reporting procedure during Q1 2011/12 <input type="checkbox"/></p> <p style="text-align: center;"><u>1.2 Completed</u> <input type="checkbox"/></p> <p>2. Workshop for 'newly appointed Station Officer planned for Q1 2011/12 <input type="checkbox"/></p> <p style="text-align: center;"><u>2.1 Completed</u> <input type="checkbox"/></p> <p>3. Audit of station cleanliness ongoing from Q3 2010/11 <input type="checkbox"/></p> <p>3.1 <u>In Progress- This is an ongoing schedule part of the Health and Safety Audit carried out on a rolling basis annual</u> <input type="checkbox"/></p> <p>4. When new reporting system implemented compliance with vehicle cleaning will be subject to audit to identify any gaps in compliance <input type="checkbox"/></p> <p style="text-align: center;"><u>4.1 Reviewed at each meeting of the IPC Group</u> <input type="checkbox"/></p> <p>5. Vehicle cleaning has been agreed as a KPI for the IPC Group. <input type="checkbox"/></p> <p><u>5.1 IPC Group to review compliance with this programme, Station Officers will record vehicle cleaning at a local level and provide feedback to staff and control</u> <input type="checkbox"/></p> <p><u>5.2 Ast. Director OPs (Command and Control) has reviewed the procedure and agreed that Control Staff will record the data on the vehicle cleaning spreadsheet. (This will be reviewed by the IPC Group at the meeting in Oct 2012</u></p>
Closed	

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

ID	233
Principal Aim, Objective, Value	To Achieve the best outcomes for patients whilst Ensuring High Quality Corporate Governance, Risk Management and probity
Risk Type	CORP
Title	Achieving Financial Balance 2012/13
Description	<p>There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. There remain uncertainties in respect of the outcome of Agenda for Change and the extent or timing of any outcome cannot be determined at this stage. The Trust continues with the assumption that the HSC Board will fund the full legitimate costs of Agenda for Change in NIAS. The Trust assumes all pay and non pay pressures will be funded by the HSCB and that in year developments to support acute service changes will be fully supported. The delivery of required savings plans both in year and recurrently represents a significant challenge. Breakeven is dependent upon the achievement of these savings and assumes no further efficiency savings in 2012/13 beyond the £1.176m already required.□</p> <p>□</p>
Risk level (initial)	MOD
Risk level (Target)	LOW
Risk level (current)	MOD
Lead Director	FINDIR
Initial Action Taken to Control/ Mitigate Risk	<p>Ongoing monitoring, review and engagement with stakeholders as appropriate to include:□</p> <p>Approval of DTP by HSCB □</p> <p>Trust Board - assurance framework at each Board meeting□</p> <p>Submission of TDP in response to Ministerial Targets and Commissioning Plan□</p> <p>HSC Board - Monthly NIAS Trust Performance Meeting; Financial Stability Programmed Board□</p> <p>DHSSPS - Monthly Trust Monitoring Returns□</p> <p>Internal Budgetary Control Processes led by Director of Finance reporting to Chief Executive as Accounting Officer"□</p>
Opened	01/04/2012
Review Date	30/06/2012
Action Plan to Address /Mitigate Risk	<p>□</p> <p>Continue to advise stakeholders as outlined above - Monthly reports provided and regular meetings held monthly - Dir Fin□</p> <p>Ongoing monitoring of expenditure, developments, pressures and delivery of saving plans through Trust Monitoring Returns, reports to Trust Board and Budgetary Control cycle. Monthly Dir Fin.□</p> <p>NIAS is seeking to proactively conclude the Agenda for Change job evaluation process within agreed framework. Formal Review Q4 2012/13 Dir Fin□</p> <p>DO to continue to reflect the financial implications of any agreed outcomes to stakeholders. Formal Review Q4 2012/13 Dir Fin□</p> <p>Completion of final accounts and external audit expected 2013/14 Dir Fin□</p>
Closed	

COMPLAINTS JUNE - JULY 2012

Ref	Description	Outcome	Action taken
COMP/381	Complaint regarding the actions of ambulance personnel during a patient transfer. Patient died next day.	Complaint upheld. Complaint referred for further investigation under Trust's Disciplinary Procedure.	Letter of explanation and apology issued. Matter referred for further investigation under Disciplinary Procedure.
COMP/383	Complaint regarding ambulance response to an emergency call for 14 month old child. Complaint also regarding damage to property caused by ambulance.	Complaint partly upheld. Investigation found that ambulance response was dealt with appropriately by Ambulance Control. Investigation found that damage was caused by ambulance to a garden ornament.	Letter of apology and explanation provided. Insurance company informed to assess damage to property.
COMP/389	Complaint querying whether patient should have been transported to hospital following an accident.	Complaint not upheld. Investigation found that patient refused to travel to hospital and appropriate documentation was completed by patient confirming refusal to travel to hospital.	Letter of explanation issued. Clinical actions of crew to be reviewed by Training Centre.
COMP/390	Complaint regarding the attitude and behaviour of ambulance personnel responding to an emergency call at Belfast International Airport.	Complaint upheld. Investigation found that crew did not communicate effectively with airport security staff.	Letter of apology and explanation issued. Additional information on airport security protocols issued to staff.
COMP/391	Complaint regarding attitude and behaviour of ambulance personnel during patient transfer.	No consent provided to provide response.	Regional destination protocols for Ambulance Personnel and Ambulance Control protocols for cancer patients reviewed and updated.
COMP/392	Complaint regarding delays in non-emergency transport home from hospital appointments.	Complaint upheld regarding one date provided. Delay in ambulance transport on this date was as a result of the large number of similar transport requests for this day exceeding resources.	Letter of explanation and apology issued. No action identified.
COMP/393	Complaint regarding a delay in ambulance response. Complainant unhappy that it took 11 minutes for an ambulance to arrive.	Complaint not upheld. Investigation found that call was handled appropriately and nearest available ambulance was dispatched to respond.	Letter of explanation issued. No action identified.
COMP/395	Complaint regarding the driving of an ambulance during an emergency call.	Complaint not upheld. Investigation concluded that ambulance personnel acted appropriately during this call.	Letter of explanation issued. No action identified.
COMP/397	Complaint regarding failure to collect patient for appointment at Daisy Hill Hospital.	Complaint upheld. Investigation found administrative error resulted in patient not being picked up.	Letter of explanation and apology issued. Staff reminded to adhere to protocols for dealing with such requests.

COMPLAINTS JUNE - JULY 2012

Ref	Description	Outcome	Action taken
COMP/399	Complaint regarding over 15 minutes response time for emergency call and attitude of Ambulance Control Call Taker.	Complaint not upheld. Investigation found that Call Taker acted appropriately and call was managed appropriately by Call Taker with nearest available ambulance being dispatched.	Letter of explanation issued. No action identified.
COMP/400	Complaint regarding lack of urgency and insensitivity shown by ambulance crew at emergency call.	Complaint partly upheld. Investigation found that crew acted in accordance with clinical protocols but failed to communicate effectively with family members.	Letter of explanation and apology issued. Staff reminded of need to communicate effectively with relatives.
COMP/401	Complaint regarding delay collecting patient on discharge from hospital.	Complaint not upheld. Investigation found no evidence of a booking request being made.	Explanation provided. No action identified.
COMP/402	Complaint via MLA regarding a delay in ambulance transport for GP Urgent Call.	Complaint partly upheld. Investigation found that due to high level of emergency calls received, this resulted in a delay in providing ambulance transport for this patient.	Letter of explanation and apology issued. No action identified.
COMP/404	Complaint regarding a delay in ambulance response.	Complaint not upheld. Investigation concluded that staff acted appropriately during this call.	Letter of explanation issued. No action identified.
COMP/407	Complaint regarding non-arrival of ambulance transport for a hospital appointment.	Complaint upheld. Investigation found that delay was caused due to earlier delays in providing transport for morning patients. Further issue regarding a fault with Sat-Nav system identified and addressed.	Letter of explanation and apology issued. Satellite Navigation system and Gazetteer with Ambulance Control to be updated with address to confirm location on Sat-Nav.
COMP/409	Complaint regarding the transport arrangements during an non-emergency hospital transfer.	Complaint not upheld. Transport provided in accordance with instructions provided by hospital.	Letter of explanation issued. No action identified.

NIAS COMPLIMENTS JUNE - JULY 2012

Date Received	Date of Incident	Description
06/06/2012	10/04/2012	The lady who answered the 999 call was efficient and helpful. The paramedic arrived and was also superbly efficient, thorough and reassuring to us all. We are so grateful.
06/06/2012	06/05/2012	There are a few people I have to thank and these are the forgotten men and women of the ambulance service. The smiles and the wit, with their jokes kept me from thinking I was in pain - by god it worked! I could never thank them enough. I never gave their job much thought until then. I would not be worthy enough to clean their shoes for its a brave man or woman that would take it on! God bless them all.
07/06/2012	20/05/2012	On behalf of my family I would be indebted if you pass on our genuine and profound gratitude to the two members of your ambulance staff who attended my home and conveyed me to Hospital. They were professional, efficient and caring throughout. As an organisation the NIAS should be extremely proud of these two individuals. As long as these two individuals are within your employment the highest standards of excellence will prevail and our community will be better served.
11/06/2012	22/04/2012	I am writing to you to commend two of your paramedics who attended my husband. They were exemplary in all their dealings with my husband and also of myself. They were kind, sympathetic, patient and understanding
12/06/2012	30/04/2012	Thank you for all your help and quick response to my call.
12/06/2012	21/05/2012	I would like to thank the two ambulance people for looking after me when I had a bad fall.
12/06/2012	10/04/2012	Please would you pass on our sincere thanks and appreciation for all the help given. I can sing their praises without hesitation. Thank you for a well run ambulance service
14/06/2012	03/06/2012	Thank you again to these men for their kindness and care, no doubt my husband's quick recovery was partly due to their swift response and high standard of pre-hospital care.
14/06/2012	04/06/2012	Recommendation from another staff member for actions taken at the scene of an accident. Without his intervention, medical knowledge and management of the traumatic injury, the patient would probably have lost her life.
16/06/2012	01/06/2012	It is with sincere gratitude that we owe my father's life to the two unknown paramedics who without their swift actions my father wouldn't be here today. May I therefore respectfully, on behalf of my mother, immediate family, and my Dad send this email of appreciation to outline what a sterling, professional and caring service we have within our community, Words fail me, but please relay this to the unsung heroes, those nameless paramedics, support staff of the NIAS and their colleagues within the RVH.

NIAS COMPLIMENTS JUNE - JULY 2012

Date Received	Date of Incident	Description
23/06/2012	16/06/2012	I am very grateful to the crew member who looked after me so well when I was in shock and discomfort, I'm so grateful to her. I would like to sincerely thank these members of staff and the NIAS who deliver such excellent care along with the very highest standard of professionalism.
26/06/2012	07/06/2012	I write to you to thank you most sincerely for your wonderful expertise and kindness to my mother who fell down the stairs. You do a wonderful job and we can never adequately thank you enough.
26/06/2012	04/06/2012	I was humbled and indebted to these magnificent men who went that extra mile to try to save my father. Please keep up your good work.
28/06/2012	19/06/2012	I want to put in writing my gratitude and thanks for the very caring and sensitive approach demonstrated to me. These men do an amazing job in very difficult circumstances.
28/06/2012	13/06/2012	Can I please pass on my sincere thanks for the both of you who helped my elderly mother. It took over 1 1/2 hours to get mum downstairs. Your kindness and care shone out despite the difficulty of this. I was delighted and refreshed to see how much humanity you both showed despite this being just another call. Thank you and best wishes.
04/07/2012	01/07/2012	It is my pleasure to congratulate in writing the professional, compassionate and humanity of your paramedic and ambulance staff. I witnessed it on Sunday when the rapid response and ambulance personnel attended to the patient with such care, dignity and gentleness. The Health Service can truly be proud of one section of its employees. Many thanks and continue to keep up your great work.
04/07/2012	not noted	Thank you for your actions on Friday evening, we are most grateful for everything you did.
05/07/2012	28/04/2012	Just to say thanks for all your professional help and kindness with my mother. You do a great job, thanks ever so much.
06/07/2012	21/06/2012	I wish to let you know of my appreciation of the ambulance crew who came in response to my 999 call. They worked valiantly to save my late husband's life and at the same time were kind and sympathetic to me. Please thank them.

NIAS COMPLIMENTS JUNE - JULY 2012

Date Received	Date of Incident	Description
16/07/2012	12/07/2011	We have often wanted to write to tell you of the two paramedics who were sent to help, their professionalism was amazing but most of all their care for my mother and respect for my father were above their calling. The two paramedics were with my mother only minutes after she rang. They worked with daddy and after a time one spoke to my mother to prepare her for the possibility that he may not be saved. They were so gentle even before they found out her family were not in NI and this is something which has stayed with her and gave her the strength to get through the night. One of the paramedics had been injured in the eye on a previous call and was to go off duty but attended the 999 call, he was obviously in some discomfort but this did not prevent him in his duty of care. My father was in the bathroom when he died and they got his pillow and quilt and covered him, this simple act gave him his dignity and comforted my mother and has remained predominate in our memories of that awful night. please pass on our sincere gratitude to the two paramedics for acting above what was required of them. The ambulance service should be extremely proud of both of them.
20/07/2012	20/07/2012	My daughter and I were involved in an RTA this morning and I would just like to say thank you to the ambulance crew and the RRV paramedic who attended. They put me at my ease quickly as I was panicking about my 2 year old's injuries.
20/07/2012	01/07/2012	I wish to pass on a sincere word of thanks to one of your ambulance crews who responded to a call. The crew were expecting a routine call to collect my mother in law who had been unwell however the call turned very quickly into an emergency situation when she took a cardiac arrest. Your crew performed heroics to bring her round and as a result were able to get her to the hospital alive. We just wish to pass on to your staff our heartfelt thanks for their professionalism, dedication to duty and expertise in very difficult circumstances. A real credit to your organisation.
23/07/2012	17/07/2012	I would like to thank the crew who came to help me. They were so efficient and sympathetic and it was most reassuring to have them at a time of need.
25/07/2012	06/07/2012	Thank you so much for attending to me, your quick actions put me at ease and helped me to cope with my condition. I am very grateful, in my opinion you were brilliant.
28/07/2012	30/06/2012	My family and I would like to commend the ambulance team for their expertise, speed, efficiency and professionalism when dealing with my husband. Their calmness was very reassuring to me and my children. The crew called to the relatives room after they handed over responsibility of my husband to the doctors and nurses to reassure us that he was getting the best possible treatment. I found this very touching as I know how busy they are and can be under a lot of pressure but the fact that they made time for us was very much appreciated.

TB/7/20/09/12

<p><u>PROPOSED TRUST BOARD AND COMMITTEE</u> <u>SCHEDULE 2013</u></p>

TRUST BOARD

Thursday, 31 January 2013, Southern Division
Thursday, 28 March 2013, Western Division
Thursday, 30 May 2013, Headquarters
Thursday, 13 June 2013, Headquarters (Annual Accounts)
Thursday, 25 July 2013, Northern Division
Thursday, 26 September 2013 - Also AGM, Headquarters
Thursday, 28 November 2013, Eastern Division

ASSURANCE COMMITTEE
NIAS HEADQUARTERS AT 11.00AM

Thursday, 14 March 2013
Thursday, 6 June 2013
Thursday, 5 September 2013
Thursday, 5 December 2013

AUDIT COMMITTEE
NIAS HEADQUARTERS AT 2.00PM

Thursday, 14 March 2013
Thursday, 6 June 2013
Thursday, 5 September 2013
Thursday, 5 December 2013

TB/8/20/09/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

20 September2012

Title:	Whistleblowing Policy & Procedure
Purpose:	To provide Staff with Internal / External Avenues for Raising areas of Concern without Fear of Reprisal.
Content:	Amendment to current Policy
Recommendation:	For approval
Previous Forum:	Trust Board 31 May 2012
Prepared by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services



This is an official Northern Ireland Ambulance Service Trust policy and should not be edited in any way

Policy Title: Whistle Blowing Policy

Reference Number:

NIAS/CS/GP/01/2012

Target audience:

All Staff.

Replaces (if appropriate):

Previous policy

Type of Document:

Trust Wide

Details of Consultation & Engagement:

Trade Unions, Management (including Trust Board)

Approved by SEMT:

Date: 11 September 2012

Approved by Trust Board:

Date:

Screening Date:

Date: 14 June 2012

Issued by Corporate Services:

Date:

Review:

Date: September 2015

Whistle Blowing Policy

MISSION STATEMENT

“To deliver effective and efficient care to people in need and improve the health and well-being of the community through the delivery of high quality ambulance services”

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1. INTRODUCTION

All of us at one time or another may have concerns about what is happening at work. However, when it is about unlawful conduct, a possible fraud or a danger to the public or the environment, or other serious malpractice, it can be difficult to know what to do. You may be worried about raising such a concern and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may feel that raising the matter would be disloyal to colleagues, managers or to the Northern Ireland Ambulance Service (NIAS). You may decide to say something but find that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

The purpose of these arrangements is to reassure you that it is safe and acceptable to speak up. They also enable you to raise your concern about such malpractice at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern.

If something is troubling you of which you think we should know about or look into, please let us know. If, however, you wish to make a complaint about your employment or how you have been treated, please use the Trust's Grievance Procedure.

We have implemented these whistle blowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

If your concern is about possible fraud, you may also wish to refer to our Fraud Policy Statement and Fraud Response Plan which can be found at http://www.niamb.co.uk/docs/published_info.html or by contacting the Finance Department at Trust Headquarters on 028 90400999.

If in doubt, raise it!

2. OUR ASSURANCES TO YOU

Your safety

We are committed to making whistle blowing work. If you raise a genuine concern under these arrangements, you will not be at risk of losing your job or suffering any form of retribution as a result. Provided you are acting in good faith, it does not matter if you are mistaken. Of course, this assurance does not extend to someone who maliciously raises a matter they know to be untrue.

Confidentiality

We will not tolerate the harassment or victimisation of anyone who raises a genuine concern and with these assurances, we hope you will raise your concern openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, please say so at the outset. If you ask us not to disclose your identity, we will not do so without your consent unless required by

law. You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

Anonymity

Remember that if you do not tell us who you are, it will be much more difficult for us to look into the matter, to protect your position, or to give you feedback. Accordingly, while we will consider anonymous reports, these arrangements are not well suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice).

3. HOW TO RAISE A CONCERN INTERNALLY

Please remember that you do not need to have firm evidence of malpractice before raising a concern. However we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

Step One

If you have a concern about malpractice, we hope you will feel able to raise it first with your line manager or with their immediate manager. This can be done orally or in writing. *The Line manager will inform the Trust's Designated Person of the details of the malpractice.*

Step Two

If, for whatever reason, you feel that raising it with your immediate line manager is not appropriate or it has not worked, please raise the matter with the Head of Department/Division or with one of the following:

Director	Name	Tel Number	Email Address
Director of HR & Corporate Services	Ms R O'Hara	028 90400740	Roisin.ohara@nias.hscni.net
Director of Finance & ICT	Mrs S McCue	028 90400750	Sharon.mccue@nias.hscni.net
Director of Operations	Mr B McNeill	028 90400720	Brian.mcneill@nias.hscni.net
Medical Director	Dr D McManus	028 90400738	David.mcmanus@nias.hscni.net

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step Three

If these channels have been followed or you believe there is an ongoing risk or you feel the matter is so serious that you cannot discuss it with any of the above the Trust has

appointed a Designated Person as a direct point of contact for anyone wishing to raise a direct concern.

The Designated Person will have direct access to the Trust's Chairman and Chief Executive. It is recognised that in some situations, an employee may have initially discussed the matter with his / her Manager. It is therefore important that this fact is brought to the attention of the Designated Person. Details of the Designated Person are:

Name: Miss Angela Paisley

Designation: Non-Executive Director

Tel No: 028 90400713 (**Confidentially** via Chairman's Office)

Email: w.b@nias.hscni.net

Ultimately the matter can be referred to the Minister for Health Social Services and Public Safety (Please see Appendix 1: correspondence dated 22 March 2012 from the Minister for Health Social Services and Public Safety).

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

4. HOW WE WILL HANDLE THE MATTER

Once you have told us of your concern, we will look into it to assess initially what action should be taken. This may involve an informal review, an internal inquiry or a more formal investigation. Where it is decided that a formal investigation is necessary the overall responsibility for the investigation will lie with a nominated 'investigation officer'. In any event, we will tell you who is dealing with the matter, how you can contact him or her, and whether your further assistance may be needed. If you request, we will write to you summarising your concern and setting out how we propose to handle it.

When you raise the concern you may be asked how you think the matter might best be resolved. If you do have any personal interest in the matter, we do ask that you tell us at the outset. If your concern falls more properly within the Grievance Procedure we will tell you.

We will give you as much feedback as we properly can, and if requested, we will confirm it in writing. However, we may not be able to tell you the precise action we take where this would infringe a duty of confidence owed by us to someone else.

5. INDEPENDENT ADVICE

If you are unsure whether or how to raise a concern or you want confidential advice at any stage, you may contact your union. You may also contact the independent charity Public Concern at Work on 020 7404 6609 or by email at helpline@pcaw.co.uk. Their lawyers can talk you through your options and help you raise a concern about malpractice at work. For more information, you can visit their website at www.pcaw.co.uk.

6. EXTERNAL DISCLOSURES

While we hope we have given you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you can properly

report a concern to an outside body. In fact, we would rather you raise a matter with the appropriate regulator - such as the Northern Ireland Audit Office or the Health and Safety Executive of Northern Ireland - than not at all. Public Concern at Work (or your Trade Union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

7. CONTACTS

To make a disclosure to the Comptroller and Auditor General write to:

The Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

To make a disclosure to a **Local Government Auditor** write to:

The Chief Local Government Auditor
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

Alternatively, in respect of disclosure email: whistleblowing@niauditoffice.gov.uk or telephone: **028 90251023**.

8. CONCLUSION

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly and properly. By using these whistle blowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (PIDO) which provides employment protection for whistle blowing

9. REVIEW OF POLICY

This policy will be monitored on an ongoing basis and formally reviewed every three years, or at times considered necessary as a result of operational changes, legislative changes or risk assessments that have occurred.

Paul Archer
CHAIRMAN

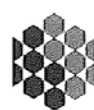
Date: _____

Liam McIvor
CHIEF EXECUTIVE

Date: _____

Appendix 1

FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Edwin Poots MLA



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Castle Buildings
Stormont Estate
BELFAST BT4 3SQ
Tel: 028 90 520642
Fax: 028 90 520557
Email: private.office@dhsspsni.gov.uk

For Action:

**Chief Executives of HSC Bodies¹;
Chief Fire Officer**

For information:

Director of Human Resources of each body

Our Ref: SUB/325/2012

22 March 2012

Dear Colleague

Please bring the content of this letter to the attention of all your employees, and make available with it your whistleblowing policy.

MESSAGE FROM EDWIN POOTS

YOUR RIGHT TO WHISTLE BLOW

1. I am committed to the highest possible standards of conduct, openness, honesty and accountability in our Services. In line with that commitment I expect staff to act on any genuine concerns they might have about any aspect of an organisation's work or colleagues, in the knowledge that such action has support from the highest level. I want every member of staff to be very confident that managers at all levels will respond positively to expressions of concern, and that, should it be necessary, you will be protected from victimisation if you make a genuine concern known under the whistleblowing arrangements.

You have the right to be heard by management if you have concerns about any ethical or safety issue, and a responsibility to speak up

2. The first kind of action that is appropriate is to speak up within your team or to the appropriate manager. The principles of clinical and social care governance empower all staff to speak up if they see or become aware of practice which is unsafe or which creates unacceptable risks to patients or clients.

¹ The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian and Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

It is the responsibility of any member of staff who is challenged on that basis to give proper consideration to the points being made by any colleague. Similar principles should apply in all the other aspects of our services away from the clinical or social care front line. Managers and leaders at all levels are responsible for creating and sustaining an atmosphere of mutual support, mutual learning, and conduct based on the priority of the quality and safety of services and the health, well-being and dignity of the patients, clients, family members and carers whom we all serve. By far the most important concern for me, and for all who lead and manage HSC organisations, all DHSSPS' Arms Length Bodies and the Department itself, is to ensure that we provide the best possible services to patients, clients, and the wider public, and I am sure you share that commitment.

If speaking up is a problem, whistleblowing is both your right and your duty

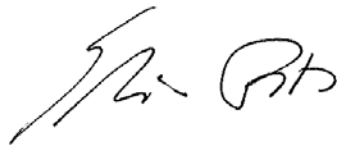
3. If you have any concern that speaking up in good faith in the way I have described would lead to a problem, there are statutory procedures that protect you if you chose to blow the whistle and draw attention to something that is a cause for concern. All HSC staff have a moral duty to pass on any concerns to someone who can deal with it. I should therefore personally encourage you to speak up where you have genuine concerns about issues such as patient safety or possible malpractice in your workplace and reassure you that genuine concerns will be resolved quickly and effectively.
4. There is a common misconception that whistle blowing is solely fraud related. In effect whistle blowing can be wide ranging covering issues around health and safety e.g. unsafe products or working conditions.
5. Whistle blowing refers to "making a disclosure in the public interest" and it means that concerns relating to unlawful conduct, financial malpractice, dangers to the public or the environment, or actions otherwise contrary to the public interest can be reported in the workplace following the correct procedures and protecting employment rights. There should be an established whistle blowing policy and procedure within your organisation which should be followed for reporting your concerns.
6. I fully recognise that the decision to report a concern can be a difficult one to make. However, if what you are saying is true, you should have nothing to fear because you will be doing your duty to your employer and those for whom you provide a service.
7. I will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect you when you raise a concern in good faith. If you report concerns reasonably and in good faith you are also formally protected against victimisation under The Public Interest Disclosure (Northern Ireland) Order 1998 (revised 2004).
8. Your organisation's whistleblowing policy sets out how to go about expressing a concern both internally and, should it be necessary, outside line management. Each organisation's policy should make it clear that ultimately, you have the right to direct your concern to me.

Confidentiality of personal information about patients, families and members of staff must be protected

9. If you need to make a disclosure in the public interest it is important to be mindful of the need to avoid a breach of the privacy and confidentiality of personal information. It is wrong to give details of the condition or treatment of any patient or client without their explicit consent. Also, personnel records are protected by Data Protection legislation, and there are procedures for investigation and accountability of all staff in the HSC, in ALBs or within DHSSPS as part of the NI Civil Service, which should not be prejudiced or undermined by public or any other inappropriate disclosures of information. There are independent watchdog organisations, including the Northern Ireland Audit Office and the Regulation and Quality Improvement Authority which have specific duties to investigate confidential disclosure while protecting the person making the disclosure. The Patient and Client Council exists to act in the interests of patients and clients and to help with complaints. Where the duty to protect personal information is broken, it is sometimes necessary to investigate, however, any such investigation process should create no difficulty and hold no fear for anyone acting to disclose legitimate concerns in the public interest, as described above.

Conclusion

10. Finally, I would like to encourage you to feel confident in raising concerns and to question and act upon genuine concerns that you may have in relation to your workplace. This is a vital element of good public service based on the values and principles that are at the heart of Health and Social Care and all the related organisations.



Edwin Poots MLA
Minister for Health Social Services and Public Safety

TB/9/20/09/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

20 September 2012

Title:	Section 75 and Disability Discrimination Order Annual Progress Report 2011-12 to the Equality Commission Northern Ireland
Purpose:	Annual progress report to the Equality Commission Northern Ireland on Section 75 and the Disability Discrimination Order
Content:	Completed Equality Commission template on progress on Section 75 and the Disability Discrimination Order
Recommendation:	For noting
Previous Forum:	
Prepared by:	Mrs Michelle Lemon, Asst Director of HR, Equality & PPI
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

EQUALITY COMMISSION FOR NORTHERN IRELAND

Public Authority 2011 – 2012 Annual Progress Report on:

- Section 75 of the NI Act 1998 and
- Section 49A of the Disability Discrimination Order (DDO) 2006

This report template includes a number of self assessment questions regarding implementation of the **Section 75 statutory duties** from *1 April 2011 to 31 March 2012 (Part A)*.

This template also includes a number of questions regarding implementation of **Section 49A of the DDO** from the *1 April 2011 to 31 March 2012 (Part B)*.

Please enter information at the relevant part of each section and ensure that it is **submitted** electronically (by completing this template) and in hardcopy, with a signed cover letter from the Chief Executive or, in his / her absence, the Deputy Chief Executive to the Commission **by 31 August 2012**.

In completing this template it is essential to focus on the application of Section 75 and Section 49. This involves progressing the commitments in your equality scheme or disability action plan which should lead to outcomes and impacts in terms of measurable improvement for individuals from the equality categories. Such outcomes and impacts may include changes in public policy, in service provision and/or in any of the areas within your functional remit.

Name of public authority (Enter details below)

Northern Ireland Ambulance Service

Equality Officer (Enter name and contact details below)

S75:Michelle Lemon
Ambulance Headquarters
Site 30, Knockbracken Healthcare Park
Saintfield Road
Belfast. BT8 8SG
Telephone: 02890400748
Email: Michelle.Lemon@nias.hscni.net
DDO (if different from above):

Part A: Section 75 Annual Progress Report 2011 - 2012

Executive Summary

- What were the key policy / service developments made by the authority during this reporting period to better promote equality of opportunity and good relations and what outcomes were achieved?

The key development in respect of Section 75 within the reporting period was the approval by the Equality Commission of the Trust's Equality Scheme. This report will set out the way in which the Trust then published the approved Scheme, Consultation Report, Equality Action Plan and Audit of Inequalities.

Following this the Trust began implementation of the Scheme including by developing a new screening template and quarterly screening reports.

Key service and policy development work which was undertaken within the period included;

- the development of a draft policy and procedure for the transportation of assistance dogs on ambulances,
- engagement with staff with a disability and trade union representatives to develop a procedure for decision making in respect of reasonable adjustments for staff with a disability
- engagement with individuals accessing non-emergency ambulance transport
- Development of a Personal and Public Involvement Strategy informed by engagement with individuals (including with a disability or caring responsibilities). This document sets out the Trust's strategy for the involvement of those who access our services in the development of our policies and strategic decision making. The draft strategy recognises the clear links between this work and the equality agenda and the importance of enshrining Section 75 considerations within these work streams.
- Section 75 Audit of all NIAS staff
- Promotion of a Summer Scheme which to support staff childcare arrangements over the Summer period.

The Trust's Equality Forum (constituted by trade union representatives and staff reflecting Section 75 categories) continued to meet during the reporting period. This Forum discussed issues such as S75 monitoring of staff, management of disability within the Trust, display of emblems in the context of wearing of the Poppy during Remembrance Period and experiences of LGBT staff.

The Trust also promoted the creation of the Public Health Agency LGB and T Staff Forum, displaying information about the Forum on the Trust Corporate email, Intranet and staff notice boards. The Trust, along with other HSC Trusts and the Public Health Agency, also engaged with the Rainbow Group to discuss key issues facing LGB and T staff and service users and to discuss opportunities for awareness raising and training.

In addition the Trust continued to work closely with other HSC organisations to share good practice and promote a collaborative approach to delivery of the statutory duties. NIAS is represented on the DHSSPS Equality and Human Rights Steering Group which facilitates this collaborative approach and enables discussion on HSC strategic policy and shared HSC Equality and Human Rights work streams.

- What are the main initiatives planned in the coming year to ensure the authority improves outcomes in terms of equality of opportunity and good relations for individuals from the nine categories covered by Section 75?

The Trust will continue during 2012-13 to implement its Revised Equality Scheme and Action Plan. This will include working collaboratively with HSC organisations to implement the regional elements of the Equality Action Plan, update the Audit of Inequalities and the Trust's Consultation list.

A key priority during this period will be the review of interpreting services and beginning of a new procurement process around delivery of Interpreting and Translation Services within the HSC.

The Trust will launch its Personal and Public Involvement Strategy for consultation.

NIAS will also engage with the Public Health Agency LGBT Forum and its own Equality Forum around issues faced by and support for LGBT staff. This will include proposed involvement of the Trust in Belfast Pride for the first time.

A new quarterly reporting mechanism on learning outcomes is an important element of work streams during 2012-13. This involves a presentation to the Trusts Senior Executive Management Team outlining the learning for the Trust from Equality and PPI work Streams. This includes detail of learning from consultation and engagement activity and action taken or proposed to improve services as a consequence.

The Trust Disability Action Plan is due to expire during 2012-13 and so work to engage with those with a disability and their representatives to develop a new Plan which will be consulted on will also be a priority during this period. In this regard the Trust will also engage with other HSC Trusts and seek to synchronise the timeframes of future Disability Action Plans along with those of the other five Trusts.

During 2009-10 NIAS published an Equality Impact Assessment and consultation report in respect of Proposals for Efficiency Savings and Comprehensive Spending Review Investment. These proposals were implemented in three phases. During 2011-12 NIAS published a Monitoring Report in respect of the first two phases. An updated Monitoring Report to reflect the full three phases is planned for publication during 2012-13.

New / Revised Equality Schemes

- Please indicate whether this reporting period applies to a new or revised scheme and (if appropriate) when the scheme was approved?

The Northern Ireland Ambulance Service (NIAS) received approval for its Equality Scheme from the Equality Commission in August 2012 which was during the reporting period. However following approval, the Trust began publishing screening reports for policies screened from 01 April 2011, therefore this report relates to implementation of the Trust's approved **revised** Equality Scheme.

Section 1: Strategic Implementation of the Section 75 Duties

- Please outline evidence of progress made in developing and meeting *equality and good relations objectives*, performance indicators and targets in corporate and annual operating plans during 2011-12.

The Trust also continued to mainstream equality and good relations objectives within strategic objectives and performance management systems in the following ways:

- **Human Resources Strategy** – The Trust published a 5 year Human Resources Strategy during 2011-12. Equality and Human Rights are one of the core principles of this strategy...

In order to implement the strategy a performance management framework was developed which outlined key performance indicators to deliver the objectives of the strategy which includes equality and human rights objectives.

Assessment of performance against these standards is monitored on a monthly basis by the Director of Human Resources and Corporate Services and subsequently the Chief Executive. A copy of a performance assessment is provided at **Appendix A**.

- **Assurance Framework** – The Trust Board monitors compliance with key strategic objectives through an Assurance Framework. NIAS has mainstreamed equality objectives within this framework which is published on the Trust website and discussed at Trust Board meetings which are advertised and open to the public. These objectives reflect those set out within the Trust's Human Resources Strategy and performance assessment referred to previously.
- **Controls Assurance Standards** – NIAS governance arrangements include audited assessments against a set of key assurance standards. These include assurance around statutory compliance and engagement with those affected by Trust policies. In this regard the Trust is required to provide evidence of consultation and engagement processes and delivery of statutory requirements including in respect of **Section 75**.

Equality and Personal and Public Involvement (PPI) Steering Group - NIAS

Equality and PPI Steering Group is chaired by the Chief Executive and constituted by the Trust's Executive Directors.

In terms of key achievements reported within these mechanisms, implementation of the Trust's Equality Scheme was a key priority, having received approval for this from the Equality Commission in August 2011.

The Trust published the approved Scheme along with a Consultation Report which outlined how comments received during the consultation on the scheme influenced the final version.

In addition the Trust published its Equality Action Plan along with the Audit of Inequalities produced by all 6 HSC Trusts. All documents were placed on the Trust's website and a letter advising of the approval of our Scheme and the availability of these documents was sent to our full consultation list.

The key priority for the Trust then became implementation of the Scheme. In respect of policy screening, NIAS worked alongside other HSC Trusts to produce a new screening template to reflect the Equality Commission's guidance and the Commission was engaged in this regard. The new screening template is provided at **Appendix B** and is now used for all policy screenings. In addition the Trust engaged with colleagues in HSC Trusts to develop a template for the publication of quarterly screening reports. A copy of screening reports published during the reporting period is provided at **Appendix C**.

- The Steering Group monitors compliance with statutory duties and discusses key equality and good relations work streams within the Trust.

Section 2: Examples of Section 75 Outcomes / Impacts

Given the renewed focus of Section 75 aiming to achieve more tangible impacts and outcomes and addressing key inequalities; please report in this section how the authority's work has impacted on individuals across the Section 75 categories. Consider narrative in the following structure:

- *Describe* the action measure /section 75 process undertaken.
- *Who* was affected across the Section 75 categories?
- *What impact* it achieved?
- Please give examples of changes to policies or practices using **screening or EQIA**, which have resulted in **outcomes or impacts for individuals**. If the change was a result of an EQIA please indicate this and also reference the title of the relevant EQIA.

The Trust works to mainstream equality and good relations considerations into policy development and engagement processes in order to influence changes ***at this stage***. This includes for example discussing potential equality implications of policies when engaging with trade unions and other stakeholders around policies being developed. The following examples relate to changes made prior to the completion of the policy and screening sign off.

Examples of changes to policies and practices in respect of policy development work during the period included:

Manual Handling policy

Section 75 process

Engagement by policy lead with equality lead to discuss equality implications/screening considerations during policy development.

Who was affected?

Initial policy direction related to manual handling as a technical exercise. Policy would ultimately affect staff and patients (most likely in upper age brackets and with a disability).

What was the impact?

This process resulted in a change to the policy work to reflect particular consideration to be given to meeting individual patient needs and reflecting patient dignity as a key responsibility of staff.

Transportation of Assistance Dogs

Section 75 Process –

Engagement with Guide Dogs for the Blind Association and Blind Service User to influence policy development and ensure full consideration of equality/screening considerations during policy development, including involvement in risk assessment process.

Who was affected?

Service users who use assistance dogs and carers.

What was the impact?

Development of a draft policy and procedure which takes account of the needs of this group of patients and a risk assessment which gave full consideration to compliance with the Trust's statutory duties in respect of equality legislation.

- Please give examples of **outcomes or impacts on individuals** as a result of any **action measures** undertaken as part of your Section 75 action plan:

The Trust's Action Plan was effective from approval in August 2011 until March 2012, only, during the reporting period.

The development of a policy around the transportation of Assistance Dogs in ambulances described above was an action measure in the Trust's Equality Action Plan.

Section 75 Process

Creation and publication of Easy Read version of the Trust Equality Scheme

Who Was affected?

Those with an interest in NIAS and delivery of its equality agenda with a learning disability.

What was the impact?

This was designed to ensure full accessibility of our Scheme and the Trust's commitment to its statutory duties including for those with a learning disability.

- Please give examples of **outcomes or impacts on individuals** as a result of any **other Section 75 processes** e.g. consultation or monitoring:

Section 75 Process

Engagement activity through Trust's Equality and Personal and Public Involvement agenda with ambulance service users around NIAS policy in respect of the provision of non-emergency ambulance transport. This included participation in Patient Client Council Transport Fair

Who was affected?

Those accessing non-emergency ambulance transport in Southern Health and Social Care Trust area. The key demographic among those affected would have been people in upper age brackets and with a disability.

What was the impact?

Some service users provided feedback that they would wish the Trust to provide information to those accessing our services around what happens when a request for ambulance transport is made and how decisions about clinical need for ambulance transport are informed. In direct response to this the Trust produced a Plain English leaflet targeted at service users to explain our services in this regard.

Section 75 Process

The Trust undertook an audit of all staff in respect of Section 75 categories.

Who was affected?

This affected all staff.

What was the impact?

There was a particular impact in this exercise on members of staff who are Lesbian, Gay or Bi-sexual (LGB) who for the first time have an opportunity to indicate this and provide the Trust with better information around LGB representation among staff (recognising the sensitivities and potential under-reporting in this area).

Section 3: Screening

- Please provide an update of new / proposed / revised *policies screened* during the year.

For those authorities that have started issuing of screening reports in year; this section may be completed in part by appending, to this annual report, a copy of all screening reports issued within the reporting period.

As previously indicated, NIAS received approval for its Equality Scheme, from the Equality Commission in August 2011. In producing screening reports, the Trust included those policies screened from the previous April in order to provide a full financial year's reporting period. The first report published incorporated the period April 2011-December 2011 followed by a further quarterly report for the period January 2012-March 2012. The Trust wrote to all consultees to advise of the availability of these screening reports and placed the reports on the Trust website.

A copy of the screening reports published is provided at **Appendix C**.

Where screening reports have not been issued, for part or all of the reporting period, please complete the table below: **n/a**

Title of policy subject to screening	What was the screening decision? E.g. screened in, screened out, mitigation, EQIA...	Were any concerns raised about screening by consultees; including the Commission?	Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.

Section 4: Equality Impact Assessment (EQIA)

Please provide an update of policies subject to EQIA during 2011-12, stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2012-13.

- EQIA Timetable: April 2011 - March 2012

Title of Policy EQIA	EQIA Stage at end March 2012 (Steps 1-6)	Outline adjustments to policy intended to benefit individuals and the relevant Section 75 categories due to be affected.

Where the EQIA timetable for 2011-12 (as detailed in the previous annual S75 progress report to the Commission) has not been met, please provide details of the factors responsible for delay and details of the timetable for re-scheduling the EQIA/s in question.

(Enter text below)

- Ongoing EQIA Monitoring Activities: April 2011- March 2012

Title of EQIA subject to Stage 7 monitoring	Indicate if differential impacts previously identified have reduced or increased	Indicate if adverse impacts previously identified have reduced or increased
Efficiency Savings and Comprehensive Spending Review Investment	Monitoring information indicates that differential and adverse impacts are as identified in EQIA and mitigating measures implemented as a consequence.	

Please outline any proposals, arising from the authority's monitoring for adverse impacts, for revision of the policy to achieve better outcomes the relevant equality groups:

The Trust published a Monitoring Report in respect of the above EQIA during the reporting period. This outlined the updated assessment of impact and appropriate mitigating measures. The Trust wrote to its full consultee list to advise of the availability of this monitoring report and published the report on its website. This report can be accessed at:

http://www.niamb.co.uk/docs/documents/equality/November%202011/CSRMonitoringReport_Phases1and2.pdf

2012-13 EQIA Timetable

Title of EQIAs due to be commenced during April 2012 – March 2013	Revised or New policy?	Please indicate expected timescale of Decision Making stage i.e. Stage 6

Section 5: Training

- Please outline training provision during the year associated with the Section 75 Duties / Equality Scheme requirements including types of training provision and conclusions from any training evaluations.

During 2012-13 NIAS continued to mainstream Equality and Good Relations Training within Induction Training for new staff to the organisation. An awareness session around Section 75, Disability Discrimination Act 1998, The Human Rights Act 1998 and the Disability Discrimination Order 2006 is delivered by Trust Equality Staff. In addition a half day Equality and Good Relations session is delivered by Trademark. This is a more detailed, interactive exploration of equality issues such as gender, racism, sectarianism, flags and emblems, gender and homophobia. This training is very well received by staff who report finding it challenging and thought provoking.

In addition Equality Training was also delivered to newly appointed Clinical Support Officers as part of their Induction Programme. This also covered a review of equality legislation referred to above and focused on the responsibilities of officers in this regard.

The Trust developed a training session around strategic policy and decision making, targeted at Chief Executive, Executive Director and Assistant Director roles within the organisation. The purpose of this training is to outline key statutory responsibilities in strategic decision making including Section 75 requirements around screening, consultation and Equality Impact Assessment.

In addition to face to face training sessions, the Trust developed a Work Book which was issued to every member of staff in the organisation. This work book covered a number of areas within the Trusts such as clinical areas, risk management and information governance. An Equality Section was also included which provided an outline of equality legislation including Section 75. This was followed by a set of questions to provoke thought in terms of equality considerations. Completion of the workbooks was mandatory for all staff at every level in the organisation and was monitored through the line management structure.

Finally, the Trust provided support as appropriate to key staff attended equality training outside the organisation. This included

- the Trust's Equality and Employment leads attending Legal Island Annual Review Training which includes a review of equality case law.
- Two nominated managers participated in the Disability Action Train the Trainer programme which focused on good practice in the management of disability.

Section 6: Communication

- Please outline how the authority communicated progress on delivery of the Section 75 Duties during the year and evidence of the impact / success of such activities.

When reviewing its consultation list the Trust has established email addresses for most consultees making it easier to communicate in respect of Section 75 activity.

As previously indicated NIAS contacted all consultees to advise that it had received approval for its Equality Scheme from the Equality Commission. This correspondence included links to Trust published documents;

- Equality Scheme
- Equality Action Plan
- Consultation Report and
- Audit of Inequalities.

The Trust has established an Equality Section on its website where all Equality documents including those above are published.

Also published here is the Monitoring Report in respect of Efficiency Savings and Comprehensive Spending Review Investment and correspondence to consultees also advised of the availability of this report.

In implementing the Trust's Equality Scheme screening reports were produced and published on the Trust's website and consultees also notified.

As indicated previously performance against key performance indicators in respect of the Equality Agenda is included in the Trust's Assurance Framework. This document is published on the Trust website and presented at Trust Board meetings which are advertised in the press and open to the Public.

Mainstreamed communication methods include through established internal consultation groups such as the Trust's Joint Consultative and Negotiating Committee, Trust corporate email system and notice boards.

In undertaking engagement activities with service users the Trust has also used Facebook as a communication tool and utilised external communication vehicles such as the Patient Client Council website and PPI consultation lists of other HSC Trusts.

Section 7: Data Collection & Analysis

- Please outline any systems that were established during the year to supplement available statistical and qualitative research or any research undertaken / commissioned to obtain information on the needs and experiences of individuals from the nine categories covered by Section 75, including the needs and experiences of people with multiple identities.

Audit of Inequalities

Significant work was undertaken during 2010-11 by HSC Trusts to develop an Audit of Inequalities. This included research of available quantitative information and engagement with Section 75 representative groups to supplement this information. Each Trust has worked to continue to support the updating of this audit within this reporting period.

Staff Monitoring

The Trust has sought to improve its data in respect of the Section 75 profile of staff through undertaking a full audit of all staff in terms of all Section 75 categories. This information will help inform future screening, EQIA and monitoring exercises. The Trust's Equality Forum provides an information source for qualitative information in respect of the needs and experiences of staff in Section 75 categories.

During the reporting period the Trust submitted its Article 55 Review to the Commission in addition to its annual monitoring return.

Northern Ireland HSC Inequalities Monitoring System

Monitoring data is a key agenda item for the DHSSPS Equality and Human Rights Steering Group on which the Trust is represented by the NIAS Equality lead.

The DHSSPS has incorporated equality analysis of health outcomes as part of the Northern Ireland Health and Social Care Inequalities Monitoring System (HSCIMS).

The research concentrates on all-cause mortality to provide an assessment of the differences in health outcomes across the various Section 75 equality groups in Northern Ireland Mortality Study (NIMS). The aim is to describe differences in mortality between Section 75 groups and also examine whether such differences in mortality between section 75 groups and also examine whether such differences can be explained by social and economic disadvantage factors.

- Please outline any use of the Commission's Section 75 Monitoring Guide.

This guide was referred to in the development of published Monitoring Report.

Section 8: Information Provision, Access to Information and Services

- Please provide details of any initiatives / steps taken during the year, including take up, to improve access to services; including provision of information in accessible formats.

Consultation documents are available in alternative formats on request.

Easy Read versions of the Trust's Equality Scheme and Complaints Procedure have also been created.

In addition the Trust is involved in the regional HSC Accessible Formats work stream, lead by the Business Services Organisation. The purpose of this group is to ensure a regional approach to the provision of accessible information within health and social care. The purpose of this group is to support individuals in making informed choices about their health and social care through the provision of accessible information.

As outlined elsewhere in this report the Trust has worked through its Personal and Public Involvement (PPI) agenda to engage with those accessing our services to receive feedback in order to improve services. This is undertaken through:

- patient/service user surveys
- observations of practice
- gathering patient stories
- monitoring of complaints and compliments
- engagement activities with local communities and service users.

The Trust is committed to ensuring such activities are fully accessible and take account of the particular needs of those participating.

NIAS has worked alongside other Trusts towards an accessible complaints procedure for Health and Social Care. The Trust Complaints Procedure is now available in Cantonese, Mandarin, Portuguese, Polish and Lithuanian. An Easy Read and Audio version are also available and work is underway to produce a sign language DVD version.

Section 9: Complaints

- Please identify the number of Section 75 related complaints:
 - received and resolved by the authority (including how this was achieved);
 - which were not resolved to the satisfaction of the complainant;
 - which were referred to the Equality Commission.

During 2010-11 NIAS did not receive any formal Schedule 9 Section 75 Complaints.

However the Trust ensures any potential equality dimension to complaints received is given full consideration and the Trust's Equality lead engaged as appropriate. Consequently the Trust Complaints Officer has an awareness of equality legislation and will engage with the Equality Lead for example in respect of the potential of any Section 75, Human Rights or Disability Discrimination element of complaints received, in order to ensure full consideration of the Trust's statutory duties in this regard.

Section 10: Consultation and Engagement

- Please provide details of the measures taken to enhance the level of engagement with *individuals* and representative groups during the year.
- Please outline any use of the Commission's guidance on consulting with and involving children and young people.

Measures undertaken to communicate with the Trust's consultees have previously been outlined within this report.

Throughout the reporting period the Trust has worked to continue to engage with those accessing our services directly as well as with S75 representative groups. Some examples of these activities follow:

- Use of social networking (Facebook/Twitter) to publicise NIAS participation in Community events and encourage attendance and engagement with the Trust.
- Use of HSC Trust Personal and Public Involvement (PPI) networks and Patient Client Council website to invite individuals with an interest in our services to engage with us.
- Participation in Patient Client Council local community initiatives to engage directly with service users.
- Use of service user feedback questionnaires to invite individuals to register an interest in engaging with NIAS.
- Working in partnership with Patient Client Council to develop a joint initiative for 2012-13 relating to patient/carer involvement.

- Participation in HSC Patient and Client Experience work streams designed to engage with patients and carers to get feedback on experiences of services and ensure consequential learning and improved practice.
- Engagement with disability sector groups in regional HSC work streams around disability training and provision of accessible information.
- Involvement with HSC engagement with Rainbow around LGB issues.
- NIAS Equality Forum engaging with staff and trade union representatives from Section 75 categories.
- Participation in regional HSC work streams to engage with service users, carers and representative groups through HSC Regional PPI Forum, DHSSPS PPI Review Group and Belfast Health and Social Care Trust PPI Steering Group.
- Engagement with service users and representatives in respect of Trust policy around transportation of assistance dogs and particular needs of deaf service users.
- Engagement with service users in development of a PPI Strategy for NIAS.

Section 11: The Good Relations Duty

- Please provide details of additional steps taken to implement or progress the good relations duty during the year. Please indicate any findings or expected outcomes from this work.

As outlined previously, NIAS Equality and Good Relations training is mainstreamed as part of the Trust's induction programme for new staff. This training, delivered by Trademark has a strong Good Relations focus, encouraging dialogue in respect of the promotion of good relations, harmonious working environments, sectarianism, racism, flags and emblems and harassment.

A question around the potential to better promote good relations is included in the Trust's screening template.

The Trust's Equality Forum also focuses on good relations including discussion during the reporting period around display of flags and emblems in order to input into the development of Trust guidance around the wearing of the Poppy during Remembrance period.

- Please outline any use of the Commission's Good Relations Guide.

Section 12: Additional Comments

- Please provide any additional information/comments.

Part B: 'Disability Duties'
Annual Report 1 April 2011 / 31 March 2012

1. How many action measures for this reporting period have been:

8

Fully
Achieved?

▲

3

Partially
Achieved?

Not
Achieved?

2. Please outline the following detail on all **actions that have been fully achieved** in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs ¹	Outcomes / Impact ²
National ³			
Regional ⁴	Engagement with disability sector and representatives and individuals regarding development of training for HSC staff.	NIAS involvement in HSC meetings and workshops to engage individuals and groups including Mencap, RNIB, RNID and Action Mental Health. A number of meetings were held to complete this module HSC e-learning package produced and launched in May 2011	<p>High level ongoing involvements by people with disability and Disability Advocacy Groups in this work stream.</p> <p><input type="checkbox"/> Significant exchange of models of good practice between Trusts and Disability Advocacy Groups.</p> <p><input type="checkbox"/> Development of a learning environment where people are prepared to be both challenging and challenged.</p> <p><input type="checkbox"/> More positive attitudes to people with disabilities.</p> <p><input type="checkbox"/> Greater confidence of staff in providing services for people with disabilities.</p>

¹ **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

² **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

³ **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

⁴ **Regional**: Situations where people can influence policy decision making at a middle impact level

	Ensure communication systems represent good practice and encourage involvement of disabled people	To work collaboratively with other HSC organisations and in consultation with disabled people and their representatives in respect of health service information provision Participation in Accessible Formats Working Group with other HSC Trusts	Involvement of disabled people and their representatives in the development of good practice in accessible information provision.
Local ⁵	Ensure communication systems represent good practice and encourage involvement of disabled people	<ul style="list-style-type: none"> • Review of NIAS website to identify opportunities for improved good practice. 	Work is underway to produce recommendations following this review to improve website accessibility.
		<ul style="list-style-type: none"> • Easy Ready versions of Equality Scheme and Complaints Procedure produced. 	Improved accessibility of Trust publications including to encourage participation
	To engage with staff with a disability and their representatives in respect of NIAS implementation of regional Employment Guidance	<ul style="list-style-type: none"> • Undertake an audit of staff to identify those with a disability • Meet with staff with a disability and representatives to discuss regional guidance on reasonable adjustments and in respect of NIAS implementation. 	Section 75 audit of all staff completed Undertaken through Trust Equality Forum ensuring full consideration of the views and experiences of staff with a disability and their representatives in the development of systems to manage disability and make decisions in respect of reasonable adjustments.

⁵ **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

		<ul style="list-style-type: none"> • Staff representative with a disability to participate in Trust's Equality Forum 	Involvement of staff with disability and their representatives in processes which affect them.
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2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1	Engagement with disability sector and representatives and individuals regarding development of training for HSC staff.	<p>NIAS attendance at meetings and workshops to engage individuals and groups including Mencap, RNIB, RNID and Action Mental Health. A number of meetings were held to complete this module</p> <p>HSC e-learning package produced and launched in May 2011</p>	<p>High level ongoing involvements by people with disability and Disability Advocacy Groups in this work stream.</p> <ul style="list-style-type: none"> • Significant exchange of models of good practice between Trusts and Disability Advocacy Groups. • Development of a learning environment where people are prepared to be both challenging and challenged. • More positive attitudes to people with disabilities. • Greater confidence of staff in providing services for people with disabilities.
		Equality Awareness Training delivered through Induction Programmes	Increase awareness and knowledge of the DAP and associated responsibilities for all staff.

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1	<input type="checkbox"/> Involvement of key stakeholders in the process. Networking and building of relationships.	<p>A new Regional Accessible Communication Group is progressing many of the DAP actions. Group comprised of Trust staff, other HSC organisations, people with disabilities and disability advocacy groups.</p> <input type="checkbox"/> A Regional Guide will be launched in May 2012	<p>Enhanced participation for people with disabilities re: Trust services.</p> <input type="checkbox"/> Provision of up-to-date and relevant information for staff in relation to accessibility issues. <input type="checkbox"/> Improved accessibility and services for people with disabilities. <input type="checkbox"/> Increased staff confidence and competency in this area.

2 (d) What action measures were achieved to '**encourage others**' to promote the two duties:

	Encourage others Action Measures	Outputs	Outcome / Impact
1	Trust training and PPI activities used to encourage managers to consider duties in screening activity and in consideration around engagement activities on Trust policy areas	<p>Training delivered</p> <p>Screening Template</p>	The aim is to encourage managers to promote DDO Duties

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1	The implementation of the 2nd Generation Equality Scheme and the Section 75 Equality Action Plan contains a number of targets which promote these duties.	Production of Audit of Inequalities and Emerging Themes Booklet has created a key research document for Trust staff in relation to people with disabilities.	These key documents further promote the Disability Duties. □□ The Screening and EQIA processes contain clauses which promote the Disability Duties.

3. Please outline what action measures have been **partly achieved** as follows:

	Action Measures partly achieved	Milestones ⁶ / Outputs	Outcomes/Impacts	Reasons not fully achieved
1	To engage with disabled people and their representatives in respect of training to specifically include the Disability Duties	<ul style="list-style-type: none"> Develop a plan for the roll out of the e-learning module for NIAS staff 	Promote learning and positive attitudes through e-learning	Engagement has taken place to plan this roll out however some barriers exist in respect of staff access to technology. In the interim Trust Work Book developed that reflects some of the areas and potential for roll out of e-learning module still being worked through.

⁶ **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.

2	Improved communication about the Disability Duties within the organisation	<p>To ensure all staff are fully aware of the duties</p> <p>NIAS in house magazine reflects disability duties</p>	<p>Provision of an update on the implementation of the duties for staff</p> <p>Development of a short guide on the duties and place on NIAS Intranet site</p> <p>To ensure at least one article which either promotes positive attitudes or involves a disabled person is published in NIAS News</p>	<p>Some work completed around this including presentation to staff at Equality Forum and references in staff work book</p> <p>Draft in progress for completion during 2012-13</p>
	NIAS encourages participation of people with a disability and their representatives	Ensure that NIAS meets the needs of service users with disabilities	Engage with Guide Dogs for the Blind on transport of guide dogs to develop and publish policy for the transport of guide dogs and assistance dogs	Work partially completed, draft documents and risk assessments pending approval

4. Please outline what **action measures have not been achieved** and the reasons why?

	Action Measures not met	Reasons
1		
2		
3		

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

- Regional Working Groups – Stakeholder participation - quality assurance of documents and guidance.

☐ Monitoring of DAP for Annual Progress Report to ECNI

- NIAS has performance and accountability management systems in place at a management and strategic level to monitor progress in the implementation of the duties.

(b) Quantitative

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Please delete: / No

If yes please outline below:

	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			

7. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

APPENDICES

APPENDIX A

Human Resources and Corporate Services

Performance Assessment

EQUALITY OBJECTIVES

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	Performance Assessment Commentary
1.1	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	G	G	Audit kept under review and updated twice a year through regional mechanisms, action plan approved by Steering Group and published Nov 2011.
1.2	Lead a programme of policy screening, Equality Impact Assessment (EQIA) and Monitoring	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	G	G	Ongoing screening in place, new template approved by Equality and PPI Steering Group
1.3	Complete and submit statutory reports as appropriate	GA	GA	GA	GA	G	G	G	G	G	G	G	G	Statutory returns provided as appropriate, all statutory deadlines to date have been met.

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	Performance Assessment Commentary
12.1	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	G	G	New screening template, audit of inequalities and related action plans all in place.

12.2	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	G	G	Managers guidance, staff workbook and Induction in place, engagement with TU representatives via HRJCG and Equality Forum in respect of key issues and staff made aware of regional fora e.g. LGBT HSC Staff Forum.
12.3	Identify and address inequalities relating to ambulance services and employment practices	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	G	G	Audit of Inequalities updated in line with regional work streams and related action plan to address NIAS specific actions in place in addition to regional HSC action plan.
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	Performance Assessment Commentary
13.1	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	G	G	Systems of engagement in place via Equality agenda incl with Trade Union representatives in addition to PPI mechanisms via Patient Client Council, community engagement workshops and PPI Strategy work streams.

APPENDIX B

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and
will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) [Information about the Policy/Proposal](#)

(1.1) Name of the policy/proposal

(1.2) [Is this a new, existing or revised policy/proposal?](#)

[\(1.3\) What is it trying to achieve](#) (intended aims/outcomes)?

(1.4) [Are there any Section 75 categories \(see list in 3.1\) which might be expected to benefit from the intended policy/proposal?](#)

(1.5) [Who owns and who implements the policy/proposal](#) - where does it originate, for example DHSSPS, HSCB?

(1.6) [Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision?](#) (Financial, legislative or other constraints?)

(1.7) [Who are the internal and external stakeholders \(actual or potential\) that the policy/proposal/decision could impact upon?](#) (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

(1.8) [Other policies with a bearing on this policy/proposal](#) (for example regional policies) - what are they and who owns them?

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

<i>Details of evidence/information</i>

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

<i>Category</i>	<i>Needs, experiences and priorities</i>	
	<i>Service users</i>	<i>Staff</i>
Gender		
Age		
Religion		
Political Opinion		
Marital Status		
Dependent Status		
Disability		
Ethnicity		
Sexual Orientation		

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender			
Age			
Religion			
Political Opinion			
Marital Status			
Dependent Status			
Disability			
Ethnicity			
Sexual Orientation			

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	Please provide details
Gender	
Age	
Religion	
Political Opinion	
Marital Status	

Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief		
Political opinion		
Racial group		

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	
Political opinion	
Racial group	

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

(6) Consideration of Human Rights

(6.1) [Does the policy/proposal affect anyone's Human Rights?](#)
[Complete for each of the articles](#)

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			

Article 5 – Right to liberty & security of person			
Article 6 – Right to a fair & public trial within a reasonable time			
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			
Article 8 – Right to respect for private & family life, home and correspondence.			
Article 9 – Right to freedom of thought, conscience & religion			
Article 10 – Right to freedom of expression			
Article 11 – Right to freedom of assembly & association			
Article 12 – Right to marry & found a family			
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			
1 st protocol Article 2 – Right of access to education			

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please [outline any actions you will take to promote awareness of human rights](#) and evidence that human rights have been taken into consideration in decision making processes.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	
No impact	

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	
No	

(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?

Yes	
No	

(7.4) Please give reasons for your decision and detail any mitigation considered.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

Approved Lead Officer:

Position:

Date:

Policy/proposal screened by:

Please forward completed screening template to the Policy Unit via e-mail to sandra.pollock@northerntrust.hscni.net

APPENDIX C Screening Reports

NORTHERN IRELAND AMBULANCE SERVICE EQUALITY SCREENING REPORT 1 APRIL – 31 DECEMBER 2011

Introduction

Section 75 of the Northern Ireland Act 1998 requires the Northern Ireland Ambulance Service Health and Social Care Trust, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- men and women generally;
- persons with a disability and persons without; and
- persons with dependants and persons without.

Without prejudice to these obligations, the Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Trust's Equality Scheme outlines how we propose to fulfil our statutory duties under Section 75. Within the Scheme, the Trust gave a commitment to apply the screening methodology below to all new and revised policies and where necessary and appropriate to subject new policies to further equality impact assessment:

- What is the likely impact of equality of opportunity for those affected by the policy/proposal, for each of the Section 75 equality categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

In keeping with the commitments in our Equality Scheme, the Trust has applied the above screening criteria to new policies and proposals. The screening process is used to identify which policies are likely to have a significant/major impact on or consequence for people including those in any of the nine equality groups.

If it is decided that a policy/proposal is likely to have a significant/major impact in relation to equality, it is then necessary to carry out a more detailed exercise called an Equality Impact Assessment (EQIA).

This screening report outlines the screening outcomes between 1 April and 31 December 2011.

Communication and Engagement

In order to carry out our functions there is a need to continue to effectively engage and work collaboratively with a wide range of stakeholders including Trust staff, Trade Unions, service users, carers, commissioners, primary care, public representatives and independent providers.

The Trust is committed to promoting Personal and Public Involvement in all its activities. The development of new policies and proposals will be supported by effective engagement processes to ensure that staff, service users and all interested parties are fully involved. Planning for and delivering safe, clinically effective and cost effective services requires close collaboration at many levels.

To ensure equality of opportunity in accessing information, we will provide this document in alternative formats on request, where reasonably practicable. Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language. If you have any queries about this document and its availability in alternative formats then please contact:

Michelle Lemon
Ambulance Headquarters
Site 30 Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90400999
Fax: 028 90400903
Textphone: 0890400871
E-mail: michelle.lemon@nias.hscni.net

Outcome of Screening

The screening outcomes are outlined in the table below. Three possible outcomes are recorded:

- **screened in** for equality impact assessment
- **screened out with mitigation** (i.e. ways of delivering the policy outcome which have a less adverse effect on the relevant Section 75 categories) or an alternative policy proposed to be adopted
- **screened out without mitigation** or an alternative policy proposed to be adopted.

Screening Date	Policy	Aim	Screening Outcome	Decision
28 Apr 11	Knowledge & Skills Framework Personal Development Review Guidance	The aim of the guidance is to support line managers and staff in successfully implementing the NHS Knowledge & Skills Framework Personal Development Reviews within the Trust by explaining the background to and purpose of KSF PDRs, outlining the respective roles, responsibilities and skills of reviewers and reviewees.	KSF PDRs aim to provide an objective and consistent approach for staff to identify and facilitate development needs appropriate to their role and confirm pay progression. In implementing this guidance for all staff, the Trust is ensuring compliance with nationally agreed Agenda for Change terms and conditions. Screening indicates that the policy is likely to have a low adverse impact on equality of opportunity.	Screened out without mitigation
May 11	Disposal of Assets Policy	Provides guidance on the sale, loss, destruction, condemning, scrapping or transfer of assets, capital inventory or stocks. Underlines the Trust's commitment to good practice in the disposal of assets including investigations, minimising risk and promoting a culture of continuous improvement.	The policy aims to provide all staff with guidance on the disposal of assets. The policy is consistent NIAS's overall aims and principles with respect to avoiding environmental harm and managing utilities and resources to reduce impact and to preserve and enhance the environment. Screening indicates that the policy is likely to have a low adverse impact on equality of opportunity.	Screened out without mitigation
27 Jul 11	Volunteer Procedure	This procedure has been developed by NIAS to take account of its volunteers and the role they play in complementing the work of its' staff. It acknowledges and supports the role of volunteers, sets out the principles governing the use of volunteers and provides a set of guidelines to ensure good practice in working with volunteers and encourages and enables, rather than restrict the involvement of volunteers.	This policy relates to all NIAS staff and all members of the general public and does not have any direct impact on the different groups listed in Section 75.	Screened out without mitigation

29 Jul 11	Corporate Plan 2011 – 2015	Sets out the strategic direction for the organisation over the next four years. It aims to provide safe, effective, high-quality care and to secure improved health and well-being for the whole community. The plan includes a set of strategic aims and objectives which have been developed to shape the future delivery of ambulance services.	The Corporate Plan aims to create an organisation which is more adaptive and able to embrace change with a focus on patient care and safety, service modernisation and reform, clinical excellence and ethical practices. The plan is consistent with NIAS's overall aims and principles. Screening indicates that the plan is likely to have a low adverse impact on equality of opportunity. The plan is designed to continue to improve service delivery and outlines the Trust's commitment to promoting equality of opportunity and good relations.	Screened out without mitigation
Screening Date	Policy	Aim	Screening Outcome	Decision
Jul 11	Security Policy	Sets out the Trust's plan for the management of Security. It gives guidance on reporting and managing security including incident investigation, minimising risk and promoting a culture of continuous improvement. The Trust will endeavour to minimise risks to patients, clients, staff, visitors, contractors and others through the effective management of Security.	The policy aims to provide all staff with guidance on security and is consistent NIAS's overall aims and principles. Screening indicates that the policy is likely to have a low adverse impact on equality of opportunity.	Screened out without mitigation
Jul 11	Waste Management Policy	Sets out the Trust's plan for the management of waste. The Policy identifies the Trust's commitment to the responsible management of waste in all its activities. It provides guidance on reporting and managing waste including: incident investigation, minimising risk and promoting a culture of continuous improvement.	The policy aims to provide all staff with guidance on waste management and is consistent NIAS's overall aims and principles with respect to avoiding environmental harm, managing utilities and resources to reduce impact and to preserve and enhance the environment. It includes a commitment to the continual improvement of the management of the environment and to compliance with environmental and legal requirements. Screening indicates that the policy is likely to have a low adverse impact on equality of opportunity.	Screened out without mitigation

Screening Date	Policy	Aim	Screening Outcome	Decision
19 January 2012	Education, Learning & Development Strategy 2012-2017	The Education, Learning & Development Strategy 2012-2017 is aimed at achieving the delivery of safe and effective patient care. The Trust recognises that this can only be achieved through the use of effective education, learning and development. This strategy supports the Trust's Corporate Objectives and will be achieved through the implementation of Trust Education, Learning & Development Annual Plans	Screening indicates that the Strategy is likely to have no adverse impact on equality of opportunity. The Trust recognises that the aims of the Education, Learning & Development Strategy 2012 – 2017 can only be achieved through the use of effective, education, learning and development for all staff irrespective of their grouping under Section 75.	Screened out without mitigation
12 March 2012	Protocol for Work Placements/Observational Visits	The aim of the protocol is to provide members of the wider community with an opportunity to experience the working environment of an Ambulance Service and to allow existing staff opportunities to observe the work of other employees for the purposes of professional and career development.	Screening indicates that the protocol is likely to have no adverse impact on equality of opportunity.	Screened out without mitigation

TB/10/20/09/12

From the Permanent Secretary
and HSC Chief Executive

Dr Andrew McCormick



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

To: Chairs and Chief Executives of Arms Length
Bodies

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

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

Our Ref: AMCC 3991

Date: 6 September 2012

Dear Colleague

ASSURANCE AND ACCOUNTABILITY ARRANGEMENTS FOR ARMS LENGTH BODIES (ALBs) – BUSINESS PLANNING FOR 2013/14

You will already be aware that the Department has been taking steps to strengthen its assurance and accountability arrangements for all of its Arms Length Bodies (ALBs). This includes improving our approach to business planning with the key objective of ensuring that all ALBs should be able to have annual Business Plans approved by the Department (where this is required) and in place before the start of the relevant financial year.

For 2013/14, the Department therefore aims to ensure that ALB business plans (including the HSCB Commissioning Plan and Trust Delivery Plans) are in place by 31st March 2013 and that their contents reflect Ministerial/Departmental priorities and targets. To achieve this, the Department is working to the following indicative timetable for the 2013/14 year:

- Departmental priorities, targets etc. to be developed and communicated to each ALB by early November 2012; and
- ALBs to submit draft business plans to the Department by mid January 2013 for its consideration and when fit for purpose, approval.

As normal, the priorities and targets communicated to each ALB will be supported on an ongoing basis throughout the year by a range of communications, to Chairs and/or Senior Management in ALBs, from policy, operational and professional leads in the Department setting out additional detail and other requirements designed to support Ministerial priorities, Departmental policy and strategy and statutory requirements.

The Department is therefore establishing an ALB Business Planning Group to be led by the Central ALB Governance Unit. This Group will have representation from all ALBs along with Departmental Sponsors and those officials engaged in drafting Departmental guidance. It will provide a forum in which ALBs can seek clarification about the form and implications of these new arrangements and will also provide ALBs with the opportunity to input their views, as the business planning guidance is developed.

The purpose of this letter is to ask you for a nomination from your organisation to participate in the ALB Business Planning Group. It is planned that it will meet three times (September, October and November), with the final guidance being produced by end November 2012.

As stated above, the focus for 2013/14 will be on early planning and ensuring that all business plans fully reflect Ministerial and Departmental priorities and targets. In the medium term, we would wish to work with ALBs to, in a number of cases, rationalize the number of planning documents produced. This will both reduce the administrative burden on some ALBs and will aid openness and transparency by making it easier for members of the public and others to access plans in a reduced number of documents. It would also be our intention in the medium term, working with ALBs, to move towards a more consistent format to ALB business planning documents, as far as that is possible and appropriate.

I would ask that you provide your nomination for the ALB Business Planning Group **by 14 September**, so that this issue can be taken forward promptly. Please can you reply to ian.mcfaul@dhsspsni.gov.uk cc'd to wendy.patterson@dhsspsni.gov.uk. If you would like to discuss any of the above further, please contact Fergal Bradley, tel. 905 22792, in the first instance.



ANDREW McCORMICK