

NORTHERN IRELAND AMBULANCE SERVICE

***A Meeting of Trust Board to be held on Thursday, 19 July 2012 at 2.00pm,
Trust 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:

3.0 Minutes of the previous meeting of the Trust Board held 31 May 2012 (for approval and signature)

TB/1/19/07/12

4.0 Matters Arising

- 4.1 Quality 2020: A 10 Year Strategy to Protect & Improve Quality in
Health & Social Care in Northern Ireland
- 4.2 Issue of '111' information

TB/2/19/07/12

5.0 Chairman's Business

- 5.1 Visit to Whiteabbey Ambulance Station
- 5.2 Chairman's Update

6.0 Chief Executive's Business

- 6.1 Chief Executive's Update
- 6.2 Transforming your Care

TB/3/19/07/12

7.0 Assurance Framework as at 31 May 2012

TB/4/19/07/12

8.0 Items for Approval

9.0 Items for Noting

- 9.1 HR Annual Report 2011/12
- 9.2 Health and Wellbeing & Attendance Management Action Plan
(2012/13)
- 9.3 Minutes of Audit Committee Meetings held 12 March 2012 and
7 June 2012
- 9.4 Minutes of Assurance Committee Meeting held on 7 June 2012

TB/5/19/07/12

TB/6/19/07/12

TB/7/19/07/12

TB/8/19/07/12

10.0 Application of Trust Seal

11.0 Forum for Questions

12.0 Any Other Business

Next meeting of Trust Board & AGM will be held on Thursday, 20 September 2012 at NIAS Headquarters

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

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

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

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

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

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



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Meeting to be held on Thursday, 19 July 2012 at NIAS Headquarters,
Knockbracken Healthcare Park, Belfast. BT8 8SG***

TB/1/19/07/12

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 31 May 2012 at 10.30am at the Northern Ireland Ambulance Service Headquarters, Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG

Present:

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

Dr D McManus, Medical Director

2.0 Procedure: Declaration of potential Conflict of Interest Quorum

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

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

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

4.0 Matters Arising

4.1 Draft Annual Report

The Chief Executive advised that the Annual Report had been circulated to the Board for consideration and comments and is currently with the Auditors.

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

It was advised that a new date is to be arranged for the presentation of Quality 2020.

Action: Chief Executive's office to liaise with DHSSPS to confirm new date.

5.0 **Chairman's Business**

5.1 **Recruitment of Non Executive Director**

The Board were advised that dates for short listing have been arranged and interviews are to take place in July 2012.

5.2 **Chairman's Update**

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

6.0 **Chief Executive's Business**

6.1 **Chief Executive's Update**

The Chief Executive outlined some of his activities since the last Board meeting, including the following:

- The Chief Executive and Chairman, along with Chairs and Chief Executives of all Trusts met with the Minister for Health. The meeting was to discuss Transforming Your Care, Emergency Department waiting times and turnaround times at hospital and finance matters. Further meetings are to be arranged.
- Attended the 'Four Nations' meeting in Cardiff. These meetings offer an opportunity to share and learn. The next meeting will be held in Belfast.
- Met with Trade Unions following leaks to the press in relation to efficiency savings. This was an important meeting where the Trust is seeking to engage with all Unions. Information was also communicated to staff advising of Trust's position.
- Visited the North Eastern Ambulance Service and saw the '111' system in action which includes the management of alternative care pathways for unscheduled care. A similar system will hopefully form part of NIAS modernisation plans. The visit was very useful and important contacts were made.
- Provided an update and potential impact on population plans for Transforming your Care (TYC) which was well received. The Chief Executive has been invited to join the Programme Board.
- The Chief Executive attended a 'Connected Health Engagement' workshop where there was an opportunity to hear how the increased use of connected health and technology can support the proposed model of care recommended in TYC.

- Attended a workshop for TYC to determine roles and responsibilities going forward. The shift from acute sector to community for 'Unscheduled Care' was highlighted by the Chief Executive.
- Attended an 'Ambulance Leadership Forum' in Kenilworth where Sir David Nicholson, head of the NHS in England delivered a keynote speech in which there was a reference to the importance of '111'.
- Met with the a journalist from the Irish News in relation to the item published regarding a delay in the arrival of a conveying ambulance for an incident in Belfast city centre. This matter is under investigation and changes have been initiated to address some of the failings. The use of 'trigger tools' was also discussed. The matter was identified as a 'Serious Adverse Incident' and shared with the HSCB to confirm that actions taken were appropriate. Measures will be put in place to prevent a re-occurrence.
- The Board welcomed the open debate about the incident and were pleased to hear of the learning outcomes.
- Is NIAS involved in population plans for the western area?
- NIAS is not directly involved, however NIAS have shared the Trust's Corporate Plan which includes our plans for '111' with all 5 LCGs and HSCB / PHA. The Western Trust and LCG invited the Chief Executive to join them in a discussion on shaping their population plans which has now incorporated a section on ambulance. NIAS will have the opportunity to comment on all 5 population plans.
- Is the '111' scheme working well in the North Eastern Ambulance Service?
- Early indications would suggest that it is working well and formal evaluation is awaited.
- Will services for mental health and children be put in place?
- Services have been built up over a number of years. The Chief Executive met yesterday with representatives from within HSCB and the DHSSPS and proposals are under consideration that NIAS should develop and host a directory of services in support of the '111' system.
- Will these services be included in local population plans and then linked to regional plans?
- Plans are at an early stage but it is hoped that a list of all services will be made available. NIAS being a regional organisation has access to all parties with the capacity to implement the system. There is also the potential to engage with the South of Ireland for an 'All Ireland' picture. This system has great potential for Northern Ireland and patients will benefit as there will be more options available than A&E.

6.2 Visit by Health Committee – 21 March 2012

The Health Committee visited the Trust on 21 March 2012 and the Corporate Plan was showcased. They now have a better understanding of the management of unscheduled care.

- The Board enquired if there was information that the North Eastern Ambulance Service could provide on '111' which would help paint the picture as it would be beneficial to have some detail.

Action: Chief Executive to issue information.

7.0 Assurance Framework as at 31 March 2012

Medical

In the Medical Director's absence the Chief Executive updated members on the Medical report.

The following comments/issues were raised:

- With the new hospital opening in Enniskillen are there robust continuity plans in place for the transfer of patients?
- Local Managers are working with the Trust in the development of plans and extra resources will be made available to move patients from the Erne to the new site.
- If there is a requirement for consultation on the new system in Control for the management of GP urgent calls, will this delay implementation?
- A screening exercise will need to take place to determine if a consultation is necessary for the new system and the Operations Department is working closely with HR in this regard.

Operations

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

- Performance for the year was commended and the Board raised the issue of trend analysis for urgent and non urgent calls and asked whether the Trust has considered sub-categorisation of calls which is carried out in England?
- Cat A calls in England are sub divided as a consequence of reconfiguration and a move to different measures of performance. NIAS have a very simple process in place to deal with calls which is open and transparent and HSCB has not signalled a move from existing measures of performance. In addition NIAS regularly presents information on clinical indicators to the Trust Board in public papers.
- There are 27.5% of patients that the Trust is not getting to within the 8 minute target.
- The Trust responds to Cat A calls as soon as possible however rurality is an issue and we need to focus on the 27.5% which are outside the target.
- The number of ambulances held in queues at some A&E centres was highlighted.
- Action is being taken to address this problem.

Finance

The Director of Finance updated members on her report and no comments/issues were raised.

Human Resources

The Director of Human Resources & Corporate Services updated members on her report and the following comments or issues were raised:

- In relation to legal claims, does the Trust have a systematic review of cases to prevent re-occurrence?

- The Trust does have a process for 'learning outcomes' which is presented to SEMT on a regular basis.

8.0 Items for Approval

8.1 Draft Trust Delivery Plan

The Chief Executive presented the Trust Delivery Plan for approval and the following comments/issues were raised.

- As a Board we have to manage potentially conflicting demands and priorities.
- NIAS has a responsibility to deliver services within the budget set and align with the Ministerial priorities as expressed and interpreted by DHSSPS/HSCB/PHA.

Some discussion ensued in relation to the impact of service changes with an increase in demand, requirement to make savings and the responsibilities of the Board.

The Draft Trust Delivery Plan was approved on the proposal of Mr McKinley and seconded by Prof Hanratty.

8.2 Business Case for Enniskillen Station

The Board had previously received the Business Case electronically and the document is presented today for formal approval. When approval is received from the DHSSPS it is hoped to use the same template for future business cases. The following comments/issues were raised:

- Some minor errors were identified on pages 28 and 83.
- Will staff move to temporary accommodation whilst building works are ongoing?
- NIAS has developed options to maintain services in the local area while construction of the new station is underway. These continue to be explored.
- Are there any indications of when the business case will be approved?
- We are engaging with the DHSSPS and have answered a number of queries. We remain optimistic that it will be approved soon.
- The Board were assured by the 'Business Case' and commended the team involved in the development of the very detailed document.

The Business Case was approved on the proposal of Ms Paisley and seconded by Mr McKinley.

8.3 Health & Safety Policy

This policy has been reviewed jointly by NIAS and Trade Unions and meets the Trust's statutory requirements to staff.

The policy was adopted on the proposal of Mr Archer seconded by Prof Hanratty.

8.4 Manual Handling Policy

The policy was presented for approval. There was query in relation to the training requirements and it was suggested that a paragraph be included in the policy statement to clarify the matter.

Subject to this amendment the policy was adopted on the proposal of Mr Shields and seconded by Ms Paisley.

9.0 Items of Noting

9.1 Amended Whistle Blowing Policy

This policy was amended at the last Board meeting in line with correspondence received from the DHSSPS which was to include contact information on independent external advice. Further correspondence has been received where Ministerial contact information is to be included in the policy. The intention is that the amended policy will be included with payslips in the near future. The Board supported the policy and would encourage staff to use it if necessary. It was considered that the information should be expanded to point out the complete independence of the designated contact person for NIAS staff. It was also suggested that a condensed policy be sent to staff for easy reading. The Board were advised that the Minister expects the full policy to be issued to staff but that consideration could be given to a summary being issued at a later date. The Board were advised that there are other avenues open to staff who wished to raise an issue and which have been used on occasions.

Subject to the amendment suggested the policy could be sent to staff.

9.2 Management Statement/Financial Memorandum

As part of the 'Core Information Requirements' of the DHSSPS this document is to be presented to the Board each year for their information.

It was noted that a representative from the DHSSPS is expected to attend the Audit Committee at least once each year. The Chair of the Audit Committee advised that there has been no representative from the DHSSPS at any Audit Committee meeting in recent years.

9.3 Patient & Public Involvement Strategy

The Asst Director of HR & CS, Mrs Michelle Lemon was thanked for her work in developing this strategy. Work was carried out with service users to identify key issues.

- The strategy was welcomed by the Board. and it was considered that it would be useful if feedback could be used.
- The difficulty NIAS has is that the time which patients are under NIAS care is usually relatively short and often in very stressful circumstances.

9.4 Consultations

Noted.

9.5 Minutes of Assurance Committee held 12 March 2012

Noted.

10.0 Application of Trust Seal

10.1 Rent Review for M1 Business Park

It was noted that the rent has been reduced from 1 November 2012.

11.0 FORUM FOR QUESTIONS

A member of the public asked if the '111' number would be free from mobile phones?

The number is not yet in use in Northern Ireland however it is free in the areas in GB which operate it and we would anticipate that the same conditions apply in Northern Ireland.

12.0 Any Other Business

None.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 19 July 2012 in the Northern Division, venue to be confirmed.

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

Signed: _____

Date: _____
Chairman

TB/2/19/07/12

Quality 2020

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A 10-Year Quality Strategy for Health and Social Care

Why a Quality Strategy now?

- To build on success and achieve even more
- To give added focus, direction and motivation
- To better involve people in quality improvement
- To deal with the challenges and opportunities ahead
- To protect and improve quality

Strategic Relevance



The 3 Key Elements of Quality



Obstacles to Quality Improvement

- Resources – not enough or poorly used
- Behaviours - arrogance, ‘club mentality’, rivalry
- Human factors - ergonomics, poor design
- Inadequate information and measurement
- Lack of knowledge and skills
- Public expectations
- The health ‘archipelago’



Quality 2020 launched by Minister Edwin Poots on 17 November 2011



Design Principles



- Deliver services that are holistic in nature
- Focus on needs of individuals, carers and families
- Be accessible, responsive, integrated, and innovative
- Be unconstrained by boundaries and flexible
- Protect the vulnerable and help people help themselves
- Use the best available evidence for design and practice
- Listen to the views and experiences of service users

Values



- Empowerment
- Equity
- Involvement
- Respect
- Partnership
- Excellence
- Community
- Continuity
- Value for Money

The Quality 2020 Vision

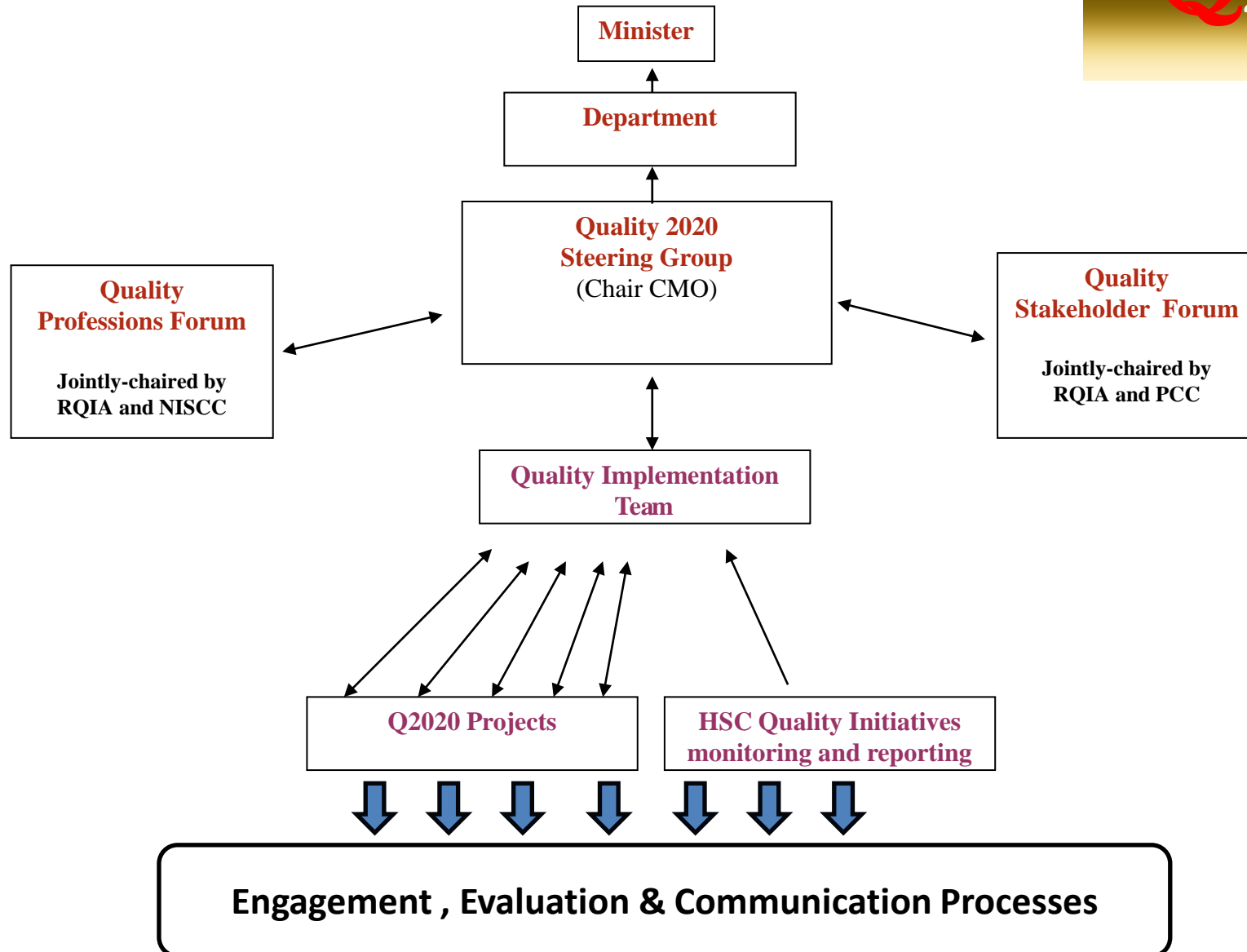
“To be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care”

The Strategic Goals

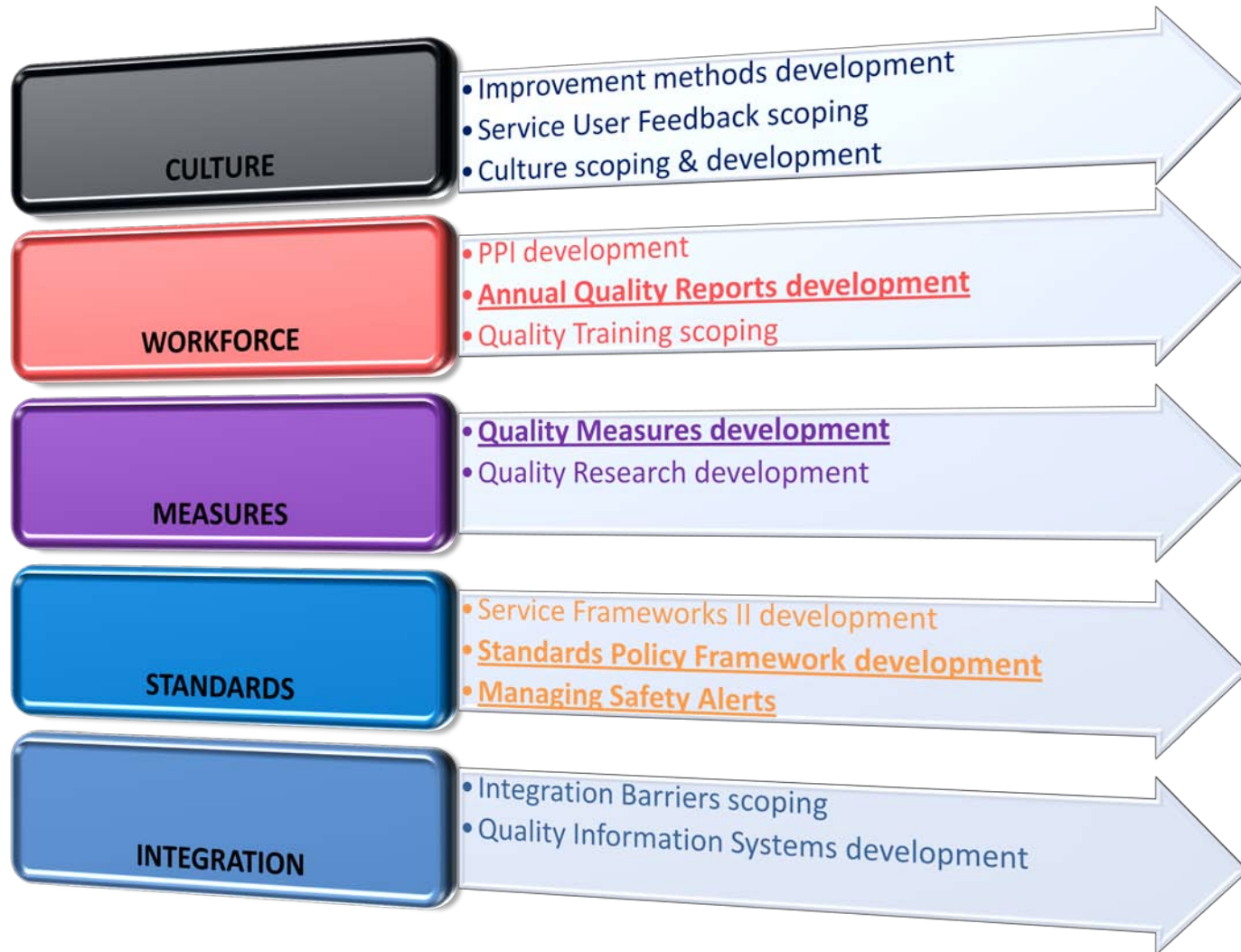


- **Transforming the Culture** - A dynamic HSC culture focused on continuous quality improvement that values learning and inspires trust
- **Strengthening the workforce** - A workforce that is confident, skilled and quality-inspired
- **Raising the standards** - A more robust set of service standards effectively applied
- **Measuring the improvement** - An effective set of quality measures and improvement techniques
- **Integrating the care** - More effective integration of services and interfaces

Governance and Delivery of Quality 2020



Implementation (Years 1-3)



Key Messages

- Quality 2020
 - to protect and improve quality
 - not just for clinicians; for everyone
 - a reference point for all we do
 - must be dynamic and relevant
 - all 3 Quality dimensions matter
 - an improvement Agenda **and** Context

Next Steps

- First Steering Group meeting - 28 June 2012
- Programme Commencement - June 2012
- Stakeholders / Professions Fora - Spring 2013
- HSC Bodies' Quality Reports - June 2013
- 1st Triennial Review - January 2014

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

July 2012

Title:	Quality 2020 – A 10 Year Quality Strategy for Health & Social Care
Purpose:	Establish a Framework that will Protect and Improve Quality within Health & Social Care over the Next 10 Years
Content:	Presentation
Recommendation:	For noting
Previous Forum:	Trust Board March 2012
Prepared by:	DHSSPS
Presented by:	Dr David Woods, Deputy Chief Medical Officer, DHSSPS

TB/3/19/07/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

July 2012

Title:	Transforming your Care (Draft Strategic implementation Plan)
Purpose:	To advise of Planned Approach for the Delivery of Transforming your Care
Content:	Current Position
Recommendation:	For noting
Previous Forum:	n/a
Prepared by:	DHSSPS
Presented by:	Mr Liam McIvor, Chief Executive

DRAFT STRATEGIC IMPLEMENTATION PLAN

TRANSFORMING YOUR CARE

The Minister for Health, Edwin Poots issued the documentation listed above along with local population plans on 3 July 2012 for a pre consultation leading up to a consultation commencing September 2012. This is the next stage in the implementation of 'Transforming your Care' (TYC) and signals the actions proposed to deliver the 99 recommendations. While NIAS did not have to develop a population plan like the other HSC Trusts we have been engaged throughout the process and have sought to shape and influence the final document. Our assessment is that our engagement to date has been positive and this is reflected in the references to '111' number for unscheduled care destination protocols and the emphasis on providing care in the community and preventing avoidable and inappropriate hospital admissions.

NIAS will continue to engage in the process and to be engaged in order to shape the further development of the implementation of TYC and align it with the strategic direction of the development of the NIAS. The links to the key documents are attached as are key extracts of relevance to NIAS.

Links:

Transforming Your Care, the draft Population Plans and the draft Strategic Implementation Plan can all be viewed at <http://www.dhsspsni.gov.uk/tyc>

The Minister's statement in full can be viewed at <http://www.dhsspsni.gov.uk/tyc-oral-statement>

Key Extracts:

(See overleaf)

1 Executive summary

'Transforming Your Care: A Review of Health and Social Care' (TYC) was published by the Minister on 13 December 2011 and sets out 99 recommendations for the future health and social care services in Northern Ireland, concluding that there was an unassailable case for change and strategic reform. The review proposed a model of health and social care which would drive the future shape and direction of the service and puts the **individual at the centre** with services becoming increasingly accessible in local areas. This transformation will result in a significant shift in the way services are provided across hospitals and the community, with some provision moving from hospitals to the community, where it is safe and effective to do this.

'Transforming Your Care'
Model of health & social care



This Strategic Implementation Plan (SIP):

- Describes a planned approach for the delivery of the TYC recommendations over the next 3 years.
- Reflects the shared ambitions and commitments of the TYC programme leadership and is intended for everyone involved in leading and managing delivery of any part of the TYC transformation programme across the health and social care system in Northern Ireland.
- Contains plans to enable engagement and public consultation. However, it is not the consultation document itself that will be published in September 2012.
- Sets out the key commitments and the major changes which will drive service transformation in Section 4.2.

- Presents the big themes for each of the Programmes of Care over the next 3 years across the 5 local economies (Section 4.4). At the heart of this are the 5 local Population Plans, which provide the building blocks for this SIP. These have been developed over the last 3 months and set out in detail the service transformation initiatives for delivery of the TYC recommendations for each of the 5 local areas.

How we will collaborate to deliver

The SIP provides a coherent, controlled and managed framework which brings existing programmes together and adds new ones, in a well-integrated way, to deliver these recommendations. We have developed an integrated planning approach which *aligns whole system planning, regional workstream planning and local economy planning*. In bringing together our plans, *reducing health inequality* will be built into the heart of our design and implementation of the programme.

Alongside our aligned delivery strategy will be a robust collective *monitoring and learning* framework. This will include: integrated monitoring of delivery; assessing impact; spreading innovation and developing capabilities and supporting delivery (See Capability and Engagement below) and recognising system drivers.

The overall objective is to enable managed change from the existing service delivery model to one which encapsulates Transforming Your Care.

Implementation

Recognising the importance of the transformation and its challenges, the Minister has stated his full support for TYC, particularly given the exciting opportunities its implementation presents.

- In doing so, contribute to the outcomes set out in the Transforming Your Care Review Report, inter alia.
 - Shift of 5% (circa £83m) from current hospital spend and its reinvestment into primary, community and social care services.
 - Improvements of the quality of service.
 - Build resilience of service, against a backdrop of increasing demand and clinical workforce supplies difficulties.
 - Greater levels of productivity and value for money.

2.5 Next steps: Quality Assurance and Public Consultation

This Strategic Implementation Plan and the Population Plans which support it are in draft form at the moment. Following submission to the Minister at the end of June 2012, a period of consideration and quality assurance will take place. After this, the Minister intends to launch a 12 week period of public consultation from September to December 2012. As well as discharging relevant statutory duty to consult, we are committed to engaging in an informed and meaningful debate about the content of this plan to inform and influence the final shape of our Plans.

Ahead of this, during July and August, will be a period of quality assurance and consideration of the Populations Plans and this Strategic Implementation Plan. In particular this period will allow us to:

- Further validate the proposals with colleagues from DHSSPS, HSCB and PHA and from across the provider organisations, including the Trusts. In particular this will further consider the cross-boundary impacts of the proposed service change initiatives
- Further validate and consider the alignments between the proposals set out in Population Plans and this Strategic Implementation Plan, policy, the vision set out in Transforming Your Care and other regional initiatives.

quality of life of and support for carers including new models of respite and short breaks.

4.2.3 Ensuring our acute hospital services are safe and sustainable

As we develop our acute services over the coming months and years, there are particular service developments which will drive change across how our services are configured:

- 1 regional trauma centre for Northern Ireland.
- The provision of a modern 24/7 safe and sustainable cardiac cath lab service for the region.
- Carrying out a review of paediatric services, starting with hospital services, with a view to beginning consultation within 6 months.
- A review of community, and palliative and end of life paediatric services will follow.
- Modernisation of pathology.

Below we set out the direction of travel planned for acute hospitals:

- Creating hospital networks and reorganising acute services – No hospital will work in an isolated way and the existing infrastructure will form part of a network, contributing to the provision of services to the population in its area, and where appropriate adjacent areas.
 - Guaranteeing the future sustainability of our hospitals by ensuring all acute services adhere to best practice in terms of quality outcomes, infrastructure and staffing.
 - We will address fragility in our hospital services by ensuring volumes are sufficient to support best outcomes and staffing levels are in line with best practice, with activity directed to component parts of the network to achieve this outcome.
 - Through the creation of 5-7 hospital networks, the role of some hospitals will change as they become part of a network working together with their partner providers to provide comprehensive services to their local population. Individual hospitals will all be part of a network.
 - In developing our hospital networks and reconfiguring our acute services the following configurations are proposed, subject to public consultation:
 - Belfast – There will be one network with clinical dispersal of activity across three adult acute sites (RVH, BCH, MIH). Services will be centralised and further development of networks for major trauma, cancer, heart conditions and stroke, develop a protected elective service and reduce unnecessary duplication and fragmentation of services. Emergency department configuration across the network will be consulted on in 2012.
 - Northern – One acute hospital network on two sites: Antrim Area Hospital and Causeway Hospital – addressing the fragility of some hospital services. Access to 24/7 urgent/emergency care on both sites. With regard to emergency departments, services will continue to be Doctor led.

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- Explore further development of the existing acute network between Altnagelvin and Causeway hospitals.
 - Southern – Optimise the acute hospitals network by delivering major acute hospital services across the rural geography. Services to be localised where possible and centralised where necessary. Continue to make best use of infrastructure and skills with for example renal services centralised at daisy Hill and cancer provision centralised at Craigavon.
 - South Eastern – One hospital network encompassing the three hospitals – Ulster Hospital, Down Hospital and Lagan Valley with clinical dispersal of activity across the 3 sites. The Ulster Hospital will have 24/7 ED and the full range of normal acute hospital services. The urgent care model operating at Down Hospital covered by GP out of hours at night, and will continue and it is proposed to extend this to Lagan Valley.
 - Western – New South West Hospital opening, further develop cross boundary working, e.g. further the work of the Team North West on urology; increase orthopaedics and cancer care in Altnagelvin; and develop cross border collaboration with ROI as planned and cross-boundary working with Northern.
 - Our Ambulance services will continue to develop new protocols which support “right care, right place, right time, right outcome”.
 - Our focus is to ensure that patients have access to services which meet their emergency and urgent care needs. All parts of our health & social care system will work together to achieve this goal – primary care; ambulance service; hospital services system; voluntary and community sector; and social services.
 - Protocols will be outcome-driven and reflect best practice, providing alternatives to hospital attendance which support and enable people to safely manage their health in their home where appropriate, and taking our patients without delay to the most clinically appropriate destination where necessary. Key initiatives include introduction of:
 - A “111” urgent care service sitting alongside “999” – simplified access to urgent care 24/7 with real-time clinical advice and direction/support in accessing healthcare.
 - A neo-natal retrieval service – operating throughout N Ireland and catering for babies below 1500g.
 - A hospital-at-home protocol which pushes the boundaries of assessment, diagnosis and treatment in the community and maximises the skills and capabilities of our mobile out-of-hospital workforce.
 - Investment in key health service infrastructure, such as:
 - Making sure everyone has 24-hour access to safe, sustainable cardiac catheterisation laboratory services – including the introduction of an (emergency) primary Percutaneous Coronary Intervention service, as required

No	Regional programme (TYC Recommendation addressed)	Summary of case for change	Programme Scope	Dependencies	3 year commitment (by March 2015)	1 year commitment (by March 2013)
9	Transforming Cancer Follow Up – Macmillan Survivorship Programme [21,22]	There are increasing numbers of Cancer survivors across the UK, rising by 3.2% per year with 4 million by 2030. NI has 51,000 cancer survivors. As a result of this, and the findings of the current system such as crowded clinics, overly clinical focus, responsiveness of test results etc, services will need to change to accommodate post-cancer support.	The programme scope should focus on the development of a risk stratified model of follow-up in line with the national cancer survivor initiative. This should address both the increasing numbers of cancer patients as well as their health and well being needs. Partnership working with the voluntary sector is likely to enable this model. Programme objectives are 1) to improve patient experience of care 2) effective resource utilisation and 3) streamline services.	<ul style="list-style-type: none"> Funding to support local bids Macmillan cancer support working in partnership with HSCB/PHA Collaboration with other cancer charities 	<ul style="list-style-type: none"> A robust external evaluation of the regional breast cancer pathway will be complete. Mechanisms for sustaining transnational chance will be identified 	<ul style="list-style-type: none"> Self directed after care pathways will be in place for at least 30% of breast cancer patients Mechanisms for remote monitoring PSA tracking will be identified New prostate pathways will be developed

4.3.2 New regional programmes emanating from TYC

The new regional programmes, described below, are subject to formal programme initiation.

No	Regional programme (TYC recommendation addressed)	Summary of case for change	Programme Scope	Dependencies	3 year commitment (by March 2015)	1 year commitment (by March 2013)
1	Development of ICPs [5,15,60,65,76,86]	The creation of ICPs is a key recommendation of Transforming Your Care – A Review of Health and Social Care in Northern Ireland (December 2011).	The ICP workstream comprises 4 main stages, Design, Initiation, ICP maturity and Ongoing development. The goal is the achievement of a care model in which every individual will have the opportunity to make decisions that maintain their health and wellbeing. Services will also be provided locally (with the home as the hub) and all will benefit from the delivery of integrated care services.	<ul style="list-style-type: none"> Stakeholder engagement and buy in of the ICP Guidance Notes and Implementation Plan, including HSCs, GPC, DHSSPS, etc). Completion and sign off of Population Plans Securing transition funding and ICP provider agreement Stakeholder agreement of ongoing ICP funding arrangements Development of ICP policy document by DHSSPS to be implemented by HSCB 	<ul style="list-style-type: none"> ICP Maturity 	<ul style="list-style-type: none"> ICP initiation on a local basis by October 2012
2	An assessment of respite requirements by PoC and sourcing of investment implementation [13,19,31,33,67,70]	Respite care has been shown to help sustain family/carer health and wellbeing, avoid the likelihood of abuse and neglect. The ARCH outcome based evaluation pilot study showed that respite may also reduce the likelihood of divorce and help sustain marriages.	The programme scope should cover clear identification of the capability and capacity investment needed in order to provide increased respite to carers across PoCs. In addition, the programme should consider local day placement opportunities that are age appropriate across PoCs.	<ul style="list-style-type: none"> Carers strategy implementation groups Reallocation of resources to the community Dependent on overhauled financial model 	<ul style="list-style-type: none"> Greater support to carers by way of full implementation of an increased suite of respite opportunities 	<ul style="list-style-type: none"> Mobilisation of regional process
3	Develop and create awareness of information resources for people with a learning disability [69]	In general, service users and carers consider it remains difficult to access information on the services available for people with a learning disability. Information on housing options was highlighted as an issue within TYC. Many carers are also unaware of their right to a carers assessment and access to support to meet their physical and emotional needs.	This programme scope should focus specifically on resources for those people with a learning disability from both a resource quality and awareness perspective. In addition, the programme should involve a 'joined up' approach with the PHA in its overall population health and wellbeing	<ul style="list-style-type: none"> Build links with the Department of Education Guidance from the DHSSPS Barnford Action Plan: Dependency on DHSSPS to work with HSCB to make more use of the DHSSPS website and NI Direct website Dependency on DHSSPS to provide guidance and policy on the use of social 	<ul style="list-style-type: none"> Widespread availability and accessibility of information resources for those people with a learning disability 	<ul style="list-style-type: none"> Set up intra organisational joint working group (HSCB/PHA/DHSSPS) to take this forward

No	Regional programme (TYC recommendation addressed)	Summary of case for change	Programme Scope	Dependencies	3 year commitment (by March 2015)	1 year commitment (by March 2013)
4	Implementation of a regional approach to the provision of self-directed support and individual budgets [16,17,22,28,29,60]	The provision of self-directed support and individual budgets is seen as a way in which the TYC agenda of 'Promoting independence and personalisation' can be taken forward. TYC has stated that this should be implemented at a regional level.	The programme scope should include provision of self-directed support and individual budgets (if desired) to older people who need support and individuals with physical disabilities, learning disabilities or mental health issues. As a minimum, clear information on the financial package available should be given to those using the service.	<ul style="list-style-type: none"> • Link to publication of Advocacy Strategy May 2012 • Consideration to be given to setting up a self-directed support and individual budgets Steering Group • Links to reablement programme with HSCB 	<ul style="list-style-type: none"> • Increase uptake among older people, those with LTCs physical and learning disabilities of self-directed support and individual budgets 	<ul style="list-style-type: none"> • Mobilisation of regional process
5	Implementation of a single number (111) for Urgent Care [93]	A single number (111) for Urgent Care will help people to access local health services when they need medical help or advice fast, but it is not an emergency. This will improve both the delivery and future planning of local healthcare. Callers using 111 will be assessed, given advice and directed straightaway to the local health service which best meets their need – such as A&E, out of hours GP, Urgent Care centre, community nurse or pharmacist. 111 will work alongside and be integrated with the 999 emergency services to ensure there is no delay for emergency callers whichever number they use. Calls will be answered by highly-trained call advisers, supported by experienced clinical professionals. This number has already been piloted by the NHS in the North East of England, and is part of the NHS programme to ensure people receive the right care, from the right person, in the right place, at the right time.	The programme scope is to develop and implement a single number (111) for Urgent Care operating on a 24/7 basis alongside and integrated with the 999 system, linked to a common clinical triage system and dynamic electronic directory of local and regional services which makes it easier for people to access the most appropriate service in the most appropriate, consistent and timely manner.	<ul style="list-style-type: none"> • Seamless linkages to 999 system to ensure safety and confidence • Dynamic electronic directory of local and regional services • Common clinical triage system for both 111 & 999 (such as NHS Pathways or NHS Scotland developments) • Social work Out of Hours (OOH) system being developed needs to be inclusive • Regional Strategic Framework for GP OOH is currently with Minister • Engagement with Integrated Care Partnerships and HSC Trusts to populate and further develop directory of services with local and regional health services (such as crisis response teams for social work, mental health, nursing, etc, pharmacy, dental, Out of Hours GP) 	<ul style="list-style-type: none"> • Simplified, robust 24/7 access to urgent and emergency care via 111/999 with clinical triage and disposition which is regionally consistent and locally sensitive 	<ul style="list-style-type: none"> • Scope of project to include key dependencies: (Directory of Services); 111 Call-handling infrastructure; 999 interface; GP/COH interface, etc) • Development of static Directory of Local and Regional Services (as basis for developing dynamic directory)
6	Development of a suite of clear regional patient transfer/by-pass protocols throughout the healthcare network [72, also thematic]	The reconfiguration of services brought about by the implementation of TYC will act as a driver for clear protocol definition for patient transfer throughout the healthcare system (both for major trauma and non emergency). Patient transfer/by-pass protocols are currently partially defined, but not fully.	Working with the Northern Ireland Ambulance Service, the programme should clearly define and develop patient by-pass protocols throughout the healthcare network. This should include arrangements for adults and children.	<ul style="list-style-type: none"> • The configuration of acute services and clinically agreed protocols 	<ul style="list-style-type: none"> • Clearly defined regional protocols for patient transfer throughout the NI healthcare network 	<ul style="list-style-type: none"> • Review of Regional trauma
7	Evidence based population screening and immunisation assessment, and implementation of new programmes [1,3,35,40]	Population screening programmes enable the early detection of disease. Screening allows earlier intervention which contributes to improved outcomes for individuals. Key priorities, as outlined in TYC, are to maintain and expand existing programmes and to introduce new programmes where there is good evidence they can be effective.	The programme needs to determine from an evidence based viewpoint where new screening and immunization programmes need to be rolled out, and which existing programmes need to be reviewed.	<ul style="list-style-type: none"> • A new overarching strategic direction for public health is being developed (by the DHSSPS) • UK national screening committee advises on all aspects of screening policy based on best available evidence 	<ul style="list-style-type: none"> • Full implementation of population screening and immunisation assessment that has been based on a rigorous evidence based approach 	<ul style="list-style-type: none"> • Commencement of data gathering process to build evidence base

No	Regional programme (TV/C recommendation addressed)	Summary of case for change	Programme Scope	Dependencies	3 year commitment (by March 2015)	1 year commitment (by March 2013)
8	Implement effective partnership working to maximise outcomes for children and their families in the early years [41,63]	It is widely acknowledged that early intervention produces positive dividends for children and families. The learning and experiences from the Sure Start model which targets children who will benefit most and other similar initiatives needs to be understood and extended where benefit can be demonstrated, early intervention to support the development of young children is one of the most cost-effective aspects of social care.	The programme scope will cover integrated working between the HSCB/PHA to maximise outcomes for 0-5 year olds. The programme objectives need to be clearly defined.	<ul style="list-style-type: none"> • Dependency on DHSSPS to provide clarity on how this should be taken forward • Dependency / strong links with Department of Education • Dependency on ongoing AHP review 	<ul style="list-style-type: none"> • Tangible benefits arising for 0-5 year olds versus 2012 baseline based on the programme objectives 	<ul style="list-style-type: none"> • Set up joint working group between HSCB/PHA/DHSSPS (possible involvement of the community and voluntary sector)
9	Set up dedicated chronic condition management programme for those people who wish to be enrolled [21]	It is stated within TV/C that the review should take account of extant statements of policy approved by the Minister including (as a major theme) the quest for better intervention and chronic condition management.	The scope of the programme that would need to be set up would be to identify and evaluate the current baseline of patient education and self management support programmes that are currently in place in each LHE area and then implement the necessary condition management to close the gap to best practice.	<ul style="list-style-type: none"> • Dependent on establishment of ICPs • Policy Framework on LTCs to be published April 2012 but this is focused on adults rather than children 	<ul style="list-style-type: none"> • To be defined during programme initiation 	<ul style="list-style-type: none"> • To be defined during programme initiation
10	Develop a model of non surgical oncology service which best addresses acute oncology requirements and makes most effective use of the multiprofessional workforce [74, 77, 79]	The development of a radiotherapy service in Altnagelvin changes the current outreach model of oncology and will impact on patient pathways and service provision in other trusts. There is a need to develop robust Acute Oncology Services to enhance patient safety in line with National Chemotherapy Advisory Group recommendations. The NICAN Chemotherapy service review (2010) identified the need for service reform & workforce modernisation.	To undertake a review of the current non-surgical oncology outreach model and drawing on work to date, identify which model enables the development of robust acute oncology services. The review would need to ensure maximum use is made of skill mix in the development of new patient pathways which take account of local and regional requirements.	<ul style="list-style-type: none"> • Establishment of a sub regional radiotherapy centre in Altnagelvin • Transforming Cancer Follow Up • Establishment of Acute Oncology Services 	<ul style="list-style-type: none"> • Robust workforce identified for staffing the radiotherapy unit 	<ul style="list-style-type: none"> • Identified model and quantified requirements • Project Plan for roll out of Acute Oncology Service, reduction in oncologist travel and multiprofessional workforce plan

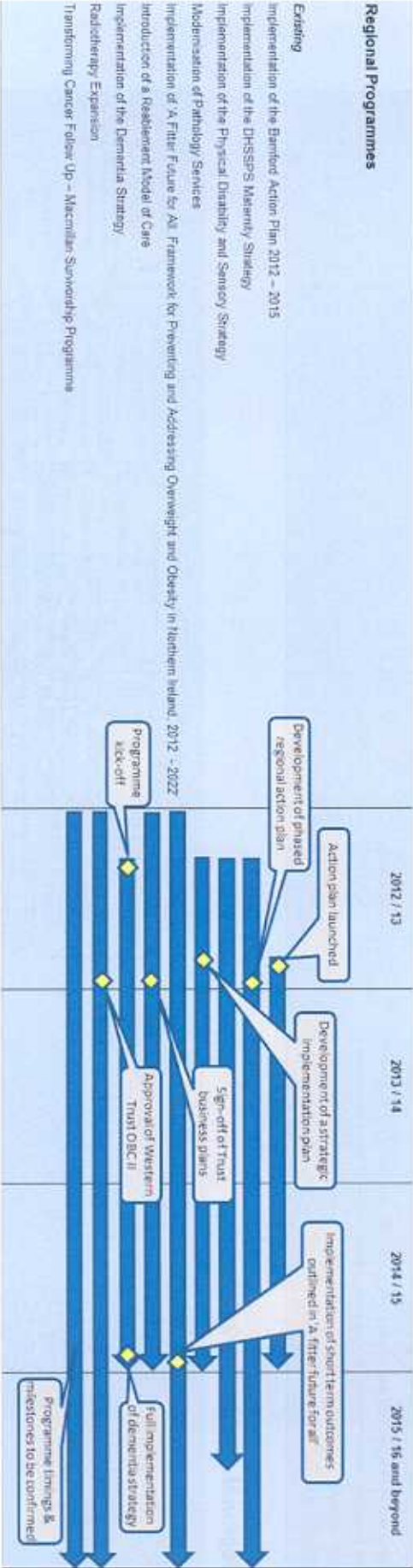
5 Implementation programme timelines

5.1 Introduction

This section provides a high level overall timeline of programme workstreams and key milestones.

5.2 High level programme timelines

5.2.1 Existing regional programmes



5.2.2.2 New regional programmes emanating from TYC

Regional Programmes

New Programmes Emanating from TYC

Development of ICPs

An assessment of respite requirements by PoC and timing of investment required for implementation

Develop, and create awareness of, information resources for people with a learning disability

Implementation of a regional approach to the provision of direct payments

Implementation of a single number (111) for Urgent Care

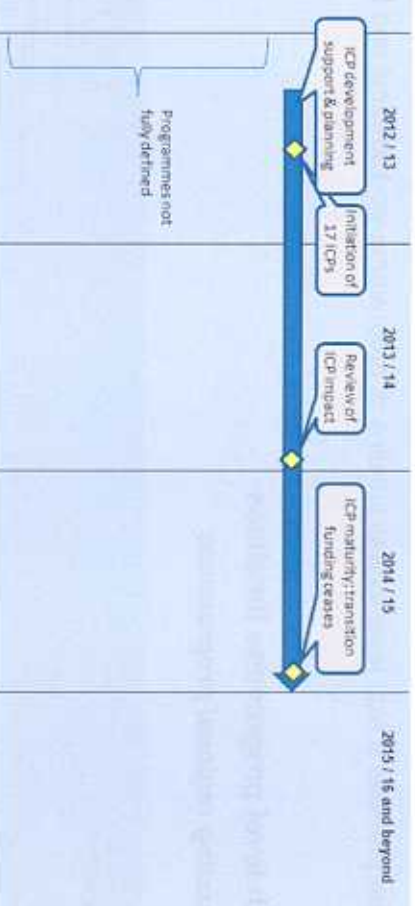
Development of a suite of clear regional patient transfer/bypass protocols throughout the healthcare network

Evidence based population screening and immunisation assessment and implementation of new programmes

Implement effective partnership working to maximise outcomes for children and their families in the early years

Set up dedicated chronic condition management programmes for those people who wish to be enrolled

Non-surgical ecology service model



5.2.3.3 Regional enabler workstreams

Regional Programmes

Regional Enabler Workstreams

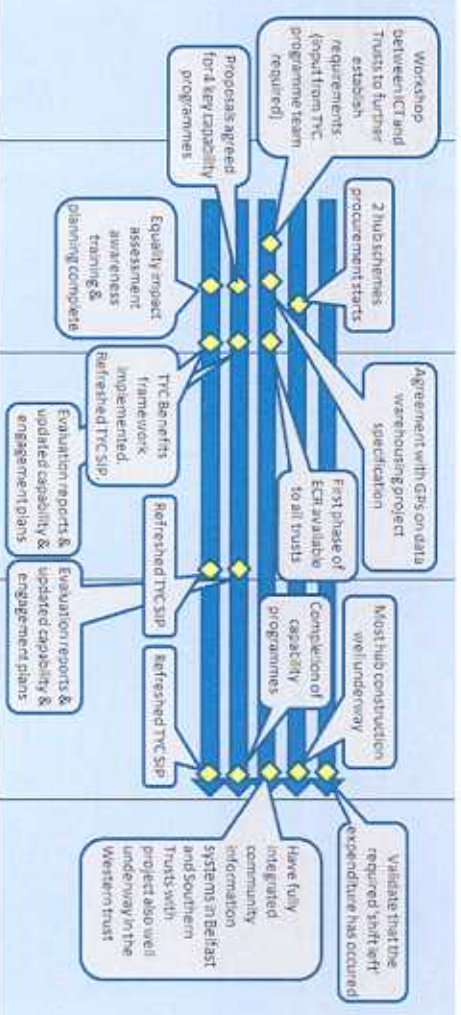
Finance and workforce planning

Capital / restants

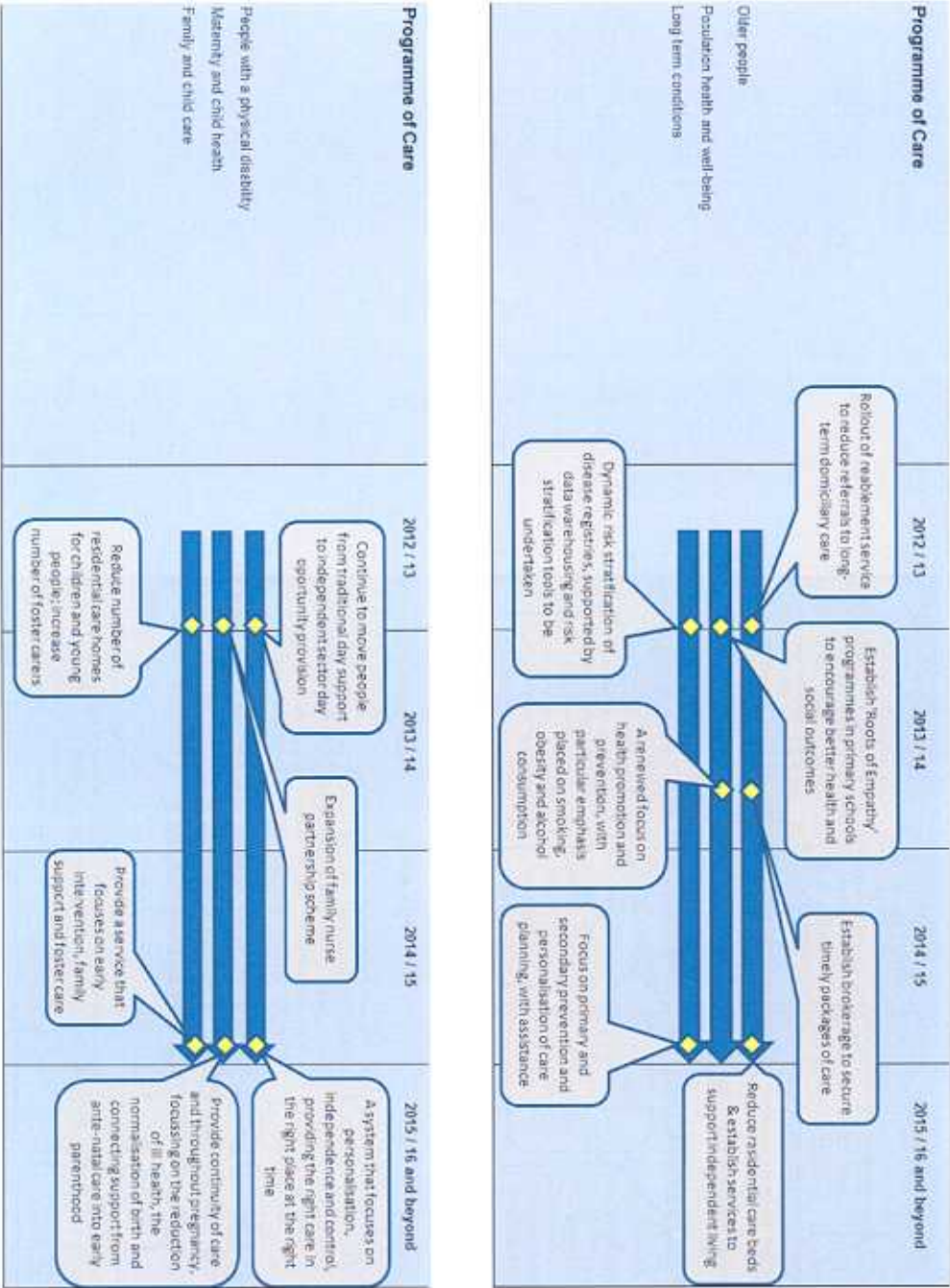
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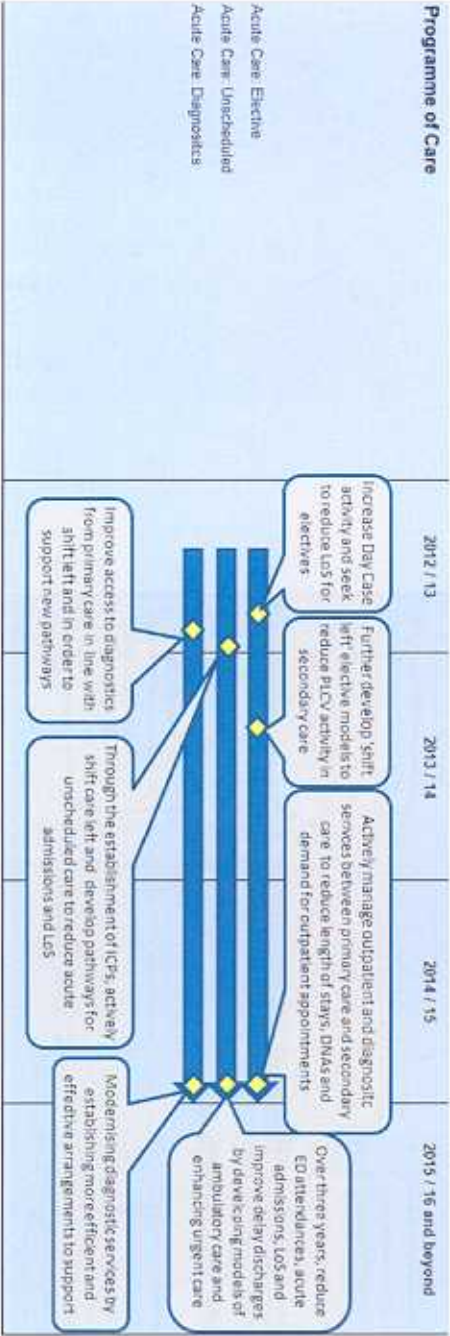
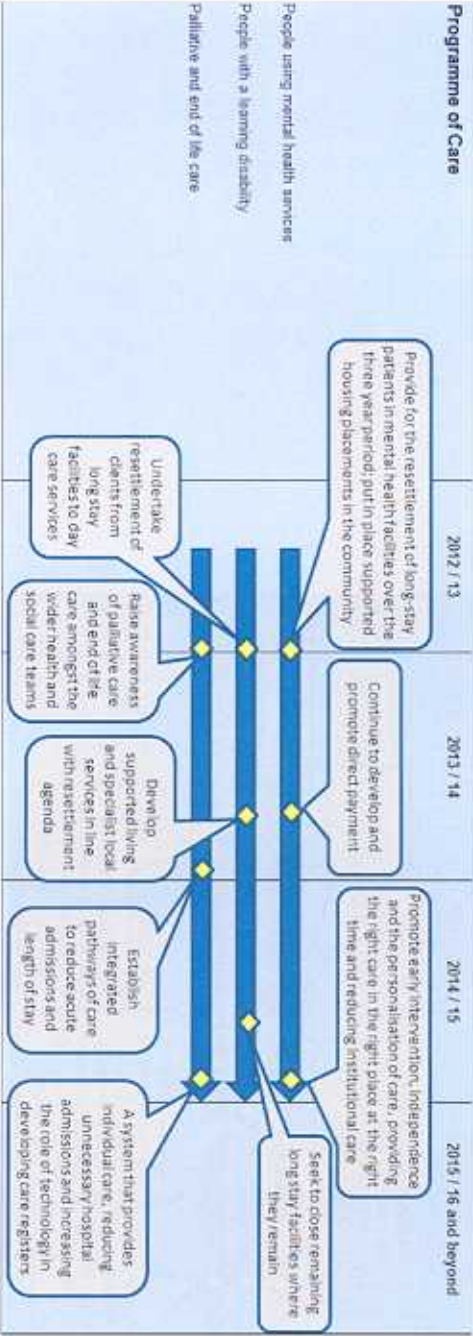
Capability development

Prigodnyy kabinnyy ofits



5.2.4 Programmes of care summaries of Population Plans





5.3 Public Consultation

Following a period of quality assurance and consideration, the Minister intends to launch a 12 week period of public consultation on the overarching roadmap for Transforming Your Care. As well as discharging relevant statutory duty to consult, we are committed to meaningful engagement and consultation to inform and influence the final shape of our plans.

Whilst the detailed plan for the period of consultation is to be agreed, it is anticipated that this will include the following, with the aim of maximising involvement and response to the public consultation exercise

- Publication of a consultation document setting out how we propose to deliver TYC over the next three years, based on this Strategic Implementation Plan
- The source documentation (including the Population Plans and this Strategic Implementation Plan) used in the development of the above mentioned consultation document will be available to everyone
- A series of workshops and public meetings across the region to support awareness and information about TYC, and support public's motivation and ability to respond to the consultation document
- A series of communications to support awareness and information about TYC, and support public's motivation and ability to respond to the consultation document

In addition, we will involve a number of external organisations to support the definition of the consultation approach and plan, help us to access groups of stakeholders in order to hear their views and provide constructive challenge to our proposed plans.

It is anticipated that the period of consultation will be complete by the end of 2012, thereafter the plans will be finalised and submitted to the Minister for approval.



ASSURANCE **FRAMEWORK**

(as at 31 May 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 organization and delivery of healthcare consistent with our purpose, mission and values, specific objectives will be developed and taken forward by the responsible managers.

The Strategic Aims are as follows:

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

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

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

The Key Objectives are as follows:

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

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

NIAS PERFORMANCE MANAGEMENT PROCESS

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

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

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

This Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which

direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims.

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

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

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

ASSURANCE REPORT: MEDICAL DIRECTORATE

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

EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

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

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

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

2010/11 PfA 1.1

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

2010/11 PfA 1.2

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

A Business Continuity Lead has been identified in each department. Training will commence in September 2012. Further benchmarking with other UK Ambulance Trusts was also undertaken in their development and is ongoing.

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

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

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

IMPROVEMENT PROPOSALS FOR 2012/13

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

SUMMARY OF PERFORMANCE

NIAS undertook a Regional Audit of Powered Respirator Protective Suits (PRPS) and Decontamination Equipment within the HSC on behalf of the DHSSPS and the report was submitted to them in May 2011. Following consideration of the report, the NIAS Emergency Planning Officers undertook further site visits to all the hospitals in order to discuss recommendations arising and provide training and support. The NIAS Emergency Planning Officers have undertaken a series of further unannounced visits to these sites at the request of the DHSSPS and a report was completed and sent to the DHPSSPS in May 2012.

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

A review of the Trust's Major Incident Plan commenced in July 2011 as part of the planned biannual review and has been submitted to and approved by Trust Board in November 2011. The revised plan was circulated to all key stakeholders in January 2012. It will also be

incorporated into an overarching incident response framework and strategy to include specialist incident responses and responses to exceptional circumstances. The development of this framework and strategy commenced during the summer of 2011 and will be reported to Trust Board through the Trust's Assurance Committee.

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

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

The Trust has been assessed as being substantively compliant with the Emergency Planning Controls Assurance Standard as assessed in May 2011. In March 2012 NIAS undertook self-assessment against this document and was judged to have substantive compliance with the Emergency Planning Controls Assurance Standard.

The Business Services Organisation (BSO) Internal Audit Department undertook a review of the outstanding recommendations of last year's audit resulting in a recommendation on the testing of Business Continuity Plans within NIAS. Since then the Business Continuity and Emergency Preparedness Group has been convened within the Trust and draft Terms of Reference developed. These will be submitted to the Trust's Assurance Committee at their next meeting in September 2012. This Group will oversee the development of a Business Continuity Plan and its implementation. Lead personnel from each Directorate to progress this work have been identified. However the overall compliance was judged by BSO to be satisfactory.

The Trust continues to participate in planning exercises with other services and organisations in emergency planning and major incident exercises, as well as major incident and multi-agency responses. The Trust delivered a regional MIMMS (Major Incident Medical Management) course on behalf of the DHSSPS in February 2012, and a Hospital MIMMS course in March 2012, again on behalf of the DHSSPS. The future format of MIMMS courses is changing substantially and one of the NIAS Assistant Emergency Planning Officers has been nominated to direct the first of the new style courses. This will in turn be rolled out for future use by courses delivered by NIAS regionally.

RISK COMMENTARY

HAZARDOUS AREA RESPONSE TEAM (HART)

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

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

The objectives were:

- To provide a team of HART-trained operational A&E staff to respond 24 hours a day, either locally or nationally.
- To provide a response in the event of potential or actual contamination or presence of hazardous substances or environments, including the “hot zone”.
- To work in partnership with other responding agencies.
- To provide clinical intervention and improved outcome for persons trapped/injured within an incident site.
- To provide liaison/communication for health services responses.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

IMPROVEMENT PROPOSALS FOR 2012/13

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

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

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

Further recruitment to increase the size of the team to fifty-four members will be taken. A programme of refresher training for all skills will continue.

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

HART deployments will be monitored and debriefed.

SUMMARY OF PERFORMANCE

61 paramedics have now been trained in various elements of HART in order to provide appropriate responses to the full range of HART-related operations.

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

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

Recurrent funding for HART has been agreed and provided by DHSSPS through PHA. NIAS HART SOPs have been agreed and continue to be reviewed through participation in the national HART programme.

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

HART paramedics have been deployed on 21 occasions during this year in support of other emergency services at, for example, potential chemical incidents.

A capability in all aspects of HART has been in place within NIAS since April 2011. A programme of multi-agency training is in place for 2012/12.

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

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

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

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

Training in the use of gas-tight protection suits in conjunction with breathing apparatus has been commenced and the suits purchased and this capability is now in place. A purpose-built HART vehicle has been identified and costings developed in conjunction with other ambulance services and the DHSSPSNI but no available funding has been identified to date to support this.

RISK COMMENTARY

CLINICAL QUALITY & POSITIVE OUTCOMES FOR PATIENTS

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

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

2010/11 PSA 2.6

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

2010/11 PSA 2.1

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

2010/11 PfA 2.7

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

2010/11 PfA 2.10

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

2010/11 TA 2.4

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

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

particular. From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area. A number of key performance indicators in relation to infection prevention and control have been agreed. These are regularly monitored by the Trust's IPC Group and are reported to the Assurance Committee.

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

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

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

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

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

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

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

IMPROVEMENT PROPOSALS FOR 2012/13

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

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

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

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

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

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

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

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

A number of patient safety initiatives such as leadership walkrounds will be introduced. The Trust's Infection Control Policies and Procedures and the Trust's Medicines Management Policy and Procedures will be reviewed.

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

SUMMARY OF PERFORMANCE

CLINICAL CARE

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

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

NIAS undertook a review of the provision of pre-hospital thrombolysis for patients presenting with ST Elevation Myocardial Infarction (STEMI) and on the basis of this has implemented a change to the clinical protocols for paramedic crews delivering this treatment. These changes were agreed by representatives of the Regional Cardiology Network and should result in an increase in the number of patients being administered thrombolysis by NIAS paramedics.

INFECTION PREVENTION & CONTROL

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

Two audits of hand hygiene have been completed in year, one in August 2011 and the second in November 2011. Following guidance from the Chief Medical Officer, NIAS has approached RQIA to seek independent oversight of hand hygiene audits in future. A number of IPC performance indicators have been agreed and are being monitored by the IPC Group as standing agenda items at its meetings and reported to the Assurance Committee.

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

The Trust's Clinical Waste Policy has been reviewed in association with other HSC Trusts and was submitted to Trust Board in November 2011 and approved with some amendments. These amendments have now been made and incorporated into the Policy and were

presented to the Trust's Health & Safety Committee and Infection Prevention & Control Group.

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

From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area. Using a template provided by the Public Health Agency and following benchmarking with other UK Ambulance Services, a Trust Outbreak Contingency Plan has now been developed and forwarded to the Regional Healthcare Acquired Infection Forum for agreement. It is anticipated that this will be finally agreed between NIAS and PHA in June 2012 and will be submitted at the next meeting of the Trust's Assurance Committee for approval. The original draft of the Outbreak Contingency Plan will be amended to reflect the final recommendations of the enquiry into the outbreak of Pseudomonas Aeruginosa in Northern Ireland.

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

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

The Medical Director has obtained agreement from his colleagues in the other HSC Trusts to access IPC expertise. Agreement has been reached with one HSC Trust in particular to provide expert IPC advice subject to the signing of a formal agreement. The Trust's first annual report on infection control has been published and submitted to the Trust's Assurance Committee in November 2011.

A further programme of fit testing for a new face mask for use as PPE in the management of patients with certain infectious diseases such as flu has been commenced and is now substantially completed with the exception of a small number of staff for whom special arrangements are currently being made.

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

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

MEDICINES MANAGEMENT

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

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

The majority of NIAS stations have now undergone unannounced inspections by the DHSSPS Drugs Inspection Unit in relation to the Trust's Medicines Management Procedures. No significant defects have been identified. The reports of these inspections have been presented to the Trust's Medical Equipment Group which considers these as a standing agenda item, and subsequently to the Assurance Committee. Further inspections will continue to be undertaken.

A number of incidents involving personal controlled drug registers were identified through the Trust's incident reporting system and the Medicines Management Policy and Procedures are currently being reviewed in light of this, and new instructions in this regard have been circulated to staff in January 2012.

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

OTHER

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

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

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

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

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

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

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

TABLE 1

Stroke Services: % of ALL 999 patients at hospital within 90 minutes												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	96.8%	98.8%										
Belfast	100.0%	100.0%										
North	98.0%	97.4%										
Sth East	89.6%	100.0%										
South	98.1%	96.1%										
West	97.3%	100.0%										

TABLE 2

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: 01/02/12 to 30/04/12

37,847 Patient Report Forms submitted for period 01/02/12 to 30/04/12 Of these, 522 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 exceptions
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%)
PREVIOUS AUDIT: Across all NIAS Divisions 01/10/11 to 31/01/12 (4 month period)	4 months: 732 Monthly Avg: 183	286 (39.1%)	17 refused (2.3%)	718 (98.1%)	17 refused (2.3%)	712 (97.3%)	249 (34.2%)	17 refused (2.3%)	407 (55.6%)	0 (0%)		487 (66.5%)	729 (99.6%)	511 (69.8%)

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

Andrew Watterson – Clinical Audit Officer

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: 01/04/2012 to 30/04/2012

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

8690 Patient Report Forms submitted for period 01/04/2012 to 30/04/2012 Of these, 279 were eligible for inclusion in Acute Stroke management Indicator set (CVA1 to CVA5)											
Indicator:				CVA1	CVA3		CVA4		CVA2	CVA5	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.	279	279 (1 month)	279 (100%)	0%	232 (83.2%)	1.1%	276 (98.9%)	1.1%	278 (99.6%)	279 (100%)	n/a*
Previous Audit: Feb-March 2012	306	612 (2 months)	612 (100%)	0%	499 (81.5%)	0.8%	603 (98.5%)	0.8%	606 (99%)	611 (99.8%)	

* Local Stroke Team information not currently recorded on Patient Report Form – this will be reviewed at annual PRF referral/updates. 3% of patients refused assessment/treatment

RISK COMMENTARY

RISK MANAGEMENT & LEARNING FROM ADVERSE INCIDENTS

CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD COMMISSIONING PLANS 2010/11 TA 2.3

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

IMPROVEMENT PROPOSALS FOR 2012/13

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

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

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

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

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

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

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

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

SUMMARY OF PERFORMANCE

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

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

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

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

All regional Serious Adverse Incidents (SAIs) raised during the previous year involving NIAS have now been closed. As a result, a regional policy and procedure for the emergency transfer of patients and the use of police escorts is currently being developed in conjunction with the other acute Trusts and PSNI. There are currently two active regional Serious Adverse Incidents involving NIAS that are currently being reviewed. NIAS is currently liaising with the Regional Health & Social Care Board to ensure learning from such incidents is disseminated regionally where appropriate.

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

From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area. A draft NIAS outbreak contingency plan has been developed using a template provided by PHA and following benchmarking with other UK Ambulance Services. This has been forwarded to the Regional

HCAI Forum for comment following which it will be submitted to the Trust's Assurance Committee for approval.

Following the deaths of a number of neonates from Pseudomonas infection in the Royal Jubilee Maternity Hospital and Altnagelvin Hospital, NIAS participated in the regional groups dealing with this issue. NIAS was represented at daily teleconferences involving the other HSC Trusts, Public Health Agency and Department of Health, and at other meetings.

Measures were put in place to facilitate, monitor and report neonatal transfers both within and outwith the jurisdiction and transfers of pregnant woman arising from this incident. All correspondence from the Chief Medical Officer and Public Health Agency was reviewed for relevance to NIAS and while significant numbers of the measures were not relevant to NIAS, our infection prevention & control procedures were felt to be compliant. This will be further facilitated through ongoing audits of IPC procedures.

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

Two audits of hand hygiene have been completed in year, one in August 2011 and the second in November 2011. The results of these were presented to Trust Board. Following guidance from the Chief Medical Officer, which was issued as part of a review into the outbreak of Pseudomonas infections in neonatal units in Northern Ireland, NIAS has approached RQIA to seek independent oversight of hand hygiene audits in future.

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

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

The process for the recruitment of a Regional Pressures Co-ordination Centre (RPCC) Manager on a temporary basis to undertake a review of the role of RPCC has commenced. A review of the adverse incident reporting system commenced in October 2011 and is ongoing. The investigation of and learning from Serious Adverse Incidents (SAIs) are now

reviewed at the Trust's performance meetings with the Regional Health & Social Care Board and are reported to the Trust's Assurance Committee.

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

RISK COMMENTARY

PROVIDING ALTERNATIVES TO HOSPITAL A&E ATTENDANCE

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

2010/11 PfA 3.1

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

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

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

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

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

IMPROVEMENT PROPOSALS FOR 2012/13

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

A regional Directory of Services in Ambulance Control to facilitate referral of patients to appropriate care pathways within the community will be developed and established. A number of condition-specific treatments at scene and referral protocols will be introduced and compliance monitored.

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

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

SUMMARY OF PERFORMANCE

A number of condition-specific treat and leave protocols have been developed and circulated to the Training and Clinical Support Officers for review and comment. A number of

amendments have been made in response to this process prior to the introduction of the protocols. A treat and leave protocol for the management of hypoglycaemia has been developed with supporting information for staff. This was presented to the Trust's training team in February 2012 for consideration prior to its introduction. A number of amendments have been made as an outcome of this process and it is anticipated that the protocol will now be implemented in Q1/Q2 of 2012/13, following which its use will be monitored and reviewed.

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

The system of GP Triage in EAC has been further developed through a review of procedures with an increase in call volumes subject to secondary triage, non-ambulance responses and alternatives to transport to hospital.

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

Patients in the Greater Belfast area with acute myocardial infarction are being admitted directly to the cardiac catheterisation laboratory in the Royal Victoria Hospital and Craigavon Area Hospital wherever possible rather than being taken to A&E. NIAS is involved in a regional group exploring the wider provision of this treatment.

NIAS now participates in the Regional Acute Oncology Group regarding the direct admission of patients to Cancer Treatment Centres if complications arise following chemotherapy. A patient database of relevant clinical information continues to be populated in Ambulance Control regarding the specific clinical needs and management of individual patients to facilitate their ongoing care in the community and direct referral to specialist hospital departments rather than transport to the A&E Department. Systems are now in place for the population of the database with oxygen alert information for patients with COPD and other conditions such as Addison's Disease, etc.

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

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

RISK COMMENTARY

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

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

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

IMPROVING THE PATIENT EXPERIENCE

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

2010/11 PfA 2.8

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

PERSONAL AND PUBLIC INVOLVEMENT (PPI)

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

PATIENT AND CLIENT EXPERIENCE STANDARDS

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

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

IMPROVEMENT PROPOSALS FOR 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.

SUMMARY OF PERFORMANCE

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. NIAS is involved in the regional Patient Experience Working group and Patient Experience Steering group which are

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 on a quarterly basis.

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 72% up to May against the 72.5% Regional category A performance target.

The 65% target was achieved in all LCG areas.

NIAS provided an average of 89.4% 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 45.2% of CatA8 response, regionally.

Significant events / local context impacting on performance:

April and May Bank Holidays
Olympic torch events across NI

Titanic Festival.
Belfast Marathon

RISK COMMENTARY

There is a potential risk to achieving the targets if:

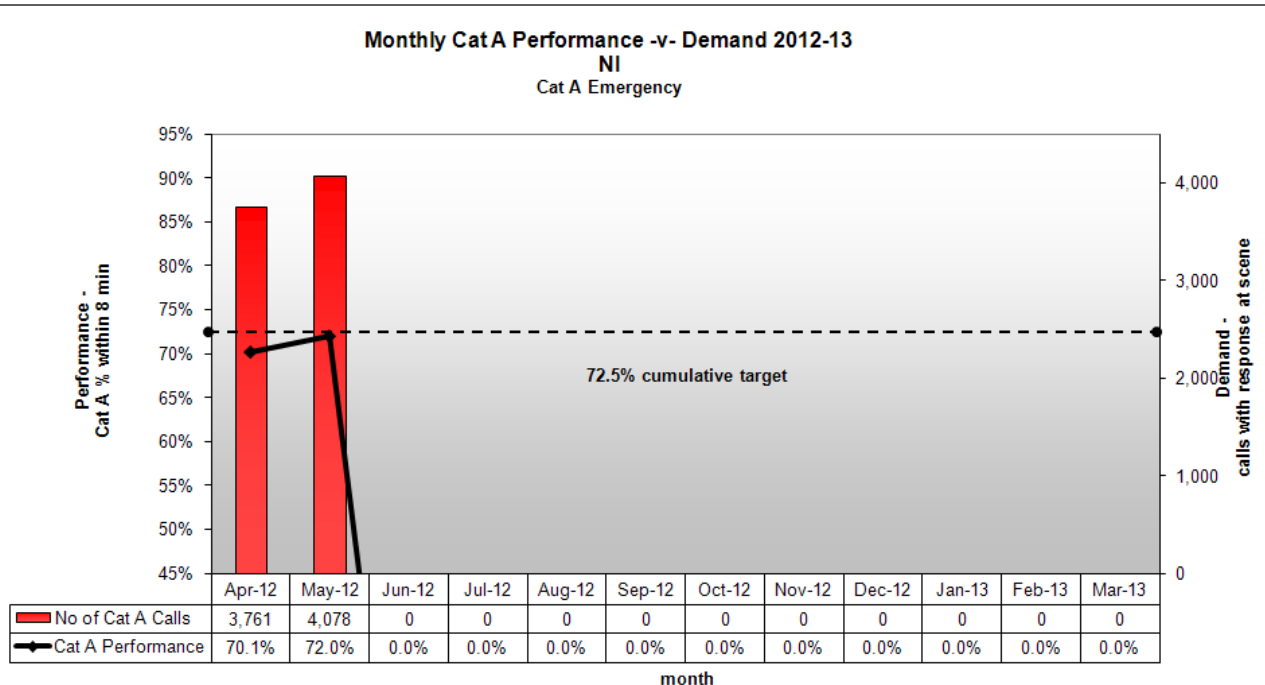
1. NIAS experiences an increase in activity:
2. There are continued delays in Emergency Departments relating to patient handover.
3. There are continued requests for diverts away from Emergency Departments resulting in longer journey times and ambulances being out of area.
4. Lack of stakeholder support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

PERFORMANCE REPORTS

Category A: % Response within 8 minutes. Update for April and May 2012

Regional target: 72.5%

LCG target 65%



May Trend analysis

Activity	Compared with May last year
Emergency	Up 6.8%
Urgent	Up 11.7%
Non urgent	Up 9.1%
Total	Up 8.5%

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											
Belfast	85.7	83.9											
South East	63.4	66.1											
North	62.2	65.0											
South	63.5	65.4											
West	68.8	73.1											

PERFORMANCE COMMENTARY

Against the Regional 72.5% category A performance target an actual of 72% was achieved end month 2 (May).

The 65% target is being achieved in all LCG areas. The volume of Cat A calls responded to has increased compared to May 2011 particularly in Belfast (16% or 5 additional calls per day). And South LCG 11% or 2 calls more per day).

Service pressures - Local context

Belfast Marathon on May Bank Holiday

Olympic torch events across NI

Titanic Festival on May Bank Holiday

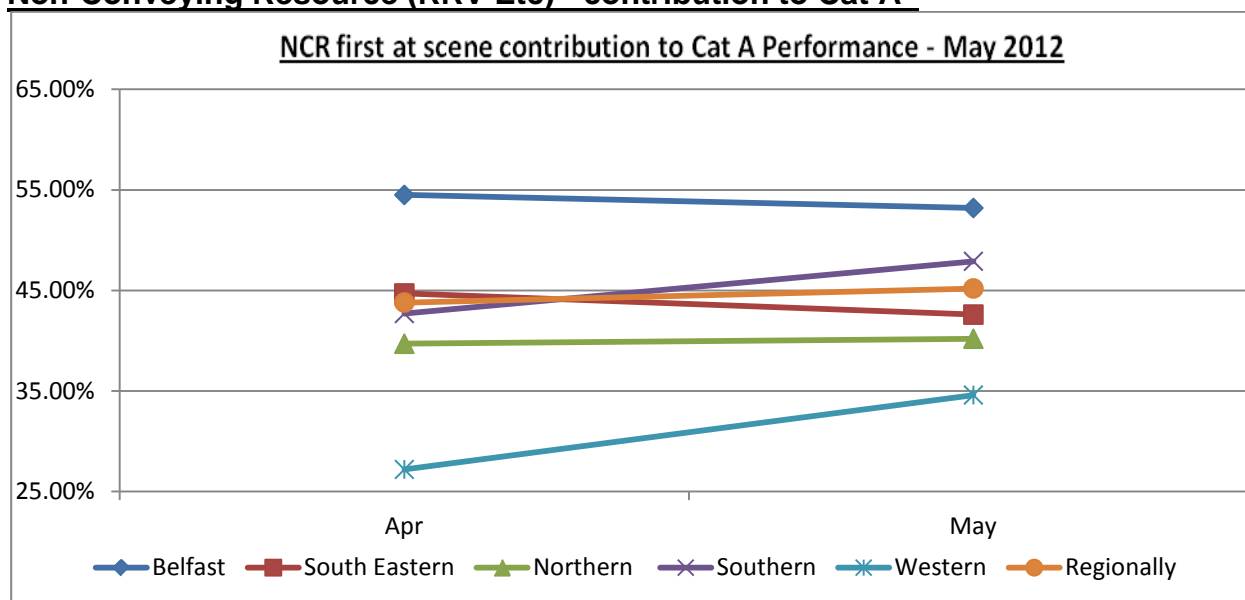
Category A : % Conveyance Resource Response arriving within 21 minutes

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

PERFORMANCE COMMENTARY

NIAS target: to convey 95% of Cat A calls within 21 minutes.

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



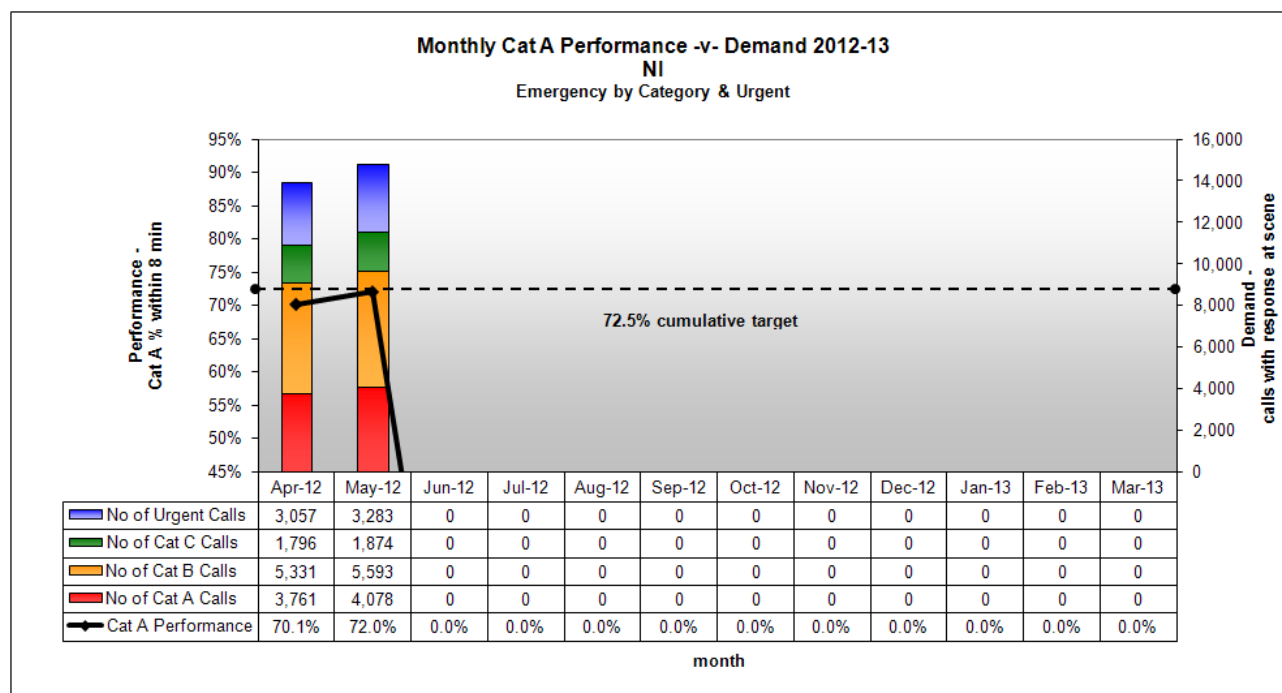
Non-Conveying Resource (RRV Etc) - contribution to Cat A data

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Belfast	476	520										
<i>Belfast (%)</i>	<i>54.5%</i>	<i>53.2%</i>										
South East	191	197										
<i>South East (%)</i>	<i>44.7%</i>	<i>42.6%</i>										
Northern	201	221										
<i>Northern (%)</i>	<i>39.7%</i>	<i>40.2%</i>										
Southern	166	218										
<i>Southern (%)</i>	<i>42.7%</i>	<i>47.9%</i>										
Western	120	170										
<i>Western (%)</i>	<i>27.2%</i>	<i>34.6%</i>										
Regionally	1154	1326										
<i>Regionally (%)</i>	<i>43.8%</i>	<i>45.2%</i>										

PERFORMANCE COMMENTARY

The table above shows that the number of calls where a non-conveying response is first on scene has risen from the previous month, particularly Southern and western LCGs.

Urgent Calls (non-life-threatening):



PERFORMANCE COMMENTARY

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

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	1624											3200
Belfast	482	482											964
South East	240	258											498
North	461	440											901
South	214	260											474
West	179	184											363

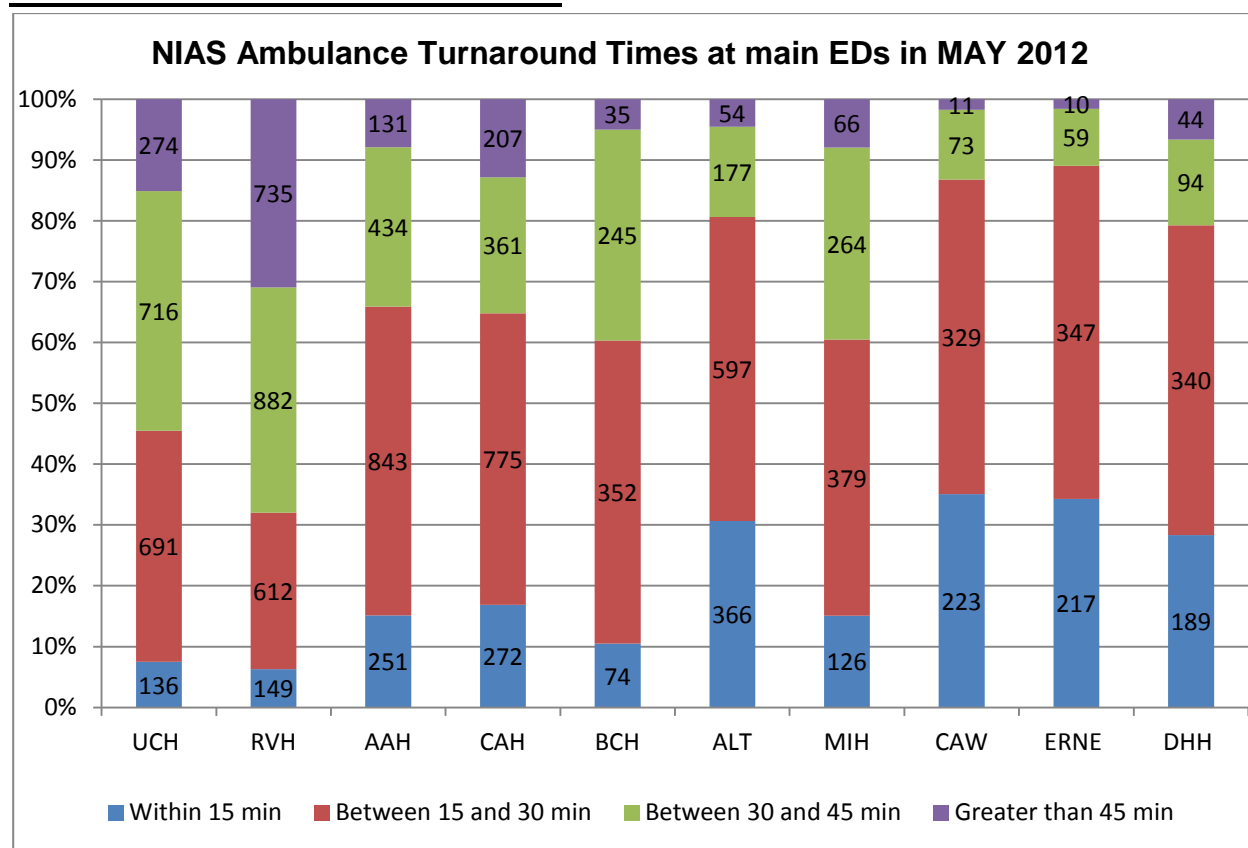
PERFORMANCE COMMENTARY

Urgent Calls: undertaken by Non-Emergency Ambulance												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	1079	1056										
Belfast	429	429										
South East	148	108										
North	345	371										
South	56	59										
West	101	89										

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.

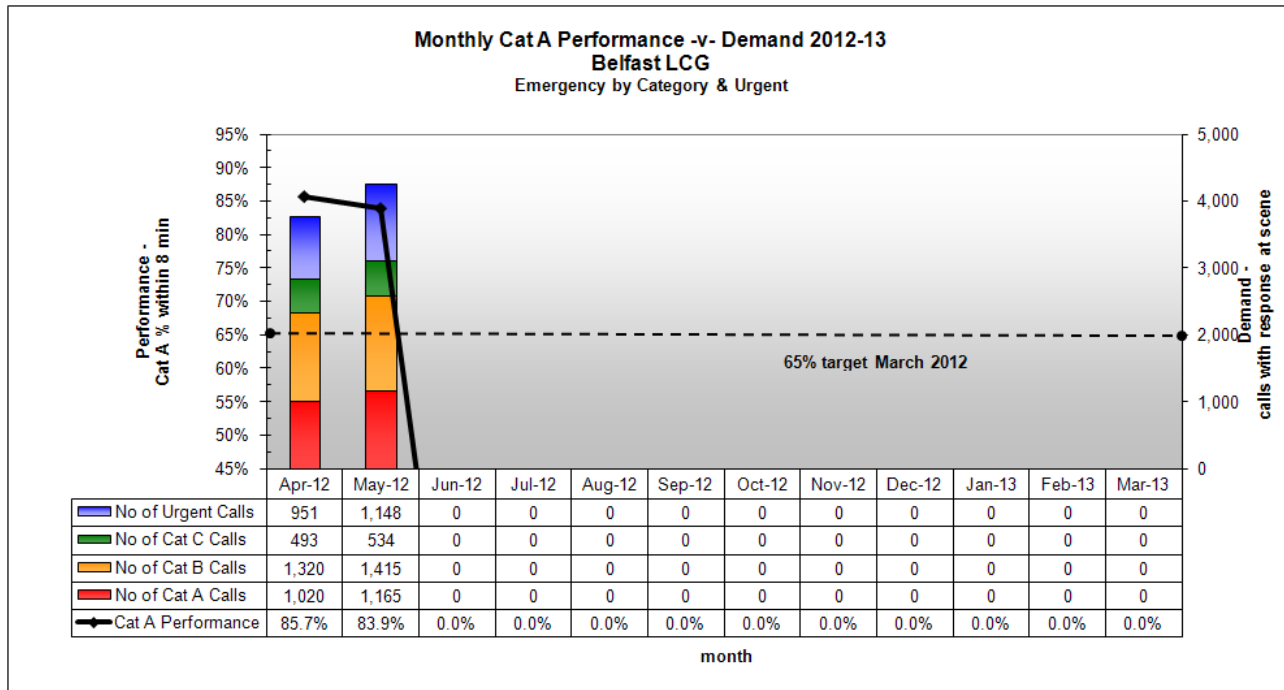
TURNAROUND TIMES AT HOSPITALS



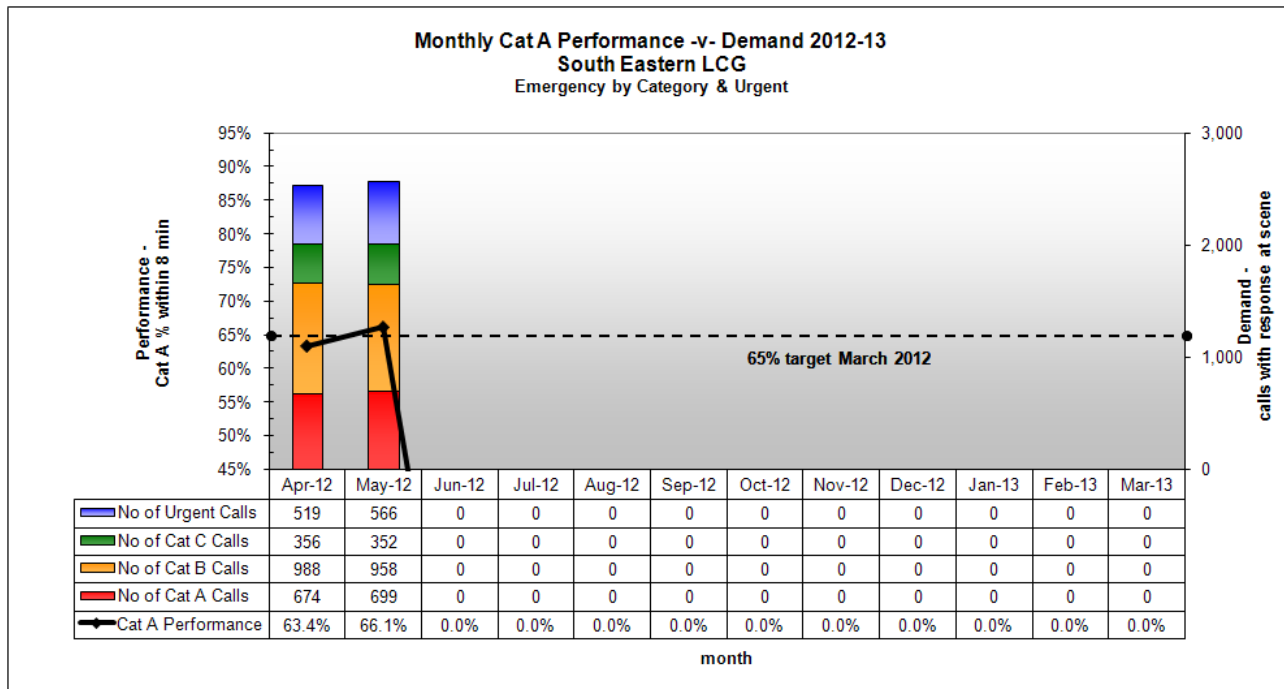
- Regionally NIAS lost 3127 production hours (based on all turnaround times greater than 30 mins) for the top 9 hospitals for May. This is equivalent to 4.2 Ambulances lost each day.

PERFORMANCE REVIEW BY DIVISION

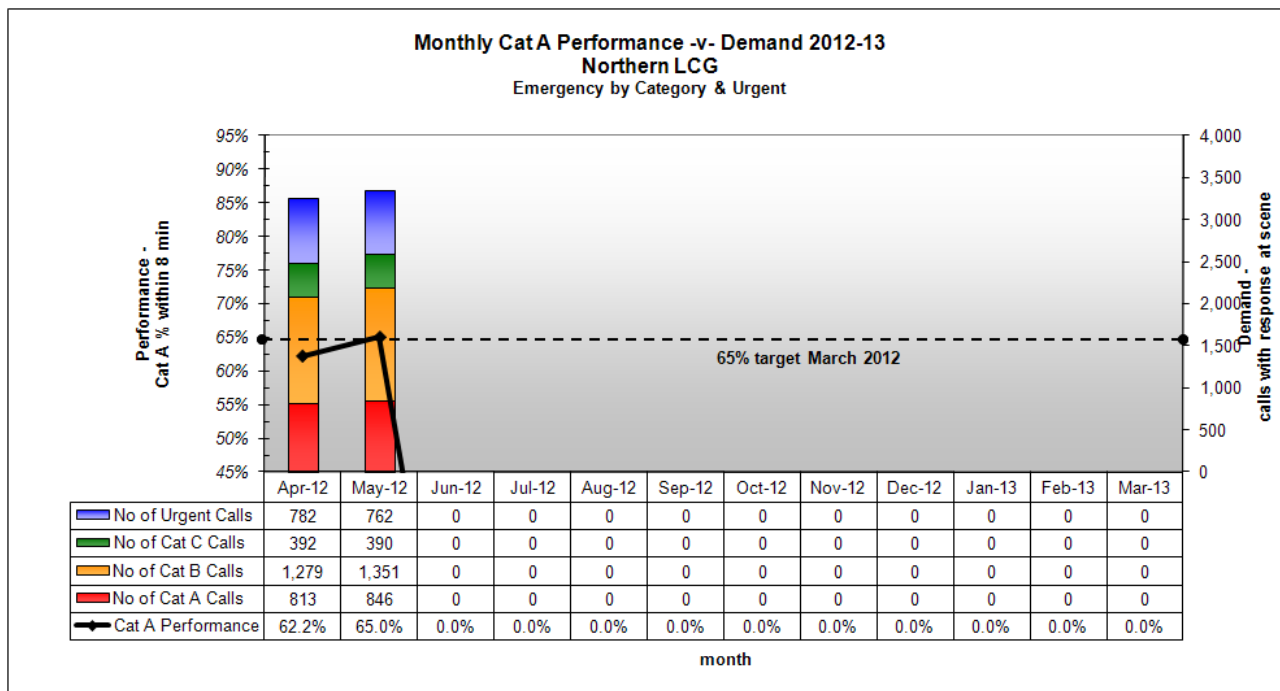
Belfast Division



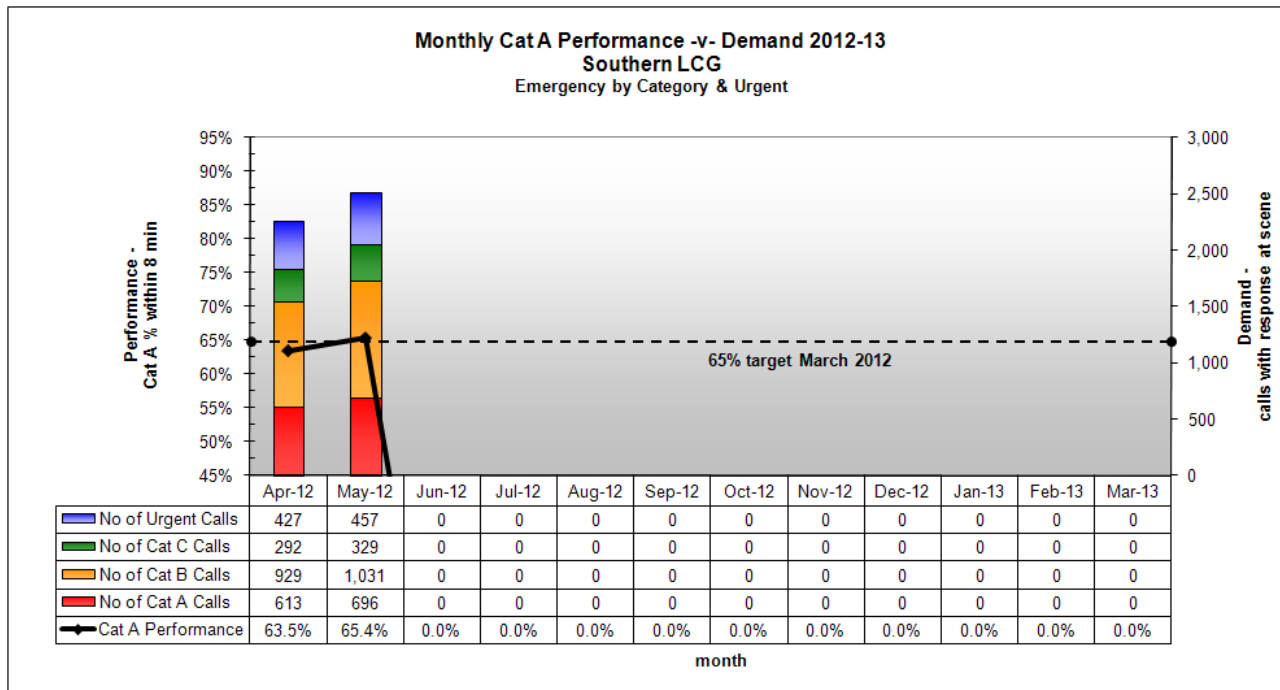
South Eastern Division



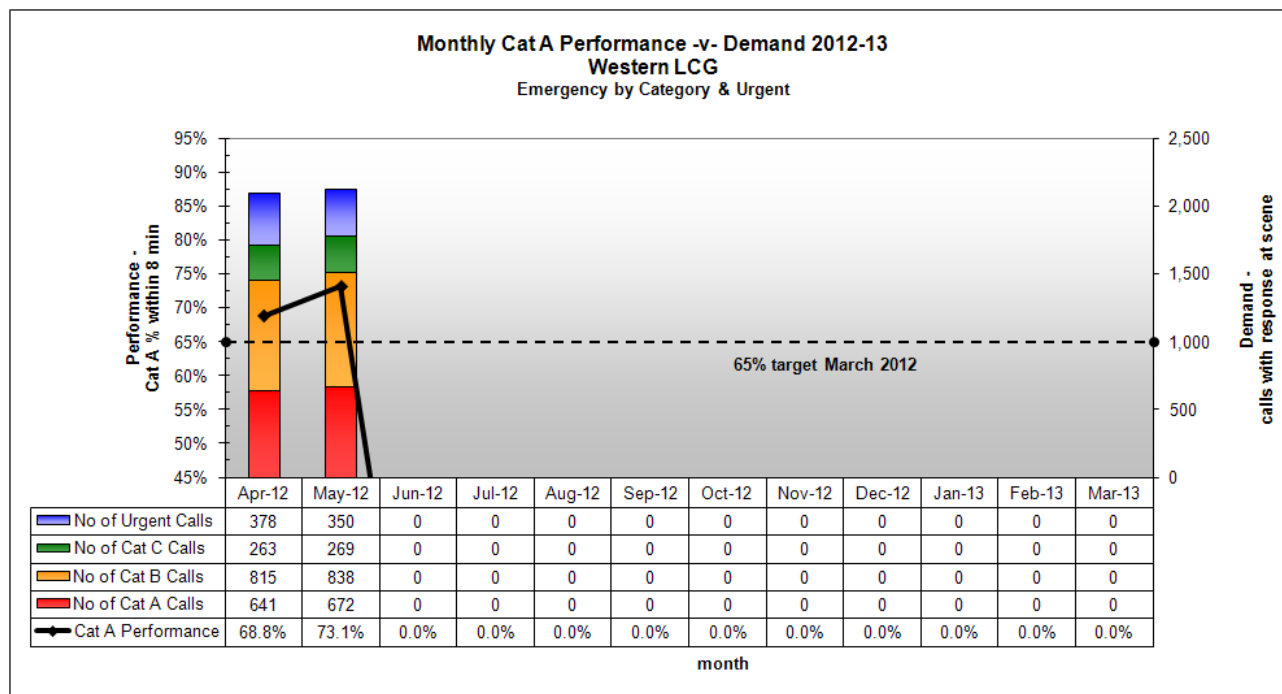
Northern Division



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										
Non-Emergency Ambulances	84.8	88.6										
Rapid Response Vehicles	78.9	78.4										
Support Vehicles	55.8	48.1										
PERFORMANCE COMMENTARY												

IMPROVEMENT PROPOSALS FOR 2011/12

FLEET

All fleet purchases delivered for Year 2012.

Commissioning of vehicles is on-going.

22 A&E chassis and 21 PCS base vehicles have been delivered for conversion in 2012/2013.

ESTATE CAPITAL PROGRAMME

BALLYMENA

Departmental comments received and being responded to.

Project Management costs to be added.

ENNISKILLEN

Outline planning application submitted.

Departmental comments received and being responded to.

Project Management costs to be added.

New option to be added to 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.

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

ENNISKILLEN

The patients from the Erne hospital site have been transferred to the South West Hospital. The Western Trust is currently putting through a Business Case for the disposal of the Erne site. NIAS may remain on site in the interim. New options have to be added to the business case.

ASSURANCE REPORT: FINANCE, INFORMATION & ICT DIRECTORATE

FINANCE

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

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

Summary performance in each of these areas is as follows:

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

A range of controls are in place which include a schedule of matters reserved for Board decisions, a scheme of delegation, standing orders and standing financial instructions. The system of internal financial controls is based on a framework of regular financial information, including comprehensive budgeting systems, regular review and reporting. These controls are routinely and independently tested by internal and external audit to ensure compliance and identify areas for improvement.

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

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										
Approval of TDP by HSC Board	A	A										
Ongoing monitoring of expenditure, developments and pressures, through Trust Monitoring Returns, Reports to Trust Board and Budgetary Control.	A	A										
Secure confirmation of HSCB and DHSSPS support for developments and pressures, subsequent contract variations both in year and recurrently.	A	A										
Ongoing monitoring of capital expenditure and confirmation of HSCB and DHSSPS support for capital developments.	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										
Review of Authorisation Frameworks	A	A										
Prepare NIAS for Business Service Transformation Programme changes.	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										

SUMMARY OF PERFORMANCE

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,812										
Other Expenditure		1,962										
Expenditure Total		9,774										
Income		285										
Net Expenditure		9,489										
Net Resource Outturn		9,489										
Revenue Resource Limit (RRL)		9,489										
Surplus/(Deficit) against RRL		0										

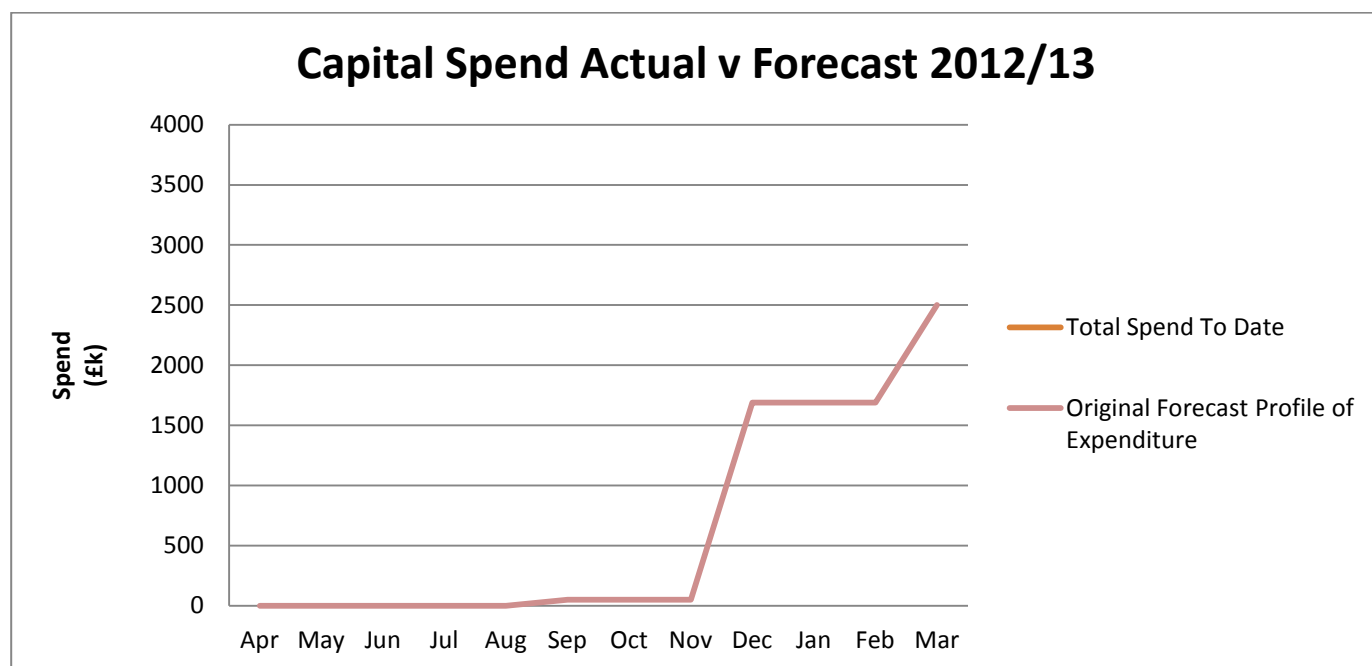
The Trust is reporting a balanced financial position at the end of May 2012 (Month 2). The Trust continues to forecast a breakeven position at year end, subject to and without prejudice, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed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

RISK COMMENTARY

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

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0										
Estate		0										
Medical Equipment		0										
IT Equipment		0										
General Capital		0										
Total		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) is £2,500,000, split between General capital of £300,000 and Fleet Replacement for 2012/13 of £2,200,000.



Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	0	0										
Actual Disposals	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										
Cumulative	97.1	93.4										

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 have impacted on performance in the month of May.

RISK COMMENTARY

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

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	4.37	2.89										
Percentage of Products Supplied on First Request % (Target 95%)	99.3	100.0										
Number of Lines Issued (Stock and Non Stock Line)	567	786										
Value of Spend £k (Stock and Non Stock)	148	205										

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 HPSS network.

STRATEGIC OBJECTIVES:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTEGRATION –INTERNAL

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

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

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

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

INTEGRATION – EXTERNAL

NIAS representatives are actively involved in collaborative forums such as:

Director of Finance & ICT member of:	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

Information, Communications and Technology as at 31/03/2012 was assessed as substantive 79 %.

Records Management as at 31/03/2012 was assessed as substantive 84%.

DHSSPS expected level of compliance was >75%. Both these standards met these expectations. ICT Manager met with internal audit and other Trust ICT leads to consider proposals provided by audit following the needs assessment review of each HSC Trust. Internal audit to create a high level audit programme based on the IT audit needs that were assessed and prioritised on risk/value to the HSC.

INTERNAL AUDITS

Fully reviewed by Audit Committee

As part of the midyear assurance process internal audit examined any ICT recommendations outstanding from previous audits and commented as follows:

Priority one audit re information audit and data control is 83% implemented. Following Internal Audit year end follow up a revised full implementation date of September 2012 has been agreed.

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.

May 2012: A planned programme of work was led by IT to provide an upgrade of the telephony voice recording system in NIAS Emergency Ambulance Control (EAC) and Non Emergency Ambulance Control (NEAC). This work involved a transition from the old systems to the new resulting in a 15 minute period where there was interruption to the voice recording system for the EAC and a 2 hour interruption to the NEAC.

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:

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

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

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.

THEME 3: EMBEDDING AN INFORMATION GOVERNANCE ETHOS IN THE ORGANISATION

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

Strategic Objectives

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTERNAL AUDITS

Fully reviewed by Audit Committee

As part of the midyear assurance process internal audit examined any ICT recommendations outstanding from previous audits and commented as follows:

Priority one audit re information audit and data control is 83% fully implemented. Following Internal Audit year end follow up a revised full implementation date of September 2012 has been agreed.

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.

- i. Develop and increase non-confidential information made available to the public
- ii. 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.

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. ICT Manager and Assistant ICT Manager continue to fully participate in BSTP work programme.

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.

2.1 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.

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

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

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

CORE WORK

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

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

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

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

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

Data Protection (Subject Access)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	2	1										
Completed Requests processed within 40 days or less	0	1										
Completed Requests exceeding 40 days	2*	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*										
Completed Requests processed within 20 days or less	2	7										
Completed Requests exceeding 20 days	0	1										
Number of Records Fully Disclosed	2	6										
Vexatious Requests	0	0										
Number of Records for which records not held	0	3										
Requests where exemptions wholly/partially applied	0	2										
Referrals for Independent Review	0	0										
Appeals to the Information Commissioner	0	0										

* One request dated 25/05/2012 included only in number received

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										
Assembly Questions (Written)	7	8										
CORs Received	0	1										
TOFs Received	0	0										
INVs Received	0	0										

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 has continued to present a challenge to the Trust with work ongoing to finalise the review of the Trust's Trade Union Recognition Agreement and the review of structures for engagement with Trade Unions.

Work continues on BTSP, with NIAS participation in regional structures to support its introduction and work will continue throughout the reporting year on the implementation of BSTP within NIAS. The implementation of BSTP systems within NIAS will present significant challenges, particularly in terms of the significant resource implications on the HR Directorate. The Trust currently has 3 jobs (Paramedics, RRV Paramedics and Emergency Medical Technicians) paid on account without prejudice on Agenda for Change pay bands, 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".

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 11 days between November 2010 and March 2012. In March 2012 the Job Analysts provided advice as requested by the JE Panel, having met with the local Job Advisors. The JE panel met again on 29 and 30 May and 15 June 2012. No outcomes have been reached to date. The JE panel have developed a number of questions for the post-holders and will reconvene on 20 July (and 27 July if necessary), to consider the responses and progress the evaluations.

The JE Leads will continue to proactively manage the process through to panel outcomes for the 3 jobs, with a view to finalising this step of the process at the earliest opportunity. Following due process, the JE Leads will manage the consistency-checking process of the panel's outcomes for all 3 jobs, both internally and externally. Only upon completion of the consistency-checking process will the final outcomes be known and communicated to the post-holders and to the Trust.

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).

[illegible]

1.1.8	Implement and monitor Disability Action Plan	G	G										
1.1.9	Complete & Submit Section 75 and Disability Duties Annual Progress Report	A	A										
1.1.10	Health and Safety	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										
1.3.2	Develop and implement Communication Strategy Action Plan	GA	GA										
1.3.3	Develop and implement Corporate Social Responsibility Action Plan	GA	GA										
1.3.4	Develop and implement Community Education Action Plan	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										

1.3.6	Develop and implement an action plan around Complaints Management to include production of recommendations for improvement and learning.	GA	GA										
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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										
2.1.2	Identify NIAS specific issues and highlight to regional structures as appropriate	G	G										

2.1.3	Agree and implement related action plans for implementation of BSTP Shared Services within NIAS	G	G										
2.1.4	Agree and implement related action plans for implementation of BSTP HRPTS Systems within NIAS	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										
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										
3.1.3	Ensure workforce information is accurate and timely to aid strategic decision making	G	G										
3.1.4	Support the Trust in implementing the agreed strategies and plans in relation to the HR&CS elements	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										
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										

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: -HEALTH & WELLBEING AND ATTENDANCE MANAGEMENT ACTION PLAN 2012/13 TABLED FOR APPROVAL

		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										
4.1.2	Agree action plan at SEMT	GA	GA										
4.1.3	Ratify Action Plan at Trust Board	GA	GA										

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										
4.2.2	Agree Plan at SEMT	G	G										
4.2.3	Present Plan to Assurance Committee and report compliance	N/A	G										
4.2.4	Implement ELD Plan	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										
5.1.2	Implement and monitor NIAS Equality Scheme Action Plan	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										

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

6.0 PARTNERSHIP AND EMPLOYEE ENGAGEMENT

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

PERFORMANCE COMMENTARY

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

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

NIAS RESPONSES TO CONSULTATIONS

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
18 April 2012	South Eastern HSC Trust - Future Emergency Service Provision at Lagan Valley Hospital. LVH Emergency Department opening hours to be limited supported by enhanced GP out of hours provision.	Reconfiguration of sites could result in changes to hospital catchment areas which would impact on NIAS. It is NIAS's Policy to determine the nearest appropriate destination for a patient rather than taking a patient a greater distance, bypassing a closer appropriate unit and putting the patient at increased risk. The ability of neighbouring Trusts to cope with this increased demand should be considered.	Consultation closed – link no longer active

PERFORMANCE INFORMATION STATISTICAL ANNEX

ATTENDANCE MANAGEMENT ABSENCE STATISTICS

TOTAL YEAR TO DATE ABSENCE 2012/13 = 6.74 % NIAS 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%										
Cumulative absence	7.32%	7.12%										
No. of employees on half pay	9	13										
No. of employees on no pay	2	2										
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%										
Cumulative absence	14.97%	14.45%										
No. of employees on half pay	0	0										
No. of employees on no pay	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%										
Cumulative absence	0.18%	0.09%										
No. of employees on half pay	0	0										
No. of employees on no pay	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%										
Cumulative absence	3.31%	3.06%										
No. of employees on half pay	0	0										
No. of employees on no pay	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%										
% long term absence	3.69%	3.83%										
No. of employees on half pay	9	13										
No. of employees on no pay	2	2										
Monthly absence 12/13	6.82%	6.69%										
Cumulative absence 12/13	6.82%	6.74%										

Performance Assessment	A	A										
Estimated Cumulative Cost of absence*	£262,300	£519,900										
% 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 – Dec 11)

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

*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)	
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%	

- Source : 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
Station Supervisors & Clinical Support Officers	61	5.30%	NIAS	6.36%	5.93%	4.67%	7.98%
Paramedics	427	37.05%	NIAS	8.23%	6.87%	6.76%	5.18%
Nursing & Midwifery (formerly TC5)	N/A	N/A	HSC	6.25%	5.97%	6.26%	5.90%
Social Services (formerly TC6)	N/A	N/A	HSC	6.57%	5.98%	6.42%	5.89%
Non-Regulated							
Admin & Clerical	120	10.41%	NIAS	4.88%	3.48%	2.67%	3.78%
			HSC	4.83%	4.16%	4.26%	3.91%
Works & Maintenance	3	0.26%	NIAS	50.0%	50.0%	9.57%	1.28%
			HSC	5.06%	4.89%	6.25%	3.78%
ACA's	241	20.90%	NIAS	6.09%	5.10%	6.57%	6.83%
EMT's	197	17.11%	NIAS	11.16%	8.44%	8.91%	8.84%
Control Staff	102	8.86%	NIAS	8.48%	10.27%	13.81%	7.74%
Support Services (formerly TC4)	N/A	N/A	HSC	7.78%	6.99%	7.16%	6.09%

- Source : HSCT Monitoring of Human Resource Activity

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

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Number of disciplinary cases	2	4											6
Number of HPC referrals	2	3											5
Number of suspensions	0	0											0
Decision to suspend reviewed every 4 weeks	N/A	N/A											
Formal investigations ongoing	2	4											6
Formal investigations completed as soon as is reasonable	Ongoing												
Document disclosure exchanged 5 working days prior to disciplinary hearing	0	0											0
Decision of Stage I Panel conveyed within 7 working days of date of hearing	0	0											0
Employee will be given 7 working days notice of appeal hearing	0	0											0
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	0											0
Disciplinary Cases Closed	0	0											0
Number of active suspensions	0	0											0
Number of active Disciplinary Cases (2012/13)	6												
Total number of active Disciplinary Cases	38												

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

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

Commentary:

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

EDUCATION, LEARNING AND DEVELOPMENT

Accredited Clinical Training Programmes														
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Paramedic-In-Training Programmes	G	G												
Ambulance Care Assistant Programmes	N/A	N/A												
Mandatory Training & Assessment Programmes														
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Annual Learning & Development Workbook	N/A	N/A												
Annual Assessment/Structured CPD Paramedic & Emergency Medical Technician	N/A	N/A												
Annual Assessment/Structured CPD Ambulance Care Assistant	N/A	N/A												
Care & Responsibility Refresher (1 day)	N/A	N/A												
Care & Responsibility (2 day)	N/A	N/A												
First Aid at Work Refresher – Control Staff	G	G												
High Speed Competency Assessments	N/A	N/A												
Continuous Professional Development (CPD)														
Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Knowledge & Skills Framework Reviewer	N/A	N/A												
Knowledge & Skills Framework Reviewee	N/A	N/A												
CSO - Supervision of Clinical Practice	N/A	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											
CSO – High Speed Assessor Training	G	G											
IHCD Driving Instructors – ADI Training	N/A	N/A											
CSO – IHCD Instructor Training	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											
HSC Leadership Programme	N/A	N/A											
CIPFA	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											
Ambulance Care Assistant – Post-Training Support	N/A	N/A											
Clinical Supervision of Post-Qualified Staff	G	G											
Pandemic Preparedness - FIT Testing	G	G											
Clinical Audit	N/A	N/A											
Alternative Care Pathways – New Guidelines	G	G											
Clinical Performance Indicators (CPIs)	G	G											
High Speed Driving Competency Assessments	N/A	N/A											
Patient/Client Experience Audit	G	G											
CPD Events	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											
Implement Northern Ireland position on gateway progression	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											
JE Panel meetings (10 between Nov 2010-Mar 2011)	-	2											
Paramedic Job													
Outcome from JE Panel	N/A	N/A											
Consistency Check JE Outcome	N/A	N/A											
Notify post-holders of JE Outcome	N/A	N/A											
Notify Payroll of JE Outcome	N/A	N/A											
RRV Paramedic Job													
Outcome from JE Panel	N/A	N/A											
Consistency Check JE Outcome	N/A	N/A											
Notify post-holders of JE Outcome	N/A	N/A											
Notify Payroll of JE Outcome	N/A	N/A											
EMT Job													
Outcome from JE Panel	N/A	N/A											
Consistency Check JE Outcome	N/A	N/A											
Notify post-holders of JE Outcome	N/A	N/A											
Notifv Pavroll of JE Outcome	N/A	N/A											

PERFORMANCE INFORMATION STATISTICAL ANNEX

CLAIMS MANAGEMENT

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability													
Cases Received	2	3											5
Cases Settled	0	0											0
Cases Ongoing													22
Clinical Negligence													
Cases Received	0	1											1
Cases Settled	0	0											0
Cases Ongoing													11
Public Liability													
Cases Received	0	1											1
Cases Settled	0	0											0
Cases Ongoing													4

PERFORMANCE INFORMATION STATISTICAL ANNEX

COMPLAINTS MANAGEMENT

COMPLAINTS & COMPLIMENTS

			APR 2012- MAR 2013		2011-12 (total)	
COMPLAINTS RECEIVED			Count	%	Count	%
Total complaints received at 31/05/2012			19		98	
HANDLING TIMES OF COMPLAINTS						
	Apr 2012	May 2012	APR 2012- MAR 2013 (to date)	2011-12 (total)		
Acknowledged within 2 working days	13	6	19	100%	95	97%
Acknowledged after 2 working days	0	0	0	0%	3	3%
Response within 20 working days	9	2	11	58%	34	35%
Response after 20 working days	2	0	2	11%	64	65%
Average Response time (Working days)			15		31	
Complaints Investigations ongoing	2	4	6	31%	0	
Cases referred to NI Ombudsman (ongoing)	0	0	0		4	

SERVICE AREA OF COMPLAINTS						
	Apr 2012	May 2012	APR 2012- MAR 2013 (to date)	2011-12 (total)		
Accident & Emergency (plus RRV)	6	5	11	58%	42	43%
Patient Care Service	1	1	2	11%	19	19%
Control & Communications	5	0	5	26%	34	35%
Other	1	0	1	5%	0	0%
Voluntary Car Service	0	0	0	0%	3	3%
NATURE OF COMPLAINTS RECEIVED						
	Apr 2012	May 2012	APR 2012- MAR 2013 (to date)	2011-12 (total)		
Staff Attitude	2	3	5	26%	37	38%
Ambulance Late/No Arrival	7	2	9	47%	39	40%
Clinical Incident	2	1	3	16%	17	17%
Suitability of Equipment/Vehicle	0	0	0	0%	0	0%
Other	2	0	2	11%	4	4%
Patient Property	0	0	0	0%	1	1%
COMPLIMENTS RECEIVED						
	Apr 2012	May 2012	APR 2012- MAR 2013 (to date)	2011-12 (total)		
COMPLIMENTS RECEIVED			28		145	
SERVICE AREA OF COMPLIMENTS RECEIVED						
	Apr 2012	May 2012	APR 2012- MAR 2013 (to date)	2011-12 (total)		
Accident & Emergency (plus RRV)	7	17	24	86%	128	88%
Control & Communications	1	2	3	10%	10	7%
Patient Care Service	1	0	1	4%	7	5%
Voluntary Car Service	0	0	0	0%	0	0%
Other	0	0	0	0%	0	0%

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										

PERFORMANCE INFORMATION STATISTICAL ANNEX

MEDIA MANAGEMENT

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

PERFORMANCE INFORMATION STATISTICAL ANNEX

COMMUNITY EDUCATION

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

DHSSPS GUIDANCE ON ASSURANCE FRAMEWORKS

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

The Assurance Framework is a pivotal mechanism through which boards exert control over their organizations. As was stated when the guidance first appeared the essential point of a robust Assurance Framework is that it provides a stronger basis for effective challenge and better-informed decision-making in the boardroom. It will also be of direct relevance to senior executives risk and governance managers and clinical and social care professionals – to all those in fact with responsibility for good governance. The board of each Health and Social Care (HSC) organization and of each of the Department's NDPBs has therefore a duty on behalf of its service users carers staff and local communities to ensure that the organization is carrying out its responsibilities within a system of effective control and in line with the objectives set by Ministers. Their organizations must also demonstrate value for money maximizing resources to support the highest standards of service.

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

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

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

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

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

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

Appendix 2

Reporting Template

TITLE:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

IMPROVEMENT PROPOSALS FOR 2011/12

SUMMARY OF PERFORMANCE

RISK COMMENTARY



Northern Ireland Ambulance Service
Health and Social Care Trust



EMERGENCY PLANNING REPORT

April to May 2012

KPI No		Total from April
2	No of Potential Major Incidents	4
	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	
	Business Continuity	
	Hazardous Material Incidents (HART calls)	5
	HART pre-planned deployments	
4	Training sessions	
	Emergency Planning	7
	HART	13
	Business Continuity	
5	Exercises	
	Live	
	Tabletop	1
	Observer	
6	Updates or amendments to MIP	

Potential Major Incident

10 April 2012 at 23.15 the Northern Ireland Ambulance Service (NIAS) received a call for a report of a fire in Owenvale Court Nursing Home, Belfast. The first call was for one patient who had received burns. Only when the crew arrived was the extent of the smoke clear, and that more residents had suffered from smoke inhalation. The call was escalated to a potential Major Incident (MI). Tasked to the scene 5 A&E crews, 1 Rapid Response Vehicle RRV and 1 Officer. The Officer was stood down prior to arrival as the fire was under control and the evacuation of the nursing home was not necessary. The incident was stood down 23:57.

12 April 2012 at 8.39 NIAS was informed of "the Ulster Emergency Department being evacuated due to overwhelming smell of gas", divert from Ulster hospital put in place until scene / area cleared. Oscar 16 tasked to the scene to liaise with NIFRS and PSNI. At 9.48 the area was declared free of gas, the incident was stood down and the divert was lifted.

30 April 2012 there was a potential MI called for a school bus which crashed with a car in Londonderry. The first Officer on scene stood the incident down as all the injuries were minor and the majority were not injured.

28 May 2012 NIAS received a call for a potential MI in the Dundonald area.

Major Incidents

2 April 2012 NIAS received a report of a gas leak in an old peoples home (turned to be fumes from a fridge). 67 persons were medically assessed at scene, 2 Patients taken to Hospital. Tasked to the scene 2 Oscar call signs, 1 delta call sign, 1 RRV, 2 A&E crews, 7 PCS/ICS crews. The incident was declared stood down as the numbers of actual patients was very low.

Airport Alerts

28 May 2012 at 17.59 NIAS was called to Ards Airfield for a report of a light aircraft crash landed on runway. Both pilot and passenger were assessed by Romeo 25. The incident was stood down at 18.04.

BUSINESS CONTINUITY

There were no Business Continuity issues during this period.

HAZMAT

30 April 2012 NIAS responded to an alert for a person potentially requiring rescued from Knockagh monument. A Hazardous Area Response Team (HART) RRV and Officer were despatched to the scene. The person at the scene was dealt with by PSNI, however a HART presence was maintained whilst the situation was dealt with and the area declared safe.

17 May 2012 the AMPDS system identified a possible HART call, HART advisor advised no response.

25 May 2012 NIAS were tasked to a house fire as there was a person reportedly in the house, HART were tasked then stood down.

On 28 May 2012 NIAS were tasked to a report of a Man collapsed in slurry, HART stood down by crew.

On 29 May 2012 NIAS responded to a report of Carbon monoxide in Carrig-na-cule apartments.

HAZARDOUS AREA RESPONSE TEAM (HART)

2 April 2012 meeting the Regional Control Manager to finalise the despatch codes for HART.

18 April 2012 Urban Search and Rescue (USAR) clinical training.

23 to 27 April 2012 USAR course held at Westland Fire Station.

24 & 25 April 2012 rope rescue training with Maritime and Coastal Agency (MCA).

24 April 2012 rope rescue refresher training.

13 May 2012 one HART RRV participated in a Breathing Apparatus (BA) exercise in conjunction with Northern Ireland Fire and Rescue Service (NIFRS) local teams.

16 May 2012 4 HART RRV staff participated in a BA exercise in conjunction with NIFRS in Westland Fire Station.

16 May 2012 3 HART RRV staff participated in rope rescue refresher training in conjunction with MCA.

17 May 2012 3 HART RRV staff participated in a BA exercise in conjunction with NIFRS in Westland Fire Station.

21 May 2012 the Emergency Planning Officer and Assistant Medical Director met with the Public Health Agency (PHA) and Health and Social Care Board (HSBC) to discuss HART.

28 May 2012 HART staff participated in multi-agency workshop for Initial Incident Assessment Team (IIAT) deployments.

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



William Newton
EMERGENCY PLANNING OFFICER

NIAS COMPLAINTS CLOSED MARCH - MAY 2012

Ref	Description	Outcome	Action taken
COMP/289	Complaint regarding the treatment provided to patient.	Complaint not upheld. Investigation found that ambulance personnel acted appropriately during this incident and provided treatment in line with clinical protocols and training.	Letter of explanation issued. No action identified.
COMP/318	Complaint regarding the treatment provided by ambulance personnel during a 999 call.	Complaint not upheld. Investigation found that crew provided appropriate treatment during this incident.	Letter of explanation issued. No action identified.
COMP/335	Complaint regarding the care and treatment provided by ambulance personnel during an emergency call.	Complaint upheld. Investigation found that crew did not undertake a full clinical assessment of the patient as per standard protocol.	Letter of explanation and apology issued. Crew referred to Training Department for further training.
COMP/338	Complaint regarding the treatment provided to patient suffering from heart condition.	Complaint upheld. Investigation found that crew did not utilise the full range of diagnostic equipment available when assessing the patient.	Letter of apology and explanation issued. Ambulance personnel referred to Training Department for further training. Ambulance training to be reviewed on consider the inclusion of awareness training on cardiac conditions for young female patients.
COMP/342	Complaint regarding the non-availability of patient transport. Patient had to book a private ambulance at a cost of £200.	Complaint not upheld. Investigation found no evidence of transport being requested.	Letter of explanation issued. No action identified.
COMP/343	Complaint regarding the ambulance response to a GP Urgent Call.	Complaint upheld. Investigation found that there was a delay in providing ambulance transport which was due to the high volume of higher priority emergency calls being dealt with by Ambulance Control.	Letter of apology and explanation issued. No action identified.
COMP/344	Complaint regarding inappropriate comments by an ambulance person.	Complaint upheld. Investigation found that crew admitted to comments which may have caused offence to patient.	Letter of explanation and apology issued. Crew member reminded of the expected standards of ambulance personnel.
COMP/345	Complaint by Doctor regarding the attitude and behaviour of ambulance personnel.	Complaint upheld. Investigation found that crew member acted inappropriately during the incident.	Letter of apology and explanation issued. Crew member referred to Training Department for further training.
COMP/346	Complaint regarding attitude of ambulance crew during a 999 call.	Complaint upheld. Investigation found that comments made by a crew member were inappropriate.	Letter of apology and explanation issued. Crew member reminded of the expected standards of ambulance personnel.

NIAS COMPLAINTS CLOSED MARCH - MAY 2012

Ref	Description	Outcome	Action taken
COMP/347	Complaint regarding problems experienced in providing non-emergency patient transport	Complaint partly upheld. Investigation found that hospital clinic provided incorrect information on mobility of patient and this was not queried by Ambulance Control in a follow-up call to the patient.	Letter of explanation and apology issued. Staff to be reminded of the need to confirm mobility of patient requiring for transport.
COMP/348	Complaint regarding the attitude and behaviour of ambulance personnel.	Complaint upheld. Investigation found that crew acted inappropriately during this call.	Letter of apology and explanation issued. Staff to be referred to Training Department for further training.
COMP/350	Complaint regarding the care and treatment provided by ambulance personnel during an emergency call.	Complaint not upheld. Investigation found that ambulance personnel acted appropriately during this call.	Letter of explanation issued. No action identified.
COMP/353	Complaint regarding the actions of PCS crew. Complainant states that crew did not assist her in moving her husband from hoist to stretcher.	Complaint partly upheld. Investigation found that crew did assist in the moving of the patient but concluded that crew could have managed the call more effectively.	Letter of explanation and apology issued. Clarification issued to staff regarding moving and handling of patients. Staff to receive counselling on risk assessment and scene management.
COMP/355	Complaint regarding the actions of ambulance personnel when moving a patient from home into an ambulance.	Complaint not upheld. Investigation found no evidence that ambulance personnel acted inappropriately during this call.	Letter of explanation issued. No action identified.
COMP/356	Complaint regarding a 10 hour wait for an ambulance after a GP request.	Complaint upheld. Investigation found that there was a delay in providing ambulance transport which was due to the high volume of higher priority emergency calls being dealt with by Ambulance Control.	Letter of apology and explanation issued. No action identified.
COMP/360	Complaint regarding the alleged dangerous driving of a Rapid Response Vehicle.	Complaint not upheld. Investigation found no evidence to substantiate complaint.	Letter of explanation issued. No action identified.
COMP/361	Complaint regarding a delay in ambulance response to a GP Urgent Call	Complaint upheld. Investigation found that delay was due to the volume higher priority 999 calls being dealt with at this time.	Letter of apology and explanation issued. No action identified.
COMP/366	Complaint forwarded from DHSSPSNI regarding a delay in answering a 999 call in Ambulance Control.	Complaint upheld. Investigation found that there was a delay of 4 minutes in answering this call in Ambulance Control. Delay was due to the volume of incoming calls to Ambulance Control at this time.	Letter of apology and explanation issued. No action identified.

NIAS COMPLAINTS CLOSED MARCH - MAY 2012

Ref	Description	Outcome	Action taken
COMP/368	Joint complaint with Belfast HSCT regarding care and treatment provided to patient.	Complaint not upheld. Review of call found that it was managed appropriately by Ambulance Control. Crew was found to have acted appropriately during this call.	Letter of explanation issued. No action identified.

NIAS COMPLIMENTS RECEIVED APRIL - MAY 2012

Date Received	Date of Incident	Type of Compliment	Description
06/04/2012	11/03/2012	Letter	On behalf of my family I would like to thank your very efficient team of officers who attended a car accident scene. Their professionalism and caring attitude towards the occupants of both vehicles, and the relatives, was commendable.
06/04/2012	No information to trace call	Card	Thank you for your skill and compassion that you showed whilst treating my father and the kindness shown to us, his family. Sadly my father passed peacefully. We took great comfort in knowing that dad's life was in your skilful hands. You are a credit to the medical profession, and as a family we thank you again.
09/04/2012	05/04/2012	Email	Our baby daughter took her first ever febrile seizure and the calm help that your telephone operator gave us until the paramedic arrived in the RVH, followed shortly afterwards by the ambulance personnel, was much appreciated
12/04/2012	09/04/2012	Email	I want you to know that I had need to use the 999 ambulance service as patient had a heart attack on Monday night last. The ambulance were at the house in four minutes and staff very efficient. He had a stent put in on Wednesday and home today but will need much care as he is very weak.
12/04/2012	26/01/2012	Letter	I wish to thank the two paramedics who came with an ambulance in response to my call. Please pass on my gratitude for their great patience, courtesy and professional medical help given in a kindly caring but deft manner.
16/04/2012	14/04/2012	Email	Phone call wishing to thank the RRV vehicle and ambulance crew who dealt with father who collapsed.
16/04/2012	14/04/2012	Letter	I am writing to commend to you the actions of your staff involved in providing assistance to me for a hypoglycaemic episode at my home. The 999 call was made by my wife who has spoken very highly of the re-assuring manner of you operator who remained on the line with her until the ambulance arrived.
18/04/2012	28/03/2012	Letter	I would like to place on record my sincere thanks to the staff of the ambulance service who took such great care of my late wife, who died on Ward. She required a number of transfers between Derry, Belfast and Strabane and on every occasion staff treated her with care and compassion.
22/04/2012	20/04/2012	Email	My husband suffered a heart attack. I spoke to a lady who was fantastic in her approach and at putting me at my ease. The ambulance crew arrived promptly and were the best you could get. They helped my husband so much and had him taken to Antrim Area Hospital. He remains under the care of the Coronary Care Unit.
01/05/2012	07/03/2012	Card	Thank you very much for the excellent card you provided. It was very much appreciated by my mum and all the family. Forever grateful.
01/05/2012	21/04/2012	Letter	I wonder if you would be kind enough to pass on my thanks to the paramedics who attended the accident and brought such credit to the Northern Ireland Ambulance Service

NIAS COMPLIMENTS RECEIVED APRIL - MAY 2012

Date Received	Date of Incident	Type of Compliment	Description
01/05/2012	27/04/2012	EMAIL	I had the pleasure of working alongside one of your paramedics today who is a very highly motivated paramedic and I was extremely impressed by his performance today.
01/05/2012	21/04/2012	Letter	I wanted to write to you in connection with a sudden death that occurred. Sadly my colleague died at the scene despite the best efforts of the many people who rushed to her aid. I would like to pass on my thanks to the paramedics who attended the incident and brought such credit to the NIAS.
06/05/2012	29/02/2012	letter	I can only describe the job of a paramedic as being a vocation, No words of mine can adequately describe the value of your profession.
08/05/2012	29/04/2012	Letter	I am writing to thank you and your colleagues who were involved in coming to my wife's aid. The staff were so caring and professional.
09/05/2012	15/04/2012	Letter	The paramedics were wonderful, they dealt with my husband so professionally putting, my daughter, son and I at ease. I wanted to write and praise them and say that your service is excellent and we as a family appreciated it so much.
09/05/2012	24/04/2012	Letter	My children and I were involved in a road traffic accident and there were several paramedic teams and a doctor at the incident. I wish to express my thanks to all involved for their professionalism and the expert way in which all of them handled the situation.
14/05/2012	11/05/2012	Letter	A note of thanks and appreciation to the staff at control and the A&E crew who attended to me when I had taken an anaphylactic reaction to prescribed medication.
15/05/2012	09/03/2012	Letter	I wish to convey my appreciation of and gratitude for your concerned care and your prompt and expert action when I was drifting in and out of consciousness. The staff at the hospital commended your decisive intervention in what was a life threatening situation.
15/05/2012	07/03/2012	Letter	I write to express my grateful thanks to your help by escorting me to the hospital. Your thoughtfulness and kindness is greatly appreciated.
15/05/2012	numerous dates	phone call	Attended by staff frequently and would like to praise them all for their kindness and patience
15/05/2012	29/04/2012	Letter	This is a brief note to thank your staff who assisted us whilst staying in Belfast. The operator was excellent, took details and alerted the hotel to ensure paramedics could gain access. They arrived quickly and very efficiently checked me for other symptoms. I would like to thank all the staff involved.
16/05/2012	13/05/2012	phone call	I believe the paramedics that attended to my brother in law saved his life and I would like to pass on my thanks as they did a great job.
21/05/2012	05/04/2012	Letter	We would like to express our gratitude to the paramedics to came to our father's home and the staff at the A&E department who we believe that without the specialist emergency assessment and treatment he would not have survived.

NIAS COMPLIMENTS RECEIVED APRIL - MAY 2012

Date Received	Date of Incident	Type of Compliment	Description
22/05/2012	06/05/2012	Letter	I would like to express my appreciation to all the NIAS team who responded so promptly including the telephone operator, the ambulance crew, the rapid responder who attended within minutes and did a great job in restoring calm to the situation and applying the appropriate clinical treatment.
22/05/2012	21/05/2012	Email	We could not praise the paramedics highly enough, They were so helpful, kind and thorough. We are all so very grateful.
25/05/2012	06/05/2012	Letter	The professionalism and courtesy shown were second to none. The casualty who was quite distressed calmed down when the crew arrived, this was down to the professional and effective manner in which they were treated. The empathy and thorough treatment that was given was also noted.
28/05/2012	29/03/2012	Card	Thank you for your quick response to my call when I was so sick a few weeks ago. You were caring and kind in your treatment to me. Thank you for your service.

TB/5/19/07/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

19 July 2012

Title:	Human Resources Directorate and Corporate Services Trust Board Report: April 2011 – March 2012
Purpose:	To Provide an Outline of Activity within Directorate during 2011-12
Content:	Detail of Activities within each section of Directorate during the year
Recommendation:	For noting
Previous Forum:	N/A
Prepared by:	Human Resources and Corporate Services Directorate
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services



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Health and Social Care Trust



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HUMAN RESOURCES DIRECTORATE

TRUST BOARD REPORT

APRIL 2011 – March 2012

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SECTION 1: HUMAN RESOURCES ACTIVITY SUMMARY

EMPLOYEE RESOURCING

ACTIVITY	01/04/11 - 31/03/12
Staff in Post	1145
Leavers	32
Recruitments	27
Application Forms Processed	2851
Short Listing Panels	27
Interviews	362
New Appointments	19
Pre-Employment Medicals	19
Health Assessments	0
Contracts of Employment Issued	506
Transfers Actioned	17
Statistical Analysis of Sick Absence	12
Home Visits	40
Medical Referrals Processed	180
Maternity Leave Applications Processed	12
Lighter Duties Implemented	3
Carer's Leave Requests Processed	163
Career Break Requests Processed	14
Job Share Applications Processed	0
10/11 Month Working Applications Processed	19
Reduced Hours Applications Processed	19

EMPLOYEE RELATIONS

ACTIVITY	01/04/11 – 31/03/12
Grievances (Notice of Reference) Received in period	21
Grievances carried over from 2010/11	5
Total Active Grievances 2011/12	26
<i>Grievances resolved informally</i>	<i>10</i>
<i>Grievances withdrawn</i>	<i>1</i>
<i>Excluded under procedure</i>	<i>2</i>
<i>Cases being examined under Informal Stage/Pending Stage 1 Hearing</i>	<i>11</i>
<i>Stage 1 Grievance Hearings (heard)</i>	<i>2</i>
<i>Stage 1 Hearings Upheld</i>	<i>1</i>
<i>Stage 2 Grievance Hearings (heard)</i>	<i>0</i>
<i>Stage 2 Hearings Upheld</i>	<i>0</i>
Total Grievance/Formal Hearings Processed	2
Formal Disciplinary Procedures enacted in period	30
Disciplinary cases carried over from previous years	19
<i>Disciplinary Hearings</i>	<i>8</i>
<i>Disciplinary Appeals Hearings</i>	<i>4</i>
<i>Total Formal Disciplinary Hearings Processed</i>	<i>12</i>
<i>Disciplinary Hearings/Investigations Ongoing</i>	<i>37</i>
Total Complaints of Harassment	7
Informal Complaints of Harassment	1
Formal Complaints of Harassment (current)	6
Complaints requiring further instruction (from Complainant)	0
<i>Complaints Upheld</i>	<i>0</i>
<i>Complaint not Upheld</i>	<i>1</i>
<i>Investigations ongoing</i>	<i>5</i>
<i>Complaints Resolved</i>	<i>1</i>
<i>Complaints withdrawn</i>	<i>0</i>
Industrial Tribunal Cases	2
Legal Cases	0

SECTION 2: PERSONNEL SERVICES DEPARTMENT

A) EMPLOYEE RESOURCING

I. CURRENT EMPLOYEES

The total number of current employees at 31/03/2012 is 1145 (1128.24 WTE). This figure represents a 93.7% complement of staff against the current funded establishment figures.

ii. EMPLOYEES EXITING NIAS

During the period a total of 32 employees exited the organisation representing a 2.8% turnover of staff. Of these 32 employees, 23 were Operational, 4 Control, 4 Administrative & Clerical, and 1 member of staff died in service. Reasons for the exit of these employees are attributed to "ill health", age retirement, "other employment" and "resigned".

iii. RECRUITMENTS

A total of 27 Recruitments took place during the year generating the processing of 2851 Application Forms (this includes the ACA and NEAC Call-taker recruitments yet to be actioned); 27 Shortlisting Panels and 362 interviews. 519 applicants were shortlisted. As a result of this 19 appointments (internal and external) were made (this equates to 0.66% of applications). Key recruitments were as follows: -

- Paramedic-in-Training Student Programme
- Clinical Support Officer
- Ambulance Care Attendants
- Emergency Call Taker

As well as the 27 recruitments carried out, a further 10 campaigns are on-going.

IV. NEW APPOINTMENTS

During the period a total of 32 new employees were appointed to NIAS, the majority of whom were paramedics-in-training.

V. CONTRACTS OF EMPLOYMENT

New employees continue to receive a full Contract of Employment.

vi. TRANSFERS

17 transfers took place across the Trust. The new Transfer Policy and Procedure is working well and the Transfer Committee meet every three months to review and grant requests.

VII. ATTENDANCE MANAGEMENT

The average total percentage time lost due to sickness between 1st Apr 11 and 31st Mar 12 was 7.18%. The table below details average monthly absence figures for the full financial year, with figures for the year 01 Apr 10 – 31 Mar 11 for comparison purposes: -

MONTH	% TIME LOST TO SICKNESS	MONTH	% TIME LOST TO SICKNESS
APR 10	6.78%	APR 11	5.84%
MAY 10	5.93%	MAY 11	6.21%
JUN 10	6.78%	JUN 11	6.03%
JUL 10	6.31%	JUL 11	6.64%
AUG 10	5.86%	AUG 11	5.89%
SEP 10	7.52%	SEP 11	6.69%
OCT 10	7.59%	OCT 11	7.02%
NOV 10	6.18%	NOV 11	7.33%
DEC 10	7.27%	DEC 11	8.60%
JAN 11	7.13%	JAN 12	8.22%
FEB 11	6.11%	FEB 12	7.82%
MAR 11	5.98%	MAR 12	7.78%
YEAR TOTAL	6.87%	YEAR TOTAL	7.18%

The management of attendance remains a priority for the Trust and absence levels for all employees are monitored closely. A review of Attendance Management is currently being undertaken to identify improvements to policy, processes and procedures which may be required, with a view to reducing absence levels. The Trust's Employee Resourcing Manager meets with all Senior Managers/Officers of the Trust on a monthly basis to review absence over the previous month, agree actions and develop employee rehabilitation plans.

Home visits are conducted regularly by managers (together with a Personnel representative) for employees on long-term absence particularly when they reach half-pay and no-pay stages. 40 home visits were carried out during the year. In addition, employees on long-term absence are routinely referred by their line manager, via Personnel, to Occupational Health. An average of 18 Occupational Health referrals and follow up recommendations are actioned by the Employee Resourcing Section each month.

viii. Ill Health Retirements

A total of 3 (9.37% of turnover) applications were processed for ill health retirement.

ix. Maternity Leave Applications

A total of 12 applications for maternity leave were processed during this period. Personal meetings were held with the employee and a representative from Employee Resourcing, to discuss entitlements, etc.

x. Lighter duties

The Lighter Duties Policy is currently under review, with only 3 members of staff who carried out lighter duties during this year, in accordance with the Policy.

xi. Work/Life Balance Policy Applications

Applications for a variety of the work/life balance policies were processed during the period. All applications from employees are submitted to their line manager for approval. Personnel provide advice to managers on the decision-making process to ensure that due consideration has been given to each request: -

- CAREER BREAKS

There are currently 14 staff on Career Breaks at present.

- 10/11 MONTH WORKING

19 staff have requested 10/11 month working. Requests have been considered and granted.

- REDUCED HOURS

There are currently 19 members of staff working reduced hours, the majority of whom are operational staff.

- CARER'S LEAVE

During the year a total of 163 applications for carer's leave were requested, totalling 1636 days.

Carer's leave remains an important issue for managers. A new system for recording and monitoring carers leave is to be developed in conjunction with the Divisional Officers. Managers are now granting carer's leave for a number of hours rather than granting a full shift.

xiii. Use of Recruitment Agencies

The use of recruitment agencies remains under scrutiny. With the lack of applicants for the administrative and clerical posts recently advertised, NIAS has had to turn to the recruitment agencies to fill these vacancies in the short term.

There were 19 agency staff working in the Trust during this year, mainly in administrative and clerical roles.

B) EMPLOYEE RELATIONS

i. STAFF GRIEVANCES

During the year a total of 21 grievances were submitted by employees. 5 grievances were carried over from 2010/11 bringing the total number of grievances dealt with by the Employee Relations Section to 26.

10 grievances were resolved informally, 1 was withdrawn, 2 complaints fell outside the policy and 11 remain pending a stage 1 hearing or seeking an informal resolution.

2 formal Stage 1 hearings were heard with 1 case upheld, which was in relation to the Transfer Procedure and the reimbursement of travel expenses.

No Stage II Appeal hearings were heard.

The majority of Grievances related to terms & conditions of employment and managerial decisions.

II. DISCIPLINARY CASES

During the year a total of 30 disciplinary cases were enacted within the Trust and 19 disciplinary cases were carried over from previous years bringing the total number of cases dealt with by the Employee Relations Section to 49.

3 precautionary suspensions were implemented during the year pending the outcome of a formal investigation. 1 employee currently remains on suspension and this is reviewed on a monthly basis as per the Procedure.

8 cases proceeded to a Stage I hearing during the year, 5 employees were issued with final written warnings, 1 was issued with a formal warning, 1 employee was dismissed and 1 found that there was no case to answer.

4 Stage II appeal hearings were heard during the year and all of the Stage 2 panels upheld the original decision.

37 cases are at the investigation stage or pending a hearing.

iii. COMPLAINTS OF HARASSMENT

During the year a total of 7 formal complaints of harassment were received from employees. 1 was addressed via the Informal Procedure and 6 were addressed via the Trust's Formal Procedures.

5 investigations are ongoing, 1 complaint was not upheld and 1 complaint was successfully resolved informally.

IV. INDUSTRIAL TRIBUNAL CASES

The Trust received 2 Industrial Tribunal applications in the year. 1 was successfully resolved prior to a hearing and the other is ongoing.

V. LEGAL CASES

During the year, the Trust had 0 legal cases.

VI. INDUSTRIAL RELATIONS

The Trust continues to consult and negotiate with all recognised Trade Unions. The main consultative and negotiation forum is the Joint Consultative and Negotiating Committee (JCNC). This group is supported by a number of specialised groups including Human Resources Joint Consultative Group (HRJCG), Control Joint Working Group (CJWG), Health & Safety Committee and Equality Forum. The purpose of these groups is to ensure progress is made on implementing the corporate agenda including consultation and agreement on employment policies and procedures.

The Trust also works closely with trade union representatives on specific areas including Trust wide issues and individual representation issues, to ensure a harmonious working environment.

V. LEARNING OUTCOMES

The Trust has mechanisms in place to ensure that learning takes place where areas of improvement are identified in the management of Complaints, Compliments, Disciplinary and Grievance processes.

C) EQUAL OPPORTUNITIES

EMPLOYEES

The total number of employees recorded at 31 December 2011 was 1,147. This was a decrease of 0.17% on figures recorded for 2010. This figure also reflected a marginal decrease of 1.3%, from the previous year, in the number of female employees within the workforce. However the total number of females within the Trust represents 26.85% of the workforce, a slight decrease from the figure reported in 2010 (this being 27.15%). The percentage make-up of Protestants showed an increase from 2010 while the percentage of Roman Catholics decreased marginally: the percentage of Roman Catholics decreased by 0.4% with the percentage of Protestants increasing by 0.6%.

APPLICANTS

There was a decrease in the number of applicants for the year 2010 from the previous year. The decrease is attributed to no major recruitments being carried out within the reporting year. The total number of applicants for 2010 was 2,600 with 1,251 applications received in 2011, thus showing a decrease of 51.9%. The 2011 applicant pool was made up of 50.5% males and 49.5% females. 41.4% of the applicant pool were from the Protestant community, whilst 47.2% were from the Roman Catholic community. The religious affiliation of 11.4% of Applicants could not be determined.

APPOINTEES

The Trust made a total of 28 appointments during the year 2011. This was a 33.3% decrease on the year 2010. Of the 28 appointments made, 75% were male and 25% female. 67.9% of appointments made were from the Protestant section of the community and 32.1% were from the Roman Catholic community.

PROMOTEES

A total of 20 employees gained promotion during the year 2011. Of these 20 employees, 70% were male, whilst 30% were female. 65% were from the Protestant community and 35% from the Roman Catholic community.

LEAVERS

A total of 30 employees left the employment of NIAS during 2011. 63.3% were male employees and 36.7% were female. 46.7% of employees leaving employment were from the Protestant community and 43.3% were from the Roman Catholic community. The religious affiliation of 10% of those who left the Trust could not be determined.

SECTION 3: REGIONAL AMBULANCE TRAINING CENTRE

A) INTRODUCTION

This report details progress against the Trust's Education, Learning & Development Plan (ELDP) for 2011-2012.

The ELDP is developed on an annual basis through consultation and agreement with the Director of Operations, the Medical Director and the Director of Human Resources, and is ratified by the Senior Executive Management Team. The plan is delivered by the Regional Ambulance Training Centre (RATC) team which operates as a function within the Human Resources Directorate. The plan does not include the training requirements of the Ambulance Control function which sits under the Operations Directorate or the training requirements of the Emergency Planning and Hazardous Area Response Teams (HART) functions, which sit under the Medical Directorate.

The implementation and compliance of the plan is monitored throughout the year during monthly ELD Performance, Progress & Accountability (PPA) meetings. The Director of Operations, Medical Director and Director of Finance feed into the PPA meetings, during which in-year ELD pressures across all Directorates are considered, agreed and planned for. Progress against the plan is reported through the Trust's Assurance Framework.

The RATC team recognises the wide cross section of roles and functions that exist within NIAS; each has its place in ensuring that the Trust provides the best possible care to patients. The team are committed to supporting and maintaining a competent and professional workforce to enable NIAS staff to deliver optimum patient-centred care through the promotion of life-long learning and the delivery of effective education, learning and development programmes. To achieve this the Trust's ELD programmes are reviewed on an ongoing basis in order to develop modern and innovative methods of delivery across the Trust, often through engagement with national and regional forums to establish and share best practice and transfer of learning.

It is widely recognised that learning and development is not just about attending a course. Other blended learning approaches including reading, shadowing, distance learning, e-learning, mentoring, coaching and clinical supervision to name but a few, are just as relevant. Whilst the RATC team continue to deliver core theory and practical sessions during core training, a more blended approach is now in place for other training activities, rather than the historical emphasis on centralised, face-to-face training. This is evidenced through the production of a Staff Information Booklet, the annual Mandatory Refresher Training Workbook and a training section on the Trust's Intranet.

The RATC team take a flexible approach to the delivery of the ELDP in order to respond to the changing needs of the service in light of any emerging local, regional and national developments, should the need arise.

The key objectives of the RATC team are as follows:

1. To plan and prioritise the delivery of core training programmes in order to supply the required numbers of appropriately trained and skilled frontline operational staff, in line with recruitment and training plans identified by the Trust's Organisational Development and Workforce Planning Steering Group (OD&WPSG);
2. To plan and prioritise the delivery of mandatory and best practice refresher training programmes in order to support continuous professional development and to meet external verification processes;
3. To continue to meet Health Professions Council (HPC) annual monitoring requirements in relation to Standards of Education and Training and Standards of Proficiency for Paramedics, and Edexcel/BTEC annual revalidation. In addition, the Trust will ensure it continues to meet all mandatory requirements set by other regulatory bodies and will ensure all statutory and legislative training obligations are met;
4. To ensure that management development and best practice programmes are sourced, developed and delivered to relevant individuals in order to equip them with effective managerial skills to strengthen leadership, heighten awareness of and help contribute to organisational values, goals and strategic objectives, and to meet Ministerial priorities;
5. To continuously review and improve existing ELD programmes;
6. To identify and develop new and innovative approaches to the content and methodology of existing and future ELD programmes;
7. To promote and support the continuous professional and personal development of staff through the application of life-long learning principles within the working environment, and through the implementation of the Knowledge & Skills Framework. A learning culture will be encouraged where staff learn from past experience, ensuring reflective practice and transfer of learning;

B) SUMMARY OF KEY ACHIEVEMENTS

1.0 ACCREDITED CLINICAL TRAINING PROGRAMMES













1.1 Pre-registration 2-Year Paramedic-in-Training Programme

The Trust has 37 students in the process of completing year 2 of the 2-year Paramedic-in-Training Programme.

2.0 MANDATORY REFRESHER TRAINING PROGRAMMES




2.1 Mandatory Refresher Training Workbook

All staff were required to complete the Trust's first annual mandatory refresher training workbook during 2011-2012, which covered the following themes:





-  Infection Prevention & Control
-  Manual Handling
-  Management of Health & Safety
-  Fire Safety
-  Supporting the Trust's Missions and Values
-  Patient & Client Experience
-  Equality & Diversity
-  Confidentiality
-  Consent
-  Risk Management
-  Corporate Governance
-  Information Governance
-  Records Management
-  Counteracting Fraud
-  Managing Complaints

2.2 Annual Assessment – Paramedics and Emergency Medical Technicians

In order to ensure the highest level of standards, quality of care and treatment to patients, the training team delivered a 1-day annual assessment programme to Paramedics and Emergency Medical Technicians to re-assess the following core clinical skills:



-  Airway Management
-  BLS/ALS / Use of Defibrillator
-  Drugs

Additional key areas during the 2011-2012 annual assessment programme included:




-  Paediatric Resuscitation
-  Principles of manual handling, risk assessment and working as a team
-  Review of manual handling equipment
-  Principles of using hoists

2.3 Annual Assessment – Ambulance Care Assistants

In order to ensure the highest level of standards, quality of care and treatment to patients, the training team delivered a 1-day annual assessment programme to Ambulance Care Assistants to re-assess the following core clinical skills:

-  Airway Management
-  BLS/Use of Defibrillator

Additional key areas during the 2011-2012 annual assessment programme included:

-  Paediatric Resuscitation
-  Principles of manual handling, risk assessment and working as a team
-  Review of manual handling equipment

2.4 Care & Responsibility (C&R)

The Trust continues to deliver its 2-day C&R programme to all new frontline staff during induction training. In addition, the Trust commenced the delivery of the 2-day programme to those staff who fall outside the 2-year timeframe for undertaking refresher training and the roll-out of a 1-day refresher training programme to all relevant staff on a 2-year rolling basis.

2.5 High Speed Driving – Assessment of Competence

A total of 35 staff were assessed against the relevant driving competencies and remedial training interventions supplied where necessary.

2.6 First Aid at Work – AMPDS Re-Certification

In order to maintain AMPDS certification, 60 Ambulance Control staff undertook a 1-day First Aid at Work refresher training programme.

3.0 CONTINUOUS PROFESSIONAL DEVELOPMENT

3.1 Knowledge and Skills Framework

The RATC continues to promote and support the continuous professional development of all staff through the application of life-long learning principles

within the working environment. This will include addressing those relevant learning and development needs that result from individual Knowledge & Skills Framework (KSF) Personal Development Plans.

The following blended learning approach has been taken to ensure all staff have appropriate knowledge and understanding of KSF processes:

- ✚ KSF section included in annual Mandatory Refresher Training Workbook
- ✚ KSF awareness presentation included in annual assessment day for all frontline staff during 2010-2011
- ✚ KSF awareness presentation published on Trust Intranet
- ✚ KSF Frequenting Asked Questions published on Trust Intranet
- ✚ KSF training and awareness sessions for Reviewers and Reviewees planned for summer 2012-2013

3.2 Development of Clinical Support Officers

It is widely recognised that the introduction of the Clinical Support Officer (CSO) role has made a significant contribution to the Trust to date in terms of observing, supporting and assessing pre and post-qualified students, and through their involvement in clinical governance activities. The role will evolve further as the Trust moves towards ambulance Clinical Quality Indicators and with CSO's providing formal mentorship on a named basis to Paramedic-in-Training students. Therefore, in order to ensure all aspects of the role can be carried out equally and consistently, CSO's successfully completed the following programmes:

- ✚ IHCD Instructional Methods Module
- ✚ Manual Handling Train the Trainer
- ✚ ASSIST
- ✚ Building Professional Relationships
- ✚ Stress Management (recognising stress in staff)

In addition, plans are in place for the remaining CSO's to undertake the Clinical Supervision Module, accredited by Plymouth University, in May and June 2012.

3.3 Continuous Professional Development (CPD) Evening Events

CSO's continue to deliver CPD evening events on a local divisional basis. Topics for 2011-2012 included:

- ✚ Pre-hospital thrombolysis
- ✚ ECG
- ✚ Morphine awareness
- ✚ Paediatric workshop

4.0 MANAGEMENT DEVELOPMENT & BEST PRACTICE PROGRAMMES

The Trust's Education, Learning & Development (ELD) section continues on an ongoing basis to ensure that management development and best practice programmes are sourced, developed and delivered to relevant individuals in order to equip them with effective managerial skills to strengthen leadership, heighten awareness of and help contribute to organisational values, goals and objectives, and meet Ministerial priorities.

The key programmes delivered during 2011-2012 are as follows:

4.1 Leadership Development Programme

A bespoke Leadership Development Programme, developed for staff working at tiers 3, 4 & 5 of the Trust, and delivered by senior consultants from the HSC Leadership Centre, was undertaken by a total of 65 staff during 2011-2012.

Programme aim:

- ✚ To enhance the leadership capabilities of staff within NIAS and develop a community of leaders within the Trust with the skills and confidence to actively support the organisation in the delivery of its modernisation agenda;

Programme objectives:

- ✚ To enhance the skills and knowledge of participants to enable them to effectively address the challenges they face now and in the future;
- ✚ To build a cohesive group of leaders across NIAS with the confidence, capability and capacity to transform services;
- ✚ To develop effective ways of sharing good practice and ensure continuous improvement across the Trust;
- ✚ To develop a culture of learning and support to ensure effective succession planning within the Trust.

4.2 Productive Leader Programme

The first of the 2-part Productive Leader Programme was delivered to Executive Directors and Secretarial Support staff by senior consultants from the HSC Leadership Centre. This involved Executive Directors and Secretarial Support working together and separately on the elements outlined below. The second part of the programme will be delivered during 2012-2013.

Elements:

Leadership & Coaching;

Email Management;
Workload Management;
Meetings Management.

4.3 Internal Portfolio of Management Development Programmes

The following MD programmes were undertaken by relevant managers during 2011-2012:

- + Information Governance
- + Public Policy / Strategic Decision Making & Legal Challenges
- + Recruitment & Selection – initial
- + Recruitment & Selection – refresher
- + Disciplinary & Grievance Handling
- + Probity, Ethics & The Bribery Act
- + Leadership Development Programme
- + Productive Leader
- + Investigating Complaints

4.4 Senior Information Risk Owner & Information Asset Owner

The training provider ACT NOW and the NIAS Information Officer provided a series of ½ day training sessions to the Trust's Information Asset Owners and Senior Information Risk Owners. The learning outcomes are as follows:

- + Understanding the role;
- + Understanding what information assets are;
- + Maintaining an asset register;
- + Raising awareness.

5.0 SERVICE DEVELOPMENTS

5.1 Care and Responsibility Instructors

The Trust is in the process of developing 3 CSO's as C&R Instructors. The development programme includes a significant period of observation and assessment before sign-off as competent to deliver C&R programmes without observation. This ongoing development will continue into 2012-2013.

5.2 High Speed Driving Assessors

New high speed driving legislation is due to come into force with effect from 1st April 2013 in England, Scotland and Wales. This carries with it a requirement for those who drive under high speed conditions (e.g. Fire, Police and Ambulance) to undergo assessment of competence every 5 years, with remedial training interventions supplied where necessary. In terms of best practice and in anticipation of the likelihood of this legislation coming into force within Northern Ireland, the Trust's Clinical Support Officers (CSO's) undertook a 2-week Driving Assessor course which has been developed by the national ambulance Driver Training Advisory Group (DTAG). The course was delivered by the Trust's IHCD Ambulance Driving Instructors. Thereafter, CSO's will carry out observational assessment of high speed driving skills as part of planned observational ride-alongs with frontline staff.

5.3 IHCD Ambulance Driving Instructors

In order to ensure current and future capability and capacity in terms of the delivery of IHCD Ambulance Driving programmes, particularly in terms of succession planning, 3 staff within the RATC section successfully completed the IHCD Ambulance Driving Instructor course.

5.4 Introduce E-Learning

The RATC continues to engage with national ambulance service forums and locally with the DHSSPS and other HSC organisations, including the HSC Leadership Centre, in order to research, develop and implement e-learning and e-testing tools to support the training function, particularly in terms of mandatory and statutory training requirements.

5.5 Queen's University Medical Students – Pre-Hospital Emergency Care

The Trust embarked on a pilot programme during 2011-2012 in which NIAS facilitated clinical placements for 3rd year medical students and NIAS clinical trainers and medical staff provided input to the delivery of a student selected component (SSC), in a partnership arrangement with Queen's University (QUB)

Medical Faculty. This proved to be a great success and the Trust has now formalised the arrangement for 2012-2013.

SECTION 4: EQUALITY

Equality Scheme

The Northern Ireland Ambulance Service's Equality Scheme has been developed in accordance with the Equality Commission's Guide for Public Authorities on Section 75 and Schedule 9 of the Northern Ireland Act 1998. Section 75 statutory duties require more than prevention of discrimination. NIAS must also actively seek to encourage greater equality of opportunity across our functions. Section 75 aims to change the practices of public authorities so that equality of opportunity and promotion of good relations are central to policy making and service delivery. It goes beyond anti-discriminatory legislation and is designed to improve the quality of services for all people in Northern Ireland by placing duties on public authorities, including NIAS, on how they carry out their work.

The Equality Scheme sets out our key commitments for making equality an integral part of what we do. The Scheme sets out the Trust's arrangements for assessing compliance with the Section 75 duties, including arrangements for screening, monitoring and consulting on policies. The Scheme also provides details of staff training together with arrangements for ensuring and assessing public access to information and the services we provide. It includes a complaints procedure and arrangements for publication and review. An Audit of Inequalities and Action Plan have also been developed to address and monitor progress in the Trust's functions which have greatest relevance to Section 75 groups. Equality Screening and Equality Impact Assessments of both new and revised policies are key tools for mainstreaming Section 75 issues into policy development and service delivery. The Scheme sets out a timetable for the full range of measures proposed to ensure our commitments are met.

The Equality Scheme included a commitment to publish reports of the outcome of Equality Screenings undertaken by the Trust. The Trust's first Equality Screening Report for the period 1 April to 31 December 2011 was published on 6 April 2012. Further Equality Screening reports will be published on a quarterly basis.

Work on implementing the Equality Scheme Action Plan was undertaken including the development and introduction of a revised Equality Screening template for HSC organisations.

Formal Consultation Process

To formally launch the HSC Trusts' consultation, letters were issued to consultees from the six Chief Executives. Following this each Trust wrote to consultees with details of individual schemes and action plans. NIAS's formal 12 week Consultation on the Trust's Equality Scheme closed on 31 March 2011. Details including all relevant documents were placed on the Trust's website.

In addition to welcoming written responses, the Trust outlined its commitment to meeting directly with those interested in participating in the consultation process. The Trust received 10 formal written responses to its consultation exercise which included responses from trade unions, local councils and the Equality Commission.

A Consultation Report summarising responses to the consultation and demonstrating how this feedback shaped the Equality Scheme and Action Plan was published on the Trust's website. Having taken account of the consultation process, the Trust amended its Scheme and submitted it to the Equality Commission for approval in advance of the statutory deadline of 2 May 2011. The Equality Scheme was approved by the Equality Commission in July 2011. The Equality Scheme and an Easy Read version of the Scheme have been published on the Trust's website.

Consultation Responses

During 2011/12, the Trust responded to 17 formal consultations on a wide range of issues including DHSSPS's model and location of shared services under the Business Services Transformation Programme and the proposed increases to HSC Pension Scheme employee contribution rates.

Equality Screening

The Trust's Equality Scheme sets out how NIAS proposes to fulfil the statutory duties in Section 75 of the Northern Ireland Act 1998. The Scheme includes a commitment to subject new and revised policies to equality screening and, where necessary and appropriate, to undertake an Equality Impact Assessment. A total of 9 policies were subject to Equality Screening during 2011/12. These policies included the Knowledge and Skills Framework Personal Development Review Guidance, the Volunteer Procedure, Corporate Plan 2011 – 2015, Security Policy and the Education, Learning and Development Policy. No major impacts on any of the Section 75 categories were identified during the screening process and the policies were screened out. In accordance with a commitment in the Equality Scheme, a quarterly report on the outcome of equality screenings is published on the Trust's website.

Training

The Trust continued to mainstream Equality and Good Relations training within its Induction programme. In addition, during this year a training resource was produced in respect of Equality and Human Rights which was incorporated into a Training Workbook issued to operational staff.

The Trust participated in a regional HSC Trust Disability Training work stream which involved engagement with representatives from the disability sector to produce an e-learning disability training resource.

Public policy training on the Equality Screening process and Judicial Review was provided for the Chief Executive, Executive Directors and Assistant Directors. Ongoing training and support continues to be provided to managers involved in the policy screening exercises.

Disability Action Plan

During 2011-12 the Trust continued to implement its Disability Action Plan in compliance with the Disability Discrimination Order duties (referred to as the Disability Duties) to promote positive attitudes towards people with a disability and encourage participation by disabled people in public life. Implementation has included involvement in the regional training work stream as described above, in addition to specific policy areas such as service user involvement along with engagement with Guide Dogs for the Blind in policy discussions around the transportation of guide dogs in ambulances.

Equality Forum

The Trust's Equality Forum comprising of representatives from the Trust's four recognised trade unions continued to meet during the course of this year. The Forum consists of trade union representatives with an interest in the equality agenda and who are reflective of Section 75 categories.

Comprehensive Spending Review

NIAS subjected proposals for Efficiency Savings and Comprehensive Spending Review Investment for the period 2008-11 to Equality Impact Assessment (EQIA) and a final EQIA was published in July 2009. Monitoring systems were established in 2010/11 in respect of the implementation of the proposals. The proposals were implemented in three planned phases. A monitoring report in respect of the first two phases was published in August 2011 and a monitoring report for all three phases is in the process of being completed.

Corporate Responsibility

The Trust continued to engage with Business in the Community in relation to its Corporate Responsibility agenda. The Trust's Corporate Responsibility Action Plan outlines key actions under themes of Corporate, Sustainability, Workplace, Community and Communications. Particular work streams during the year included a focus on environmental considerations and involvement in the Business in the Community Silver Surfers campaign where Trust representatives worked with older members of the community in respect of IT awareness and practical skills.

Regional Work Streams

Engagement in regional work streams is a key priority for the Trust in order to influence regional strategic agenda around Equality and Human Rights. During 2011-12 this

included involvement in a HSC Trust collaborative approach to the implementation of the Equality Commission's revised Section 75 Guidance as set out previously.

In addition the Trust continued to participate in the DHSSPS Equality and Human Rights Steering Group, Accessible Formats Group, Disability Training Group and the Emergency Services Equality Forum.

SECTION 5: Communications

Communications Strategy

The Trusts Communications Strategy was reviewed during the year and developed for the period 2011 – 2015. Seeking to build on the existing structures to ensure a well informed and motivated staff, the new strategy has also focused on external stakeholders, particularly patients and their carer's and the media.

The Trusts Internet and Intranet systems have been given a much greater focus in terms of communicating corporate messages.

Community Education Programme

The Community Education programme continued throughout the year with 203 visits undertaken by operational staff on behalf of the Trust.

The priorities for the CEP are to address issues of:

- Violence against staff
- Hoax calls
- Inappropriate use of the service
- Community engagement

NIAS also continued to engage with the Youth Justice Agency, attending 10 Youth Conferences (process of victim engaging with perpetrator) throughout the year.

Media engagement

The Trust recorded approximately 280 incidents of media engagement throughout the year, seeking to provide same day responses for daily print and broadcast media requests.

The Trust facilitated a number of live and recorded interviews for both radio and television.

NHS Confed ASN Communications Group

The Trust continued its involvement with the ASN Communications Group addressing issues of common concern for communications leads e.g. winter pressures, major incident communications processes etc.

DHSSPS Comms Lead Teleconferences

The Trust continued to participate in the DHSSPS led weekly teleconferences with Comms Leads from the Trusts, Board, PHA and NIFRS.

SECTION 6: Complaints



COMPLAINTS ANNUAL REPORT

2011 — 2012

FOREWORD

I am pleased to present the 3rd Complaints Annual Report for the Northern Ireland Ambulance Service Health & Social Care Trust for the past year, 1 April 2011 – 31 March 2012.

Complaints and compliments remain an extremely valuable feedback to the Trust and its staff on the delivery of health care to patients and service users. It is very important that we continue to welcome and acknowledge both complaints and compliments and that we have processes in place to learn from them and apply that learning positively to improve the service we provide to people throughout NI.

I would take this opportunity to thank all those who took the time to contact us to enable us to address their concerns. May I also thank all staff who have spent time listening to and dealing with complaints whether raised formally or informally and for their approach and commitment to achieving a satisfactory outcome for the person complaining.



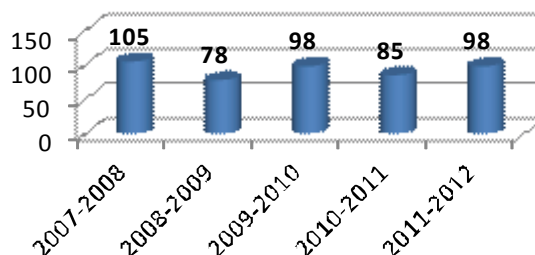
Ms Roisin O'Hara
Director of Human Resources & Corporate Services

Annual Comparison of Complaints

During 2011/12 NIAS received **98** complaints, a slight increase on the previous year's total of 85. In the same period we received **145** compliments, an increase of 33 on the previous year.

This year NIAS received an average of 389 emergency 999 calls per day. During the year we transported 351,997 patients – equivalent to one person in five of the population of Northern Ireland. The number of complaints received represents 0.02% of patient interaction by our staff.

Number of Formal Complaints



What our service users complained about

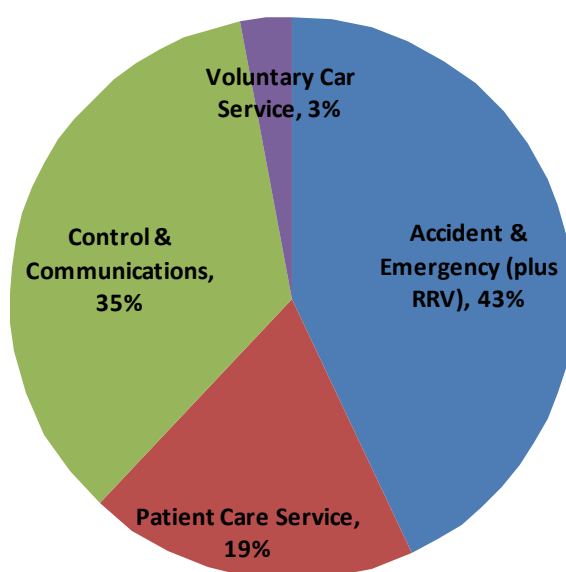
Subject	Count	Percentage
Ambulance Late/ No Arrival	39	40%
Staff Attitude	37	38%
Clinical Incident	17	17%
Suitability of Equip-	0	0%
Other	5	5%

The majority of all formal complaints received (40%) relate to a delay or no arrival of an ambulance. 38% of the complaints received related to the behaviour or attitude of staff. 17% of complaints related to care or treatment provided. The remaining 5% of complaints received related to driving of ambulance vehicles.

Area of Complaints

Of the 98 formal complaints received by the Trust 43% (42) related to the Accident & Emergency Service. 19% (19) of the complaints concerned the non-emergency Patient Care Service. 35% (34) of complaints received related to Ambulance Control, while 3% (3) of complaints concerned the Voluntary Car Service.

Area of Complaints Received



RESPONSE TIMES TO COMPLAINTS

Of the 98 complaints received 98% of the total complaints received were acknowledged within 2 working days.

35% of the complaints received were fully responded to within 20 working days, an increase of 20% on the previous year. The main reason for the delay in responding to complaints is the competing priorities of the Investigating Officers who are also frontline Managers with responsibility to ensure service delivery is maintained on a 24/7 basis. This year the Trust has revised its complaint handling processes to help improve the timeliness of responses to complainants and investigating Officers received training in undertaking complaints investigations.

	Total no.	Percentage
Acknowledged < 2 days	96	98%
Response < 20 days	34	35%

Learning from Complaints

Monitoring

Reporting

Learning

We welcome complaints and the opportunities they provide us with to learn lessons and improve our services. Complaints are discussed with the staff concerned to review how our services can be improved.

The outcomes and recommendations from complaints are reviewed by the Executive Directors on a quarterly basis to identify learning and to introduce service improvements.

A number of improvements have been put in place over the year following complaints being received. Here are some examples:

- Review of the management of Doctors Urgent Calls within Ambulance Control to improve ambulance response times for non-life threatening calls.
- Audit of ambulance vehicles undertaken to ensure toileting equipment is available for patients during transfers.
- Review of travel arrangements for Renal patients in Northern HSC Trust Area to help reduce delays in transport.
- Review of staffing levels of non-emergency Patient Care Service on Bank Holidays within Southern Ambulance Area.
- Revision of training to staff regarding communicating with patients to provide clear guidelines on introductions on first contact with patients/service users.

COMPLIMENTS

While we accept that sometimes things go wrong, numerous letters of appreciation and expressions of thanks are received to acknowledge the excellent services provided to patients by our staff. Our staff certainly appreciate knowing when things go well. In the last year NIAS received 145 compliments, an increase of 33 on the previous year.

Here are some examples of the compliments received during the year:

"On behalf of all our family it is belatedly that I write to say a very big thank-you to your paramedic team. When I had reason to call for an ambulance the relief I felt on seeing the lights of the paramedic car which had been only 3 minutes away was beyond price. The paramedic was definitely our "Hovering Angel" on that day and took a very professional and reassuring command of our extremely stressful situation. Thank you and God Bless you all."

"To the ambulance crew who saved my life a very very belated thank you for all you did for me and your expertise and kindness."

"I would like to write a letter of appreciation in relation to the service provided by your Control office and your ambulance crew. The Control operator gave me immediate advice as to what action to take and stayed on the line with me until the crew arrived within 3-4 minutes. The crew took immediate control and were confident and professional. They kept me informed at all stages. There is no doubt in my mind that if it had not been for their professionalism the patient could have died. I would appreciate if you could pass on our sincere thanks to all concerned and this letter also passed to their superiors.!"

"Please pass on the enclosed note to the ambulance crew who attended a member of my family. The crew were very good and were extremely supportive. We appreciated their expertise and compassion at such a difficult time. Your service is very fortunate to have such committed staff. Their job is certainly not easy."

"I would like to take this opportunity to acknowledge the paramedics who saved my son's life. I will be forever indebted to them."

"On behalf of my family I wish to express our very sincere appreciation for all that the Ambulance Crew did. They were very professional and sympathetic in all that they did and this was greatly appreciated by all of the family. Words will never be enough to express just how much we appreciate all that you did. Thank you again."

"I write this letter to praise and express deep gratitude to the Ambulance Crew to tended our daughter. They saved her life. Your staff behaved in the most wonderful and professional manner from beginning to end. They showed such compassion. This family could never repay the debt to you."



TB/6/19/07/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

19 July 2012

Title:	Health and Wellbeing & Attendance Management Action Plan (2012/13)
Purpose:	To provide Strategic Aims, Strategic Commitment, Strategic Goals, Responsibilities and Key Actions and underpinning Policies, Procedures & Schemes to all Staff Associated with Health And Wellbeing
Content:	Health and Wellbeing & Attendance Management Action Plan (2012/13)
Recommendation:	For noting
Previous Forum:	N/A
Prepared by:	Mrs Lorraine Gardner, Assistant Director, Employment, Performance and Corporate Services
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services



Northern Ireland Ambulance Service
Health and Social Care Trust



HEALTH AND WELLBEING & ATTENDANCE MANAGEMENT ACTION PLAN (2012/13)

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
1	REVIEW 2012/13 NIAS ABSENCE TARGETS	In the absence of a DHSSPS PFA target on Absence Management, agree NIAS % Absence target which is realistic and achievable.	Apr 2012	NIAS Absence Management target 2012/13 agreed. Absence during 2011/12 was 7.18%. NIAS will seek to reduce absence to 6.7% which is consistent with the best performance achieved over the last five years.				
2	IMPLEMENT HEALTH & WELLBEING STRATEGY	Ensure inclusion of Health & Wellbeing strategic objectives in Annual Health & Wellbeing and Attendance Management Action Plans	Apr 2010 - Mar 2015	Health & Wellbeing Strategy developed and agreed. Health & Wellbeing and Attendance Management Action Plan 2012/13 presented to Trust Board July 2012.				
3	DEVELOP HR ATTENDANCE MANAGEMENT ACTION PLAN 2012/13	Review Learning from End of Year Performance and Accountability meetings 2011/12 and best practice.	May 2012	Learning reviewed and recommendations included within Action Plan				
		Address key performance areas in the development of the Action Plan	May 2012	Performance areas reviewed in development of Action Plan				
		Agree action plan with SEMT	Jul 2012	Action Plan agreed with SEMT 10 July 2012				
		Present action plan to Trust Board	Jul 2012	Action Plan presented to Trust Board for approval July 2012				

4	PERFORMANCE MGMT & ACCOUNTABILITY	Continue to identify and set local targets to assist with meeting NIAS absence target.	Mar 2013	Local absence information and absence target communicated on monthly basis in line with NIAS target.				
		Continue to monitor performance against local targets and compliance with Attendance Management Procedure and develop appropriate actions plans for achievement of target	Apr 2012 – Mar 2013	HR conduct monthly Performance Meetings with local Managers to review targets and develop monthly action plans				
		Continue to manage performance against local targets and compliance with Attendance Management Procedure through Accountability & Performance Management at Divisional/Departmental level	Apr 2012 – Mar 2013	Monthly Performance Meetings within line management structure				
		Continue to manage performance against local targets and compliance with Attendance Management Procedure through quarterly Accountability meetings with DHR/ADHR/ Director/Manager to consider under performance against target and agree action plans	Apr 2012– Mar 2013	Quarterly Accountability Meetings take place between DHR/ADHR and local manager/Director when absence targets are not being achieved.				
		Continue to produce quarterly improvement plans to deliver Trust Absence target	Apr 2012 – Mar 2013	Quarterly meetings with DHR/ADHR and line management structure				
		Continue to conduct quarterly SLA meetings with Occupational Health to include case reviews and service improvements.	Apr 2012 – Mar 2013	Quarterly meetings with Occupational Health to review SLA				
		To develop audit standards for both the organisational and clinical	Mar 2013	Working ongoing in development of audit standards.				

		effectiveness of the Occupational Health service and undertake audit on a regular basis.						
		To work with Occupational Health in the promotion of staff health & wellbeing	Apr 2012 – Mar 2013	Ongoing work with Occupational Health to promote staff health & wellbeing e.g. Health Fair took place in June 2012 for Headquarters staff				
		To continue to review rapid referral physiotherapy service established in September 2011 to ensure employee access to appropriate rehabilitation services	Apr 2012 – Mar 2013	Quarterly activity reports provided by Occupational Health.				
		Review of Western Occupational Health service provision to Western Division in bid to secure SLA.	Mar 2013	Work ongoing with Western Occupational Health. Initial meeting took place (14/05/12).				
		To work in conjunction with Zero Tolerance Group, Risk Manager and Health & Safety Committee in the identification and management of the risk of work related pressure	Apr 2012 – Mar 2013	Ongoing				
		Production of end of year absence report 2011/12	Jul 2012	Work ongoing				
5	DEVELOPMENT/ REVIEW OF RELATED POLICIES & PROCEDURES	Research and develop draft Addictions Policy & Procedure	Nov 2012	Work ongoing				
		Undertake review of NIAS Harassment Procedure	Dec 2012	Work ongoing				

		Research and develop draft Mental Illness Procedure	Mar 2013	Work ongoing				
6	TRAINING & COMMUNICATION	Develop & deliver Management Training in Attendance Management	Mar 2013	Work ongoing				
		Develop & deliver Management Training in Stress Management	Mar 2013	Work ongoing				

TB/7/19/07/12

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Monday 12 March 2012 at 2.00pm
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

PRESENT:	Mr N McKinley	Non Executive Director (Chair)
	Prof M Hanratty	Non Executive Director
	Ms A Paisley	Non Executive Director
	Mr S Shields	Non Executive Director
IN ATTENDANCE:	Mrs S McCue	Director of Finance & ICT
	Mr L McIvor	Chief Executive
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Ms P Maitland	KPMG External Audit
	Ms C O'Hagan	NIAO External Audit
	Mrs C McKeown	BSO Internal Audit
	Mrs S McMullan	Personal Assistant

Welcome and Introduction to the Meeting

Mr McKinley extended a warm welcome to Ms Paisley who was joining the Audit Committee. The Chairman has appointed Ms Paisley on a temporary basis to the Audit Committee. He also welcomed Mr Shields back after a period of illness.

1.0 Apologies

Apologies were received from Mr J Poole and Mr M Magill KPMG External Audit.

It was noted that NIAS Audit Committee papers had been provided to the DHSSPS, but no apology or reply had been received.

2.0 Declaration of Potential Conflict of Interest

There were no potential conflicts of interest declared. The Audit Committee were confirmed as quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on Monday 17 October 2011 (for noting)

The minutes had been previously circulated, agreed and signed by Mr McKinley (chair). These minutes were presented to Trust Board on 17 November 2011 and were presented for noting by the Audit Committee.

4.0 Matters Arising

4.1 Charitable Trust Funds

Ms O'Hagan advised that Mr Lynn had raised with the DHSSPS the issue of the proportionality of effort in producing NIAS Charitable Trust Fund accounts against the level of fund balances. It was recognised that the matter may be resolved with the introduction of the HM Treasury Clear Line of Sight initiative. The Committee asked to be kept apprised of developments in this area.

5.0 Chairman's Business

5.1 Audit Committee Chairs' Meeting

Mr McKinley thanked Professor Hanratty for attending the Audit Committee Chairs' meeting before Christmas. Professor Hanratty found the meeting very useful and felt it provided an

excellent opportunity to share experiences with other organisations. A significant focus at the event had been the issues of Single Tender Actions and the introduction of Shared Services. She continued that there is another meeting scheduled for Summer 2012.

6.0 Internal Audit

6.1 NIAS Internal Audit Strategy (for approval)

Mrs McKeown informed the Committee that this was a new document developed in line with the HM Treasury Good Practice Guide: Audit Strategy. The document expands upon information provided in the Internal Audit Charter and Internal Audit Plan, but provides a greater level of detail. Mrs McKeown provided an overview of the document.

There followed a detailed discussion on various elements of the Strategy. Professor Hanratty raised concerns in relation to the traditional focus of Internal Audit on financial matters and the extension in the range and scope of assurances required, particularly in respect of clinical matters. Mrs McKeown outlined the role and responsibilities of Internal Audit and highlighted the range of other assurance providers available to the Trust. Mrs McKeown also advised that, subject to funding, internal audit are content to partner with clinical experts where the scope of the audit requires such expertise.

Ms Paisley referred to number of audit days provided for within the plan and asked how the Audit Committee could be assured that this was sufficient both in terms of the number of audits and the seniority of staff engaged in the audit. Mrs McKeown advised that this was considered in detail in the development of the Internal Audit Plan, which is based on an assessment of each area and discussions with management. This ensured that there was appropriate coverage in terms of individual planned assignments, management time, follow-up and contingency. She also provided an overview of the staffing structure within Internal Audit which was designed to provide the high level quality assurance required.

Ms Paisley referred to the reliance of NIAS on third parties and in particular the potential for a conflict of interest to arise as the Business Services Organisation (BSO) is both the employer and provider of Internal Audit. Mrs McKeown outlined the arrangements to maintain the independence of Internal Audit both professionally and operationally. The Committee was advised that the Chief Executive of the Business Services Organisation provides an assurance letter each year to the Chief Executive of NIAS. Mrs McCue highlighted that the reliance on BSO as a third party provider would increase with the introduction of Shared Services.

The Internal Audit Strategy was approved by the Audit Committee.

6.2 NIAS Internal Audit Charter (for approval)

The Internal Audit Charter was presented. Mrs McKeown advised that this document had previously been considered by Audit Committee, but that Government Internal Audit Standards (GIAS) required that the document should be periodically reviewed and presented to Audit Committee for Approval.

Mr Shields noted the important role of Internal Audit and the requirement to maintain a very distinct arms length relationship between themselves and the body to provide the necessary assurance to the Trust and the public. Ms Paisley highlighted the roles and responsibilities of Internal Audit, particularly in respect of appraising and reporting on the adequacy and effectiveness of the systems of financial, operational and management controls and their operation in practice. This would be particularly important with the introduction of new systems and shared services. Mrs McKeown gave an overview of the involvement to date of Internal Audit in the Business Services Transformation Programme (BSTP).

Discussion also ensued around work on the Bribery Act. Professor Hanratty noted the potential for different approaches by Trusts in response to the Act. Mrs McKeown highlighted the work that had been carried out by Internal Audit across all Trusts to stimulate and progress work in

respect of the introduction of the Bribery Act 2010. Internal Audit ran two workshops with Trust representatives to assist in developing a generic draft anti bribery policy, a risk assessment template and generic wording relating to the Bribery Act which could be used in relevant policies and procedures. Mrs McCue advised that guidance in respect of the Bribery Act has been issued to all NIAS staff

The Internal Audit Charter was approved by the Audit Committee.

6.3 Internal Audit Partnership Forum (for noting)

Mrs McKeown introduced the Terms of Reference of the Internal Audit Partnership Forum the purpose of which was to ensure the ongoing development of Internal Audit services in line with customer needs. Professor Hanratty suggested that the forum would benefit from the inclusion of Non Executive Directors and Audit Committee Chairs in the membership. Mrs McKeown recognised the unique perspective that such membership would bring and advised that the terms of reference and membership was to be reviewed annually. She undertook to bring the issue of a wider membership to the forum.

6.4 Progress Report (for noting)

Mrs McKeown referred members to page three of the report which provides a brief summary of progress against the Internal Audit plan. She advised that work was well underway with a view to completion of the plan to support the Statement on Internal Control for the end of the year. Mrs McKeown acknowledged the efforts involved in the completion of the programme of work.

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

Budgetary Control – Satisfactory Assurance – There were no Priority 1 findings, but one Priority 2 finding.

Risk Management – Satisfactory Assurance – There were no Priority 1 findings, but four Priority 2 findings.

There followed a discussion on elements contained within the reports, in particular the frequency of Trust Board meetings and the timeliness of reporting.

7.0 External Audit

7.1 Audit Strategy 2011/12 (for approval)

Ms Maitland introduced the Audit Strategy 2011/12 for approval. She began by outlining the scope of the audit and the opinions on regularity and propriety that would be provided. She highlighted the timetable for the production and audit of the Annual Accounts and provided an overview of each of the significant risks that had been identified as part of the plan. In particular, the risk to breakeven, Agenda for Change and the accuracy of creditors were highlighted.

Mr Shields highlighted the high level of effort put into the development of the Strategy and the demands that the production of the annual accounts and associated work would place on staff. He also highlighted the importance of this work as part of the assurance that is provided to Non Executive Directors and Trust Board. It was noted that at the end of the Audit any significant issues would be reported to the Audit Committee as part of the draft Report to Those Charged with Governance (RTCWG). Mrs McKeown noted that historically NIAS had responded to the demands of the accounts and audit process positively, achieving deadlines and with positive audit opinions. She advised that the departmental deadline for the submission of a draft Statement on Internal Control had been brought forward to Thursday 26 April 2012.

The External Audit Strategy was approved by the Audit Committee.

7.2 NIAS Report to Those Charged with Governance Charitable Trust Funds (for noting)

The draft of this document had previously been considered by Audit Committee. No changes were noted and the document was provided for completeness.

7.3 Press Release – General Report on the Health and Social Care Sector (for noting)

Noted. Copies of the report would be provided as required.

7.4 NIAO Proposed Audit Topics (for noting)

Noted.

8.0 For Approval

There were no specific items for approval that had not been considered elsewhere in the Agenda.

9.0 For Noting

9.1 BSO Counter Fraud Probity Services Annual Report

Mrs McCue noted that this was a new document that reflected the breadth of the activities provided by the Counter Fraud and Probity Service (CFPS) to NIAS through the Business Services Organisation. She continued that the Business Services Organisation have taken on an extended role in this area.

9.2 Annual Theft and Fraud Report 2010/11

This is an annual report compiled by the Department of Finance and Personnel (DFP) covering the entire Northern Ireland Public Sector. Mrs McCue advised that the Audit Committee receive regular updates in respect of fraud and regular reports are also provided through the CFPS and to the DHSSPS.

Ms Paisley highlighted the section on whistleblowing and the need to ensure that individuals are aware of the available avenues for reporting any concerns. Mr Nicholson advised that the arrangements are circulated widely and covered as part of induction and ongoing training. Mr Nicholson agreed to keep the need to publicise the reporting avenues under review.

9.3 Fraud Update

Mr Nicholson provided an update on the ongoing investigation, conducted in conjunction with the Counter Fraud and Probity Services, into the ten cases remaining from the data matching exercises carried out as part of the National Fraud Initiative (NFI) exercises.

He also highlighted a further two cases of suspected fraud that had been reported anonymously to the Trust. One case involved an allegation in respect of a NIAS member of staff in dual employment. The second case alleged payments made by a supplier to members of staff to secure work. This latter case had been examined as part of the Internal Audit review into the Management of Contracts. Mr Nicholson noted that these investigations were in the preliminary stages and noted the difficulties in targeting any investigation when the allegation is made anonymously.

9.4 Managing the Risk of Fraud

Mr Nicholson stated that the guidance had been updated in December 2011 and reissued by the Department of Finance and Personnel. Copies are available on request.

10.0 Any Other Business

10.1 Response to Annual Test Drill Exercise Capital Expenditure

Mrs McCue noted that a response had been sent to the Department.

10.2 Procurement Working Group (PWG)

Mrs McCue explained this group had been established to examine procurement issues within the Trust and would include membership from the Business Services Organisation (BSO) Procurement and Logistics Service (PaLS). It was agreed that the PWG would report through the Audit Committee to Trust Board.

10.3 Business Transformation Programme (BSTP) Update

Mrs McCue provided an update on the BSTP Programme which included replacement Finance, Procurement and Logistics (FPL) systems and Human Resources, Payroll, Travel and Subsistence (HRPTS) systems. She highlighted the extensive involvement from both the Finance and Human Resources Departments and the current risks to delivery of the project and also the risks to core business. The Audit Committee requested that they be kept updated in respect of the programme.

11.0 Date, Time and Venue of Next Meeting

The next meeting of the Audit Committee is scheduled for Thursday 7 June 2012 at 2.00pm in the Boardroom, NIAS Headquarters. It was noted that this date is subject to change due to the final accounts timetable.

Signed



(Chairman)

Date

7 June 2012

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Thursday 7 June 2012 at 2.00pm
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

PRESENT:

Mr N McKinley	Non Executive Director (Chair)
Mr S Shields	Non Executive Director
Professor M Hanratty	Non Executive Director
Ms A Paisley	Non Executive Director

IN ATTENDANCE:

Mrs S McCue	Director of Finance & ICT
Mr P Nicholson	Assistant Director of Finance
Mr A Phillips	Financial Accounts Manager
Dr N Ruddell	Assistant Medical Director
Mrs C O'Hagan	NIAO External Audit
Mr J Poole	KPMG External Audit
Mrs C McKeown	BSO Internal Audit
Mrs E Hamilton	Personal Assistant

Welcome and Introduction to the Meeting

Mr McKinley welcomed everyone, especially Dr Ruddell deputising for Dr McManus.

1.0 Apologies

These were given by Dr Ruddell on behalf of Dr McManus. It was noted that NIAS Audit Committee papers had been provided to the DHSSPS, but no apology or reply had been received.

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

No potential conflicts were declared and quorum was confirmed.

3.0 Minutes of Previous Meeting of the Audit Committee held on 12 March 2012 (for approval)

Minutes were agreed subject to a clarification at Item 4.0 that Mrs O'Hagan had reported on Mr Lynn's behalf.

4.0 Matters Arising

Ms Paisley proposed that the Chair write to the Department to extend a warm invitation to attend at a future meeting as per the requirement of the Management Statement issued by the DHSSPS which establishes the framework within which the Trust was required to operate. Mr McKinley undertook to do so.

5.0 Chairman's Business

5.1 ALB Audit & Risk Committees Chairs Forum 25 June 2012

Mr McKinley informed the Committee that both he and Professor Hanratty as Chair of the Assurance Committee would be attending this meeting. He undertook to report back at the next Audit Committee meeting.

6.0 Internal Audit

6.1 Priority Definitions

Mrs McKeown referred the Committee to this paper and highlighted the proposed new standardised Internal Audit Priority Definitions which had been reviewed in line with guidance

issued by Central Government Internal Audit. It was agreed that these new definitions have a similar meaning but are clearer than those previously used. The revised definitions were accepted for the 2012/13 year onwards.

6.2 Progress Report

Mrs McKeown indicated that all audits have been completed and all recommendations accepted by Management and took the Committee through some of the details of Priority findings in each audit.

Mr Shields inquired whether there might be an electronic solution to flag up where contracts have expired or their limits reached and Mrs McCue assured him that this is one of the aims of the new system due to come into place.

In respect of the Controls Assurance Self Assessment Mrs McKeown reported that, since the bar for achieving substantive compliance had been raised from 70% to 75% there had been a considerable achievement on the Trust's part, as verified by the audit process. There was some discussion around the level of assurance that can be drawn from such a self assessment exercise. It was agreed that they provide only an assurance that appropriate policies and procedures are in place, while more detailed individual audits convey a fuller assurance or otherwise of the situation in practice.

In respect of Information Governance the Chairman asked for clarification of the work involved in a "data flow exercise". It was confirmed to be a significant piece of work involving all Information Asset Owners (IAOs) in all areas of the Trust feeding in what requests for information they receive and provide, this being both electronic and paper information. It was further inquired as to how such data exercises interface with the Whistleblowing Policy. It was asserted that employees are bound by the Code of Conduct issued with their Job Descriptions and the exercise of the Whistleblowing Policy in public interest will always require a judgement as to how such information releases sit against requirements for confidentiality. The Director of Finance & ICT further advised that the 20 working day target for responding to Freedom of Information requests is set in legislation. It was acknowledged that this represents a challenge when responding to competing demands within existing resources.

In respect of the Business Continuity Priority 1 finding Dr Ruddell confirmed that a plan has now been developed and a meeting scheduled for Friday 15 June 2012 to progress matters into the testing phase.

In respect of follow up work carried out by Internal Audit, it was noted that 82% of recommendations had been fully implemented, 17% had been partially implemented and 1% had not yet been implemented.

In respect of the Management of Contracts Audit there was lengthy discussion. Mrs McKeown stated that this was a complex contract split into geographical divisions with several contractors within each area. She then took the Committee through all the findings and informed them that management have accepted all recommendations. This audit took place within the confines of the records held in the finance department and no documentation had been sought at an operational level.

It was explained that this audit had been carried out at the request of management. It was also noted that the audit was limited to a small sample of records contained within the Finance Department and did not extend to operational areas to explore the practical arrangements in place for the management of maintenance contracts and the engagement of contractors. All payments had been made to contractors who were part of the contract award, though some work appeared to be allocated to contractors outside of the area of the original contract award. It was accepted that there may well be very valid reasons why this would be the case, given the journeys undertaken by ambulance vehicles and the complexities of managing such a large fleet.

The impact that the audit findings have on the on self assessment against the controls assurance standards was discussed. Mrs McCue outlined the different approaches to controls assurance and substantive audits, and advised that the result of this audit had been considered as part of the self assessment for the Management of Purchasing and Supply controls assurance standard.

It was acknowledged that the accuracy of charges to contracted rates needed to be addressed and more robust procedures need to be in place with regard to the management of contracts. Ms Paisley expressed her wish for action to be taken urgently in this area. Mr Nicholson confirmed that, having already engaged informally with the Counter Fraud Unit, he had now made the formal request for their support with further investigation. Mr Nicholson undertook to take this forward with other Trusts as appropriate to ensure that any lessons learned can be shared across the sector.

Mrs O'Hagan informed the Committee that Management of Contracts had been an issue for all of the other five Trusts in the last year also. Given the narrow scope and incomplete investigations at this stage she explained that it did not warrant a qualified opinion. However, as investigations into this matter are incomplete, progress and outcomes of further investigations will be considered in 2012/13.

The Committee requested that the management of contracts should be considered for inclusion on the appropriate local or corporate risk registers. Mr Nicholson also advised that members of the Committee would be kept apprised of progress and outcomes in this area.

Mrs McKeown closed her report by drawing the Committee's attention to her briefing note on the Bribery Act and the work undertaken by Internal Audit with all the Trusts since February 2012 to develop generic draft anti-bribery policies which are now with each Trust to be customised. There was interest from Non-Executives in training on this area and Professor Hanratty was aware of evening sessions having been run by BSO Directorate of Legal Services, which NIAS Non-Executive Directors had not been invited to attend at that time. Mrs McCue offered to look into this and advise Mr McKinley, who will raise this with the Chairman of Trust Board.

6.3 Internal Audit Annual Report

Mrs McKeown summarised the 10 assignments undertaken by Internal Audit in the year, only one of which provided a limited level of assurance as previously discussed.

6.4 Internal Audit Plan 2011/12 to 2013/14

Mrs McKeown explained that we are entering year two of a three year audit plan, which is reviewed and refreshed annually. Given the need for flexibility generated by the planned introduction of new finance and human resource systems, some audit areas have been reprioritised to make way for extra work in these higher risk areas. Professor Hanratty noted that a Governance Review is planned in this year and Mrs McKeown said she was happy to meet with the Professor in her capacity as Chair of Assurance Committee as part of this work. Mr McKinley proposed that the Committee endorse this Audit Plan and Ms Paisley expressed her appreciation for the flexibility shown and welcomed the independent view of Internal Audit, given their work across all the HSC.

7.0 External Audit

7.1 Draft, Audited, Uncertified Final Accounts 2011/12

Mrs McCue took the Committee through the Accounts and offered to take any questions. Ms Paisley queried whether BSTP should be reflected as a risk given its impact on staff time. Mr Nicholson undertook to reflect this in the Statement on Internal Control (SIC) and ensure that all risks mentioned in the Corporate Risk Register are reflected appropriately in the SIC.

Ms Paisley inquired about the Provisions Utilised / Not Required entry. Mr Phillips explained that this related accrued leave provision for staff recruited prior to 1986. Arrangements have been made to make payments to staff in respect of this entitlement.

Ms Paisley and Mr McKinley both offered congratulations to all the staff involved in producing the Accounts. Mr Phillips agreed to pass on these sentiments to the staff involved.

7.2 Draft, Audited, Uncertified Annual Report 2011/12

This was presented to the Committee and accepted.

7.3 Draft Report to Those Charged With Governance

Mr Poole outlined issues across three areas:

- 1 Management of Contracts – there was no evidence of irregularity therefore there was an unqualified opinion at this time.
- 2 Procurement within PaLS – Mr Poole stated that there was an issue with PaLS contracts having rolled past their original contracted term and whether they should now be subject to EU tendering processes. This matter has not yet been concluded, although it is hoped that it will not impact on NIAS as a PaLS user and will not prohibit a clean opinion. Ms Paisley inquired as to whether the Trust should have known that these contracts had lapsed and Mrs McCue stated that the Trust had not been made aware. It was suggested that this significant reliance on BSO PaLS and other BSO services be referred to in the SIC, which Mr Nicholson agreed to do. The Trust had yet to receive the BSO's annual statement of assurance to the Trust for 2011/12. Mr Nicholson was requested to follow up with the BSO on this matter.
- 3 Agenda for Change (AfC) – the uncertainty in respect of Agenda for Change meant that it was not possible to provide a reliable estimate of the potential financial impact on the Trust; therefore the issue had been appropriately addressed in the financial statements as a contingent liability. Mr Poole highlighted the potential reputational risk to the organisation regarding the time taken to complete the Agenda for Change process.

7.4 Draft Letter of Representation

Mrs McCue introduced the draft Letter of Representation. She outlined that this was not a new requirement, but the letter should be considered by the Audit Committee ahead of signature by the Chief Executive.

7.5 Resolution to the Trust Board

Subject to the satisfactory completion of outstanding audit matters and a number of minor changes, the Director of Finance, the Assistant Medical Director and the Chairs of the Audit and Assurance Committee signed a resolution to the Trust Board that:

- The Board approve the Accounts and that the Chairman, Chief Executive and Director of Finance sign the Accounts.
- The Annual Report should be approved by the Board and signed by the Chairman, Chief Executive and Director of Finance and that the Letter of Representation should be signed by the Chief Executive.

8.0 For Approval

There were no items for approval not dealt with elsewhere on the agenda.

9.0 For Noting

9.1 Audit Committee Self-Assessment Checklist

The Chairman suggested that this be considered outside the meeting with regard to the best way to complete it. Mrs McCue's office is to circulate the checklist electronically to all Non-Executives on the Committee.

10.0 Closed Meeting

At this point Mrs McCue, Dr Ruddell, Mr Nicholson, Mr Phillips and Mrs Hamilton left the meeting to allow the Audit Committee members to meet independently with the internal and external auditors.

After a short period, they were invited back to the meeting. The Chairman extended the Committee's thanks to the staff for all their work.

11.0 Any Other Business

11.1 Fraud Update

Mr Nicholson provided an update on the ongoing investigations, conducted in conjunction with the Counter Fraud Unit into the ten cases remaining from the National Fraud Initiative (NFI) exercises. He explained that information obtained by the Counter Fraud Unit under relevant legislation for the prevention and detection of fraud could not be used for other purposes for example internal investigations. Mrs McCue undertook to make further formal contact to gain the release of information. Mrs O'Hagan and Professor Hanratty requested that the matter was further escalated with a view to developing a Memorandum of Understanding for such instances in the future.

11.2 & Due to time constraints it was agreed to defer these items to the next meeting of the Audit Committee.
11.3

Date, Time and Venue of Next Meeting

The next meeting of the Audit Committee is scheduled for Thursday 6 September at 2.00pm in the Boardroom, NIAS Headquarters.

A further meeting is planned for Thursday 6 December 2012 with the same time and venue.

Please note that these dates may be subject to change and/or additional dates may be scheduled to accommodate Departmental deadlines.

Signed



(Chairman)

Date

10 July 2012

TB/8/19/07/12



Minutes of a Meeting of the Assurance Committee held on Thursday 7 June 2012 at 11.00am, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT	Prof M Hanratty	Non-Executive Director (Chair)
	Miss A Paisley	Non-Executive Director
	Mr N McKinley	Non-Executive Director
IN ATTENDANCE	Mr B McNeill	Director of Operations
	Mrs S McCue	Director of Finance
	Ms R O'Hara	Director of Human Resources & Corporate Services
	Ms L Sloan	Assistant Director of Human Resources, Education, Learning & Development
	Dr N Ruddell	Assistant Medical Director
	Mr P Nicholson	Assistant Director of Finance
	Mr T McGarey	Risk Manager
	Mrs J McSwiggan	Senior Secretary

1.0 Apologies

No apologies were received.

2.0 Procedure

2.1 Declaration of Potential Conflicts of Interest

No potential conflicts of interest were declared.

2.2 Quorum

The Committee was confirmed as quorate.

2.3 Confidentiality of Information

Noted. The Committee was reminded that some information, such as that relating to specific patients, requires confidentiality, and that meetings should otherwise be open and transparent.

3.0 Minutes of the Assurance Committee Meeting held on 12 March 2012

The Minutes had been previously circulated, agreed and signed by Professor Hanratty (Chair). These Minutes were presented to Trust Board on 31 May 2012 and were presented for noting by the Assurance Committee.

4.0 Matters Arising

Matters arising are dealt with as agenda items.

4.1 Risk Management Process and Strategy

The Committee noted the briefing paper on Risk Management Process and Strategy.

The Committee noted that the route for feedback to staff is via the line management structure.

In terms of anticipating risk, this is part of the role of the Senior Executive Management Team and the Assistant Directors. The Risk Manager meets the Assistant Directors on a monthly basis to identify risks arising. The Information Department is currently completing an Information Risk Strategy and Information Governance Strategy, which will link to the process outlined here.

NIAS is currently engaged with the Department to review what constitutes a Serious Adverse Incident, and discussions on media interest are ongoing.

4.2 Incident Reporting Process and Review

The Committee noted the briefing papers on Incident Reporting Process and Review.

It was noted that the Department sets the criteria for incident reporting, and these are currently under review, including issues of media, harm or potential harm to patients, reputation of organisation, etc.

In relation to identifying reputational risks, the reference to an Early Alert System was noted, and work with the Department in this area is ongoing.

NIAS is now represented on a number of regional steering groups looking at ambulance performance in the areas of cardiology, stroke, etc. and this presence provides valuable feedback.

Area Managers review out of standard calls on a weekly and monthly basis, and Clinical Support Officers (CSOs) often review cases and PRFs and discuss issues arising with the crew, thereby providing quality assurance.

The Information Department works closely with the Operations Directorate to provide weekly reports on all out of standard calls, which are available to all Managers.

The Committee was reassured by the discussions and thanked all contributors for their openness.

5.0 Chairman's Business

None.

6.0 Standing Items

6.1 Risk Register as at 23 May 2012

The Risk Register and Risk Map were presented to the Committee and discussed.

The Committee approved the amendments made to the Risk Map.

Risk ID 4 – Business Continuity – this will be discussed under agenda item 6.5 – RQIA Action Plan. A meeting of the Emergency Planning & Business Continuity Group will take place next week to progress plans.

Risk ID 218 – Achieving Financial Balance 2011/12 – the Committee requested that, subject to the completion of final accounts, the risk in respect of financial balance for 2011/12 be closed and a new risk for 2012/13 considered.

The Committee was advised that the Senior Executive Management Team will discuss issues around the introduction of the Business Services Transformation Programme (BSTP), and it is likely that this will come forward as a corporate risk in the future.

6.2 Untoward Incidents Report as at 31 March 2012

The Untoward Incidents Report was presented to the Committee and discussed. No specific issues were raised.

The significance and reporting of interrupted meal break incidents was clarified for the Committee. Work is ongoing to address this issue. It was noted that NIAS management strongly support the provision of meal breaks.

The inclusion of the Serious Adverse Incident (SAI) report was commended. It was clarified that an apparent conflict between the reporting of SAIs in the Assurance Framework and the SAI Report was due to a difference in reporting period.

6.3 Controls Assurance Standards

The Controls Assurance Standards scores for 2012 were presented to the Committee with no significant issues arising, other than the Department raising the compliance level to 75% for each standard in 2011/12.

No. 7 – Fire Safety – the total score should read 92% rather than 93%.

It was noted that some of the standards in use are not applicable to NIAS. NIAS has raised this issue with the Department, and a response is awaited. The Audit Committee will pick up this issue.

In relation to the study of drug therapy in STEMI patients raised at the last meeting, it was confirmed that as this was set up by the Belfast Trust, the ethical approval obtained by Belfast Trust will satisfy controls assurance standards for NIAS rather than NIAS having to submit a separate ethical approval.

6.4 Assurance Framework

The Assurance Framework was presented to the Committee. This has already been noted at Trust Board on 31 May 2012.

Claims and litigation processes were clarified.

The Committee agreed that it would be interesting if further information could be provided on the 27% of Category A calls that fall outside the eight minute target, and a sample of the type of information available will be provided.

Following its first full year, the format of the Assurance Framework will be subject to review.

6.5 RQIA Action Plan

An update was provided and no specific issues were raised. The Committee welcomed the report.

Recommendation 2 – NIAS should implement a formal process for appraisal across the organisation – as in other Trusts, NIAS is only responsible for medical and dental appraisal, and that process is in place.

Recommendation 10 – NIAS should consider establishing a clinical advisory committee to support the medical director and the clinical governance (Assurance) Committee – a progress update was requested for the next meeting. While no committee exists at the moment, NIAS is represented on various clinical networks (cardiac, stroke, cancer, orthopaedics etc.) and shares issues / receives feedback in this way. The Human Resources directorate would welcome closer links with clinicians in other Trusts to facilitate training placements etc.

Recommendations 13 & 14 – the Medical Director should appear in Recommendation 14 rather than 13 and this will be corrected.

6.6 Medical Device Alerts

The Trust continues to review all Medical Device Alerts and none are currently of relevance to NIAS.

6.7 Coroner's Rule 43

The Coroner's Rule 43 report was presented to the Committee and progress was noted. One further potential Coroner's Rule 43 report has been raised and confirmation of its status by the Coroner's Office is awaited.

6.8 Reports from Groups and Committees

6.8.1 Health & Safety Committee – Minutes of Meeting 25 January 2012

Noted.

It was suggested that the draft "Management of Aggression Policy and Procedure" be renamed to read "Therapeutic Management of Aggression, Violence and Potential Violence Policy and Procedure".

6.8.2 Health & Safety Committee – Management Summary 25 April 2012

Noted.

The Committee noted and commended the role of community education volunteers. The low level of funding for this compared to that allocated by other services was noted.

6.8.3 Fire Compliance Sub Committee – Notes of Meeting 11 January 2012

Noted.

Fire compliance procedures have been tested recently. Photocopiers are being removed from corridors. The Group will address the storage of paper in corridors.

Key Performance Indicators (KPIs) have been circulated to the Fire Compliance Sub Committee and will be included with the papers for the next meeting.

6.8.4 Fire Compliance Sub Committee – Draft Minutes of Meeting 17 April 2012

Noted.

6.8.5 Infection Prevention & Control Group – Notes of Meeting 7 March 2012

Noted.

6.8.6 Infection Prevention & Control Group – Notes of Meeting 9 May 2012

Noted.

The first paragraph of **Agenda Item 5 – Vehicle Cleaning** is to be reworded for clarity.

Vehicle cleaning and gloves were discussed and progress was noted.

6.8.7 Medical Equipment Group – Notes of Meeting 23 March 2012

Noted.

6.9 Training Update

A copy of the Training Plan for 2012/13 was presented to the Committee. The Committee noted the value of this report.

The Committee noted that the Paramedic-in-Training (PIT) Programme for 2012-13 will produce an over-establishment of paramedics.

The Committee agreed that a presentation on Clinical Support Officers (CSOs) will be provided to the September meeting, and an end of year report will be required, but beyond that the Assurance Framework provides sufficient assurance with regards training.

Care and Responsibility (C&R) training was explained.

The Committee expressed its congratulations to the third year Queen's University students who completed a student selected component (SSC) with NIAS, and this development was commended.

The background to the Trust's involvement with the Certificate in Investigative Practice was provided.

The Trust's extensive Protocol for Work Placements and Observational Visits was clarified.

6.10 Clinical Audit Update

Two Clinical Performance Indicator reports, both showing improvement, were presented to the Committee:

- Acute Stroke Indicator Set
- Diabetic Patient (Hypoglycaemia) Management Indicator Set

The report format is under review and will be adapted to be more user-friendly to read and interpret, as well as incorporating a holistic indicator which will reflect the percentage of patients who receive the full range of optimal treatment for any given set.

6.10.1 Hand Hygiene Audit November 2011

Nothing to report at this time.

7.0 Pharmacy and Medicines Management Update

7.1 DHSSPS Drugs Inspection Unit Station Visits

Reports of four further unannounced inspections by the DHSSPS Pharmacy Inspection Team were presented to the Committee. The results continue to be

very positive, with three entirely satisfactory. The fourth report raised two minor issues regarding the manner of completion of paperwork and the requirement for an additional door lock, but both issues have now been addressed satisfactorily.

8.0 Regional Healthcare Hygiene and Cleanliness Audit Tool

It was confirmed that the audit tool will be used for this year's inspections and a report will be available at the end of the year.

9.0 C Diff Public Enquiry Report Update

In light of the recent outbreak of Pseudomonas in local neonatal units and the previous outbreak of C Difficile affecting several hospitals, it was agreed that this agenda item be renamed "Outbreak Management" as it will deal with various infection outbreaks.

With regards the Pseudomonas outbreak, the Committee noted the recommendations made by the Department, and the NIAS response as to how the Trust is addressing the five recommendations, which were relevant to the setting of an ambulance service as opposed to a hospital environment.

10.0 Structure and Format of Future Meetings

As requested following the previous Assurance Committee meeting, future meetings will incorporate a presentation and discussion around a key topic. It was agreed that the main focus for future meetings would be as follows:

- 6 September 2012 – Clinical Support Officers (CSOs) (R O'Hara)
- 6 December 2012 – Performance including Review of Out-of-Performance Calls (B McNeill)
- Jan/Feb 2013 (dates to be agreed) – Information Governance (S McCue)

Further suggestions for 2013 meetings included attendance management, health and wellbeing, patient discharge arrangements, the changing face of paramedic education.

Twenty minutes will be allocated for each presentation, to be followed by discussion.

11.0 Any Other Business

There is no further business for discussion.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Thursday 6 September 2012 at 11.00am** at NIAS HQ.

Signed: _____
(Professor Hanratty, Chairman)

Date: 11 July 2012