

NORTHERN IRELAND AMBULANCE SERVICE

***A Meeting of Trust Board to be held on Thursday, 31 May 2012 at 10.30am,
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
15 March 2012**
(for approval and signature)

TB/1/31/05/12

4.0 Matters Arising

4.1 Draft Annual Report

5.0 Chairman's Business

5.1 Chairman's Update

6.0 Chief Executive's Business

6.1 Chief Executive's Update

6.2 Visit to NIAS by Health Committee – 21 March 2012

7.0 Assurance Framework as at 31 March 2012

TB/2/31/05/12

8.0 Items for Approval

8.1 Trust Delivery Plan

8.2 Business Case for Enniskillen Station

8.3 Health & Safety Policy

8.4 Manual Handling Policy

TB/3/31/05/12

TB/4/31/05/12

TB/5/31/05/12

TB/6/31/05/12

9.0 Items for Noting

9.1 Amended Whistle Blowing Policy

9.2 Management Statement/Financial Memorandum

9.3 Patient & Public Involvement Strategy

9.4 Consultations

9.5 Minutes of Assurance Committee meeting held 12 March 2012

TB/7/31/05/12

TB/8/31/05/12

TB/9/31/05/12

TB/10/31/05/12

TB/11/31/05/12

10.0 Application of Trust Seal

10.1 Rent Review for M1 Business Park

11.0 Forum for Questions

12.0 Any Other Business

Next meeting of Trust Board will be held on Thursday, 19 July 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, 31 May 2011 at NIAS Headquarters,
Knockbracken Healthcare Park, Belfast. BT8 8SG*

TB/1/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 15 March 2012 at 2.00pm in the Killyhevlin Hotel, Dublin Road, Enniskillen. BT74 6R

Present:

Mr P Archer	Chairman
Mrs S McCue	Director of Finance & ICT
Ms R O'Hara	Director of Human Resources & Corporate Services
Mr B McNeill	Director of Operations
Dr D McManus	Medical Director
Ms A Paisley	Non Executive Director
Prof M Hanratty	Non Executive Director
Mr 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. He advised that the Chief Executive would not be attending today as he has been called to an urgent meeting at the DHSSPS. He welcomed Mr Deepak Samson from the Patient Client Council who has taken over from Mr Richard Dixon as the Patient and Client Council attendee at NIAS public Board meetings.

1.0 Apologies

Mr Shields, Non-Executive Director.
Mr McIvor, Chief Executive

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 19 January 2012

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

4.0 Matters Arising

4.1 Financial Pressures 2012/13

Members were advised that the Minister has indicated that no additional resources has been secured for Health & Social Care, therefore the requirement to breakeven indicates a saving in the region of up to 4% for each Trust. The Trust has been advised that a saving of £1.2m will be required and discussions are ongoing with the Health & Social Care Board (HSCB) to agree a way forward.

4.2 Implementation of 'Transforming your Care' (TYC)

The Trust has shared the draft Corporate Plan with Local Commissioning Groups and Trusts, charged with developing local population plans. It has also been shared with the HSCB, Public Health Agency and the DHSSPS in respect of regional developments and the overall population plans for Northern Ireland. The Chief Executive has met with the Director of Commissioning, HSCB, to clarify engagement in relation to regional issues such as the '111' number referenced in TYC. This is an important development opportunity for NIAS and the Trust is currently identifying the appropriate level of engagement at meetings where a NIAS representative is required to attend.

- How does the Trust monitor progress against the implementation targets?
- The process is at a very early stage and infrastructure needs to be put in place. This is an opportunity for NIAS to engage at the beginning of the process and influence plans while pushing forward our own Corporate Plan.

5.0 Chairman's Business

5.1 Visit to Erne Ambulance Station

The Board appreciated the warm welcome they received and wished to thank staff for their efforts in preparing for their visit. This station deals with many calls in very rural areas which can be 15-20 minutes from the nearest hospital. Some discussion ensued regarding the closure of the Erne Hospital site and the implications for the station. It was suggested that the issue could be highlighted on the Trust's website. Planning for the decamping of the station to another site is currently in progress as it will not be possible to remain on the Erne site for more than several months after the hospital moves to the new site.

5.2 Chairman's Update

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

5.3 Setting Agendas of Trust Board

The Board were advised that it is proposed that draft agendas for Trust Board meetings will be issued to members in advance with the minutes to provide the opportunity to identify any items they wish to be discussed.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

There was no Chief Executive's Update as the Chief Executive was unable to attend due to having to be present at an important DHSSPS meeting

6.2 Visit by Health Committee – 21 March 2012

The Health Committee is to visit the Trust on 21 March 2012. The key purpose of the visit is to get a better appreciation of NIAS operations and in particular to visit and understand better NIAS 999 Control Centre.

7.0 Assurance Framework as at 31 January 2012

Medical

The Medical Director updated members on his report and drew their attention to the Emergency Planning report highlighting an airport alert which took place on the 7 February 2012. This was a major alert and 52 ambulance vehicles were tasked to the scene where the plane carrying 184 passengers was to make an emergency landing due to its landing wheels not retracting on take-off. The plane landed safely and the emergency was stood down and the Medical Director wished to commend all those involved.

The following comments/issues were raised on the Medical report.

- How long does it take the service to recover from this type of major incident?
 - It can take several hours or days to recover with possible delays in PCS response however contingencies would be activated and response to Cat A calls maintained.
- Prof Hanratty, Chair of the Assurance Committee advised that the Assurance Framework report is scrutinised by the Committee with a focus on clinical interventions and standards of hygiene.
- The issue of Untoward Incident reports in regard to crews being asked to respond to calls before vehicle cleaning is completed was raised.
 - Cat A calls will always be a priority and there is a balance to be achieved. However appropriate cleaning is completed after each call with a deep clean completed weekly for each ambulance.

Operations

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

- Has the closure of the City Hospital impacted on turnaround times at A&E departments?
 - A lot of preparation was completed prior to the closure and additional resources were put in place. There are now more people entering RVH A&E which can impact on turnaround times. Discussion ensued in relation to alternative care pathways which could alleviate the problem. The Director of Operations gave assurance that crews with patients were not kept outside in ambulances but remained inside the hospital until handover is completed.

Finance

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

- Director of Finance provided an update of the financial position as at 31 January 2012 and advised that, in line with DHSSPS requirements, the position at end February is being prepared for 21 March 2012 as per DHSSPS timetable.
- Director of Finance confirmed that, at this point in time, given assumptions that no significant changes develop in terms of additional commitments, the Trust is expected to fulfil its statutory duty to break-even at 31 March.
- The Board noted the significant activity of FOI requests and asked if there were sufficient resources to deal with these and other requests for information.
- There are four staff within the Information Department who deal with a full range of information requests, including FOI, AQW, PSNI and a significant volume of reports and ad hoc requests to help inform additional operational decision-making. Director of Finance advised that she is leading a review of activity in this area.

Human Resources

The Director of Human Resources & Corporate Services updated members on her report and no comments or issues were raised.

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

This document was provided for noting only and the Board were advised that a representative from the Chief Medical Officer's department was to present this strategy to the Board. However due to a diary clash this has been postponed until the next Board meeting on the 17 May 2012.

9.0 Business Services Transformation Programme (BSTP)

There will be new core systems implemented for HR, Finance, Payroll & Procurement which will replace the current ageing systems. The systems have been procured and will be implemented over the next 12 month period. There is a lot of preparation required and the Chief Executive has, within the last month, been invited to become a member of the Programme Board with the Directors of Finance and Human Resources on the Regional Implementation Board.

These new systems will transform how we do business and will impact on other departments within the Trust as it will affect how we communicate information on staff eg leave or sickness absence. Procurement arrangements will also change with a greater level of de-centralisation. Self service facilities for Managers to input information directly into the system are being developed. All Trusts are required to engage with BSTP to tailor the system to our requirements and plan for effective implementation. This requires significant commitment from staff at all levels across the Trust, especially in the Finance and HR directorates. Whilst tribute was paid by the Director of Finance to the significant efforts of NIAS staff in their contribution to BSTP, she emphasised that the detrimental effect on core NIAS activities is currently being assessed as a corporate risk for the Audit/Assurance Committees to consider.

The following issues/comments were raised:

- What are the implications for Trust staff?
- There have been no decisions made at this time by the Minister about Shared Services and a consultation exercise is under way. The focus to date has been on the procurement and implementation of the new systems.
- How confident is NIAS that the Trust's requirements will be addressed in the new systems?
- As with all Trusts, NIAS is engaging with other Trusts, suppliers and BSO to aim to develop a solution to match our requirements.
- Is there an opportunity to influence longer term discussions, culture and style as a customer of Shared Services?
- With the Chief Executive being a member of the Programme Board and the Directors of Finance & HR on the Project Board the Trust will have an opportunity to influence plans.
- The Board requested reassurance that risks are being managed and suggested that the Chairs of Audit and Assurance Committees, at the next meetings in June 2012, look at the risks in detail to appraise the Board.
- What checks and balances are being carried out to ensure that the systems are value for money?
- Value For Money (VFM) was considered as part of system procurement and will continue to be a consideration as implementation plans develop.
- Mr Samson was previously involved in BSTP and advised that systems were tested across the UK with some adjustments for Northern Ireland. He added that, in his view, it was beneficial to have frontline staff involved at the outset.

Action: The Audit/Assurance Committees to assess the risks identified and present their findings to Trust Board.

10.0 Items for Approval

None.

11.0 Business Case for Enniskillen Ambulance Station

The Business Case is in development but a very recent change to the constraints surrounding the Business Case has been identified which necessitates a significant re-write. It is now proposed to share the Business Case electronically with members in advance of the next meeting to secure their approval to proceed and it will be brought to the next meeting of the Board for formal ratification. There was also some discussion about the date when the present station has to be moved off the Erne Hospital site to a new site.

The following further comments/issues were raised

- The Board had no difficulties in agreeing the Business Case by email to expedite the matter and asked if there would be a seamless transition given the present deadline for moving off-site in December 2012 and the normal pressures of winter.
- It would not be the Trust's preferred option to move at this particular time and it will investigate the possibility of delaying the move to around Easter of 2013.
- Has the option of remaining on the current site been costed?

- It will not be possible to remain on the current site for any substantial period after the hospital has moved to the new site.
- The Board supported the Executive Team and offered to help in any way possible.

12.0 Items for Noting

12.1 Consultations

Noted.

13.0 Application of the Trust Seal

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

14.0 FORUM FOR QUESTIONS

None.

15.0 Any Other Business

15.1 Whistleblowing Policy

Members were advised that an amendment was required to the policy due to a recent circular from the DHSSPS in relation to information on seeking independent advice. The policy will be reissued to all staff and placed on the Trust's website. The policy was adopted on the proposal of Mr McKinley and seconded by Prof Hanratty.

15.2 Action from Audit Committee

It was confirmed that the draft Annual Report would be circulated to the Board for comments.

Action: Draft Annual Report to be circulated to Board for their comments.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 17 May 2012 at Trust Headquarters.

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

Signed: _____

Date: _____
Chairman



ASSURANCE **FRAMEWORK**

(as at 31 March 2012)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2011-2012

MISSION

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

INTRODUCTION

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

MINISTERIAL PRIORITIES

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

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

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

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

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

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

EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

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

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

CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD COMMISSIONING PLANS 2010/11 PfA 1.1

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

2010/11 PfA 1.2

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

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

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

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

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

IMPROVEMENT PROPOSALS FOR 2011/12

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

SUMMARY OF PERFORMANCE

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

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. 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 2011/12

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

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

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

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

A programme of refresher training for all skills will continue.

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

Training delivered by PHA will commence.

HART deployments will be monitored and debriefed.

SUMMARY OF PERFORMANCE

61 paramedics have now been trained in various elements of HART 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 2011/12.

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

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

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

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

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

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

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

RISK COMMENTARY

CLINICAL QUALITY & POSITIVE OUTCOMES FOR PATIENTS

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

CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD COMMISSIONING PLANS 2010/11 PSA 2.6

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

2010/11 PSA 2.1

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

2010/11 PfA 2.7

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

2010/11 PfA 2.10

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

2010/11 TA 2.4

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

2010/11 PfA 3.1

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

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

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

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

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

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

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

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

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

IMPROVEMENT PROPOSALS FOR 2011/12

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

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

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

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

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

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

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

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

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

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

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

SUMMARY OF PERFORMANCE

Clinical Care

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

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

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 were arranged for Station Officers commencing in late August 2011 in relation to the new reporting procedure and other IPC issues. Compliance with the reporting of vehicle cleaning has improved substantially following the introduction of the new system and work remains ongoing to improve this further. This is considered as a standing agenda item by the Trust's Infection Prevention & Control Group.

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

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

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

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

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

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

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

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

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

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

Medicines Management

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

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

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 LIN and other regional groups.

Other

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

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

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

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

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

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

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

Table 1

Stroke Services: % of ALL 999 patients at hospital within 90 minutes												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	96.40%	97.50%	99.13%	97.51%	99.49%	97.29%	98.02%	97.03%	95.44%	95.40%	95.60%	95.72%
Belfast	95.80%	100.00%	100.00%	100.00%	100.00%	98.55%	97.96%	100.00%	98.36%	98.36%	100.00%	100.00%
North	97.30%	97.56%	97.92%	97.87%	100.00%	93.88%	92.31%	100.00%	95.52%	93.55%	95.12%	90.38%
Sth East	94.30%	95.45%	97.83%	95.92%	97.44%	100.00%	100.00%	95.12%	91.11%	88.00%	91.30%	96.08%
South	100.00%	97.14%	100.00%	93.94%	100.00%	100.00%	100.00%	93.55%	96.67%	98.11%	95.35%	94.59%
West	94.70%	96.97%	100.00%	100.00%	100.00%	94.29%	100.00%	93.94%	94.74%	100.00%	94.00%	95.92%

Table 2

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

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

612 Patient Report Forms sampled from Feb 2012 2011 to March 2012 – CVA/TIA management results:

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

Ambulance Trust area	Estimated Number of TIA/CVA per month	Number sampled	FAST Performed	FAST Exceptions	Blood Glucose	Blood Glucose Exceptions	Blood Pressure	Blood Pressure Exceptions	Airway manage	GCS Complete	Local Stroke Team contact
ALL NIAS INC.)	306	612	612 (100%)	0%	499 (81.5%)↑	0.8%	603 (98.5)↓	0.8%	606 (99%)↑	611 (99.8) ↑	n/a*
Previous Audit:	376	1504 (4 months)	1504 (100%)	0%	1197 (79.6%)↑	1.3%	1488 (98.9%)↑	1.3%	1489 (99%)↑	1501 (99.8%)↑	

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

Review: 6 months

Andrew Watterson – Clinical Audit Officer

RISK COMMENTARY

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

RISK MANAGEMENT & LEARNING FROM ADVERSE INCIDENTS

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

IMPROVEMENT PROPOSALS FOR 2011/12

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

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

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

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

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

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

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

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

SUMMARY OF PERFORMANCE

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

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

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

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

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

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

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

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

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

Two audits of hand hygiene have been 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 RPCC Manager on a temporary basis to undertake a review of the role of RPCC has commenced.

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

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

RISK COMMENTARY

PROVIDING ALTERNATIVES TO HOSPITAL A&E ATTENDANCE

CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD COMMISSIONING PLANS 2010/11 PfA 3.1

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

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

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

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

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

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

IMPROVEMENT PROPOSALS FOR 2011/12

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

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

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

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

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

SUMMARY OF PERFORMANCE

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

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

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

Patients 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 2011/12

Development of a PPI Strategy for NIAS.

Implementation of additional methodologies to monitor compliance with the standards and identification of areas for improvement.

Continued involvement in regional work streams to influence and ensure a collaborative approach to the PPI and Patient and Client Experience standards agendas within the HSC.

Participation in PPI initiatives with other statutory and voluntary agencies and development of a NIAS reference panel.

SUMMARY OF PERFORMANCE

PPI

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. In addition the Trust continues to work to increase the involvement of service users and in Trust work streams and policy development.

Examples of public engagement activities undertaken by the Trust include participation in the Patient Client Council Transport Fair in Southern Trust area along with Ards Over 50's Forum 'Looking After Your Health' event. The Trust used these events as opportunities to provide information about our services, answer questions from service users and the wider public and to get feedback from those who have experience of our services.

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.

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

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

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

SUMMARY OF PERFORMANCE

NIAS achieved the 72.5% Regional PfA category A performance target with an actual of 72.7% at year end (March 2012).

The 65% target is being achieved in all LCG areas with exception of Northern LCG where 64.3% was achieved.

NIAS provided an average of 91% of category A patients with a conveying ambulance within 21 minutes of receipt of call over the year. 88.1% for March.

Non conveying ambulances, the majority of which are RRVs contribute 45.2% of CatA8 response, regionally.

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

RISK COMMENTARY

There is a potential risk to achieving the targets if:

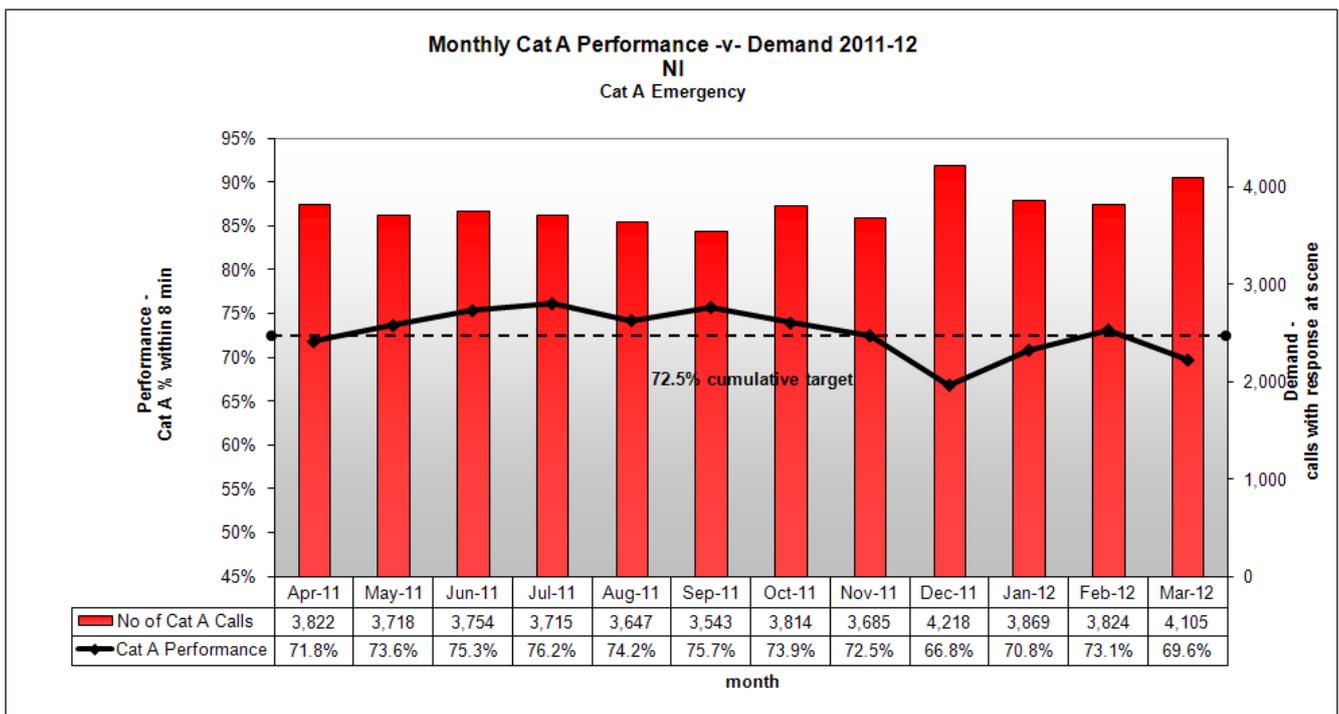
1. NIAS experiences an increase in activity:
2. There are continued delays in Emergency Departments relating to patient handover.
3. There are continued requests for diverts away from Emergency Departments resulting in longer journey times and ambulances being out of area.
4. Lack of stakeholder support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

Performance Reports

Category A: % Response within 8 minutes. Update for February and March 2012

Regional target: 72.5%

LCG target 65%



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

February 2012 Trend analysis

Activity	Compared with Feb last year
Emergency	Up 13.3% +1,321 calls
Urgent	Up 14.7% +413 calls
Non urgent	Up 5% + 813 calls
Total	Up 8.7% +2,547 calls

March Trend analysis

Activity	Compared with March last year
Emergency	Up 11% +1,215 calls
Urgent	Up 12.8% + 362 calls
Non urgent	Down 0.7% - 124 calls
Total	Up 4.6% +1,453 calls

CATEGORY A YEAR END CUMMULATIVE REPORT

NB: The HSCB Commissioning Plan 2011/12 states that the Cat A response target is: "From April 2011 the HSCB and NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes (and not less than 65% in any LCG area)"

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	71.8	73.6	75.3	76.2	74.2	75.7	73.9	72.5	66.8	70.8	73.1	69.6	72.7
Belfast	88.3	90.3	91.5	91.1	89.6	89.0	87.6	86.8	79.3	84.1	86.9	84.1	87.2
South East	70.1	67.6	70.2	70.0	70.5	70.9	67.0	68.4	60.9	66.9	68.8	65.9	68.0
North	61.7	65.0	67.0	67.1	66.1	69.2	66.7	64.6	57.9	62.0	66.0	60.3	64.3
South	63.0	69.3	70.7	75.1	69.1	69.1	67.1	69.2	65.3	64.3	66.6	64.9	67.7
West	69.3	68.4	71.0	73.2	69.5	74.1	75.4	68.0	65.9	71.0	70.9	65.4	70.0

PERFORMANCE COMMENTARY

NIAS achieved the 72.5% Regional PfA category A performance target with an actual of 72.7% at year end (March 2012).

The 65% target is being achieved in all LCG areas with exception of Northern LCG where 64.3% was achieved.

Service pressures - Local context

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

Year End Trend Analysis 2011 – 2012

Activity	Compared with March last year (2011)	
Emergency	Up 4.3%	5,626 calls
Urgent	Up 0.2%	66 calls
Non urgent	Down 0.2%	-452 calls
Total	Up 5,240	1.4%calls

- During 2011 – 12 NIAS responded to 136,524 emergency 999 calls
- Overall activity 377,179 ambulance calls.

Category A : % Conveyance Resource Response arriving within 21 minutes

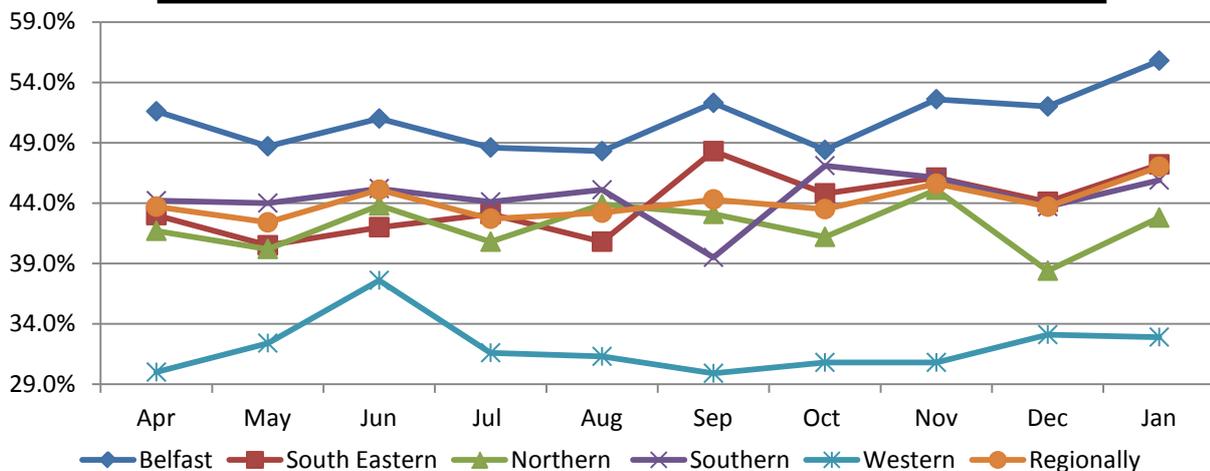
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	92.1	93.4	93.1	93.5	92.6	92.6	92.1	91.2	86.2	89.0	89.1	88.1
Belfast	95.7	96.1	97.4	95.6	96.5	93.7	94.1	92.8	87.9	91.3	91.2	90.2
South East	90.4	91.2	92.5	92.0	90.5	90.1	89.5	88.6	83.7	86.3	87.0	85.6
North	90.8	92.5	91.1	93.8	92.3	94.0	91.6	90.0	84.4	88.7	90.1	88.2
South	89.0	92.1	93.5	91.1	90.4	90.4	91.0	91.0	87.1	88.8	85.9	87.1
West	92.9	93.5	89.5	93.9	94.1	94.1	93.8	93.4	87.7	89.1	90.0	87.9

PERFORMANCE COMMENTARY

NIAS target: to convey 95% of Cat A calls within 21 minutes. Average 91.1%

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

NCR first at scene contribution to Cat A Performance - Jan 2012



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

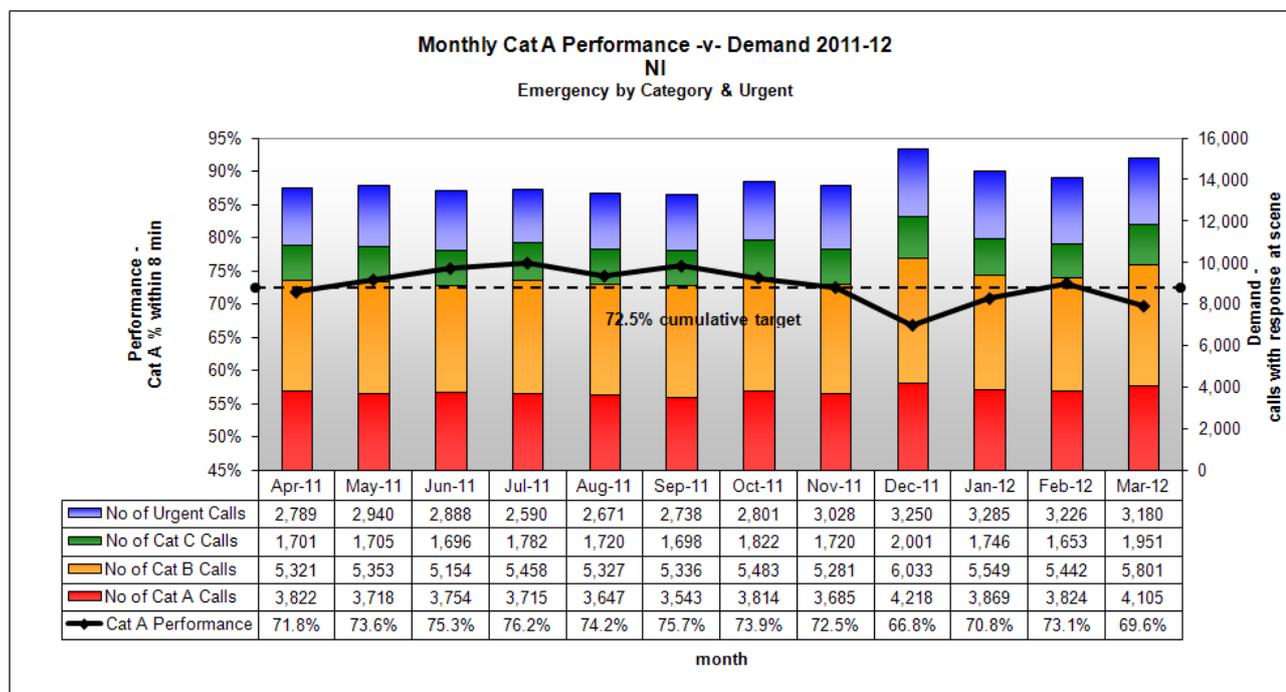
Non-Conveying Resource (RRV Etc) - contribution to Cat A data

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Belfast	470	442	466	428	418	455	447	446	471	506	488	517
Belfast (%)	51.6%	48.7%	51.0%	48.6%	48.3%	52.3%	48.4%	52.6%	52.0%	55.8%	53.5%	52.6%
South East	197	175	182	203	191	212	215	208	195	234	225	205
South East (%)	43.0%	40.5%	42%	43.1%	40.8%	48.3%	44.8%	46.1%	44.1%	47.2%	48.1%	45.5%
Northern	224	213	254	236	235	235	230	248	213	225	211	201
Northern (%)	41.7%	40.2%	43.8%	40.8%	43.9%	43.1%	41.2%	45.1%	38.4%	42.8%	38.9%	38.3%
Southern	179	191	203	196	202	163	202	188	201	191	214	211
Southern (%)	44.2%	44.0%	45.2%	44.1%	45.1%	39.5%	47.1%	46.1%	43.7%	45.9%	48.6%	46.2%
Western	130	140	170	144	122	124	132	127	150	130	158	157
Western (%)	30.0%	32.4%	37.6%	31.6%	31.3%	29.9%	30.8%	30.8%	33.1%	32.9%	36.4%	35.4%
Regionally	1200	1161	1275	1207	1168	1189	1226	1217	1230	1286	1296	1291
Regionally (%)	43.7%	42.4%	45.1%	42.7%	43.2%	44.3%	43.5%	45.6%	43.7%	47.0%	46.4%	45.2%

PERFORMANCE COMMENTARY

The table above shows that the number of calls where a non-conveying response is first on scene has fallen by from 1.2% from the previous month.

Urgent Calls (non-life-threatening):



Performance Commentary

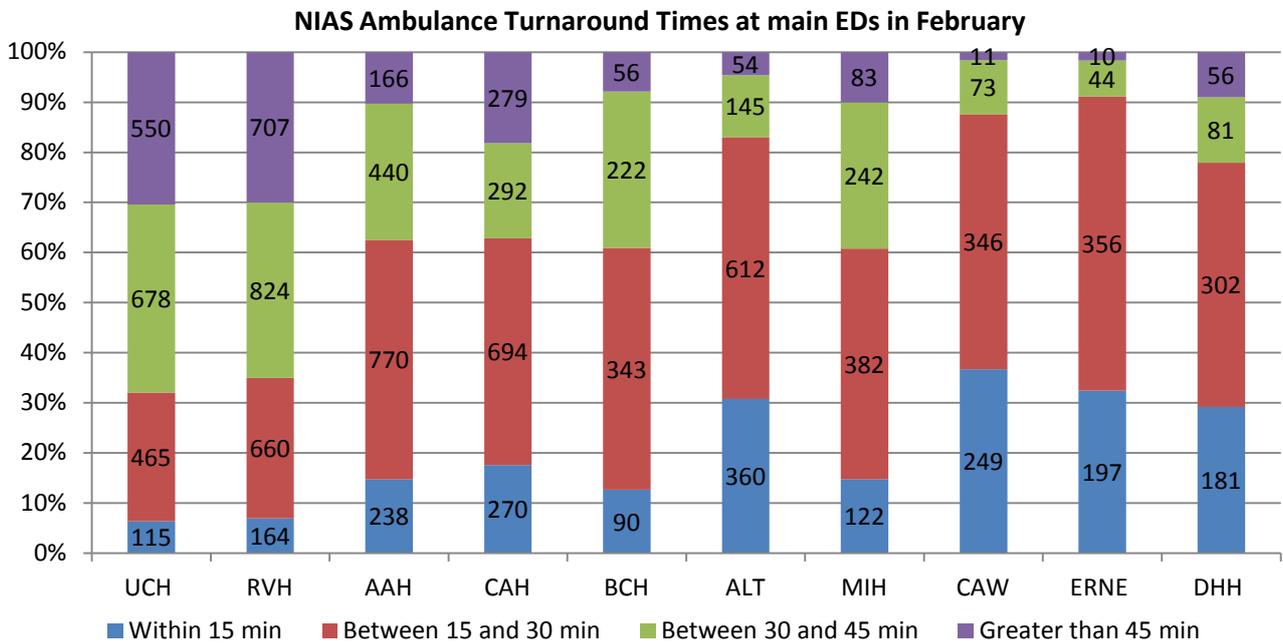
Graph above details the number of Drs Urgent calls responded to for each month. It also shows a profile of 999 calls broken down by category A, B, C. for each month. Black lines shows performance against the Regional 72.5% target.

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

Urgent Admissions: within standard (“not more than 15 minutes late of time specified”):													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	1558	1655	1590	1443	1476	1480	1531	1607	1629	1775	1583	1599	18926
Belfast	381	421	372	342	371	360	367	526	494	578	490	483	5185
South East	310	340	322	263	266	219	251	263	256	269	257	230	3246
North	433	437	419	392	392	478	472	428	442	454	427	459	5233
South	245	258	299	247	248	241	252	216	246	276	260	238	3026
West	189	199	178	199	199	182	189	174	191	198	149	189	2236
<i>PERFORMANCE COMMENTARY</i>													

Urgent Calls: undertaken by Non-Emergency Ambulance												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	800	828	888	757	925	956	990	997	1015	1107	1067	1108
Belfast	253	263	236	215	319	311	309	388	416	455	453	445
South East	125	140	143	120	150	146	157	140	147	146	127	149
North	248	224	284	278	300	324	368	298	311	333	340	362
South	76	110	117	63	72	90	58	63	52	54	57	47
West	98	91	108	81	84	85	98	108	89	119	90	105
<i>PERFORMANCE COMMENTARY</i>												
<p>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.</p>												

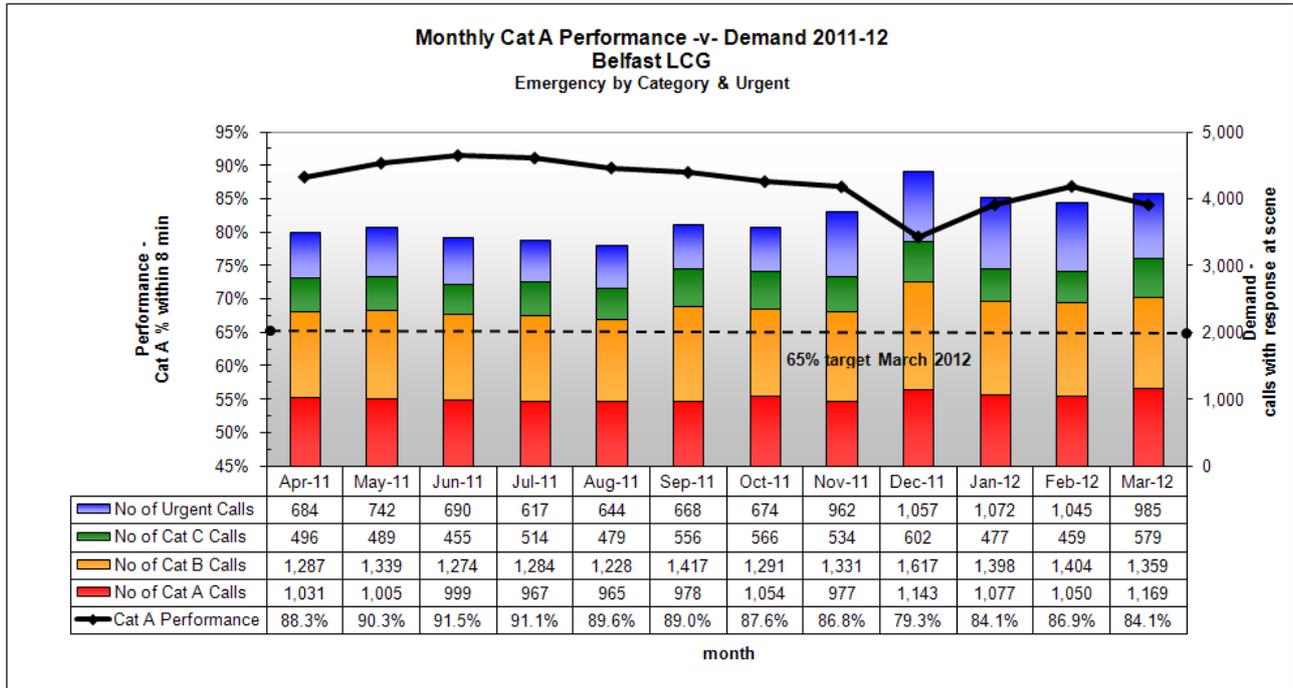
TURNAROUND TIMES AT HOSPITALS



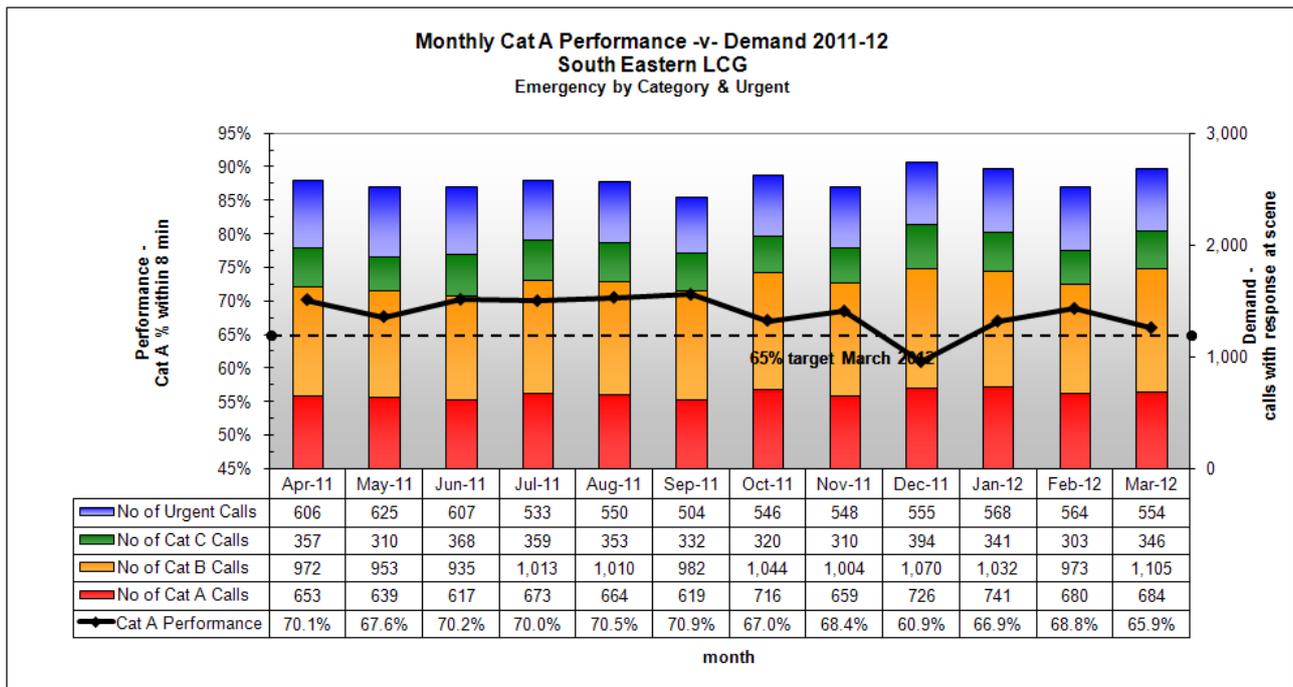
- Regionally NIAS lost 4127 production hours (based on all turnaround times greater than 30 mins) for the top 6 hospitals with lengthy ambulance turnaround times at the Emergency Departments, which is equivalent to 11.8 12xhour shifts each day during February or six A&E ambulances each day.

PERFORMANCE REVIEW BY DIVISION

BELFAST DIVISION

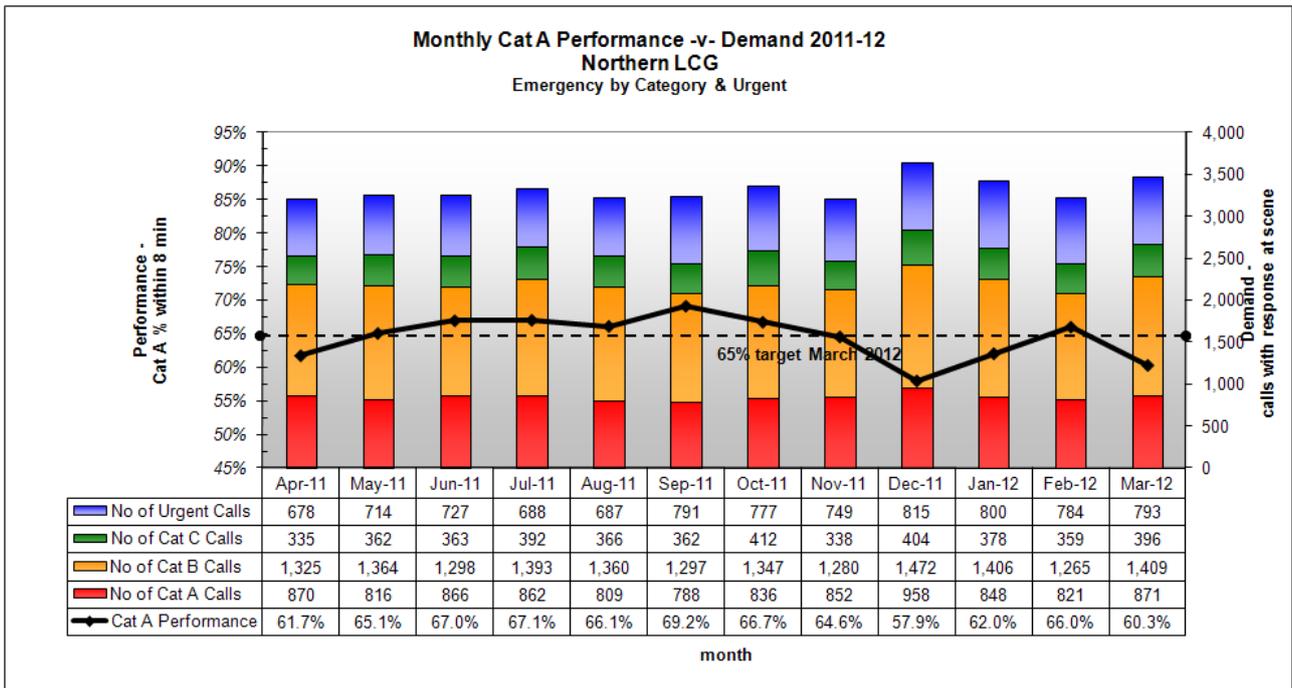


SOUTH EASTERN DIVISION

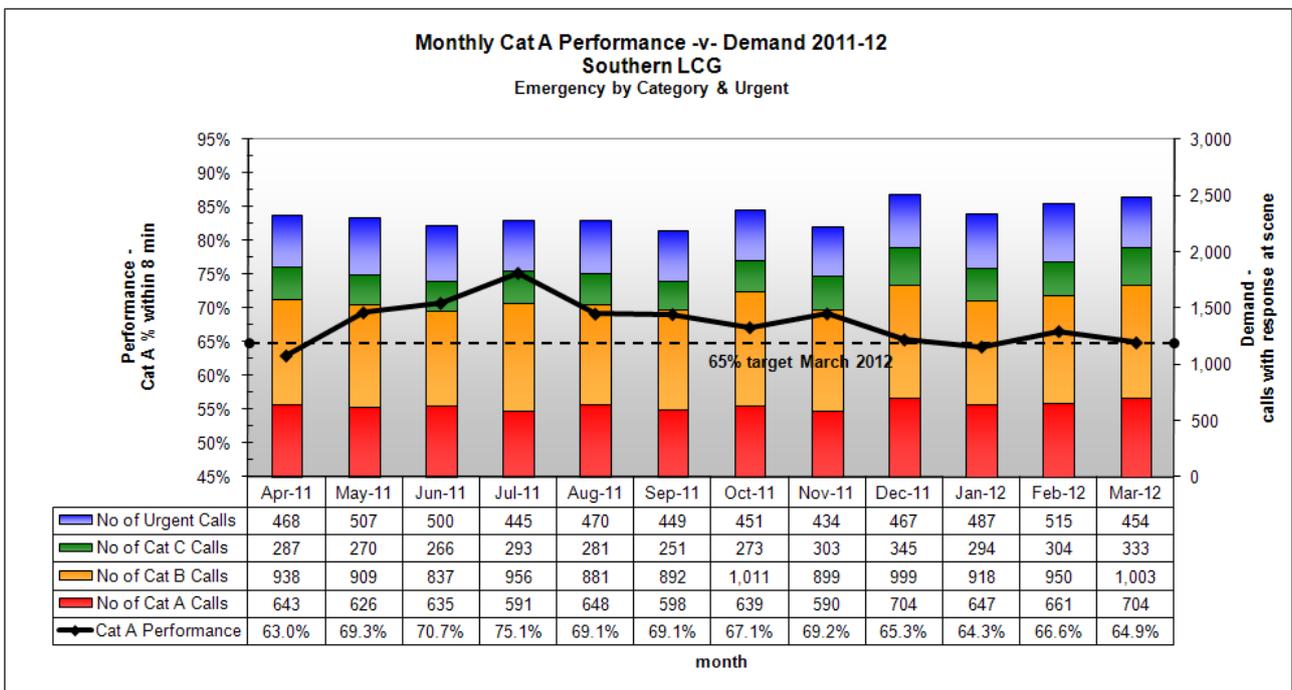


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NORTHERN DIVISION

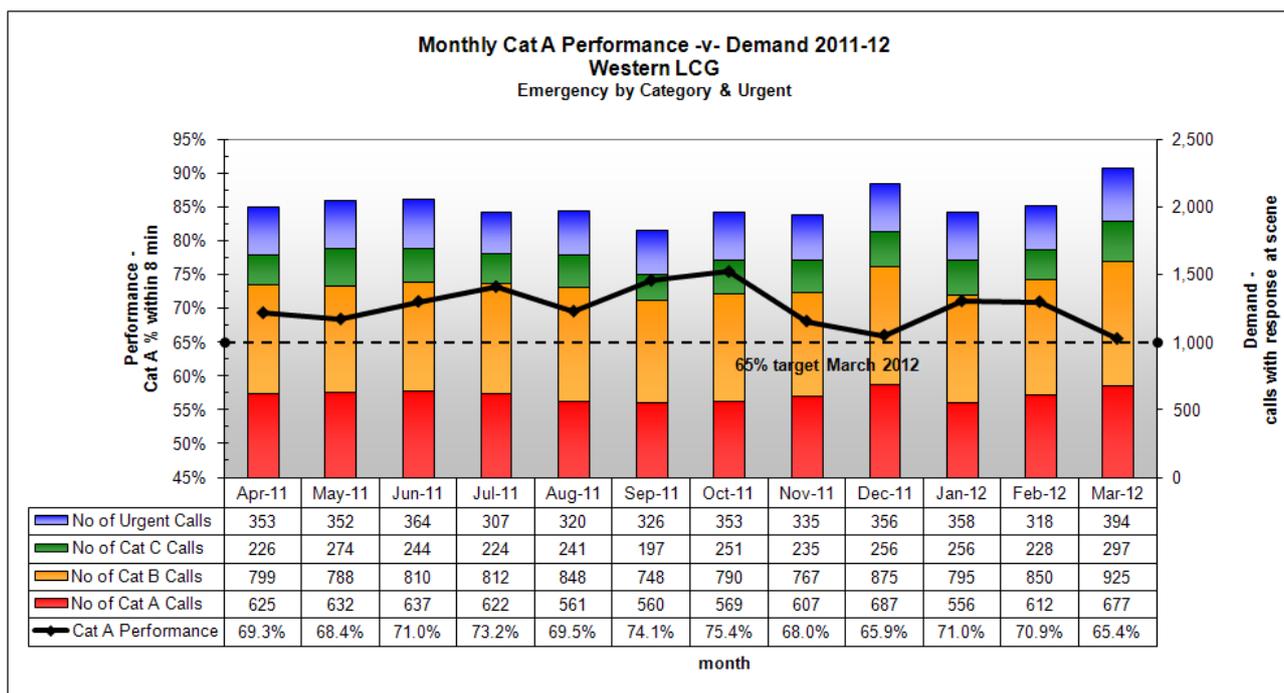


SOUTHERN DIVISION



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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 – November 2011

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

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

Work has been continuing on these Standards. Compliance should be achievable now that Policies have been approved. The next review of the Controls Assurance Standard is due on 31 March 2012. This should be completed in April 2012.

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

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

	Score in March 2012	RAG Rating	Rating (75% required)	Comment
Buildings & Land	80%		Substantive	
Environmental Mgt	88%		Substantive	
Fire Safety	93%		Substantive	Internal Audit
Fleet & Transport	83%		Substantive	
Security	85%		Substantive	Internal Audit
Waste Management	88%		Substantive	

FLEET

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	62.5	62.5	62.5	62.5	69.2	65.0	65.0	59.2	56.7	56.7	59.2	65.2
Non-Emergency Ambulances	61.9	61.9	83.8	83.8	79.0	77.1	77.1	77.1	77.1	77.1	77.1	74.3
Rapid Response Vehicles	70.0	72.5	72.5	72.5	72.5	72.5	72.5	72.5	72.5	72.5	75	75
Support Vehicles	47.1	49.0	50.9	51.9	51.9	52.9	53.8	55.8	55.8	57.7	57.7	55.8

PERFORMANCE COMMENTARY

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

IMPROVEMENT PROPOSALS FOR 2011/12

Fleet

All fleet purchases delivered for Year 2012.

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

Estate Capital Programme

Ballymena

Business Case resubmitted.

Enniskillen

Outline planning application submitted.

Business Case submitted.

Craigavon

No further developments.

Ards/Bangor

Outline planning permission submitted.

Belfast

No further developments.

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.

A major component supplier for A&E vehicles went into liquidation. All but one NIAS supplier had already received deliveries. Three weeks later the firm had been bought over.

Enniskillen

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

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

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. Accounts have been submitted for the financial year ended 31st March 2012 in compliance with the Departmental timetable. At this stage the audit remains to be completed however the draft position – subject to audit and review by the Trust's audit committee shows that the Trust has achieved its 'break-even' responsibilities.

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

IMPROVEMENT PROPOSALS FOR 2011/12

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

SUMMARY OF PERFORMANCE

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,643	11,562	15,412	19,253	23,178	27,063	30,911	34,843	38,682	42,931	48,395
Other Expenditure		1,611	2,380	3,182	3,987	4,868	5,747	6,568	7,445	8,252	9,095	10,727
Expenditure Total		9,254	13,942	18,594	23,240	28,046	32,810	37,479	42,288	46,934	52,026	59,122
Income		255	383	510	638	827	965	1,103	1,223	1,359	1,495	1,708
Net Expenditure		8,999	13,559	18,084	22,602	27,219	31,845	36,376	41,065	45,575	50,531	57,414
Net Resource Outturn		8,999	13,559	18,084	22,602	27,219	31,845	36,376	41,065	45,575	50,531	57,414
Revenue Resource Limit (RRL)		8,999	13,526	18,046	22,568	27,190	31,820	36,356	41,057	45,577	50,536	57,489
Surplus/(Deficit) against RRL		0	(33)	(38)	(34)	(29)	(25)	(20)	(8)	2	5	75

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

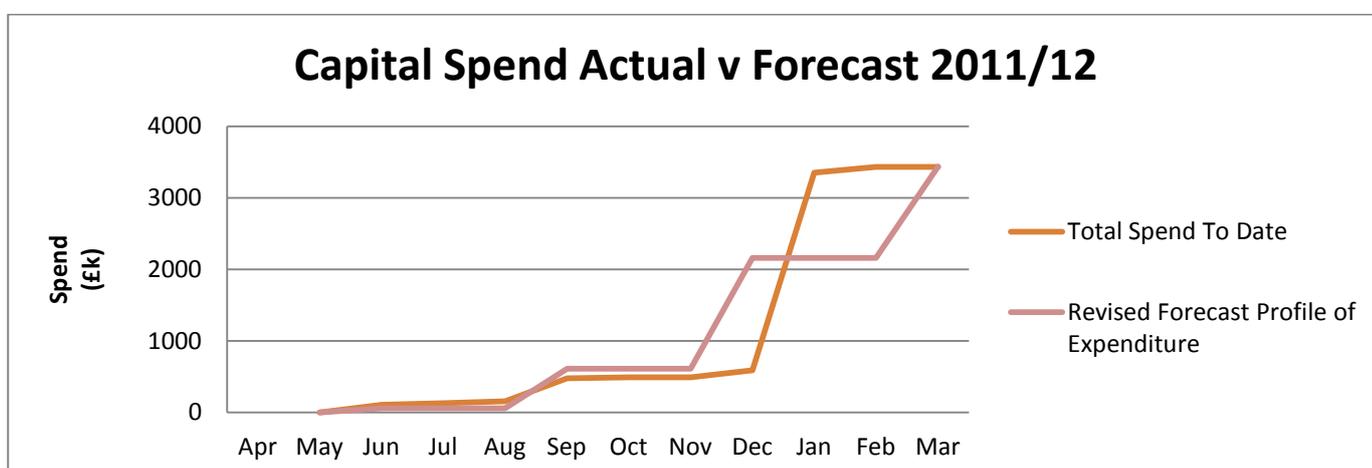
The position at the end of March 2012 (Month 2) is a small surplus of £75k, pending completion of final accounts and audit and subject to and without prejudice, assumptions in relation to Agenda for Change. These assumptions are regularly discussed by HSC Board and NIAS and assessed on an ongoing basis to determine the impact which may significantly affect “break-even”.

RISK COMMENTARY

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

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet		0	111	131	158	480	493	494	592	3,167	3,167	3,167
Estate		0	0	0	0	0	0	0	0	0	0	0
Medical Equipment		0	0	0	0	0	0	0	0	0	0	0
IT Equipment		0	0	0	0	0	0	0	0	76	123	123
General Capital		0	0	0	0	0	0	0	0	110	144	144
Total		0	111	131	158	480	493	494	592	3,353	3,434	3,434
Original Forecast Profile of Expenditure		0	61	61	74	637	700	784	2,378	2,416	2,472	3,785
Revised Forecast Profile of Expenditure		0	61	61	61	611	611	611	2,161	2,161	2,161	3,411

Funds are allocated based on priorities identified in Trust plans such as NIAS’s Corporate Plan, annual Trust Delivery Plan and supporting Capital Investment Plans. The current approved Capital Resource allocation (CRL) is £3,435,000 (previously £3,411,000). The increase is in respect of an additional allocation aimed at improving access to patient data. Subject to the completion of the final accounts and audit, the spend against this allocation is £3,434,000, representing an underspend of £1,000.



Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	0	0	0	0	0	17	17	17	17	17	23	26
Actual Disposals	0	0	0	0	0	17	17	17	17	17	23	26

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	98.8	95.8	95.3	95.3	96.8	98.6	97.0	97.4	97.5	99.5	98.1	99.4
Cumulative	98.8	97.4	96.6	96.3	96.4	96.8	96.8	96.9	97.0	97.2	97.3	97.5

A number of old vehicles were disposed of during the year generating receipts of £26k. Performance in respect of prompt payment of invoices within 30 days or other agreed terms remains a challenge for the Trust, but performance continues just above the target of 95% of invoices by volume.

RISK COMMENTARY

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

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	2.49	2.10	1.76	2.25	2.80	2.46	1.51	1.92	1.95	3.23	2.74	3.02
Percentage of Products Supplied on First Request % (Target 95%)	98.1	98.7	97.4	98.7	99.1	98.2	98.2	97.6	96.2	94.2	95.1	98.0
Number of Lines Issued (Stock and Non Stock Line)	716	704	807	655	717	776	728	778	734	708	976	993
Value of Spend £k (Stock and Non Stock)	932	531	127	214	282	1,809	248	425	847	1,254	364	990

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 has been developed to identify how these strategic themes will be addressed over the next four years in NIAS. An assessment has been carried out at 30 November. This considers the Trust's ability to achieve the elements of this implementation plan to be actioned by the end March 2012. The associated assurance against each of these themes is shown below using the legend.

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

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

STRATEGIC THEME 1: *IMPROVE SYSTEM INTEGRATION*

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

Strategic Objectives:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

INTEGRATION –Internal

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

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

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

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

INTEGRATION – External

NIAS representatives are actively involved in collaborative forums such as:

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

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

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

Controls Assurance Standards

Information, Communications and Technology as at 31/03/2012 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. Director of Finance and IT Manager met with internal audit to consider IT needs assessment and review status of IT within NIAS. Internal audit to consider an overall programme to provide further IT assurance across all HSC Trusts.

Internal Audits

Fully reviewed by Audit Committee

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

Priority one audit re information audit and data control is 83% fully implemented. Plans are in place to demonstrate further progress by end March 2012.

IMPROVEMENT PROPOSALS

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

SUMMARY OF PERFORMANCE

Core Work

System Availability

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

March 2012: A planned programme of work was led by IT to provide an upgrade of the telephony infrastructure across NIAS. This involved a shut down of all telephone systems including those receiving emergency calls. Contingency measures were enacted which minimized disruption and ensured that NIAS were still able to receive and respond to emergency calls.

March 2012: The Estates Department within South Eastern Trust embarked on a major upgrade of power installations on Knockbracken site. This affected NIAS Headquarters including the site's emergency control and resource centre. This programme of work shut down power supply over several weekends in March. During this period NIAS IT closely monitored this programme and liaised with SE Trust colleagues to enact contingency measures involving NIAS standby generator systems. This intervention prevented any impact on delivery of NIAS's services.

System Security

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

There are no security breaches to report.

STRATEGIC THEME 2: *ENABLING IMPROVEMENT IN PERFORMANCE MANAGEMENT THROUGH ICT*

To support managers access relevant Information for Performance Management purposes
Strategic Objectives:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

IMPROVEMENT PROPOSALS

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

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

SUMMARY OF PERFORMANCE

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

IMPROVEMENT PROPOSALS

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

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

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

Core Work

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

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

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

Strategic Objectives

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

Internal Audits

Fully reviewed by Audit Committee

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

Priority one audit re information audit and data control is 83% fully implemented. Plans are in place to deliver this recommendation by end March 2012.

Governance Structures

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

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

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

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

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

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

IMPROVEMENT PROPOSALS

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

- 2.1 Establish and maintain policies and procedures in compliance with current legislation and guidance.
- 2.2 Promote effective confidentiality practice to staff through the provision of appropriate training.
- 2.3 Undertake assessments/audits of compliance with legal requirements as appropriate
- 3.1 Establish and maintain policies and procedures for the effective and secure management of information assets and resources in line with best practice.
- 3.2 Promote effective ICT security practice to staff through the provision of appropriate training.
- 3.3 Establish and maintain incident reporting procedures. Monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.

SUMMARY OF PERFORMANCE

IMPROVEMENT PROPOSALS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THEME 4: *ENHANCING ICT SKILLS AND KNOWLEDGE*

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

Strategic Objectives

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

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

IMPROVEMENT PROPOSALS

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

SUMMARY OF PERFORMANCE

Core Work

New systems and upgrades of current systems are evaluated on the basis of business needs. Whilst the IT department implements and introduces new technologies, training needs are identified by Project Leads and end users in conjunction with the training department. 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 1 are planned to be delivered in 2011/12 and are listed below.

- 2.1 Maintain, continue to develop and review the corporate intranet focusing on the information needs of the organisation
- 2.2 Continue to develop the organisation's website

SUMMARY OF PERFORMANCE

IMPROVEMENT PROPOSALS

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

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

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

- 2.2 Continue to develop the organisation's website

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

Core Work

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

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

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

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

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

Data Protection (Subject Access)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	1	1	7	1	2	5	1	3	1	0	3	3
Completed Requests processed within 40 days or less	0	N/A	7	1	2	4*	0*	2*	0*	0	3	3
Completed Requests exceeding 40 days	1	N/A	0	0	0	0	0	0	0	0	0	0

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

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	5	6	6	5	5	4	8	1	6	15	7	15
Completed Requests processed within 20 days or less	3	6	5	5	4	2	8	1	3	13	7	13
Completed Requests exceeding 20 days	2	0	1	0	1	2	0	0	3	2	0	2
Number of Records Fully Disclosed	4	4	4	4	5	3	8	1	5	11	6	14
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0	0
Number of Records for which records not held	1	2	2	1	0	0	1	0	1	3	0	0
Requests where exemptions wholly/partially applied	0	1	1	0	0	0	0	0	0	0	1	0
Referrals for Independent Review	0	0	0	0	0	0	0	0	0	0	0	0
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0	0	0	0

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Assembly Questions (Oral)	E	0	0	0	0	0	0	0	0	0	0	0
Assembly Questions (Written)	L	0	3	0	0	9	9	6	3	6	8	11
CORs Received	E	1	3	1	0	1	2	0	1	1	5	4
TOFs Received	C	0	1	0	0	1	1	0	0	0	0	1
INVs Received	T	0	0	0	0	1	2	0	0	0	1	0
	O											
	N											

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

ASSURANCE REPORT: HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

EXECUTIVE SUMMARY

Workforce

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

The Trust has developed a Health & Wellbeing and Attendance Management Action Plan 2011/2012 to support implementation of the Trust's Health & Wellbeing Strategy 2010-2015.

During this reporting period, the Trust submitted its Article 55 Statutory Return to the Equality Commission detailing its 3 year review of workforce composition and employment practices. The Purpose of the review is to:

- a) To determine whether members of each community are enjoying, and are likely to continue to enjoy, fair participation in employment in the concern;
- b) To ensure, where this does not appear to be the case, that the concern determines what, if any, affirmative action should be taken, which is reasonable and appropriate;
- c) To ensure, where affirmative action is determined, that where practicable, goals and timetables are set.

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

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

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

Trust Board have requested an indicative timeline to complete the JE process for the 3 jobs. The Trust's JE Leads have advised that the NHS Job Evaluation Handbook remains silent with regard to timescales for completion of each element of the process, up to final agreed outcome and post-holder's notified of outcome, and are therefore of the opinion that it is not within their gift to stipulate an anticipated target date for completion.

Following a request for an opinion from the DHSSPSNI in this regard, the DHSSPSNI have stated “The Department takes the view that Agenda for Change should be implemented as quickly as practicable. However, it also recognises that the partnership approach has the impact of slowing processes and hinders target setting and achievements of those targets”.

The JE panel appointed to carry out the evaluation of all 3 jobs have met over a period of 11 days between November 2010 and November 2011. No outcomes have been reached to date. A date has been identified in March 2012 for the Job Analysts to provide advice as requested by the JE Panel. The Job Analysts met with the relevant manager and postholder as planned on 13 and 14 March 2012 and developed agreed responses to questions posed by the JE Panel. Dates have been agreed with the JE Panel to reconvene on 29 and 30 May 2012 to progress the evaluation of all 3 jobs.

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

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

Engaging with the Public to appreciate, learn from and improve the patient experience

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

During this reporting period, the Trust received approval from the Equality Commission for Northern Ireland (ECNI) of its new Equality Scheme, submitted to ECNI in line with the Trust's duties under revised Section 75 guidance. The Trust has worked with other HSC Trusts to produce an Audit of Inequalities which informed the development of an action plan to address key inequalities within the Trust. This action plan will be implemented alongside implementation of the Trust's new Equality Scheme. The Audit of Inequalities has been updated in line with regional work streams and will be kept under review and updated twice a year through regional mechanisms. The Action Plan was approved by Steering Group and published in November 2011. A new Equality Screening template has been introduced.

Processes for engagement in place via the Equality agenda include engagement with Trade Union representatives and through PPI mechanisms via the Patient Client Council, community engagement workshops and PPI Strategy work streams.

The Trust has also developed a Communications Strategy Action Plan in order to ensure implementation of the commitments set out within its Communications Strategy.

WORKFORCE

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

The strategic aims in relation to the workforce are outlined below (points 1-15) and are reflected in the NIAS HR Strategy 2011-16, which takes account of Ministerial priorities and HSC Commissioning plans.

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

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

Assessment of Controls and Assurance currently in place

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

- Statutory returns;
 - Fair Employment Commission (FEC) Annual Return (employment practices)
 - Article 55 3-year review (employment practices)
 - Section 75 Annual Report (Equality Scheme – service delivery, patient care and staff focus)
 - Disability Discrimination Order Annual Report (implementation of Disability Duties)
 - Revised Equality Scheme submission (service delivery, patient care and staff focus)
- Health Professions Council (HPC)
 - HPC Annual re-approval
 - Annual external verification (HPC approved Paramedic in Training Programme)
- EDEXCEL
 - Annual quality review (Training School practice, policies and procedures)
 - Annual external verification (clinical education and ambulance driver training and assessment)
- RQIA Report

Improvement Proposals for 2011/12

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

Improvement proposals and performance assessment

1. To support excellent patient care, safety and quality.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Review and revise Recruitment & Selection policy and procedures to ensure safe recruitment practices.	A	A	A	A	A	A	A	A	A	A	GA	G
Develop and implement Annual Training Plan to prioritise training & education that supports excellent patient care & safety.	G	G	G	G	G	G	G	G	G	G	G	G
Support professional regulation through training & education.	G	G	G	G	G	G	G	G	G	G	G	G
Further develop the model of clinical supervision and support for front line staff to maximise, audit and improve patient care, safety and quality of care.	GA	GA	GA	GA	GA	GA	G	G	G	G	G	G
2. To scope, agree and implement opportunities for workforce related modernisation and reform programmes.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ensure effective organisational development and workforce planning mechanisms are in place to support modernisation and reform programmes.	G	G	G	G	G	G	G	G	G	G	G	G
Finalise NIAS Organisational Change Programme (Year 5)	GA	G	G	G								
Ensure effective mechanisms are in place for Trade Union and staff engagement in periods of major change, reform and modernisation and manage the industrial relations implications.	GA	G	G	G								

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

Performance Commentary

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

Shared Services - Performance Assessment

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

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

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

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

7. To promote a culture of performance management, developing sound systems for managing performance and under performance issues effectively and constructively, establishing a clear relationship between organisational, professional and individual standards and objectives.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Develop a mechanism for identifying & and measuring individual contribution to the achievement of Trust objectives.	A	A	A	A	A	A	A	A	A	A	G	G
To ensure the effective implementation of systems to identify and manage under performance in line with contractual and legislative requirements.	GA	GA	GA	GA	G	G	G	G	G	G	G	G

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

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

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

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

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

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

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

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

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

Performance Commentary

In the absence of a related PFA Target for Absence, NIAS has identified its own Absence Management Performance Indicator, in consultation with the NIAS management team. The target set for NIAS is an absence level of 6.85%. This is based on HSC benchmarking with Nurses & Midwives and Support Services Staff Absence Trends. NIAS cumulative absence level, as at the end of March 2012, is 7.18%.

TOTAL YEAR TO DATE ABSENCE 2011/12 =7.18%						2010/11 ABSENCE = 6.87%						
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target absenteeism 2010/11 (%)	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
NIAS monthly absenteeism 2010/11 (%)	6.78%	5.93%	6.78%	6.31%	5.86%	7.52%	7.59%	6.18%	7.27%	7.13%	6.11%	5.98%
NIAS cumulative 2010/11 (%)	6.78%	6.34%	6.48%	6.44%	6.29%	6.59%	6.79%	6.70%	6.82%	6.93%	6.91%	6.87%
Target absenteeism 2011/12 (6.85%)	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%
NIAS monthly absenteeism 2011/12 (%)	5.84%	6.21%	6.03%	6.64%	5.89%	6.69%	7.02%	7.33%	8.60%	8.22%	7.82%	7.78%
NIAS cumulative 2011/12 (%)	5.84%	6.12%	5.97%	6.22%	6.14%	6.31%	6.42%	6.53%	6.85%	7.02%	7.11%	7.18%
Performance Assessment	G	G	G	G	G	G	G	G	G	GA	GA	GA
% short term monthly absenteeism	2.81%	2.87%	2.39%	2.88%	2.46%	3.06%	3.61%	3.23%	3.70%	4.07%	4.28%	3.74%
% long term monthly absenteeism	3.03%	3.34%	3.64%	3.76%	3.43%	3.63%	3.41%	4.10%	4.90%	4.15%	3.54%	4.04%
No. of employees on half pay	7	6	2	5	7	6	10	6	7	7	5	8
No. of employees on no pay	3	5	3	2	1	1	2	2	2	1	2	2

COMPARATIVE ANALYSIS OF % REDUCTIONS BETWEEN NIAS AND HSC TRUSTS						
	% Absence	% Variance	% Absence	% Variance	% Absence	% Variance
	09/10		10/11		11/12	
Regional	5.49%	-2.8%	5.46%	-0.55%		
NIAS	6.72%	-3.9%	6.87%	+2.23%	7.18%	+4.5%
PFA TARGET REDUCTION	PFA Target 5.5%		PFA Target 5.20%		Locally Agreed NIAS Target 6.85%	

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

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%

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. of Grievances received	2	2	0	0	0	0	1	0	1	4	4	7
Grievances acknowledged within 2 days	2	2	N/A	N/A	N/A	N/A	1	N/A	0	4	4	7
Grievances at Informal Stage	0	0	N/A	N/A	N/A	N/A	0	N/A	0	2	2	5
Grievances resolved informally / withdrawn	1	1	N/A	N/A	N/A	N/A	1	N/A	1	2	2	2
Stage 1 hearing arranged within 15 working days	0	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0
Stage 1 outcome conveyed within 7 working days of hearing	1	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0
Stage II hearing arranged within 15 working days of notification	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0
Stage II outcome conveyed within 7 working days of hearing	N/A	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0

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Grievance Cases Closed	2	1	N/A	N/A	N/A	N/A	1	N/A	1	2	2	2
Total number of active grievance cases	2	1	0	2	2	5						

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of disciplinary cases	13	4	1	0	1	2	3	0	2	1	3	0
Number of HPC referrals	9	1	0	0	0	0	0	0	0	0	3	0
Number of suspensions	0	0	0	0	0	1	0	0	0	0	0	0
Decision to suspend is reviewed every 4 weeks	0	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A
Formal investigations ongoing	11	1	0	0	1	2	1	0	2	1	3	0
Formal investigations completed as soon as is reasonable	3	3	1	0	0	0	1	0	0	0	0	0
Document disclosure exchanged 5 working days prior to disciplinary hearing	1	2	1	0	0	0	1	0	0	0	0	0
Decision of Stage I Panel conveyed within 7 working days of date of hearing	0	0	0	0	0	0	0	0	0	0	0	0
Employee will be given 7 working days notice of appeal hearing	0	N/A	N/A	0	0	0	0	0	0	0	0	0
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	N/A	N/A	0	0	0	0	0	0	0	0	0
Disciplinary Cases Closed	2	3	1	0	0	0	1	0	0	0	0	0
Total number of active disciplinary cases	11	1	0	0	1	2	2	0	2	1	3	0
Total number of active suspensions	0	0	0	0	0	1	0	0	0	0	0	0

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

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

PERFORMANCE COMMENTARY

Industrial Relations issues with UNISON have had an impact on performance standards linked to the management of disciplinary/grievance/harassment cases within the reporting period.

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

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

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Treat & Refer Protocols	N/A											
Clinical Performance Indicators (CPIs)	A	A	A	A	G	G	G	G	G	G	G	G
High Speed Driving Competency Assessments	N/A											
Observational Assessments	A	A	A	A	G	G	G	G	G	G	G	G
Patient Experience Audit	G	G	G	G	G	G	G	G	G	G	G	G
CPD Events	G	G	G	G	G	G	G	G	G	G	G	G
Vehicle Training	A	A	A	A	A	G	G	G	G	G	G	G

Agenda for Change - Progress Assessment

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

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<u>Trust Board Performance Assessment produced by Trust Job Evaluation Leads</u>												
<u>Job Evaluation for Paramedics, RRV Paramedics & EMTs</u>												
Carry out Job Evaluation following due process	G	G	G	G	G	G	G	G	G	G	G	G
Job Evaluation Panel meetings (met on 6 dates during Nov 2010 – Mar 2011)	1	3	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A
Outcome from Job Evaluation Panel	N/A											
Job Analysts meet with postholder and manager to develop agreed responses to questions posed by JE Panel	N/A	1										
Consistency Check Job Evaluation Outcome	N/A											
Notify post-holders of Job Evaluation Outcome	N/A											
Notify Payroll of Job Evaluation Outcome	N/A											

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

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

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

It is a priority for NIAS to develop as an organisation that is more adaptive and more able to embrace change with a real focus on patient care and safety, service modernisation and reform, clinical excellence, ethical and fair practice during a period of increasing public expectation regarding service delivery.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

- Statutory returns;
 - Section 75 Annual Report (Equality Scheme – service delivery, patient care and staff focus)
 - Disability Discrimination Order Annual Report (implementation of Disability Duties)
 - Revised Equality Scheme submission (service delivery, patient care and staff focus)
- RQIA Report

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

IMPROVEMENT PROPOSALS FOR 2011/12

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

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

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

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

3. To support excellent patient care, safety and quality and improve the patient experience through public consultation and service user engagement, ensuring learning is transferred into professional practice.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Develop a framework for stakeholder engagement to inform Trust policy and decision making and make recommendations for improvement, developing and implementing associated action plans	GA	G	G									
Review and implement Complaints Guidance and Procedure.	A	A	A	A	GA	G						
Develop Action Plan for implementation of performance management framework to monitor application of the Procedure and learning outcomes.	GA											
Provide training to Officers on investigating complaints.	G	G	G	G	G	G	G	G	G	G	G	G

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

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daily Media - Response within same day												
Number of enquiries received	1	18	17	10	37	37	39	18	8	9	21	28
Number of responses issued on day of receipt	1	18	17	10	37	37	39	18	8	9	21	28
Weekly Media - Response within three days												
Number of enquiries received	1	1	4	1	1	3	4	3	4	5	6	4
Number of responses issued within three days of receipt	1	1	4	1	1	3	4	3	4	5	6	4
Number of responses resulting in Media Coverage	2	19	19	9	38	36	41	21	11	14	26	32

Community Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of visits delivered	8	18	24	5	5	6	20	19	6	12	38	42

CLAIMS AND LITIGATION

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

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability													
Cases Received	0	1	2	1	0	1	0	0	2	2	0	1	10
Cases Settled	2	3	1	0	1	0	2	0	0	3	2	2	16
Cases Ongoing													18
Clinical Negligence													
Cases Received	0	0	0	0	2	0	1	0	0	0	0	0	3
Cases Settled	0	0	0	1	0	0	0	0	0	0	0	0	1
Cases Ongoing													10
Public Liability													
Cases Received	0	0	0	0	0	0	0	0	0	0	0	0	0
Cases Settled	0	0	0	1	0	0	0	0	0	0	0	0	1
Cases Ongoing													4

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

COMPLAINTS & COMPLIMENTS

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Complaints Received	2	11	5	9	5	8	10	5	14	9	11	9	98
Acknowledge Complaints within 2 Working Days	2	11	5	9	5	8	10	5	14	8	9	9	96
Respond to Complaints with 20 Working Days	2	3	1	3	4	2	3	1	7	0	4	4	34
Cases Closed	2	11	5	9	5	8	10	5	13	9	10	4	91
Cases Remaining Open	0	0	0	0	0	0	0	0	1	0	1	5	7

	APR 2011- MAR 2012		2010-11 (total)	
COMPLAINTS RECEIVED	Count	%	Count	%
Total complaints received at 31/03/2012	98		85	
HANDLING TIMES OF COMPLAINTS				
Acknowledged within 2 working days	96	98%	81	95%
Acknowledged after 2 working days	2	2%	4	5%
Response within 20 working days	34	35%	14	16%
Response after 20 working days	57	58%	67	79%
Average Response time (Working days)	31		46	
Complaints Investigations ongoing	7	7%	4	5%
Cases referred to NI Ombudsman	3	-	3	-
SERVICE AREA OF COMPLAINTS				
Accident & Emergency (plus RRV)	42	43%	37	43%
Patient Care Service	19	19%	16	19%
Control & Communications	34	35%	29	34%
Other	0	0%	3	4%
Voluntary Car Service	3	3%	0	0%
NATURE OF COMPLAINTS RECEIVED				
Staff Attitude	37	38%	26	31%
Ambulance Late/No Arrival	39	40%	28	33%
Clinical Incident	17	17%	19	22%
Suitability of Equipment/Vehicle	0	0%	4	5%
Other	4	4%	7	8%
Patient Property	1	1%	1	1%

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

COMPLIMENTS RECEIVED				
COMPLIMENTS RECEIVED	145		112	
SERVICE AREA OF COMPLIMENTS RECEIVED				
Accident & Emergency (plus RRV)	128	88%	97	86%
Control & Communications	10	7%	4	4%
Patient Care Service	7	5%	11	10%
Voluntary Car Service	0	0%	0	0%
Other	0	0%	0	0%

Appendix 1

DHSSPS GUIDANCE ON ASSURANCE FRAMEWORKS

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

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

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

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

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

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

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

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

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

Appendix 2

Reporting Template

TITLE:

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

IMPROVEMENT PROPOSALS FOR 2011/12

SUMMARY OF PERFORMANCE

RISK COMMENTARY



Northern Ireland Ambulance Service
Health and Social Care Trust



EMERGENCY PLANNING REPORT

MARCH 2012

APPOINTMENTS FOR MARCH 2012

1 Mar	UK Ambulance Forum (London)
2 Mar	Meeting with Agri-Food & Biosciences Institute (AFBI)
5 Mar	Health Sub Group meeting World Police & Fire Games
6 Mar	National Ambulance Resilience Board (NARB) / National Ambulance Resilience Unit (NARU) workshop
8 Mar	Meeting with Control
13 Mar	CBRN (Chemical, Biological, Radiological and Nuclear) Sub Group meeting
14 Mar	World Police & Fire Games planning meeting Emergency Planning meeting George Best Belfast City Airport
15 Mar	PSNI Interoperability Group meeting CBRN (Chemical, Biological, Radiological and Nuclear) Steering Group meeting
20 Mar	Meeting with DHSSPSNI
21 Mar	World Police & Fire Games workshop
25 Mar	Exercise Olympic flame

ISSUES

KPI No		This Month	Total from April
2	No of Potential Major Incidents	1	12
	No of Declared Major Incidents		1
	No of Airport alerts		
	Belfast International Airport		7
	Belfast City Airport	1	5
	City of Derry Airport		
	St Angelo Airport		
	Newtownards Airfield		
	Other airfields	1	1
	Business Continuity		11
	Hazardous Material Incidents	2	11
4	Training sessions	2	32
5	Exercises		
	Live	1	12
	Tabletop	1	13
	Observer		
6	Updates or amendments to MIP		1

POTENTIAL MAJOR INCIDENTS

On 17 March 2012 @ 16.25 a light aircraft was reported crashed on Northway Craigavon. A person saw the aircraft coming in very low and then heard a noise which they assumed was a crash. However the aircraft had landed at a small airstrip which is used by micro-light pilots. No crash had actually taken place and no persons were injured. Despatched to scene were 2 Rapid Response Vehicles (RRV), 1 Patient Care Service (PCS), 3 Oscar call signs, 1 delta call sign, the Emergency Equipment Vehicle (EEV) & Mobile Control Vehicle (MCV) and 4 A&E crews, the incident was stood down by Oscar 17.

MAJOR INCIDENTS

There were no declared Major Incidents.

BUSINESS CONTINUITY

There were no Business Continuity issues this month

TRAINING

On 8 March one Officer attended a tabletop exercise hosted by the North West (NW) 200.

On 21 March 2012 an Inner Cordon Gateway training day was held with Police Service Northern Ireland (PSNI) and Northern Ireland Fire and Rescue Service (NIFRS) in Steeple Barracks, Antrim.

On 28-30 March 2012 NIAS hosted a Hospital Major Incident Management and Medical Support (HMIMMS) course on behalf of the Public Health Agency (PHA).

AIRPORT ALERTS

On 7 March 2012 @ 12.02 NIAS received an alert for a light aircraft that had crash landed at the airfield in Greencastle road, Kilkeel. The report stated that there was one person on board the aircraft and that it had crashed in the airfield. Tasked to the scene 1 RRV, 1 A&E crew all other resources were asked to standby and await further instruction. The incident was stood down and no patients were transported to hospital.

On 18 March 2012 @ 18.11 NIAS received an airport alert to the George Best Belfast City Airport for a plane that was returning with problems with the undercarriage. There were 111 souls on board. Despatched to the scene: 5 Oscar call signs, EEV & MCV, 4 A&E, 1 PCS and 1 delta call sign. The incident Officer was Oscar 16 who stood the incident down when the plane landed safely.

HAZARDOUS MATERIALS (HAZMAT)

On 13 March 2012 NIAS responded to an alert for white powder discovered in the grounds of a primary school. A Hazardous Area Response Team (HART) RRV and 2 Officers were despatched to the scene. There were no patients at the scene however a HART presence was maintained whilst the situation was dealt with and the area declared safe.

HART

On 15 February 2012 the HART Manager and 2 Staff were deployed to stand by at a PSNI station in a follow-up operation to the event on 13 March 2012.

During the month regular HART training took place on Wednesday with the days being planned by the Resource Management Centre.

Throughout the month the Northern Ireland Fire and Rescue Service (NIFRS) held and made available to HART staff Breathing Apparatus (BA) refresher training days.

NIAS

BEZ 7584 passed MOT

BEZ 7583 passed MOT

One Officer carried out a site visit to the St Patricks Day event in Belfast, Downpatrick and Londonderry.



William Newton
EMERGENCY PLANNING OFFICER

NIAS COMPLAINTS CLOSED FEBRURAY - MARCH 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 FEBRURAY - MARCH 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 for transport requests.
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 FEBRURAY - MARCH 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.

COMPLIMENTS RECEIVED FEBRUARY - MARCH 2012

Date Received	Date of Incident	Description
16/02/2012	15/10/2011	I received excellent service and didn't get a chance to thank her personally, the nurses were polite and extremely efficient and gave all round five star treatment, I would praise the ambulance staff.
16/02/2012	24/10/2011	Very fast service and competent ambulance staff, found all staff in hospital friendly and thoughtful.
16/02/2012	27/10/2011	Thank you for your kindness and care, we appreciate the paramedics taking the time to explain to us what had happened.
16/02/2012	04/01/2012	The girl on the switchboard talked us calmly through a life saving procedure and the paramedics were so skilled and calm but also quick to get the situation under control. All paramedics and ambulance crew have been wonderful, we can never be able to express our gratitude to them.
16/02/2012	02/12/2011	I would like to thank you all for all that you tried to do.
16/02/2012	13/02/2012	The paramedic was a great credit to us as he helped us. We have the satisfaction of knowing that everything was given to the patient that night, I would like to renew our thanks and hope they continue to do a very vital job.
16/02/2012	01/01/2012	The paramedic was reassuring, courteous and extremely competent.
16/02/2012	11/02/2011	I was treated with dignity, and both paramedics were extremely professional in their treatment and bedside manner, I can not thank them enough.
16/02/2012	30/01/2012	The crew made them feel safe and looked after them, thank you, I have much gratitude.
16/02/2012	09/12/2011	Many thanks, your kindness was generous, it was much appreciated.
16/02/2012	03/01/2012	Thank you for your wonderful help.
16/02/2012	15/02/2012	The paramedics were professional and courteous, please convey my sincere thanks to the crew and especially the EMD I can't thank them enough
16/02/2012	21/02/2012	The paramedics did their job so efficiently and caring.
19/02/2012	16/02/2012	I am just sending a very heartfelt thank you for the service of one of your fantastic ambulance men. The ambulance was called to my mothers home at about 8am. She had fallen and we later learnt that she had broken wrist and a fracture on her spine, she was in a lot of pain and quite distressed.
21/02/2012	30/01/2011	I fell going up the stairs in my sisters house. My niece phoned for the ambulance and thanks to their quick response and care I was transported to Antrim Area Hospital.

COMPLIMENTS RECEIVED FEBRUARY - MARCH 2012

Date Received	Date of Incident	Description
23/02/2012	24/02/2012	Please accept however that this is now way lessens the very grateful thanks to those members of your staff who in the most prompt, thoroughly care and professional manner attended to me exactly a year ago when I collapsed from a ruptured abdominal aortic aneurysm and subsequently playing a significant part in saving my life
25/02/2012	24/02/2012	I was unfortunate enough to be involved in a road traffic collision which necessitated a trip to UHD via ambulance. I wish to place on record my profound thanks for the care and attention that I received from all your staff. They are a credit to their profession.
05/03/2012	29/02/2012	I am writing to tell you of the excellent service of your Kilkeel ambulance men. I had occasion to see two of them in practice. Both men carried out their duties in an excellent manner.
09/03/2012	05/03/2012	I wish to convey my appreciation of and grateful for your concerned care and your prompt and expect action on Monday night last when I was drifting in and out of consciousness as in an obviously serious medical condition.
10/03/2012	14/01/2012	I fell and broke my hip. An ambulance was called to my home shortly after. The crew of the ambulance arrived swiftly and were very caring.
11/03/2012	09/03/2012	I am writing to tank your staff that helped me . I fell when I got into their store on a bit of green stuff and slipped and fell and hurt my face.
11/03/2012	12/03/2012	Crew arrived to transfer patient from RVH to BCH. Crew member took patients pulse and determined he was too ill to travel. He was operated on within one hour. Words from the patient 'Paramedic Saved His Life'.
13/03/2012	02/03/2012	I would be grateful if you could pass on our thanks to paramedics who attended a road traffic accident. Unfortunately I can't remember their names but the excellent care and attention they provided to my husband and I will never be forgotten
14/03/2012	18/02/2012	My aunt had a Myocardial Infarction and Cardiac Arrest. The staff were commenced resuscitation until Paramedics from your unit arrived. My cousins and I would like to thank those Paramedics for their highly competent, professional care.

COMPLIMENTS RECEIVED FEBRUARY - MARCH 2012

Date Received	Date of Incident	Description
14/03/2012	04/03/2012	Following a collapse and resuscitation I was admitted to hospital and treated in the Medical Admissions Ward. I wish to express my sincere thanks to all the staff for the excellent care I received during my stay
19/03/2012	28/02/2012	We just wanted to express our thanks for your help with my dad. Please see the enclosed personal letter. We will also be writing to the Northern Health and Social Care Trust commending the work of the ambulance service and the work of the A&E Dept at the causeway for excellent treatment.
21/03/2012	07/03/2012	After you and your Paramedic colleagues tended to my husband, who was then taken off to hospital, I certainly felt much more confident driving with you guiding me across that busy road - your thoughtfulness and kindness is greatly appreciated.
21/03/2012	19/03/2012	Both paramedics attended my husband when he took ill. My husband had collapsed but was recovering when the two paramedics arrived, he was taken to the Hospital and was kept in for overnight observation. My husband was impressed with the treatment he received and how they kept him chatting all the way to the hospital, he says they were so nice and caring
27/03/2012	15/03/2012	My mother had a severe asthma attack and phoned me barely able to speak. I called 999 and they drove to where my mother lives. Your ambulance crew beat me there and were administering medical help as I arrived. We nearly lost her and yet their performance and professional, sympathetic and so human as well.
27/03/2012	22/03/2012	Member of public called to pass on her thanks and appreciation to the A/E crew from Magherfelt who responded to her emergency call for assistance. Unfortunately due to her confinement to a wheelchair and her medical condition whereby she cannot write, she apologises for the delay in making contact to express her appreciation.

TB/3/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

Trust Delivery Plan

2012-2013

11/5/2012

DRAFT



Purpose

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

Mission

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

Vision

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

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Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2012-13, which takes full account of and recognises the direction set by the Minister through his stated priorities and the Health and Social Care Commissioning Plan (draft). It builds on our efforts to date to improve and modernize the service. At its core is a desire to provide safe, effective, high-quality care to the people of Northern Ireland, and to secure improved health and well being for the whole community as a result. It is designed to be of value and use to those who commission and provide ambulance services as well as those who receive them and, indeed, the whole community which relies on these services being there when they are needed. Progress in the delivery of this work will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system, and success will be dependent upon our working together in an integrated healthcare system.

Local Context

The Northern Ireland Ambulance Service (NIAS) faces a range of significant challenges and major issues over the period covered by this Trust Delivery Plan. Chief among these is the need to deliver safe, high-quality care, improved performance and service modernization (in terms of both speed of response and quality and efficacy of clinical treatment provided) in line with Ministerial Priorities within ever-tighter financial requirements, in particular the need to balance income and expenditure year on year.

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls and maintaining emergency preparedness for major incidents. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). A significant proportion of NIAS workload undertaken by emergency ambulances arises from the treatment and transportation to hospital of patients referred by GPs and other clinicians working outside hospitals.

NIAS has experienced significant growth and demand for emergency 999 response calls over recent years and 999 activity has increased by more than 80% since 1999-2000. In addition to the 132,447 emergency calls responded to in 2011/12 ambulance staff also transported 35,386 patients for GP's and other clinical professionals and undertook 205,269 non-emergency patient transports. In total the ambulance service undertook in excess of 350,000 patient transports during the course of 2011/12.

NIAS Today – A Foundation for Safe, High-Quality Care

The Northern Ireland Ambulance Service has achieved a great deal in recent years which provides a strong stable platform on which to build the Service to

meet the challenges we face. NIAS has changed greatly from the organisation of five or ten years ago.

We have invested heavily in our ambulance personnel by bringing in new staff, increasing the number of paramedics we employ and training them in new clinical skills and interventions. Ambulance vehicles are equipped with the best clinical and technology systems to improve the care we provide to patients. We now offer pre-hospital cardiac thrombolysis to the whole of Northern Ireland for first time as every paramedic is trained and equipped to provide this life saving intervention. We contribute greatly to improved outcomes for people who suffer a stroke by performing FAST tests on 999 callers while they are on the phone, follow this up with face to face verification of potential stroke before providing pre-hospital care and treatment while expediting direct transportation to the nearest stroke unit.

We have also invested in our capacity to take 999 calls, establish the clinical urgency of the call, and quickly dispatch an appropriate ambulance resource to respond. Operating from a single Emergency Ambulance Control centre for the whole of Northern Ireland means that these benefits are felt by all equally and, the recent investments in mobile technology ensure that all ambulances positions are visible, at all times, to the Control Centre. The ambulance fleet has been upgraded by replacing ageing vehicles on a regular basis over the years with new purpose built state of the art ambulances and rapid response cars.

The speed of response is a key measure of performance for any organisation, particularly so for an emergency ambulance service. We are getting to more patients more quickly than ever before. We have improved the speed of response to life threatening 999 calls throughout Northern Ireland, (not just in the major cities and larger towns) year after year. We averaged a sub 8 minute response to these life threatening calls in almost 73 per cent of cases throughout Northern Ireland in 2011-12. We are absolutely committed to continuing to improve the speed of our response to the most clinically urgent patients while providing timely and appropriate services, including alternatives to hospital attendance, to those whose need is less immediate.

The whole healthcare system has changed greatly in recent times, particularly the configuration of hospitals and acute services. The Ambulance Service has engaged directly and positively with other providers, commissioners and the Department of Health Social Services & Public Safety (DHSSPS) to ensure that the consequences of these changes have been recognised and taken account of.

This has resulted in investment which has increased ambulance cover in affected areas and we have also increased our ambulance response bases.

We have moved ambulances and ambulance stations further into local communities by developing response bases such as Lurgan, Lisnaskea, Shantallow, Ballyclare, Derriaghy and Comber.

We have grown as an organisation over this period and this is reflected in expenditure on ambulance services which now exceeds £56 million per annum. The additional funds have supported change and consolidated service delivery. We have also reduced expenditure in key areas to create greater efficiency and secure value for money. We will continue to critically review our expenditure to

drive further efficiencies which we hope will continue to be used to improve patient care. In an uncertain and volatile economic environment the need to choose wisely is greater than ever.

Priorities & Objectives & Commissioning Plan Priorities

The ambulance service is faced with a number of challenges that must be addressed in order to provide safe, high-quality services for patients. These priorities are reflected in our strategic and operational plans and activities, particularly in our Corporate Plan 2011-14, which also identifies strategies for addressing the challenges faced. Ambulance services have a vital role to play in addressing these challenges and ensuring all patients get the right care, in the right place, at the right time.

There are four key areas which require a continuing focus of attention:

1. Patients with life threatening conditions
2. Patients with urgent, long-term and other conditions
3. Improving health, tackling inequalities
4. Simplifying access for patients, delivering care 24/7

NIAS remains fully committed to the delivery of safe, effective, high-quality services within available resources, consistent with Ministerial Directions and Commissioning Plan priorities. We recognise the importance of continuing to deliver current response time indicators of performance, particularly for the most clinically urgent Category “A” incidents, while developing additional outcome-based indicators of quality performance. We also signal our intention, during 2012-13 to re-align our clinical prioritisation and management of urgent requests from GPs and other clinical professionals for ambulance attendance and transportation. We intend to build upon our recent investments in telephony and associated technology to improve and simplify access to pre-hospital care, particularly unscheduled, non-emergency requests from the public. We will continue to engage with other healthcare partners in this area to develop regionally consistent and locally sensitive solutions with Local Commissioning Groups, Integrated Care Partnerships and Local Healthcare Trusts which take full advantage of, and maximise, the particular attributes and specialist skills of all partners. Having achieved the targets for ambulance response set at a Northern Ireland level, we are now anxious to focus on developing and delivering an appropriate and sustainable emergency response solution for the 27.5% of ambulance Category A calls and 10% of Category B calls which we do not currently reach within 8 and 21 minutes respectively. We will engage and work with local communities and individuals and groups within those communities to tailor solutions to their specific needs and circumstances. The current financial climate is probably the most challenging time to embark on this challenging journey, but we cannot afford to delay in the hope of financial salvation – we must use what we have well and choose wisely.

Appendix 1 details the special targets set by the Minister to be achieved in 2012/13 together with the NIAS response highlighting potential impact and/or NIAS potential contribution to delivery. Having reviewed the Ministerial Priorities

listed in the Commissioning Plan, it is clear that there are no targets identified where NIAS would be considered to have sole and specific responsibility for delivery. Based on this assessment there are no “specific targets” where NIAS would highlight “material risk to full or substantial delivery”.

NIAS Response to Transforming Your Care: the Ambulance Contribution

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

A number of the recommendations in Transforming Your Care have particular resonance with, and relevance to, NIAS’ priorities and strategic ambitions, especially our efforts to simplify access to healthcare for the whole population and provide appropriate alternatives to hospital attendance and admission.

Appendix 2 presents a high-level assessment of the report recommendations and an indication of potential contributions of NIAS to delivery. We look forward to reviewing local population plans for both impacts on, and opportunities for the ambulance service. We also look forward to contributing to the development and review of the regional population plan which stitches together the local drivers for change into a coherent regional whole providing further direction, particularly for regional bodies such as NIAS.

Resource Utilisation

NIAS has consistently delivered services on a sound financial footing in spite of significant pressures arising from increased demand and other pressures, and met the tests of financial performance required by DHSSPS. The 2008-11 budget settlement presented the Health Service (including NIAS) with the challenge of delivering substantial efficiency savings. These savings have reduced NIAS’ core budget by 9%. Linked to these savings and described in detail in our public consultation document was associated additional revenue of £2.5m in 2008-9 increasing to £5.6m by 2010-11.

The immediate requirement for NIAS is to deliver safe, high-quality care within a reducing budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The HSC Board draft Commissioning Plan indicates the scale of the financial problem facing all HSC bodies this year and signals that 2012-15 will be a difficult financial period for Health and Social Care. NIAS continues to engage directly with HSC Board colleagues to determine the

specific impact on NIAS. At this point, the recurrent savings required for 2012/13 amount to £1.2 million rising to a projected £3 million by 2014/15. We have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS.

We have developed a series of proposals for recurrent and non-recurrent revenue savings in 2012/13 which are designed to enable us to maintain financial balance while long term plans for the full amount are developed and agreed. The 2012/13 plans have been shared with commissioners for consideration and approval to enable us to progress elements of the proposals. Further contingency plans will be developed as appropriate to maintain financial balance.

Income and Expenditure

Financial Pro-forma are attached (as FP1, 2 & 3) which provide details of NIAS' forecasted income and expenditure for 2012/13. These have been prepared in conjunction with the HSC Board.

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

Savings

Trusts and Local Economies have now set out, in response to the above targets, local plans to summarise how the cash release element of the target will be achieved. These plans set out how they will address the immediate requirement to maintain financial stability during 2012/13 and ensure they are in a position to implement their Local Health Economy Population Plans throughout the Spending Review period.

These plans include a wide range of initiatives under the following headings:

Acute Productivity

- Focus on reducing excess bed days and increased patient management within an Outpatient & Day Case setting
- Day Surgery Reform – both in terms of achieving Day Case rates and consolidation of Day Surgery Services
- Reducing excess bed days in line with best practice.

NIAS will continue to manage service delivery to meet demand for 999 responses which has been increasing annually at a rate of 4% or more and shows no sign of reducing in the near future, thereby delivering ongoing improved productivity.

Social Care Reform

- Planning and implementation of Re-ablement initiative
- Price negotiations with independent domiciliary care providers
- Savings in management / administration of Older People Homes to reflect lower occupancy levels

- Improved management of Community Care and increased usage of Independent sector.

Staff Productivity

- Workforce cost reduction through sickness absence control, reduction on agency reliance and vacancy control
- Unit cost management through management of skill mix, overtime and additional hours
- Electronic data management, E-Rostering of hospital wards, Expand E-Rostering outside Nursing, and capital invest to save scheme
- Implementation of scrutiny of permanent and temporary vacancies resulting in posts being held for an agreed period of time.

NIAS will seek to deliver savings in the region of £780,000 in this area, principally through continuous review of demand and improved matching of resource supply with demand. In addition we propose to engage with staff and their representatives to ensure that skill-mix and resource utilisation throughout the service represents the best fit with the delivery of safe, high-quality care within available resources.

Miscellaneous Productivity

- Targeting management admin and clerical costs managed through Voluntary Redundancy / Voluntary Early Retirement (VR/VER), reducing backfill and non replacement of vacant posts
- Lean processes to be introduced harnessing new technology methodologies
- Targeting discretionary expenditure items including Travel, Training etc
- Various procurement initiatives
- Variety of estates schemes e.g. energy, standardising car park charges, review/rationalise maintenance contracts.

NIAS will seek to deliver savings in the region of £430,000 in this area, principally through review of planned training and costs associated with officer on-call and further scrutiny of Goods & Services expenditure.

Prescribing Efficiency

The HSCB in conjunction with LCGs and ICPs will continue to deliver prescribing efficiencies through a range of initiatives including:

- Maximising generic dispensing
- Product standardisation
- Cost effective switching and the effective systems management of prescribing
- Development of effective prescribing guidelines for both primary and secondary care
- Development of a Northern Ireland formulary

Income 2012/13

The forecasted income levels are shown following deductions for cash releasing efficiency savings and inclusion of investment as advised by HSC Board at the date of compilation of this document. It is recognised that such underlying assumptions may change during the forthcoming year.

Agenda for Change

Work continues across DHSS to establish the full cost of Agenda for Change. NIAS continues to introduce the Agenda for Change pay structure across all grades in partnership with Trade Union colleagues. NIAS will seek to bring the outstanding elements to conclusion as soon as possible, and will continue to engage with HSCB and DHSSPS to identify and address any financial implications arising from resolution of those issues.

Investment Proposals

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

Cost Pressures

The Trust is continuing to liaise with Commissioners to fund the effect of unavoidable cost pressures. In the first instance, NIAS will continue to examine current expenditure and seek to identify opportunities for further cost savings through value for money analysis.

Capital Investment Plan

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

The immediate priorities for the period are:

Investment in Ambulance Estate Development and Renewal (Necessary to maintain existing estate contributing to ambulance response performance in safe and appropriate condition, and develop deployment locations to improve ambulance response performance)

Replacement of Emergency and Non-Emergency Ambulance Fleet (Essential to maintain current response performance and provide stable platform for safe future service delivery)

Investment in Technology and Communications (Essential to maintain existing capacity to provide 999 communications and control systems in a robust and safe environment and provide a platform for future development)

The planned capital investment is shown in the attached Financial Proforma (FP3).

Workforce

Workforce Strategy

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

The HR Strategy continues to place high priority on the following:

- Workforce Planning;
- Employee Relations;
- Equality;
- Human Rights;
- Performance Management;
- Reward and Recognition;
- Education, Training and Development;
- Health and Welfare;
- Managing Change;
- The role of the Human Resources Directorate.

In consequence of the current financial climate within HPSS, NIAS has had to make core assumptions in relation to the workforce, recruitment, training and Agenda for Change implementation plans as follows:

- HSC Board accept and support the proposals put forward by NIAS in relation to efficiency, modernisation and reform;
- Workforce, recruitment and training plans will be developed for posts where recurrent funding is available;
- Agenda for Change implementation will be fully funded;
- The labour market will provide the supply of applicants with the required skills, qualification and experience for NIAS vacancies;
- Further Service developments will be addressed as discrete projects with appropriate funding and timescales

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

The HR vision is to develop NIAS as an organisation that is more adaptive and more able to embrace change with a real focus on patient care and safety, service modernisation and reform, clinical excellence, ethical and fair employment practices. It will enhance the Trust leadership and management capacity and capability to support, empower, and lead staff in the achievement of NIAS strategic aims, and will ensure NIAS influences and shapes professional HR management practice in the wider healthcare environment. Robust performance management and assurance structures are in place. These include regular performance and accountability meetings to review progress and risks. HR Controls Assurance standards achieved substantive compliance. Health and Safety Controls Assurance achieved substantive compliance.

Attendance Management

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

NIAS % absence for the last 7 years is detailed below:-

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

The management of attendance remains a priority for the Trust and absence levels for all employees are monitored closely. Ongoing review of Attendance Management is undertaken to identify improvements to policy, processes and procedures which may be required, with a view to reducing absence levels. The Trust'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. In addition, employees on long-term absence are

routinely referred by their line manager, via Personnel, to Occupational Health. An average of 20 Occupational Health referrals and follow up recommendations are actioned by the Employee Resourcing Section each month. The Trust will also continue to build on other initiatives currently in place including improved collaborative working between local management, Human Resources and Occupational Health; the provision of improved management information; development of a management training programme; and building upon its system of performance management which will target management of absence as a priority linked to improving response capacity and ensure delivery of departmental targets. The Trust will ensure that a stringent system of monitoring is applied to this. The Trust will also continue to work with its Trade Union colleagues in the management of absence.

Staff Retention

Historically low rates of annual turnover of 2-3% would indicate that NIAS is not experiencing a workforce retention problem. However, there are staff filling posts which have non-recurrent funding or are temporary and this creates an internal flow of staff with a knock-on effect throughout each level.

Education, Training & Staff Development

The Trust's training plan sets out the priorities for the clinical and non-clinical training, education and development of all staff within the Trust. The plan takes account of the strategic objectives of the Trust, and supports the delivery of priorities as set out in the Trust Delivery Plan. The plan is developed in light of new pressures in terms of changes in service provision and delivery that are as a result of organisational reform within NIAS and developments in the wider HPSS. It identifies the need for increasing the current manpower levels, maintaining a safe skill mix and improving the skills and competencies of ambulance professionals to meet the challenges of the future.

The actions identified in the Training Plan are key to ensure continued safe delivery of the service and provide the necessary foundation upon which future changes can be built. The Trust will ensure the timely delivery of core training in order to address skill mix establishment levels, in line with organisational reform and the Trust's Workforce Planning Strategy.

Changes in the dynamics of ambulance service provision particularly in the pre-hospital emergency care and treatment environment continue to challenge NIAS.

Therefore, to ensure the highest standards of out of hospital care are provided to patients, the NIAS education framework will evolve with the advancing national training and research agenda and international ambulance education standards.

This will include the provision of nationally recognised education for ambulance personnel, and the further development of education, through linking and engaging with Higher Education Institutions (HEIs). The Trust will continue to develop Paramedics to fill vacancies and meet service developments through traditional IHCD modules (Paramedic-in-Training Programme).

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

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

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

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

Now that Paramedics are professionally registered with the HPC, the Trust must undergo an HPC Approvals visit to demonstrate it meets the HPC Standards of Proficiency for Paramedics and Standards of Education and Training for the delivery of current IHCD modules of Paramedic training.

The Trust will develop and maintain accredited clinical supervision and mentorship programmes that adhere to HPC requirements.

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

The Trust will promote and support the continuous professional development of all staff through the application of life-long learning principles within the working environment and through the implementation of the Knowledge and Skills Framework (KSF) and Personal Development Reviews (PDRs). A learning culture will be encouraged where staff learn from past experience, ensuring reflective practice, and transfer of learning. The Trust will support personal development of all staff by developing sound systems for managing performance and under-performance issues effectively and constructively, establishing clear relationships between organisational and individual standards and objectives.

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

Agency Staffing

The use of Agency staff within NIAS is minimal. Agency staff are primarily used to cover hard to recruit, non-recurrent funded and short-term temporary administrative posts. The use of recruitment agencies remains under scrutiny. There was an average of twenty agency staff working in the Trust during 2011-12, mainly in administrative and clerical roles.

Administrative Staff

The number and proportion of administrative workforce within NIAS is significantly lower than other HSC Trusts, indicating that the ratio of administrative staff to operational staff within the Trust is well-managed and controlled.

Engaging with Healthcare Providers & Other Agencies

NIAS will continue to work in collaboration with its current partners and develop links with others both inside and outside the DHSSPS, nationally as well as locally.

These will include:-

The development of alternative care pathways to meet the needs of the patient more appropriately and as an alternative to hospital admissions with the development of referral systems to other healthcare providers at the time of initial contact such as:-

- Primary care;
- Community nursing;
- Mental health services;
- Crisis response teams etc.

Participate in the development of managed care networks with other healthcare providers in accordance with the HSC Board priorities, particularly in the area of emergency care to improve the effectiveness and efficiency of services to the patient.

Contribute to the development of an integrated out of hours service both at regional and local level with DHSSPS, HSC Board and GP out of hours services. Participate in emergency and contingency planning with other emergency services, the M.O.D., N.I.O. and DHSSPS particularly in areas of CBRN, major incident management, Hazardous Area Response Teams (HART), & pandemic flu.

Develop and refine in association with GP practices and hospital trusts an electronic booking system for routine non-emergency patient transport.

Develop and extend pre arrival alert information in hospital A&E Departments linked to Ambulance Control to automatically inform the hospital of impending patient arrivals.

Develop the role of the Regional Pressures Co-ordination Centre (RPCC) in emergency planning.

Implement a system of prioritisation for GP Urgent calls based on the patient's condition in consultation with the GPC and LMC's to more effectively manage this activity.

Participate with other HPSS trusts, bodies and agencies in regional finance initiatives, HR systems and equality initiatives and developments.

Engaging with our communities

The Trust has developed an education programme focusing on raising awareness within selected community groups, in particular schoolchildren; the aim is to roll this out to all secondary and primary school children. Issues around securing recurring funding have only allowed partial implementation to take place to date. We will also engage with the Public Health Authority in developing and exploiting the “high-visibility” of ambulance vehicles as an effective communications medium for health-related messages.

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

The Trust provides a range of services to all staff to promote health and well-being which include; flu vaccinations; staff counselling service.

The Trust is committed to continuing to promote a patient-centred service by improving the quality and effectiveness of user and public involvement as an integral part of its governance arrangements. In this regard the Trust will work to implement DHSSPS guidance on Personal and Public Involvement. Leadership in this area will be provided by the Trust’s Medical Director. A multi-disciplinary group has been established within the Trust to drive this agenda and implementation will be monitored through the Trust’s Assurance Committee. NIAS will build on the work undertaken in the previous year to establish a Personal and Public Involvement (PPI) agenda within NIAS. This will involve implementation of a PPI Action Plan involving the establishment of systems to garner and respond to feedback from key stakeholders in respect of the planning, delivery and evaluation of ambulance services.

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

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

Work will continue within the Trust to promote positive attitudes towards disabled people and encourage participation by disabled people in public life, in keeping with its obligations under the Disability Discrimination Order (DDO) 2006. In this regard the Trust will continue to implement its Disability Action Plan and progress of this will be monitored by the Trust Equality Steering Group. The Trust has also established links with other emergency services and will seek to work

collaboratively with these services where possible, to take forward work in relation to these duties. In addition the Trust will give specific attention to these duties when planning new initiatives such as Personal and Public Involvement (PPI) which is also outlined within this document.

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

NIAS will continue to collate information on complaints and compliments and report publicly to Trust Board on these as a measure of user experience.

In addition the Trust will continue to engage in surveys of user experience as has been undertaken for the introduction of Advanced Medical Priority Dispatch System, the piloting of Rapid Response Vehicles and clinician triage of non-emergency 999 calls.

Governance

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

The system of internal control in NIAS accords with Department of Finance and Personnel guidance. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

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

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

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

The key objectives of the strategy are to provide:

- Integration of the present risk management and related processes with other Trust functions such as contract monitoring and management, clinical audit, continuous quality improvements, controls assurance, the management of claims, complaints and the Health and Safety agenda.
- Integration of risk management activity in both the non-clinical and clinical areas, in order to maximise the potential for decreasing risk related to ambulance patient services, staff and others.
- Assistance in the realisation of the significant benefits from minimising risk and improving quality of processes and systems.
- Assistance to the Trust in achieving statutory compliance in all relevant areas.
- A system for proactively identifying, analysing, controlling and managing those areas of significant future risk to the Trust.
- Ensuring, as far as possible that the Trust has made adequate contingency and major accident/incident plans.
- Assistance to the Trust in ensuring that appropriate and necessary control mechanisms are in place to reduce and control risks and satisfy the requirements for Controls Assurance.

Appendix 1. Commissioning Plan 2012-13 Priorities & NIAS Response

<p>MINISTERIAL PRIORITY: To improve and protect health and well-being and reduce inequalities; through a focus on prevention, health promotion and earlier intervention.</p>	
<p>1 Bowel Screening Extend the Bowel Cancer Screening Programme to invite 50% of all eligible men and women aged 60-71 by March 2013, with a screening uptake of at least 55%</p>	<p>NIAS Response: Not Directly Applicable</p>
<p>2 AAA Screening By June 2012, have in place a Northern Ireland - wide programme to screen men aged 65 for abdominal aortic aneurysm.</p>	<p>NIAS Response: Not Directly Applicable</p>
<p>3 Public Health By March 2013, have in place a community pharmacy health promoting pharmacies programme.</p>	<p>NIAS Response: Not Directly Applicable</p>
<p>4 Public Health By March 2013, develop an implementation plan to take forward new Public Health Strategic Framework and related population health strategies.</p>	<p>NIAS Response: Not Directly Applicable</p>
<p>MINISTERIAL PRIORITY: To improve the quality of services and outcomes for patients, clients and carers.</p>	
<p>5 Fractures From April 2012, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</p>	<p>NIAS Response: We will continue to work with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and refine the relative prioritisation of requests to reflect commissioner targets and priorities.</p>
<p>6 Cancer Care From April 2012, ensure that 95% of patients urgently referred with a suspected cancer begin their first definitive treatment within 62 days.</p>	<p>NIAS Response: We will continue to work with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and refine the relative prioritisation of requests to reflect commissioner targets and priorities.</p>
<p>7 Organ Transplants By March 2013, ensure delivery of a minimum of 50 live donor transplants.</p>	<p>NIAS Response: Not Directly Applicable</p>

<p>8 A&E From April 2012, 95% of patients attending any Type 1, 2 or 3 A&E Departments are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; no patient attending any emergency department should wait longer than 12 hours.</p>	<p>NIAS Response: We will continue to work with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and refine the relative prioritisation of requests to reflect commissioner targets and priorities.</p>
<p>9 Elective Care – Outpatients/Diagnostics /Inpatients From April 2012, at least 50% of patients wait no longer than nine weeks for their first outpatient appointment with no one waiting longer than 21 weeks, increasing to 60% by March 2013 and no one waits longer than 18 weeks.</p>	<p>NIAS Response: We will continue to work with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and refine the relative prioritisation of requests to reflect commissioner targets and priorities.</p>
<p>10 Elective Care - Outpatients/Diagnostics/Inpatients From April 2012, no patient waits longer than nine weeks for a diagnostic test (13 weeks for a day case endoscopy), and all urgent diagnostic tests are reported on within 2 days of the test being undertaken.</p>	<p>NIAS Response: We will continue to work with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and refine the relative prioritisation of requests to reflect commissioner targets and priorities.</p>
<p>11 Elective Care – Outpatients/Diagnostics /Inpatients From April 2012, at least 50%, of inpatients and day cases are treated within 13 weeks with no one waiting longer than 36 weeks, increasing to 60% by March 2013, and no patient waits longer than 30 weeks for treatment.</p>	<p>NIAS Response: We will continue to work with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and refine the relative prioritisation of requests to reflect commissioner targets and priorities.</p>
<p>12 Hospital Readmissions By March 2013, secure a 10% reduction in the number of emergency readmissions within 30 days.</p>	<p>NIAS Response: We will continue to work with partner health providers to develop alternatives to ambulance attendance and transportation to hospital emergency departments where clinically appropriate which has the potential to support delivery of this target. We will focus on the further development of “hear and treat/refer” through clinician triage by ambulance personnel and GP Out-of-Hours personnel,</p>

	and “respond and treat/leave/refer” by ambulance paramedics. Our proposals for the development of a single point of access for unscheduled care and associated development of clinical pathways, triage systems and directory of services represent, in our view, the most efficient, effective and appropriate means of delivering significant positive change in the management of unscheduled care.
13 Healthcare Acquired Infections By March 2013, secure a reduction in MRSA and Clostridium Difficile infections compared with 2011/12. [Note: Work is underway to specify the target level]	NIAS Response: Not Directly Applicable
14 Pharmacy From April 2012, ensure that HSCB achieve 70% compliance with the Northern Ireland Medicines Formulary is achieved within Primary Care	NIAS Response: Not Directly Applicable
MINISTERIAL PRIORITY: To develop more innovative, accessible and responsive services; promoting choice and by making more services available in the community.	
15 Specialist Drugs From April 2012, no patient should wait longer than 9 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis, decreasing to 3 months by September 2012.	NIAS Response: Not Directly Applicable
16 Specialist Drugs By March 2013, increase to 10% the proportion of patients with confirmed Ischaemic stroke who receive thrombolysis	NIAS Response: We will continue to apply the FAST test in telephone and face-to-face triage by ambulance personnel to quickly identify potential stroke incidents and provide an emergency response as a Category A potentially life-threatening emergency. We will continue to work with partner health providers to deliver timely emergency ambulance transport to the nearest appropriate receiving unit for potential stroke patients, reviewing and developing the pre-alert system for hospital personnel.
17 Allied Health Professionals From April 2012, no patient waits longer than nine weeks from referral to commencement of AHP treatment.	NIAS Response: We will continue to work with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and

	refine the relative prioritisation of requests to reflect commissioner targets and priorities.
18 LTC By March 2013, achieve 400,000 Monitored Patient Days (equivalent to approximately 2,200 patients) from the provision of remote telemonitoring services through the Tele-monitoring NI contract.	NIAS Response: Not Directly Applicable
MINISTERIAL PRIORITY: To improve the design, delivery and evaluation of health and social care services through involvement of individuals, communities and the independent sector.	
19 Transforming Your Care By June 2012, produce population plans for implementation following the <i>Transforming Your Care</i> report.	NIAS Response: Not Directly Applicable. NIAS is not required to develop a local population plan but will continue to engage at local and regional level to support the programme.
20 Transforming Your Care During 2012/13, develop and implement Integrated Care Partnerships in supporting the implementation of <i>Transforming Your Care</i>	NIAS Response: Not Directly Applicable. NIAS will continue to engage at local and regional level to support the programme.
MINISTERIAL PRIORITY: To improve productivity by ensuring effective and efficient allocation and utilisation of all available resources, in line with priorities.	
21 Unplanned admissions By March 2013, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions. Actions for Target 12 apply.	NIAS Response: We will continue to work with partner health providers to develop alternatives to ambulance attendance and transportation to hospital emergency departments where clinically appropriate which has the potential to support delivery of this target. We will focus on the further development of "hear and treat/refer" through clinician triage by ambulance personnel and GP Out-of-Hours personnel, and "respond and treat/leave/refer" by ambulance paramedics. Our proposals for the development of a single point of access for unscheduled care and associated development of clinical pathways, triage systems and directory of services represent, in our view, the most efficient, effective and appropriate means of delivering significant positive change in the management of unscheduled care.
22 Unnecessary hospital stays By March 2013, reduce the number of excess bed days for the acute programme of care by 5%.	NIAS Response: Not Directly Applicable
23 Patient Discharge	NIAS Response: We will continue to work

From April 2012, ensure that all learning disability and mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge; 90% of all complex discharges take place within 48 hours; all non-complex discharges from an acute hospital take place within 6 hours; and no discharge from an acute hospital takes more than 7 days.	with partner health providers to deliver timely non-emergency ambulance transport where clinically necessary and appropriate. We will continue to engage with commissioners to match supply of ambulance resources with demand and refine the relative prioritisation of requests to reflect commissioner targets and priorities.
MINISTERIAL PRIORITY: To ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after across all our services.	
24 Children In Care From April 2012, increase the number of children with no placement change to 82%	NIAS Response: Not Directly Applicable
25 Children In Care By March 2013, increase the number of care leavers aged 19 in education, training or employment to 72%.	NIAS Response: Not Directly Applicable
26 Children In Care From April 2012, ensure a 3 year time-frame for all children to be adopted from care	NIAS Response: Not Directly Applicable
27 Community Care From April 2012, people with continuing care needs wait no longer than 8 weeks for assessment to be completed, and have the main components of their care needs met within a further 12 weeks.	NIAS Response: Not Directly Applicable
28 Learning Disability /Mental Health By March 2013, 40% of the remaining long-stay patients in learning disability and psychiatric hospitals are resettled to appropriate places in the community, with completion of the resettlement programme by March 2015.	NIAS Response: Not Directly Applicable
29 Mental Health From April 2012, no patient waits longer than 9 weeks to access child and adolescent services or adult mental health services, and 13 weeks for psychological therapies (any age).	NIAS Response: Not Directly Applicable

Appendix 2: NIAS Response to Transforming Your Care

Relevant extracts from Transforming Your Care...

“Impact on the Northern Ireland Ambulance Service

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

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

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

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

“The Role of the Northern Ireland Ambulance Service

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

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

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

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

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

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

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

hospitals.”

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

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

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

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

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

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

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

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

<p>ACUTE CARE</p> <p>72. Reinforce the full development of the Regional Trauma Network set out in the DHSSPS document.</p> <p>73. Over time, move to a likely position of five to seven major acute hospital networks in Northern Ireland</p> <p>74. Ensure urgent care provision is locally available to each population.</p> <p>75. Set targets for the reduction of hospital admissions for long-term admissions and end of life care.</p> <p>76. Set targets for the reorganisation of outpatient and diagnostic services between hospitals and Integrated Care Partnerships.</p> <p>77. Ensure the transition takes full account of Service Frameworks and clinical pathways.</p> <p>79. Make necessary arrangements to ensure critical clinical staff are able to work in a manner which supports the new arrangements.</p>	<p>NIAS welcomes engagement to date in the reconfiguration process and is fully committed to support acute sector change. We recognise and welcome the reference within the Commissioning Plan which identifies the key role to be played by the ambulance service in service reconfiguration and gives an undertaking to support and develop ambulance service provision accordingly. Alongside this we are keen to develop and introduce alternative pathways to accident and emergency attendance with the support of HSC and the wider system.</p> <p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p> <p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p> <p>We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround</p>
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	<p>times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.</p> <p>NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.</p>
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<p>PALLIATIVE AND END OF LIFE CARE</p> <p>80. Development of a palliative and end of life care register to enable speedy transfer of information required by those providing palliative and end of life care</p> <p>81. Enhanced support to the Nursing Home Sector for end of life care.</p> <p>82. Individual assessment, planning, delivery and co-ordination of end of life care needs by a key worker.</p> <p>83. Electronic patient records in place for the patient, their family and staff.</p> <p>84. Targets to reduce the level of inappropriate hospital admissions for people in the dying phase of an illness.</p> <p>85. Palliative and end of life care for children considered as part of the proposed review of Paediatric Services as referenced in the Maternity and Child Health section.</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p> <p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p>
<p>IMPLICATIONS FOR THE SERVICE</p> <p>87. Development of population plans for each of the five LCG populations by June 2012.</p> <p>89. Development of clear patient pathways for networked and regional services.</p> <p>90. Establishment of a forum to take forward how technology will support the new model of care linking the service to industry and academia.</p> <p>91. Full rollout of the Electronic Care Record programme.</p> <p>92. Development of a data warehouse</p>	<p>NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.</p>

<p>for GP records to high quality information on care across practices, resulting in reduced variation.</p> <p>93. Introduction of a single telephone number for urgent care.</p> <p>94. Introduction of a single robust community information system.</p> <p>95. Development of new workforce skills and roles to support the shift towards prevention, self-care, and integrated care that is well coordinated, integrated and at home or close to home.</p>	<p>NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.</p> <p>We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.</p> <p>NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.</p>
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Appendix 3. NIAS Saving Proposals 2012-13

Premise: Health & Social Care Board requires NIAS to make £1.2 million Cash-Release Savings during 2012/13	
Note this plan to deliver £1.2M in 2012/13 is underpinned by the proposals set out below however the estimated contribution by each individual proposal may change as plans are refined	
Proposal	Estimate of Saving 2012/13
Revise Skill-mix on Emergency Ambulances to introduce Paramedic Assistant as support to Paramedic as lead clinician.	£300,000
<p>Commentary – these savings are recurrent and rising see comments below</p> <p>Issue: Background & Driver for Change This proposal is based on a principle which has been widely implemented throughout healthcare regionally and nationally that lead clinicians (such as paramedics), as registered health care professionals, take clinical responsibility for the patients and that they would be adequately supported by an assistant in the delivery of care. Assistant roles have been in development for over ten years throughout healthcare in the UK starting in nursing and then moving to physiotherapy and other allied healthcare professions. The reason for this was to provide support to enable healthcare professionals to concentrate on their professional clinical work and free them up from the important but necessary work that is needed to provide patients with a full caring service.</p> <p>Current Position in NIAS NIAS has invested significant resources over recent years to ensure, as far as reasonably possible, that responding emergency ambulance vehicles are staffed by paramedics. All Rapid Response Vehicles are staffed by paramedics. The traditional emergency ambulance used to respond and transport patients to hospital is currently crewed by two ambulance personnel – one paramedic and one EMT. Although the paramedic is the lead clinician, driving and patient attendance duties can be shared, with the paramedic retaining professional responsibility for the assessment and care of the patient whether they are providing direct care and treatment or the EMT is undertaking this role. This position reflects historical practice and does not take account of the advances in clinical practice and drug administration for the paramedic which has not been matched by the EMT. There are currently 290 funded positions within NIAS for Emergency Medical Technicians (EMT). Unlike paramedics, EMTs are not regulated as health professionals and the Trust has been actively encouraging this grade of staff to avail of additional training to become paramedics. As a result of many taking up this opportunity there are currently in the region of 100 vacancies in this EMT grade. It is important to note that Agenda for Change bandings are still not resolved for paramedics or EMTs. This proposal will mean that NIAS will phase out the Emergency Medical Technician role. Instead paramedics will be supported in emergency ambulances by Paramedic Assistants who will undertake emergency and non-emergency driving and support the paramedic. In addition to emergency driving, the paramedic assistant will be trained and equipped to support the paramedic in providing safe, high-quality, effective patient care.</p> <p>Case for Change</p>	

The acute hospital reconfiguration which has taken place to date, and the further reconfiguration signalled by Transforming Your Care, has increased the time spent by patients in the care of ambulance personnel and the acuity of patients being transferred between sites. In this environment it is both necessary and appropriate that the paramedic concentrate on patient care and treatment while the driving and support duties are delegated to staff in a support role.

The current financial pressures and the statutory requirement to provide value for money in the use of funds allocated from the public purse support the realignment of skill mix in emergency ambulances to introduce paramedic assistants at band 3 in place of EMTs at band 4. The savings accruing from the change support HSC efforts to manage demand for healthcare generally and invest in service development and delivery.

Implications for Release of Savings

Moving forward it is proposed that current and future EMT vacancies and positions currently filled by EMTs will be filled by Paramedic Assistants.

- If the 190 EMTs currently in post are redeployed into PA roles, pay protection arrangements would apply. The costs of protecting salaries for EMTs operating at the lower graded PA will reduce over time to yield a potential saving of up to £1.6M in up to 15 years time.
- Other costs have to be considered include;
 - Any additional costs of paramedic positions to rebalance skill mix need to be considered
 - Rationalisation of the full range of training for all grades
 - Project management
- An alternative approach would be to declare voluntary or compulsory redundancies for the 190 EMTs currently in post. No costs for this scenario have been considered at this stage. There is no scope currently for compulsory redundancy.

As this is a skill mix change there will be no reduction in headcount overall. EMTs will effectively be replaced by a similar number of PAs.

Proposal	Estimate of Saving 2012/13
Revise 2012/13 Training Plan and remove or defer planned non-mandatory training.	£380,000

Commentary- these savings are non-recurrent

Current Position in NIAS

The Trust had developed a training plan for 2012/13 which would have addressed the full range of training requirements in year totalling £2,138K. This proposal reduces

expenditure on training by £380,000 in 2012/13 by :
 Reducing the number of students being included in the training plan in the year
 Reducing the non-mandatory training programme for front line staff

Implications for Release of Savings

Such measures are seen as a deferral of training planned during 2101-13, i.e. a full review of the full programme will be required as it is anticipated that deferred training will be re-scheduled to 2013/14 onwards, making these savings of c. £380,000 non-recurrent. Mandatory training would be protected from impact by this proposal.

Proposal	Estimate of Saving 2012/13
Revise On-Call arrangements to further reduce requirement for and utilisation of on call officers out of "normal working hours".	£50,000
<p>Commentary- these savings are recurrent</p> <p>Current Position in NIAS There are a range of 'on-call' arrangements throughout the Trust which support the delivery of a 24/7 365 service. At any time out of normal working hours there is availability of operational staff, stores and maintenance support</p> <p>New regionally agreed arrangements are being introduced which will change remuneration of these rotas. A review of calls actioned, reasons for same and alternatives will be initiated leading to a more robust performance management approach and regime to drive down volume and cost of call-outs.</p> <p>Implications for Release of Savings The on-call rota currently costs c. £250,000 per annum. A saving of £50,000 is proposed on a recurrent basis by close performance management of calls initiated.</p>	

Proposal	Estimate of Saving 2012/13
Workforce cost reduction (1%) of £450,000 to be achieved through absence control/attendance management/ vacancy controls including reduction in overtime/agency expenditure. Maintain pressure on operational management of attendance and increase scrutiny of planned spend on associated front-line overtime cover for sickness and other absence to control and manage spend to live within financial constraints.	£470,000 (Balancing figure to reflect need to deliver £1.2 million)
<p>Commentary- these savings are recurrent</p> <p>Current Position in NIAS Absence during 2011-12 was 7.18%. NIAS will seek to improve our management of attendance to reduce absence to 6.7% which is consistent with the best performance achieved over the last five years.</p>	

Vacancy control measures will be established to reduce expenditure on overtime and agency to support the delivery of savings.

Implications for Release of Savings

Achievement of the reduction in absence will reduce expenditure on backfill, however, if the absence reduction is in long-term absence there will be a need to deliver additional vacancy control savings to offset impact of staff absent on reduced/no pay.

Vacancy controls will reduce planned levels of cover for ambulance/RRV/PCS with potential impact on overall service delivery and operational performance. £450,000 is broadly equivalent to one emergency ambulance operating 24/7.

NIAS will seek to enhance ambulance availability to offset any reduction in cover through enhanced management of, and reduction in, ambulance turnaround times at hospital.

The active and continued support of HSCB and Trusts will be essential in reducing turnaround times.

Total	£1,200,000
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Financial Addendum

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

Contact Name: Paul Nicholson

Position: Assistant Director of Finance

Phone No: 02890400999

FORECAST OF INCOME AND EXPENDITURE 2012/13

	2012/13		2013/14
	In-Year Effect £k	Full Year Effect £k	Full Year Effect £k
INCOME FROM COMMISSIONERS	£k	£k	£k
1. Allocation from HSCB	56,924	56,024	56,110
2. Allocation from PHA	0	0	0
3. ECRs/OATs			
5. Other trusts (care services)	1,159	1,159	1,182
Sub-Total	58,083	57,183	57,292
Income from Patients/Clients			
8. Private patients			
9. Clients' contributions			
10. Other income for patient services			
Sub-Total	0	0	0
Training & Research			
11. SUMDE			
12. NIMDTA			
13. R & D			
Sub-Total	0	0	0
Other income			
14. other trusts			
15. other DHSSPS			
16. Reimbursements and any other income	549	549	560
17. anticipated non-cash allocations			
Sub-Total	549	549	560
TOTAL OPERATING INCOME	58,632	57,732	57,852
TRUST EXPENDITURE:			
18. Pay expenditure	46,862	46,097	46,199
19. Non-pay expenditure	11,770	11,635	11,653
20. Depreciation	3,500	3,500	3,500
21. Other expenditure (incl non-cash)	(3,500)	(3,500)	(3,500)
TOTAL OPERATING EXPENDITURE	58,632	57,732	57,852
OPERATING SURPLUS / DEFICIT	0	0	0

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

Contact Name: Paul Nicholson

Position: Assistant Director of Finance

Phone No: 02890400999

RECONCILIATION OF TDP INCOME TO INCOME INCLUDED IN COMMISSIONERS' PLANS

INCOME FROM COMMISSIONERS	2012/13	
	In-Year Effect £k	Full Year Effect £k
1. HSCB	£'000	£'000
Income per TDP (FP1)	56,924	56,024
Reconciling items:		
<i>Other Service Developments HSC TBC</i>		
Total Adjusted Income		
Income included by Board in Commissioning Plan	56,924	56,024
2. PHA	£'000	£'000
Income per TDP (FP1)	0	0
Reconciling items:		
<i>PLEASE PROVIDE EXPLANATION AND CONFIRM WITH PHA</i>		
Total Adjusted Income		
Income included by PHA in Commissioning Plan	0	0

Name of Trust:

The Northern Ireland Ambulance Service

Contact Name: Contact Name: Paul Nicholson

Position: Position: Assistant Director of Finance

Phone No: Phone No: 02890400999

PLANNED CAPITAL EXPENDITURE 2012/13

A	Project Business Case Status B	CIU reference no.	Scheme Description (EXACTLY as advised by Capital Investment Unit) C	Forecast Total Expenditure for 2012/13 (£k) D	Notified CRL for 2012/13 (£k) E
Major capital and other specifically funded schemes	Approved schemes		1 Fleet Replacement 2012/13	2,200	
			2		
			3		
			4		
			5		
			6		
			7 Other major capital (schemes <£100k)		
	Unapproved schemes		1 Fleet Replacement 2013/14 Chassis	1,000	
			2 Estate - Ballymena and Enniskillen unapproved	500	
			3		
			4		
			5		
			6		
			7 Other major capital (schemes <£100k)		
Sub total			3,700	0	
Delegated schemes funded from general capital and other local resources			1 General Capital	300	
			2		
			3		
			4		
			5		
			6		
			7		
			8		
			9		
			10 Other schemes (<£100k)		
Sub total			300	0	
Total			4,000	0	

Planned Asset Disposals

	Forecast 2012/13 (£k)
1. NBV on disposals outside the HSC	0
2. Capital proceeds from the sale of assets to bodies outside the HSC	25
3. Trust Capital Expenditure against sale of assets	0
4. Variance between Proceeds & Expenditure (2 less 3 above)	25
5 Capital Proceeds from the sale of assets to bodies inside the HSC (memorandum only)	0

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

Contact Name: Paul Nicholson
 Position: Assistant Director of Finance
 Phone No: 02890400999

Local Health Economy QICR Returns	2012/13		2013/14		2014/15	
	wte	£k	wte	£k	wte	£k
Cash efficiencies: <i>(Please provide details)</i>						
- Acute Reform						
- Staff Productivity	14	780		1,500		2,000
Skill Mix						
- Social Care Reform						
- Miscellaneous/Other		396		745		1,047
Non Recurrent Cash Releasing						
Productivity efficiencies: <i>(Please provide details) see TDP page 7+8</i>						
- Acute Reform						
- Staff Productivity						
- Social Care Reform						
- Miscellaneous/Other						
TOTAL SAVINGS	14	1,176	0	2,245	0	3,047

HSCB Targets		1,176	1,069	802	3,047
Cumulative			2,245	3,047	

Workforce Planning

TC Group	Staff on Payroll		Agency/Locum Staff		2012/13	
	WTE	Projected WTE	WTE	Projected WTE	In-Year Effect	Full Year Effect
	01-Apr-12	31-Mar-13	01-Apr-12	31-Mar-13	£'000	£'000
Admin & Clerical	76	76	14	14	3,647	3,647
Estate Services	0	0	0	0	0	0
Support Services	3	3	0	0	111	111
Nursing & Midwifery	0	0	0	0	0	0
Social & Technical	0	0	0	0	0	0
Medical & Dental	2	2	0	0	240	240
Ambulance Service	1,047	1,078	0	0	42,864	42,099
Total	1,128	1,159	14	14	46,862	46,097

TB/4/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

31 May 2012

Title:	Enniskillen Station Business Case
Purpose:	NIAS is seeking capital funding
Content:	Detail of Business Case
Recommendation:	For Approval in principle, as the business case progresses through DHSSPS and DFP
Previous Forum:	N/A
Prepared by:	Mr Bryan Snoddy, Asst Director of Operations
Presented by:	Mr Brian McNeill, Director of Operations

NIAS Investment Programme

Northern Ireland Ambulance Service

Business Case

Enniskillen Station

30 March 2012

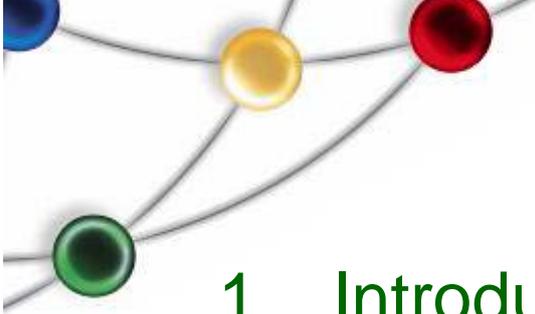
Version 17



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1 Introduction

1.1 Introduction

The Northern Ireland Ambulance Service (NIAS) was established on 1 April 1995 under the Health and Personal Social Services (Northern Ireland) Order 1991 and the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995, thereby becoming a regional service. The function of NIAS is

'to manage ambulance, patient transport and communication services provided from ambulance control centres'. Its mission is to 'deliver effective and efficient care to people in need and improve the health and well-being of the community through the delivery of high quality ambulance services'¹.

Since its inception, NIAS's service model has evolved to adapt to changing needs of patients and respond to the changing service delivery models of the wider HSC. A key milestone in the development of NIAS was the strategic review which was completed in 2000. This review highlighted the need to improve the efficiency and effectiveness of the service delivery model and the underlying resources required to do this. This business case identifies a range of options for infrastructure to support the delivery of services that NIAS provides on behalf of the Department, commissioners and patients namely:

- Responding to emergency and urgent calls
- Non-emergency patient care and transportation
- Specialised health transport services
- Training and education of ambulance professionals
- Planning for coordination of major events
- Support for community based First Responder services

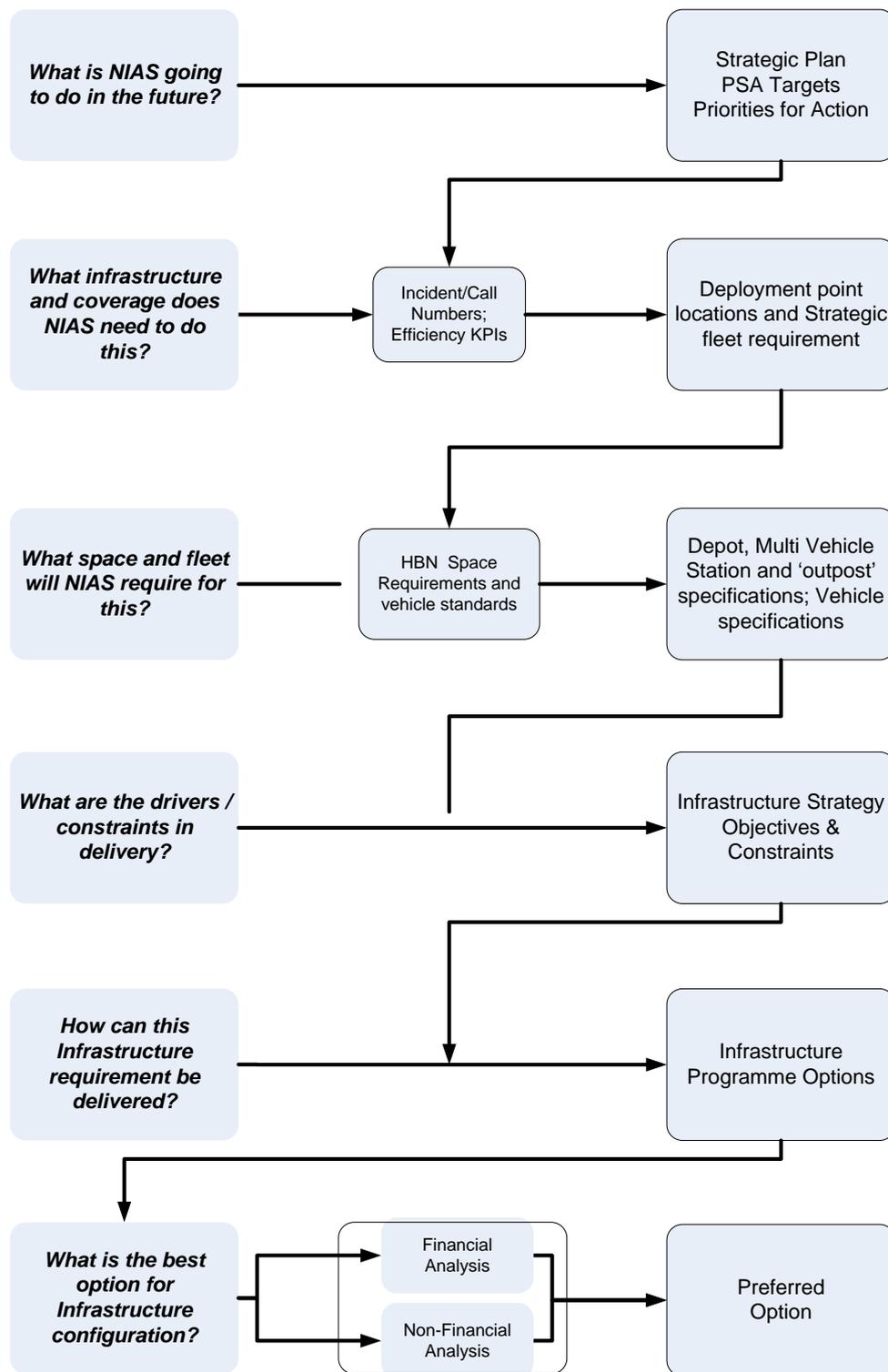
The efficient and effective delivery of these services is at the heart of this business which sets the context for the change, specifies the requirements and presents a number of options.

1.2 The appraisal process

The diagram below provides an overview of the process undertaken in this OBC.

¹ <http://www.niamb.co.uk/home.htm>

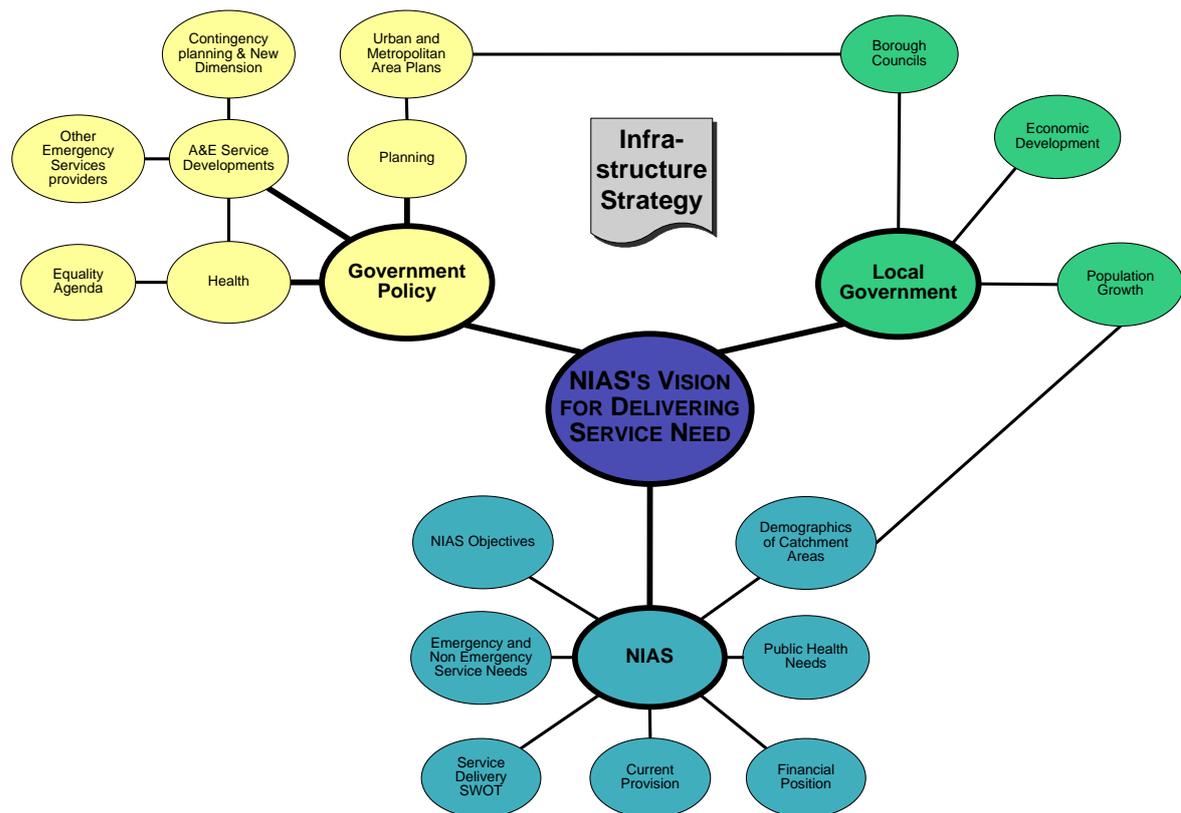
Figure1. - The appraisal process



2 The strategic context

When appraising a policy or a programme, it is important to establish clearly the rationale for Government intervention. Public expenditure strategy is determined by the Government and is reflected in the PfG/Priorities and Budgets and in associated policies, strategy documents, and statutes. In addition Departments have entered into Public Service Agreements (PSAs) that spell out the outputs that they are to deliver in pursuit of the Government's strategic aims. This section presents an outline of the strategic context in which this investment appraisal is considered. Clearly there are a number of bodies and policies that influence both NIAS and the context in which a reconfigured estate would be provided. These are outlined schematically in the figure below and each core element is discussed in turn below.

Figure 2. - Context for the Development of NIAS's Infrastructure



2.1 Government Policy

2.1.1 Draft Programme for Government 2011_15

The Northern Ireland Assembly published, in November 2011, a draft Programme for Government which sets out the programme for the next four years. This document was put out for consultation until February 2012.

It does not specifically set out any new targets for NIAS to achieve. In Section 2 'Where we are' it states that 60 new ambulances have been provided in a package costing £17m to include a range of Primary Care infrastructure projects. For this reason the Business Case will rely for specific targets on the Commissioning Plan 2011/2012 as expressed below.

2.1.2 Commissioning Plan 2011/2012

The Commissioning Plan was drawn up by the Health and Social Care Board and the Public Health Agency in Draft form. In the absence of a Programme for Government it was accepted as an interim measure to express the objectives to be achieved over the financial year 2011/12. The Ambulance Service continues to operate in the changing environment of acute Health Service profile across Northern Ireland. The face of the acute services has been changing and will doubtless change further following the Compton Review, December 2011.

Acute Services are to be rationalised, bringing the major acute hospitals down to five or seven sites across Northern Ireland. In preceding years the same changes occurred in acute services at Whiteabbey, Magherafelt, Lagan Valley and Downpatrick.

The Ambulance Service has been able to respond to each of these changes through the flexible allocation of resources, both staff and vehicles across Northern Ireland. There has also been additional revenue funding available for certain dynamic changes. Most recently in relation to this Business Case, there has been a temporary closure of the Belfast City Hospital Casualty in Belfast.

The Comprehensive Spending Review impacted on NIAS and similarly to other Health Service Trusts, and at the time there was a change in NIAS service provision from the focus on transporting resources ie double crew ambulances to the development of the single crew Rapid Response vehicles (RRV). These changes allowed the reallocation of resources to provide more responding resources with a slight reduction in transporting resources. This all demonstrates the flexibility of the Ambulance Service to react relatively quickly to service changes, to implement them and then review performance on the basis of those changes.

2.1.3 PfG - 2008 to 2011

In January 2008 the NI assembly set out its plan for working together for a shared and better future for all in its first Programme for Government (PfG) for the next three years. The PfG also sets out Government's Budget and Investment Strategy, which was published at the same time so that resources and capital investment can be put in place to support the overall programme.

The over-arching aim of the PfG is

"to build a peaceful, fair and prosperous society in Northern Ireland, with respect for the rule of law and where everyone can enjoy a better quality of life now and in years to come. To achieve this we need to pursue an innovative and productive economy and a fair society that promotes social inclusion, sustainable communities and personal health and well-being".

The PfG sets out the priority areas and the key goals in pursuit of this aim. The priorities provide a framework to address the key social, economic and environmental challenges. In this context they relate to the "Promotion of tolerance, inclusion and health and well being" and also "investing to build our infrastructure".

The PfG also identified that the overall health status of the NI population needs urgent attention. There continues to be higher than average mortality from coronary heart disease, cancer and stroke, while obesity levels, particularly among our children, are rising at an alarming rate. Waiting times for treatment are too long and the outcomes from treatment should be better. All of this places a considerable strain on public services, and impacts on the social and economic wellbeing of those affected. PfG therefore sets an agenda to prevent illness and improve physical and mental health, promoting healthier lifestyles and changes in physical activity. It is clear that the role of NIAS is vital in improving patient outcomes in Northern Ireland and in supporting the wider HSC in the delivery of its services.

A backlog of maintenance in the health estates has also resulted in ageing and costly facilities. These do not enable the delivery of efficient services and are often difficult to adapt to reflect developments in patient care. As a result they diminish outcomes for patients. The Investment Strategy takes forward capital investment in key strategic areas, to improve the state of existing facilities and invest in new infrastructure where needed. This will ensure that there is a modern infrastructure fit for the 21st Century.

To support NIAS priorities and help realise the aim of the PfG a framework of 23 Public Service Agreements (PSAs) were developed which set out the key actions to be taken in support of these priorities, and the outcomes and targets to be achieved over the next three years. Of relevance to NIAS and this OBC is PSA 16, Investing in the Health and Education Estates, which seeks to have in place a programme of investment to provide a modern fit-for-purpose health estate in line with best practice and ensuring value for money. Specifically the objective set for the Department for Health, Social Service and Public Safety (DHSSPS) is to "Support better clinical care and treatment and improved patient and user experience and health outcomes, through more extensive and effective use of health technology and ICT, and the provision of modern and effective emergency services." To do this, the DHSSPS has been tasked with implementing strategic capital development programmes for the NI Ambulance and Fire & Rescue Services. The desired outcome for NIAS, and therefore its target, is that from April 2011, the HSC Board and NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes and not less than 65 % in any LCG area.

2.1.4 The DHSSPS

The Department is committed to promoting and improving the health and social wellbeing of the people of Northern Ireland by ensuring the provision of appropriate health and social care services.

DHSSPS Priorities for Action and business planning

The overall aim of the Department is to improve the health and well-being of the people of Northern Ireland. In pursuing this aim through the health and social care system, the key objective of the Department is to improve health and well-being outcomes through a reduction in preventable disease and ill-health by providing effective and high quality services, equitably and efficiently, to the whole population. The 10 priority areas for the Department are as follows:

- Improving Health and well-being
- Ensuring safer, better quality services
- Improving acute services
- Ensuring fully integrated care and support in the community
- Improving children's services
- Improving mental health services
- Improving services for people with a disability
- Ensuring effective financial control and improved efficiency
- Improving productivity
- Modernising the infrastructure.

2.1.5 The Equality Agenda

The Northern Ireland Executive through the PfG identified a desire to ensure that Northern Irish society is fair, cohesive and peaceful and that communities have the skills and confidence to work together and with one another. To address this there are a range of policy instruments, including equality legislation. Its aim is to tackle social need and social exclusion in Northern Ireland by targeting efforts and available resources on people, groups and areas in greatest need.

The Northern Ireland Ambulance Service exists to deliver effective, efficient and safe care to people in need and to improve the health and well-being of the community through the provision of high quality ambulance services. There is a commitment to the promotion of equality of opportunity and good relations in the provision of services and as an employer in fulfilment of their duties under Section 75 of the Northern Ireland Act 1998 and other equality legislation. NIAS's aim is to provide appropriate services to all people throughout Northern Ireland, ensuring that their workforce respects the diversity of the community they serve and that NIAS as an employer respects the diversity of its staff. NIAS seeks to ensure that the particular needs of disadvantaged groups in society are recognised and addressed.

2.2 Regional developments

2.2.1 Review of Public Administration

The Review of Public Administration was launched by the Northern Ireland Executive in June 2002 to deliver wide-ranging and comprehensive modernisation and reform across the public sector and is now completed.

There were two major phases for implementation of the RPA within health and social care. The first phase involved the establishment of the 5 new integrated Health and Social Care Trusts and the retention of the Northern Ireland Ambulance Trust with effect from 1 April 2007. The second phase included establishing new organisational arrangements to replace the present four Health and Social Services Boards, four Health and Social Services Councils and a number of Agencies.

Plans involving a reduction of nearly 1,700 staff and savings of more than £53million by April 2011 have been agreed by Ministers and these plans remain unchanged. It is envisaged that these proposals for organisational change together with the rationalisation of Health and Social Care Trusts would help to deliver the efficiencies required under the Comprehensive Spending Review. Any decisions on future structures however, would be supported by human resource policies to address the concerns of staff and implemented in close partnership with staff side organisations.

These proposals have recently been consulted on. However while there may be changes to the structures and governance, the underlying principles and objectives of NIAS will remain the same. The Review of Public Administration delivered the change in the structures out in the Health Service in relation to the Trust and Boards. This was to provide the basis on which efficiencies could be delivered under the Comprehensive Spending Review.

Service modernisation improvement programmes were developed to provide:

- More accessible and responsive services to improve commissioning performance of financial management arrangements.

Better quality and safety of services through improved governance and assurance arrangements.

Improved Health and Wellbeing and reduction in health inequalities through a new focus on the determinants of health and wellbeing in conjunction with partners and local Government.

- Improved involvement of individuals and communities in decision delivery and evaluation of services.
- Achievement of efficiency savings by meeting RPA and CSR savings targets and reinvestment in front-line services.

The structural reform as part of the Review of Public Administration has been delivered according to the Health Minister as at 1 April 2009.

The Modernisation and Improvement Programme Board was reconstituted in May 2009 to take forward the benefits realisation phase of the reform process and it had five main aims as follows:-

2.2.2 A Review of Health and Social Care in Northern Ireland

The Compton Review (was to provide) or (provides) a strategic assessment across all aspects of “Health and Social Care services examining the present quality and accessibility of services and the extent to which the needs of patients, clients, carers and communities are being met.”

The Review, currently (December 2011) out for consultation, proposes a model where the individual will have the opportunity to make decisions and help maintain good health and well-being. Most services will be provided locally. Services will regard the home as the hub with professionals providing help and social care will be required to work together in a much more integrated way.

Key themes of the review are:

- quality and outcomes to be the determining factor in shaping services.
- Care should be provided as close to the home as practicable
- Personalisation of care
- Greater choice of service provision
- Reorganisation of acute hospitals down to five or seven major hospital networks
- Changing role for general practice
- Closure of long-stay institutions in Learning Disability and Mental Health with a corresponding impetus to developing community services for these groups
- Shifting resources from hospitals to enable investment in community health and social care services
- Modernising technological infrastructure.

This Review is out for consultation into early 2012, but outlines a five year plan in which changing the focus and the model of care as described above is a very real target involving some difficult choices. It is suggested that without these a change through the Health Service over the next five to ten years would be haphazard and of reduced effectiveness.

2.2.3 Demographics

A key driver of demand for health services relates to the population. In this context, the following points are worth noting:

- The total population of Northern Ireland - The current population is 1.7 million and is forecast to reach 1.8 million in 2025²
- Structure - while the population is growing, creating more demand generally, it is also ageing.³ Increasing age brings increasing risk of chronic disease and disability
- Lifestyle factors - There are continuing and emerging trends in lifestyle which will influence patterns of health and ill-health into the future, e.g. smoking continues to be a major health issue, alcohol misuse, rising prevalence of obesity in children and young people and the association with increasing prevalence of diabetes, increasing levels of sexually transmitted infections and HIV, increasing levels of teenage pregnancy.
- Changing disease patterns – The management of chronic diseases, such as asthma and diabetes, will be a major challenge to services in the future. Future management requires an integrated, holistic response to service delivery.
- Ongoing challenges – For example, the potential for Pandemic Flu has heightened awareness of the threat from infectious diseases, particularly viruses that spread rapidly in community settings.

2.3 NIAS

NIAS was established on the 1 April 1995 under the Health and Personal Social Services (Northern Ireland) Order 1991 and the (Establishment) Order (Northern Ireland) 1995. The overall vision of the service is for:

“An Ambulance Service contributing to a safer community and a better quality of life in Northern Ireland through first class 'out of hospital' emergency, non emergency and disaster services”

The ambulance service is managed on a regional and a divisional basis. There are currently 5 operational divisions coterminous with each current Health and Social Care Trust Area. The Belfast Trust and South East Trust are served by two NIAS Divisions i.e. Belfast and South East Divisions.

NIAS responds to the need of 1.7 million people across an area of 5,450 square miles in a pre-hospital, inter hospital and post hospital environment within Northern Ireland. It employs in excess of 1,000 operational staff who are deployed across 57 stations and sub-stations and deployment points, 2 control centres, a Regional Training Centre and Headquarters. NIAS also has one maintenance garage undertaking basic repairs and servicing.

NIAS provides a high level of patient care in the pre-hospital environment, through the application of the skills of the certified paramedics and technicians who crew the ambulances. The skills and treatment protocols are overseen by the Medical Director and reflect the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines for new treatment protocols and drug therapies in line with national UK standards.

² Based on Government Actuary Department's predictions

³ Based on Government Actuary Department's predictions

Over the lifetime of the rolling Investment Programme (10 years) it is likely that clinical considerations will impact on the precise specification and use of infrastructure.

NIAS functions under a single Northern Ireland wide Ambulance Trust. Under the Review of Public Administration programme, the former DHSSPS was reorganised and resulted in the creation of 5 Health and Social Care (HSC) Trusts and one Ambulance Trust which provides Ambulance and patient transport services for the 5 HSC Trusts. In doing so the ambulance service aims to provide the most effective and efficient response to the needs of the people requiring emergency health care, patient transport and contributing to emergency planning.

2.3.1 Core Values of NIAS

The following core values reflect the strategic vision for the organisation and underpin its day to day operations:

- Quality – working to the highest possible standards
- Respect – treating people with dignity and respect
- Integrity – reliability and honesty
- Accessibility – services based on clinical priority
- Confidentiality – confidentiality of patients' clinical information
- Service Excellence – responsive to the changing needs of the people of Northern Ireland
- Collaboration – close working arrangements with other providers of health and social care
- Governance – adhering to the principles of accountability and probity.

2.3.2 NIAS Activities and Performance

NIAS undertake the following activities on behalf of the Department and commissioners covering emergency response, urgent, non urgent and specialist patient transport services:

- Responding to emergency, 999 calls, for patients with sudden illness and injury
- Responding to urgent calls – normally at the request of a GP to transport a patient to hospital
- Non-emergency patient care and transportation - transfer of patients to/from home or between hospitals. This form of transport is scheduled in advance
- Specialised health transport services
- Training and education of ambulance professionals
- Planning for coordination of major incidents
- Support for community based First Responder services

These activities continue to be relevant but achieving the NIAS vision of first class services becomes increasingly difficult in the context of constrained resources and increasing demands. To this end it is vital that *all* components of the service are managed to deliver the aims, objectives and targets for NIAS. In order for NIAS to meet the PSA targets it has been set and to deliver the services the public and the Trust's commissioners demand NIAS have identified the following as priority actions in improving response times and service delivery reliability:

- To utilise where appropriate rapid response vehicles in improving response times to category A calls
- To increase the number of deployment points⁴ to meet service demand requirements and target response times
- To extend the First Response schemes
- To have a safe, reliable fleet and implement the NIAS fleet strategy.

In terms of responding to emergency calls, NIAS's current business model can be summarised as follows:

- NIAS receive calls requesting assistance. These are handled at Emergency Ambulance Control, where calls are assigned a clinical priority based on the information presented
- NIAS's A&E resources are distributed across Northern Ireland at one of 57 ambulance locations ("fixed deployment points"). The nearest available A&E resource are despatched by EAC to attend. Typically these resources are emergency ambulances with two staff members ("double-crewed") or a rapid response vehicle (RRV) with a single paramedic operator. Staff receive details of the call and proceed to the incident
- On arrival, the NIAS staff deal with the incident. For Category A and B calls in 2010/11 the vast majority of cases (82%) are then transported to the nearest appropriate facility (typically an A&E hospital)
- Having dealt with the incident and, where necessary, transported the patient to an appropriate facility, the A&E ambulance may need cleaned, replenished (of any drugs used) and re-fuelled.

While NIAS's current target is to respond to an average of 72.5% of life-threatening calls within eight minutes (i.e. eight minutes between Emergency Ambulance Control registering the call and an A&E resource arriving at the incident), there is also a need to have an appropriate resource to transport these life threatening calls to the nearest A&E hospital. This relates directly to article 10 of the Health and Personal Social Services (Northern Ireland) Order 1972:

*"10.—(1) Without prejudice to the generality of Article 5 the Ministry shall make arrangements, to such extent as it considers necessary, **for providing or securing the provision of ambulances and other means of transport for the conveyance of persons suffering from illness, expectant or nursing mothers or of other persons for whom such transport is reasonably required in order to avail themselves of any service under this Order**"⁵*

National response times standards for emergency and urgent ambulance services have been set in the United Kingdom and Northern Ireland for many years. In Northern Ireland, 2010/11 targets and standards have been set as follows:

⁴ Deployment points are defined here as primarily points from which a response to an Accident and Emergency call originates. It may or may not require physical facilities depending on what accommodation is required at any given location. This is discussed in more detail in the estate assessment of need in chapter 5.

⁵ Health and Personal Social Services (Northern Ireland) Order 1972

Category A – From 2011 the HSC Board and NIAS should ensure an average of 72.5% of Category A calls should be responded to within 8 minutes, and not less than 65% in any Local Commissioning Group area. This target has been set by the DHSSPS.

Table 3. NIAS Performance

	North	South	East	West	Northern Ireland	Call Type ⁶
2005-06	43%	39%	61%	50%	51%	Cat A
2006-07	44%	43%	67%	51%	55%	Cat A
2007-08	49%	52%	73%	60%	62%	Cat A
2008-09	57%	59%	77%	64%	68%	Cat A
2009-10	63%	65%	77%	69%	72%	Cat A
2010-11	62%	63%	78%	65%	70%	Cat A

Whilst performance has been improving, the current infrastructure was designed and developed around meeting a previous 50% response target (which was in place up until the introduction of an Advanced Medical Priority Despatch System [AMPDS]) and as such is not appropriate in the context of meeting the current response target of an average of 72.5% Category A calls within 8 minutes.

2.3.3 The High Performing Ambulance Service model

To this end a strategic performance review was completed in 2000 and a follow up review was completed in 2006 putting forward recommendations for modernisation and improvement to secure a 'High Performing Ambulance Service'. The core aims of this modernisation and improvement programme is to improve patient care and to improve ambulance response times in line with the PSA targets by:

- Achieving the national response target for Category A calls
- Delivering the full-range of pre hospital care on a par with best practice in modern and patient focused ambulance services contributing towards the reduction of inappropriate and avoidable admissions to hospital.
- Paramedic delivered thrombolysis

There are a number of reform and modernisation proposals within DHSSPS which have yet to be implemented, which will have an impact on the service NIAS will deliver and be required to deliver. These include:

⁶ Designation of calls changed: Emergency Calls are defined as "All 999 calls requesting an Ambulance". The target was that these calls should be responded to within 19/21 minutes. Category A Calls are defined as "presenting conditions which may be immediately life threatening." The target is that these calls should be responded to within 8 minutes. Category A Calls are a sub-set of all emergency calls that also includes Categories B and C.

- Development of Alternative Care Pathways
- Different management of non-life threatening emergencies.

NIAS have taken some of these initiatives forward through the Managed Clinical Network Programme. At present, the A&E response continues to be primarily delivered through two-person ambulances. NIAS introduced Rapid Response as a pilot in 2003 and has increased the number and proportion of RRV units in comparison to two person emergency ambulances since then. Currently NIAS operates on an approximate ratio of 1 RRV to 2 ambulances at peak of day. Service modernisation will result in further revision of the RRVs/emergency ambulance mix to improve the speed of response and enhanced clinical care alongside the development of alternatives to hospital attendance.

Four options were considered as part of the review process to enable NIAS to adopt a more modern service delivery model, namely:

Table 4. options

Options	Spend	Performance Improvement	Delivery Model Status	Feasibility
Option 1 – Do Nothing	None – minimal	Minimal	Traditional	Service will not meet PSA targets
Option 2 - Do Minimum	Minimal	Minimal	Traditional	Service will not meet PSA targets
Option 3 – Do Minimum and Implement Strategic Review Outstanding Elements	For essential ambulance staff and equipment	Ad hoc improvements	Traditional	Performance may improve, but will fall short of PSA targets. Difficult to sustain long-term
Option 4 – High Performance Model	Investment required	Sustained improved performance through use of a range of response options	Modern model	Will enable the achievement of the PSA target Improve response times in rural areas Less costly to achieve in the long term Improves clinical outcomes

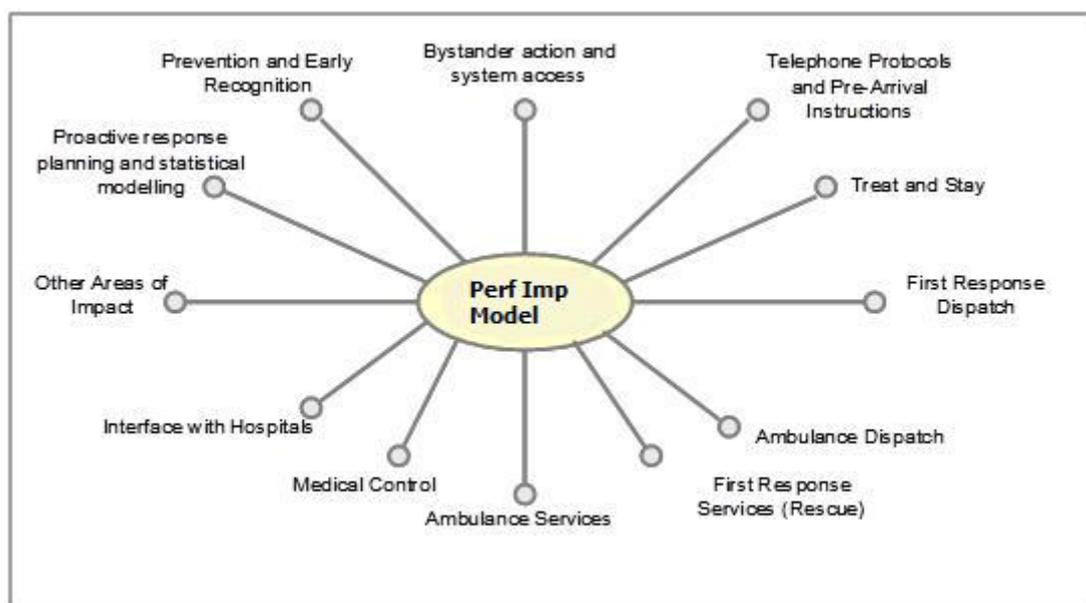
Option four – the High Performance Model – was identified as the preferred option in the 2006 review because of the change in service delivery it will enable.

2.3.4 NIAS Performance Improvement Model

The HPAS has evolved into a wider Performance Improvement Model across NIAS using new systems and technology to enable the optimum deployment of ambulance resources through a clearly understood and shared systems status plan which links response performance to resources applied. This model enables commissioners to more effectively align their purchasing to patient outcomes in terms of ambulance response. This is because the performance management information provided by a combination of the Computer Aided Dispatch and Automatic Vehicle Location Systems will enable clear identification of resource utilisation and call response requirements within geographical and administrative boundaries enabling the management of the system on a holistic basis across the province.

NIAS has continued to work with the elements of HPAS but applied to a Northern Ireland setting. Performance has improved across all areas due to improved systems, flexible delivery of service and effective management. Investment has been made in technology, such as Automatic Vehicle Location Systems (AVLS) and in Fleet, by re-profiling and modernising ambulances and RRV. Estate investment to support service changes is naturally a slower pace and has not been developed as the "big bang" envisioned as part of HPAS. Instead it will follow the changes in Service delivery and introduce significant changes to the estate incrementally, area by area. The estate has been increased to 57 locations by the addition of deployment points to help achieve the increased performance targets. The estate infrastructure to support the additional locations will be built up in the larger stations as discussed in OBC1.

Figure 5. - Components of the Performance Improvement Model



It is important that this management information and historical analysis is part of proactive tactical deployment plan. It is clear that as more demands (in terms of calls and journeys) are placed upon NIAS resources the greater the need to understand and manage the response to these demands. It is important however that the tactical deployment plan for ambulance resources is patient centred and designed to support rapid response to life-threatening emergencies throughout Northern Ireland, rather than concentrate response in urban areas at the expense of rural areas - it is clear that one size will not fit all. This will require a range of response options tailored to circumstances, with an emphasis on community first response supported by community paramedic and ambulance response in rural areas with low demand and high social cohesion, and paramedic rapid response in urban areas with higher demand and less social cohesion.

The number of unnecessary and inappropriate transports to hospital is reduced by introducing additional pre-hospital care options and introducing alternative care pathways such as "treat and stay" and "treat and refer" protocols where appropriate. Vehicles are garaged and replenished in strategically located depots and deployed from lower-cost deployment points located close to emergency 'hot spots' identified from historic incident data, evolving over time as the deployment network adjusts to reflect changes in demand for services. Capital assets are better managed through longer-term planning and recurrent funding. Ambulance service development is closely aligned to HSC strategic plans and priorities and ambulance contribution to delivery of those priorities is maximised. This approach has:

- delivered a step change in performance that enabled NIAS to achieve the PSA target and potentially exceed it, evidenced by the contribution of developments such as community response, community paramedics in other UK ambulance services
- significantly improved response times in rural areas
- introduced to the NI community a modern and sustainable model of pre-hospital care
- reduced the numbers of unnecessary and inappropriate transports to hospital
- resulted in a more efficient use and deployment of resources
- improved clinical outcomes in terms of the numbers of patients surviving to hospital.

It is important to note that the OBC2 was just one part of a change programme with investment and service developments already being started in a number of areas. One of the objectives of improving the effectiveness of the Ambulance Service is to find ways to reduce inappropriate usage of emergency services, especially in cases where primary or community based care would be more appropriate. This objective supports the overall aims for the Department in providing better primary care at a local/community level, and working in a more integrated manner with other elements of the health system to ensure the patient receives the most appropriate level of care delivered in the most effective manner. Key initiatives undertaken to support the objectives of the Department as a whole and as part of the recommendations of the Strategic Review included:

- The introduction of RRVs. As one of the recommendations of the Strategic Review, NIAS introduced RRVs, these are response vehicles, staffed by one paramedic with core emergency life support equipment which can be rapidly deployed to respond to an emergency call in an effort to stabilise the patient before the ambulance arrives. During 2010-2011 RRVs, community response and non-conveyance response contributed significantly to the 8 minute response target. Rapid response vehicles Category A contribution alone during the six month period to September 2011 were reported to range between 18% to 22% across Northern Ireland and 9% to 15% in the Western Division on day shift when they are most used.
- NIAS has implemented AMPDS. This enables NIAS to assign clinical priority to emergency calls and tailor the emergency services response. This also supports clinical online advice to empower callers to influence patient outcomes (e.g. CPR)
- Significant investment in the ambulance fleet, introducing new, purpose built emergency ambulances and patient care vehicles
- Introduction of double crewed Intermediate Care Service vehicles
- The establishment of two dedicated control centres – one for emergency and one for non-emergency
- Investment in staff development and training.
- NIAS launched a Hazardous Area Response Team (HART) on 26 October 2011. This is a multi-skilled team of NIAS staff who have volunteered to be available to support the emergency services in the event of special incidents requiring their skills and training. They can deploy to CBRN incidents, high access or confined space incidents and utilise a wide range of equipment in conjunction with specialist teams from the Police and Fire and Rescue Services..

Moving forward, NIAS continue to look at further options to improve performance building on the success of the performance improvement programme. With increasingly constrained resources in the HSC in Northern Ireland, innovation in maintaining and improving performance remains a priority for NIAS.

In summary

There are a number of strategic considerations relevant to this case that set the strategic direction. These can be broadly classified as

- Government strategy, as set out in PfG
- Policy based, e.g. Commissioning Plan, PfG, Compton Review, RPA
- Operationally based, including NIAS strategic review and recommendations
- Clinical requirements
- Organisational, including:
 - Performance Improvement Plan and CSR efficiency drive
 - ICT strategy
 - Fleet strategy
 - Estate strategy

In the current service model, emergency ambulances typically respond from and return to ambulance stations to await the next emergency call, while RRVs are subject to more dynamic deployment reflecting their concentration on initial response time rather than response and subsequent patient transport. The historic estate configuration reflected a greater reliance in the past on emergency ambulances undertaking non-emergency patient transport activity and an emphasis on measuring ambulance performance in terms of volumes of patients transported rather than more clinically orientated measures such as response times, patient interventions and clinical outcomes. As was recognised in the 2000 strategic review, the 2006 High Performance Ambulance Service (HPAS) recommendations and within the current Performance Improvement Model, that configuration did not support the planned delivery of ambulance services for the future and the NIAS has looked at how it must organise its operations and the supporting infrastructure to take forward a more outcome based configuration and this OBC represents a portion of that modernisation work.

While priority is placed on Cat A response, NIAS is charged with providing the totality of ambulance services in Northern Ireland - this extends beyond Cat A response to include Cat B/C response, patient transport and non-emergency response (as set out in the 1972 Order *"for providing or securing the provision of ambulances and other means of transport for the conveyance of persons suffering from illness, expectant or nursing mothers or of other persons for whom such transport is reasonably required"*). The estate configuration must therefore support delivery of the whole service, including response to and transport of patients not falling into Category A.

Ambulances are dispatched in response to 999 emergency calls based on the clinical need of the patient. The calls are prioritised according to the seriousness of the patient's condition:

- Category A Immediately life-threatening
- Category B Serious but not immediately life-threatening
- Category C Non-life threatening/serious

National response times standards for emergency and urgent ambulance services have been set in the United Kingdom and Northern Ireland for many years. In Northern Ireland, 2010/11 targets and standards have been set as follows:

Category A – From April 2011, the HSC Board and NIAS should ensure an average of 72.5% of Category A calls are responded to within 8 minutes, and not less than 65% in any Local Commissioning Group area.

This target has been set by the DHSSPS.

Developing ambulance services from an estate perspective there are two tiers to the assessment of need:

- Firstly, in fulfilling its role to provide locations at which to deploy and base ambulance resources to deliver the whole service, including Cat A response, Cat B/C response, patient transport and non-emergency response
- Secondly, what work needs to be carried out on the estate to support its continuing use (for both operational and support buildings)

3.2 Estate principles

By way of summary, the following set of guiding principles that take forward the requirements of the estate assessment of need and also ensure capacity is in place to accommodate the staff and fleet used in service delivery.

3.2.1 The requirement for ambulance services in Northern Ireland

This requirement arises from the 1972 Order, specifically "*for providing or securing the provision of ambulances and other means of transport for the conveyance of persons suffering from illness, expectant or nursing mothers or of other persons for whom such transport is reasonably required*")

In operational terms:

- NIAS have a specific target which relates to responding to an average of 72.5% of Cat A calls within 8 minutes
- NIAS have a more general target of responding to all emergency calls within 21 minutes. This is reported to and monitored by the Trust Board.

The requirement is demand-led. Demand varies across Northern Ireland. Further this demand varies over the time of day, day of week and month of year. At the aggregate level, however, current demand is a strong indicator of future likely demand

In addition to emergency response, there is also a requirement to transfer non-emergency patients to or from hospitals. This is provided by the NIAS's PCS. PCS requirements are more manageable and can be scheduled

3.2.2 Response standards are in place to manage performance

There are a number of potential responses that NIAS can make to emergency requests for assistance, namely an emergency ambulance, a Rapid Response Vehicle (RRV) or requesting a community-based first responder to attend. First responders are volunteers who live or work within a community or village and have been trained to attend certain 999 calls in support of NIAS. Their purpose is to provide first aid including oxygen therapy and cardiac defibrillation if required, until an ambulance arrives

At any one time, NIAS have a limited number of resources available to respond to emergency Cat A calls. In order to meet response time targets, the Tactical Deployment Plan sets out the deployment location and rostering of these resources aligned as far as possible to predicted demand. The Investment Strategy for Northern Ireland considers infrastructure investment and therefore this business case considers the infrastructure required to support the most efficient and clinically effective deployment of these current and future resources

NIAS have gradually increased the proportion of RRVs in their emergency response fleet – it now accounts for 50% of the Peak of Day A&E availability. At present this represents the optimum balance between A&E ambulances and RRVs, although changes in HSC provision may affect that balance. In future, NIAS will review this on an on-going basis as part of an intelligence-led, performance oriented organisation

NIAS have a finite number of A&E staff who can respond to Cat A calls, equivalent to 58 ambulance crews at Peak of Day availability. There is no option to increase staff numbers unless there is specific new funding for delivering additional services. Thus the peak scheduled provision of emergency ambulance crews will remain at 58

While the maximum provision is 58 emergency ambulance crews, there needs to be contingency cover where A&E ambulances are not available, either for vehicles being serviced or where the previous shift is still dealing with a call and hence the ambulance is unavailable. The current fleet size is 120 emergency ambulances and NIAS are seeking to maintain this with a younger and more reliable fleet

At present NIAS A&E staff resources are based from 35 stations and 22 deployment points across Northern Ireland

3.2.3 Performance standards and the distribution of resources across Northern Ireland

NIAS primary target is to respond to emergency calls within a set time limit and particularly those which are deemed to be life-threatening ie Category A. These time limits are restrictive on where NIAS resources can be based in order to achieve the response within an appropriate tolerance. For example, Category A response is required within 8 minutes. One or two minutes is taken up by call handling and allocation to ambulance crews which leaves approximately 6 minutes of driving time to reach a call. Therefore the distribution of NIAS resources must be based on the distribution of calls if the response time is to be met.

Once a patient is assessed and treated on scene then the need is to transport the patient to hospital for definitive treatment. If hospitals are reconfigured within the Health and Social Care Services as per the Compton Review, it is likely that the number of receiving hospitals will decrease to 5-7. This means that for any given point the likelihood of transport time to a hospital will increase for the Ambulance Service, and thus will make that ambulance resource unavailable for longer. NIAS will therefore continue to balance responding resources, RRVs, ambulances and transporting resource ambulances to provide best level of coverage across Northern Ireland.

Emergency response resources do not have to be deployed from fixed points but should be assigned to specific locations with appropriate facilities consistent with the Tactical Deployment Plan. Further resources can deploy from a variety of locations throughout the working day (thus reflecting the variability of calls)

After dealing with the most serious requests for assistance, A&E ambulances are likely to require cleaning and replenishment (for example with medicines). Given that such requests for assistance generally result in transporting persons to one of the main A&E hospitals in Northern Ireland, this cleaning and replenishing can take place at or close to A&E facilities

Ambulance staff need access to safe and secure facilities (somewhere to eat and refresh themselves) during the working day. These need not necessarily be NIAS owned facilities.

While there is unconstrained mobility of NIAS's response staff and vehicles across the NIAS regions, at shift start/end vehicles and staff need to be at agreed "bases". These need to

have some form of secure storage for medicines and equipment, garaging, staff changing and need to be located such that journey times between bases and actual deployment points are not excessive

A series of modelling exercises has identified "ideal" deployment points from a strategic perspective which has been translated into an operational tactical deployment plan to guide resource deployment to maximise effective response to incidents. In practical terms, the proposed structure of the estate will also need to reflect the existing estate infrastructure (to avoid "moving" stations short distances), the availability of land and possible opportunities for co-location (for example with NIFRS). This is particularly the case for provision of estate in the Greater Belfast area

In terms of where the remainder of the emergency ambulance fleet is located, these vehicles must be where they are accessible to the operational emergency ambulance crews at all ambulance stations.

3.2.4 Organising the NIAS estate to deliver the operational model

There needs to be a number of facilities, preferably co-located with A&E hospital facilities, that can provide cleaning and replenishment for vehicles ("depots"). Eight depots were identified - Enniskillen, Altnagelvin, Coleraine, Newry, Craigavon, Antrim and two for greater Belfast⁷. In addition (and reflecting the extensive area covered by Altnagelvin, Enniskillen and Craigavon), there is a need for a depot at Omagh. While the type of facilities provided by a depot will be broadly similar, the size of individual depots will depend on the demand that each depot is likely to deal with. Thus the two Belfast depots are likely to be the biggest, while the Enniskillen and Omagh are likely to be amongst the smallest.

The provision of the larger ambulance station will be a combination of the number of ambulance resources to be housed ie:

- Staff and vehicles;
- The area being covered;
- The location of the main receiving hospitals

The main receiving hospitals may change over the coming years as a response to the Compton Review. The main hubs at this point would still appear to be Belfast, Altnagelvin, Enniskillen, Craigavon, Newry and Antrim. The Ambulance Service would seek to concentrate its resources relatively close to those main receiving hospitals. Coleraine and Omagh will continue to be centres for ambulance resources due to their geographical location. The physical size of a depot will be dependent on the resources it contains eg personnel and vehicles. It should also provide a centre for management, training, additional stores and on-site servicing of vehicles and equipment.

⁷ The precise location will depend on land availability

There needs to be a number of district facilities ("multi-vehicle stations") to support the district coverage necessary and to provide garaging and facilities in those larger population centres (and hence demand for A&E response) without depots. 11 potential multi-vehicle stations were identified - Armagh, Dungannon, Strabane, Magherafelt, Ballymena, Larne, Bangor, Downpatrick, Ballynahinch, Lisburn & Whiteabbey. Again the relative size of multi-vehicle station will reflect local demand

There is a need for a number of local, tactical facilities ("single vehicle stations") to support and enable compliance with the tactical deployment plan and effective response to Cat A calls consistent with Ministerial priorities in those rural areas which are remote from depots/multi-vehicle stations (specifically Ballycastle, Kilkeel and Newcastle). These single vehicle stations provide basic facilities and a secure environment, though need not necessarily be dedicated NIAS facilities

NIAS would also use fixed and non-fixed dynamic deployment points - "outposts". Utilisation of these would be determined on a day-to-day basis reflecting (predicted) operational requirements and resource availability

While the principles of the estate in Greater Belfast is set out above, the choice as to which sites are depots, multi-vehicle stations and outposts will take account of land availability. In terms of roll-out of the estate, because of the need to maintain business continuity the logical place to start strategic implementation is the establishment of depots and the key multi-vehicle stations, followed by single vehicle stations and fixed deployment points.

3.3 Condition of estate & capacity to meet needs

The Strategic Review of NIAS (published in January 2000) made a number of recommendations in relation to the NIAS estate. While the majority of these have been addressed, two recommendations remain outstanding, namely:

- NIAS must develop an estates strategy and support its implementation with adequate funding. The strategy should take into account the implications of the introduction of new deployment models.
- The potential for sharing facilities with other emergency services should be examined.

It has therefore been demonstrated by reports and studies that to meet the current and projected demand the number of locations that NIAS responds from has to increase. Alongside the new methods of working such as Rapid Response and call prioritisation have been devised that will enhance NIAS' ability to meet national standards of response. These changes will also affect the Ambulance Estate.

The Ambulance estate consists of Headquarters, Ambulance Stations and two former Control Centres. These buildings are in various states of repair and require different levels of attention to be of use to NIAS in the provision of Ambulance Services. The following is a summary of the condition of the buildings of the Ambulance Estate:

Table 7. Summary of Estate Condition

Site	Building	Use/ Function	Tenure	FS	SU	Worst Case Building	Engineering	Priority based on Estate
Altnagelvin	Admin	Div HQ	NIAS	B	3	DX	D	4
Altnagelvin	Control	Control	NIAS	C	4	DX	C	4
Altnagelvin	Altnagelvin	West	NIAS	D	4	DX	D	1
Antrim	Antrim	North	Northern Area HSS	D	3	DX	D	1
Ardoyne	Ardoyne	East City	NIAS	B	3	CX	CX	3
Ards	Ards	East Country	NIAS	D	3	CX	CX	1
Armagh	Armagh	South	Southern Area HSS	D	3	CX	CX	1
Ballycastle	Ballycastle	North	Northern Area HSS	C	3	DX	D	4
Ballyclare	Ballyclare DP	North	NIFRS	B	3	CX	CX	5
Ballygawley	Ballygawley	South	NHS	B	3	CX	D	4
Ballymena	Ballymena	North	Northern Area HSS	D	4	DX	DX	1
Ballymoney	Ballymoney	North	Northern Area HSS	B	3	DX	D	4
Ballynahinch	Ballynahinch	East Country	Commercial	B	3			
Ballyowen	Ballyowen DP	East City	NHS	B	3			
Banbridge	Banbridge	South	Southern Area HSS	B	3	CX	D	4
Bangor	Bangor	East Country	NIFRS	C	3	CX	DX	3
Bangor	Bangor	Div HQ	NIFRS	B	3			
Bangor 2 (Seafront)	Bangor DP	East Country	North Down BC	B	3			
Belfast	Castlereagh Pharm	Emer Planning	Commercial					
Bridge	Bridge	East City	Commercial	C	3	CX	CX	3
East Belfast (Bridge)	Bridge	East City	Commercial					
Broadway	Broadway	East City	Belfast Area HSS	C	3	DX	DX	2
Carrickfergus	Carrickfergus	North	Carrickfergus BC	B	3	C	CX	5
Carryduff	Carryduff DP	East City	NIFRS	B	3	CX	C	5
Castleberg	Castleberg	West	Western Area HSS	C	3	DX	D	4
Coalisland	Pending	South						
Coleraine	Coleraine	North	Commercial	B	3	DX	DX	3
Coleraine	Coleraine	Div HQ	Commercial	B	3			
Comber	Comber DP	East Country	NIFRS	B	3	C	D	5
Cookstown	Cookstown	North	NIAS	C	3	D	CX	4
Craigavon	Craigavon	South	Southern Area HSS	D	4	DX	CX	1
Craigavon	Craigavon	Div HQ	Southern Area HSS	B	3	DX	D	2
Derriaghy	Derriaghy	East Country	Commercial	B	3	DX		5
Derry City, West	Derry City West DP	West (Pending)	Hospice					
Donaghadee	Donaghadee DP	East Country	NIFRS	B	3	CX	B	5
Downpatrick	Downpatrick	East Country	South Eastern A HSS	C	3	DX	D	3
Dromore	Dromore DP	South	NIFRS	B	3	C	D	5
Dungannon	Dungannon	South	NIAS	C	4	DX	D	2
Enniskillen	Enniskillen	West	Western Area HSS	D	4	DX	DX	1
Fintona	Fintona DP	West	NIFRS	B	3	C	CX	5
Forster Green	Forster Green DP	East City	Belfast Area HSS	B	3	DX	CX	3
Glengormley	Glengormley DP	North	NIFRS	B	3	CX	C	5
Hollywood	Hollywood DP	East Country	NIFRS					
Irvinestown	Irvinestown DP	West	Commercial	B	3			
Kennedy Way	Kennedy Way PCS	East City	Commercial	B	3	C	CX	5
Kilkeel	Kilkeel	South	NIAS	A	3	CX	C	5
Knockbracken	Knockbracken	East City	Belfast Area HSS	D	4	DX	D	1
Knockbracken	Headquarters	All Staff	NIAS	B	4	CX	D	
Knockbracken	Site 5	Resource Mgt Centre	NIAS	C	3	DX	CX	4
Larne	Larne	North	Northern Area HSS	C	3	DX	D	2
Limavady	Limavady	West	Western Area HSS	C	3	DX	D	4
Lisburn	Lisburn	East Country	South Eastern A HSS	C	3	DX	CX	2
Lisnaskea	Lisnaskea DP	West	Commercial	B	3	DX	CX	4
Lurgan	Lurgan DP	South	Southern Area HSS	B	3	CX	D	4
Magherafelt	Magherafelt	North	Northern Area HSS	D	4	DX	CX	1
Newcastle	Newcastle	East Country	Commercial	B	3	DX	D	4
Newry	Newry	South	NIAS	C	4	CX	D	3
Newry 2	Newry 2 DP	South	Commercial	B	3			
Northland	Northland DP	West	NIFRS	B	3	DX	DX	4
Omagh	Omagh	West	NIAS	C	3	DX	D	2
Omagh	Omagh PCS	West	Commercial	C	3	DX	DX	2
Portrush	Portrush DP	North	Coleraine BC	B	3	C	C	5
Strabane	Strabane	West	NIAS	B	3	DX	CX	4
Ulster Hospital	Ulster Hospital DP	East Country	South Eastern A HSS	B	3	DX	D	5
Warrenpoint	Warrenpoint DP	South	NIFRS	B	3	DX	C	5
Whiteabbey	Whiteabbey	North	Northern Area HSS	C	3	DX	D	2

- Category A Buildings that fully comply with national standards and only require routine operational maintenance
- Category B Buildings that are in acceptable condition for their use with no immediate major expenditure required
- Category C Buildings that are not in acceptable condition and require capital expenditure to bring them to the condition of Category B
- Category D Buildings are not in an acceptable condition and would require capital expenditure of between 50% and 100% of replacement cost.

Ratings of Cx and Dx mean that the Trust has no plans to invest in these properties other than to keep them compliant with statutory standards while they are occupied by NIAS staff. Much of the current Ambulance estate is in very poor condition with limited capacity to be modified to meet the needs of the modern ambulance service as there is little or no possibility of obtaining extra ground for parking or garaging. Some of the Ambulance Stations have a high percentage of space utilisation, which places pressure on the amount of change that is possible at these locations.

The condition survey of the Ambulance Stations identified above was completed in 2009 and these ratings are still relevant as limited funds have been available in the intervening period to improve the quality and fitness for purpose of the estate. Any of the Stations that do not reach Category B will be prioritised according to their condition for repair or refurbishment. With respect to tenure it is clear from the above table that NIAS does not own or have rights over much of its estate (only a small proportion of their estate is freehold) which has major implications for the future reconfiguration or development of its estate. By way of definition, 'operational' sites are those shared with other HSC agencies (e.g. Trusts, GP practices etc) which are bound (if at all) by service level agreements between the agency and NIAS. Whilst NIAS are 'sitting tenants' as it were, this does represent a significant issue for NIAS as many of their deployment locations are not under their own control.

3.3.1 Ceri Davies standard definitions

Table 8. Physical Condition

Grade	Definition
A	As new.
B	Sound condition, but may need some maintenance or upgrading
C	Operational, but requires major repairs or upgrading to bring it to Category B
D	Unacceptable Condition
X	Improvement is either not economically viable or possible without replacement

Source: HEA

Table 9. Engineering

Grade	Definition
A	As new.
B	Sound condition, but may need some maintenance or upgrading
C	Operational, but major repairs or upgrading required
D	Unacceptable Condition
X	Improvement is neither economically viable nor possible without replacement

Table 10. Space Utilisation

Grade	Definition
1	Empty
2	Underused
3	Adequate
4	Overcrowded

Table 11. Functional Suitability

Grade	Definition
A	Purpose designed and built fully meets the needs of the users
B	Building is functionally satisfactory although not necessarily purpose built for its current use.
C	Building is not functionally satisfactory and would require major alteration/improvement to make it so
D	Building is very unsuitable for its current use and significantly impacts on service provision
X	This marking applies to a building which falls within Category C or D and indicates that it is impossible or impractical to improve it.

Source: HEA

As can be seen from table 16 above, NIAS conducted a very extensive review of their current estate in 2009. The Ceri Davies rating have been summarised with NIAS operational context to produce a Priority for investment where 1 is the highest priority and 5 is the lowest. Enniskillen is rated as priority 1.

3.4 Estate Specification

As part of performance improvement (based on the HPAS model), it was identified that a hub and spoke model would be the best means of creating an efficient and effective estate. This model would require a mix of Depots, stations and outposts. These are defined⁸ as follows

3.4.1 Depot

Depots will house between 2 and 6 A&E crews as well as PCS crews and RRVs. They will act as a hub for a number of outpost deployment points depending on what is needed at each Depot location in support of improving performance (see section 12.1). Depots will be the area repositories for medicines, equipment and consumables. Depots will also be the designated place of work for ambulance crews and thus require space for lockers/storage, changing and catering. It will also act as a training outpost facility for the delivery of new equipment and other training.

3.4.2 Station

Stations are required in addition to depots because of the diverse geography of Northern Ireland parts of which are sparsely populated. These stations would service areas where the journey time to the Depots at acute hospital locations is prohibitive due to start and end of shift journey times to begin deployment. These stations will accommodate between one and four ambulances depending on the local need.

The schedule of accommodation for the replacement station is included in the client briefing document (Appendix G) included below is for a 3-4 ambulance crew station - as is discussed later there will also be a need for smaller stations depending on the requirements of the service.. The template schedule of accommodation for 1-2 ambulance crew stations is included in Appendix C.

3.4.3 Deployment point

Deployment points are only crewed/staffed while the ambulances are on duty and available for response. Obviously non-fixed deployment points will not require a permanent estate facility. To date it has been NIAS policy to develop fixed deployment points with a modular construction facility (i.e. a 'Portakabin' type building) to provide a safe location for staff and vehicles while waiting for calls. The schedule of accommodation is set out below. While this schedule of accommodation is for a fixed deployment point at which estate/physical accommodation is provided the opportunity to explore the expansion of the network through non-fixed deployment points at which estate/physical accommodation is not provided will be considered for more remote communities and allow a dynamic response where a longer term estate facility is not viable.

⁸ It is important to note that these are draft specifications that have been prepared to assess the cost implications of the model. The specific requirements within a given location will be assessed in more detail as part of the specific Business Case

Overall configuration

The initial estimate developed as part of the model was for Depots (situated at or near to the acute hospital sites), multi vehicle stations and single vehicle stations or outposts. NIAs have continued to improve performance in a changing health infrastructure in Northern Ireland. The redevelopment of stations follows the initial principles but each case is reviewed in light of current and configuration to confirm the need. NIAS is delivering target performance from the current locations. It will remain a priority to invest in existing locations to support delivery of service from appropriate estate.

Location identification

Because of the declared intention of NIAS to share new locations where appropriate with the NI Fire and Rescue Service the nearest Fire Station has been listed. NIAS also intend to share locations with other partners in the Health Service. These locations are varied, ranging from PCCI's to new Hospital units that it would be impractical at this stage to locate and list them. However every effort will be made to find appropriate partners within this sector

4 Assessment of need - Enniskillen Station

The purpose of this outline business case is to determine what the needs of the service are and how these are best met. The NIAS OBC1 document examined the high level needs of the service around estate, ICT, fleet and protective equipment and provides the backdrop for this section, which looks specifically at the need for estate in the Enniskillen area.

4.1 Current NIAS activity in the Enniskillen area

The current response activity undertaken by NIAS from the Enniskillen Ambulance Station from 2008 to 2011 is shown Table 21 below.

Enniskillen is a busy County town and NIAS has responded to approximately 18,500 emergency and urgent calls over the last three years in the town and the surrounding rural areas. This area includes the County of Fermanagh with several outlying towns and the border regions.

Although the County of Fermanagh area has historically relatively low call volumes the station provides an important out-reach to that rural community.

In the context of the NIAS estate strategy, Enniskillen is a mid-size Station and is likely to remain so well into the future. Over recent years the rationalisation of Acute Service's within the Western HSCT catchment area has drastically changed the operating environment with greater demand on services as well as increased travel times to definitive care. The other main A&E in the region is approximately 61 miles away and is based at Altnagelvin Hospital Londonderry. In terms of response and coverage, current call volumes (see below) means that there will always be a need for a 24/7 Ambulance Station in Enniskillen, supported by deployment points in the local area, because of its population size and the geographical spread of calls in the area. It is geographically isolated within the South west region of Northern Ireland and its location within the region means that Enniskillen is an important strategic location to base an Ambulance Station serving the County Fermanagh population.

Table 12. Call Volumes and Performance

Number of Calls completed				
	Total	Cat A	Cat B&C	Urgent Calls
2008-09	5573	1929	2858	786
2009-10	6189	2486	3111	592

Number of Calls completed					
2010-11	6702	2626	3268		808
Performance		Cat A <8 min	Cat B <8 min	Cat C <21m in	Urgent Calls
2008-09		63.6%	58.8%	89.8 %	61.3%
2009-10		68.7%	56.9%	99.3 %	59.6%
2010-11		64.9%	57.1%	89.4 %	54.8%

Source: NIAS

The table illustrates that NIAS's performance for the Fermanagh reporting area (which incorporates Enniskillen) has improved in the face of increasing demand (20% increase) indicating that it is making significant strides to provide the best possible ambulance service for the community. It also indicates that while demand for services has increased year on year NIAS has generally maintained performance.

The map below highlights the significance of Enniskillen within the region and also the density of calls in its response area. It also shows the areas/ calls that can be reached from the Tactical Deployment Points (TDP) in Lisnaskea and Irvinestown. These two TDPs are served by staff and vehicles from the Enniskillen Station. On the map, each red dot represents the location of an emergency call and the coloured lines around the deployment locations are 6 minute isochrones indicating travel time from those deployment points.

Figure 13. Enniskillen District Response Locations with sample call density

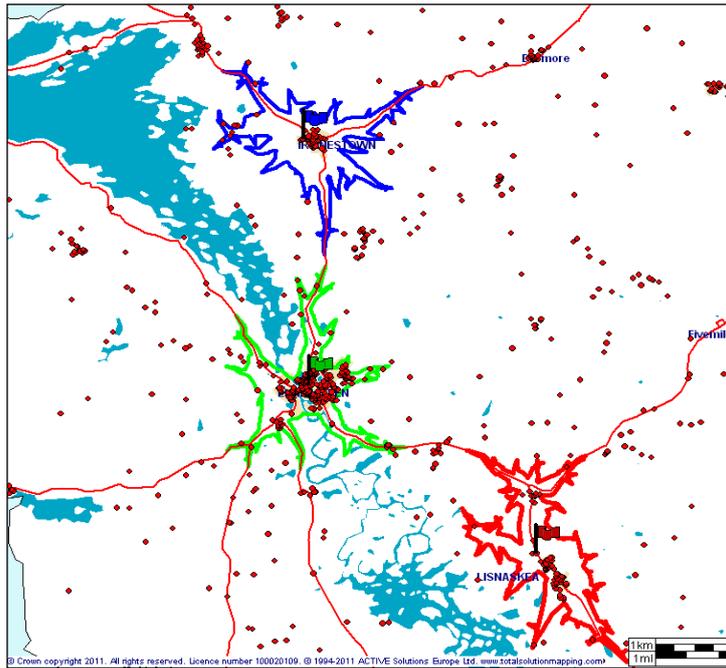
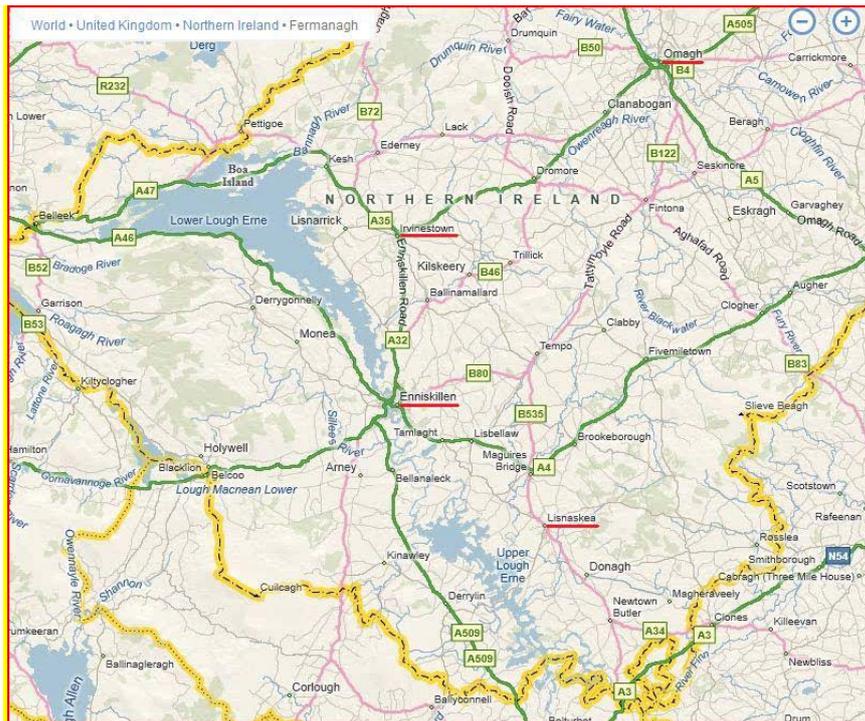


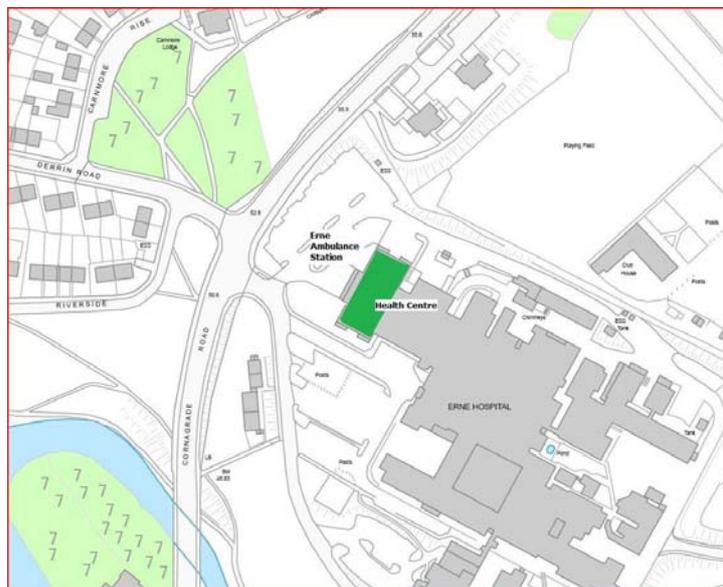
Figure 14. location of Enniskillen within the region



4.1.1 Background for Enniskillen

There has been an Ambulance Station operating from the Enniskillen Hospital site for over 40 years. The Enniskillen station was originally located at the old Morgue within the Enniskillen Hospital site (just above its present location). During the early eighties the Enniskillen Station relocated to its present location which was originally designed and designated as a store.

Figure 15. location of Ambulance Station within the Hospital



The current facility at Enniskillen is not NIAS owned but is in ownership of the Western HSC Trust on the Cornagrade Road Erne Hospital site. Hospital services are being relocated from the Erne Hospital site to a new-build South West Acute Hospital. The Western HSCT will seek to dispose of the existing site and the ambulance station therefore needs to relocate. As the planned hospital move and subsequent disposal of the Cornagrade Road site will have an impact on the location of NIAS services within Enniskillen, NIAS needs to consider the effect that such a move will have on the delivery of its services. NIAS also needs to redevelop its Enniskillen facilities in line with the strategy and plans set out in this document and the preceding OBC1.

4.1.2 The Erne Hospital Site

The New £276m South West acute Hospital is due to open for patients in June 2012. The new hospital will be located to the north of Enniskillen. The site is at Wolf Lough, off the main A32 Enniskillen to Omagh Road and approximately 2 miles from Enniskillen town centre.

The Hospital will provide over 300 beds, deliver a wide range of services including acute medicine, surgery, older people and paediatric services; day and elective surgery, critical care, accident and emergency services, imaging and diagnostics and consultant-led maternity services.

As part of the development an option to relocate the Ambulance Service to the new site was considered. The proposed location of the station was at the top end of the Wolf Lough site. This location would not have afforded ready access to the A32. The edge of town location moved the station further away from the centre of call density and would have had significant adverse impact on ambulance service response times. This option was therefore not considered further.

The current location of the ambulance station was considered an optimum response point for ambulance operations and therefore the option to remain on the Erne Site was taken to a feasibility study with the intention to acquire part of the site if required. This option would at least maintain or improve the 8 minute response to Category A calls.

The planned relocation of Hospital services and the subsequent intended disposal of the Erne hospital site are the main drivers for the development of a new Enniskillen Ambulance Station. The Western Trust plan to open the new South West Acute Hospital in June 2012 and begin preparation for disposal of the Erne site soon after. The intention is for the current station buildings, including garaging to be decommissioned as part of the overall strategy for disposal of the Erne site. Subject to the timeframe for construction of a replacement station NIAS will potentially have to move off the Erne site before the replacement station is available. This means that NIAS will have to consider decant options.

4.2 Establishing the current position for Enniskillen

Regardless of the wider Western HSC Trust plans for the Erne Hospital site, there are a number of issues that face the Enniskillen Ambulance Station. The space in the building is not adequate for full ambulance operations.

The current Schedule of Accommodation is:

	Room function	Room size m ²
1	Stores	34
2	Office	18
3	Office	18
4	Kitchen	17
5	Fem toilet	11.4
6	Rest room	36
7	Plant Room	13
8	Switch room	7
9	Male Toilet	10.3
10	Locker room	27.1
11	Sluice area	2.5
12	Garage	85
13	Corridors & circulation	49.7
	Total	329

In particular the condition of the building and its ongoing suitability and fitness for purpose as part of a modern, high- performing ambulance service:

4.2.1 Condition of existing infrastructure in Enniskillen

Table 16. Enniskillen Station condition assessment⁹

Location	Ceri Davies Physical Condition	Ceri Davies Engineering	Ceri Davies Functional Suitability	Ceri Davies Space utilisation
Enniskillen	DX	DX	D	4

As part of the condition survey, costs for the highest priority work to firstly deal with immediate health and safety issues (priority 1&2) and lower priority works to get key features up to category B standard (priority 3 works) and these are set out in the table below, which is a summary of the 2009 Condition Survey.

Table 17. Enniskillen Station high & significant risk items for repair

Description	Photographic evidence	Estimated Cost to repair (£)
External Fabric		2465
Internal Fabric		9240

⁹ Definitions as set out in section 4.6 above

Description	Photographic evidence	Estimated Cost to repair (£)
Building - External Works		3725
Mechanical and electrical services		45000
	Facility Total	60430
	Of which:	
	Total Priority 1 Items	1650
	Total Priority 2 Items	35665
	Total Priority 3 Items	23115

Source: Watts Group Plc and NIAS

4.3 Enniskillen staffing

NIAS does not propose major increases in the operational or administrative staff in the development of a new Enniskillen Ambulance Station but rather that the station will continue to provide existing operational, support and response services in line with existing and planned future fleet and personnel configuration. The principal change in staffing based at Enniskillen is the planned inclusion of Station Officer accommodation and the Clinical support team in the new development, which is discussed in more detail in section 5.4 below:

The Enniskillen Ambulance Station will therefore fit the 3/4 Ambulance Station Template plus allowances for Station Officer, two Clinical Support officers and training room to aid administration and support functions

Table 18. Number of Staff

Staff	Amb Care	A&E	Relief	RRV	SO	Div Mgr	Div Admin	Tr Off	CSO
Nov 11	11	26	10	3	1	n/a	n/a	n/a	2

Table 19. Number of Vehicles:

Vehicles	Station	A/E Amb	PCS Amb	RRV	Training	Ops Mgt
Nov 11	Enniskillen (Peak of Day)	5(3)	5(4)	1	1	1

The staffing and vehicle figures are as at November 2011

The Enniskillen Ambulance Station therefore fits the 3/4 Ambulance Station template.

4.4 Enniskillen

4.4.1 Geographical

The NIAS Western Division coincides with the Western HSC Trust operational area. It stretches from the North coast and Foyle estuary in the North to halfway between Cookstown and Omagh in the East, along the border region in the West and to Upper Lough Erne in the South. Thus it encompasses much of Co. Londonderry, Co. Tyrone and Co. Fermanagh. The ambulance facilities and stations in this area are:

	STATION	DEPLOYMENT POINT
Limavady	✓	
Altnagelvin / Divisional Headquarters	✓	
Shantallow		✓
Northland		✓

	STATION	DEPLOYMENT POINT
Strabane	✓	
Castledreg	✓	
Omagh	✓	
Dromore Road, Omagh	✓	
Fintona		✓
Irvinestown		✓
Lisnaskea		✓
Enniskillen	✓	



4.4.2 The current facilities at Enniskillen

It can be seen from the map above (figure 22) that the current NIAS position within the Erne Hospital site serves the population of the town of Enniskillen with regard to Cat "A" and Cat "B & C" efficiently. Further deployment facilities are utilised in the form of tactical deployment points in Co Fermanagh to optimise response.

The Enniskillen station is in premises, on the Erne Hospital site managed by the Western HSC. It would have been NIAS's intention in the long term to replace the current station with NIAS owned property to give security of tenure. The building is inadequate in terms of station resources, particularly with the recent introduction of 12 emergency staff and one A&E ambulance from departmental investment. Although it does have garage facilities to allow parking this has become inadequate as new vehicles, due to their size and design, are no longer capable of parking within the allocated space. The building has been surveyed and is in need of upgrade to bring it up to the standard of condition required of NIAS Estate.

This OBC2 does not consider the operational emergency response services based in Enniskillen (any development or changes in this regard would be subject to an additional business case) but only considers the case for new build fit for purpose as a priority due to the displacement of the existing station as identified through the development of the new Enniskillen Hospital. The key issues regarding the fitness for purpose are:

- Current facilities are not designed for a modern ambulance service committed to performance improvement and are not fit for purpose due to the up lift of staff in recent years to a total of 53 (including Station Officer and two new Clinical Support Officers). Conditions are cramped and do not meet current requirements.
- Current facilities are owned by the Western HSC and cannot be altered or extended to the extent required

The current facilities located at Enniskillen house a small management team including, Station Officer, 2 Clinical Support officers and 2 Paramedic Supervisors and there is only one office to accommodate all these staff.

Limited training facilities are provided within Enniskillen station. It constitutes one room which is used mainly at present for study and practice. It is inadequate for the provision of clinical development or storage of key items. Therefore support functions for this sub region of the Western Division are currently insufficient and do not easily facilitate the management of clinical governance, staff training and development.

4.4.3 Training/travel

The Northern Ireland Ambulance Service carries out training in the regional divisions and in its Headquarters at Knockbracken, Belfast. Basic induction courses, paramedic courses, catering for about 20-24 staff are regularly held in these locations. However, the capacity at Headquarters is supplemented by hiring training/seminar rooms (for example in Derrynoid Rural College, Draperstown) to facilitate courses and provide the capacity necessary at peak periods. Increasing clinical requirements and regulation has meant a growing training commitment for NIAS over recent years and our changing profile has placed a very heavy demand on our training calendar.

The training carried out at Divisional level is delivered locally where possible. Even so this still involves travel for operational and Divisional Training staff as there is very poor provision within stations for training any more than one or two people together at one time. The existing training room at Enniskillen doubles up as the office base and equipment store for the Training Officer. Class size is therefore limited to 3 people including instructor. The ability to consolidate divisional and station based training, enabling class sizes of up to 6 students, would improve the efficiency and speed with which training can be provided across the region, which is essential when providing clinical and technical training. It would also ease the reliance on commercial rooms for training.

Current Training provision in Western Division is carried out at the Altnagelvin Base. This translates to 150 days training required each year in the Division, with cost implications such as travel and time to travel. Training provided includes:

- Return To Work
- New Equipment Training (includes equipment and devices)
- Update Training - protocols, drugs etc
- Vehicle Training
- ALS/BLS
- Post proficiency training 2 days per year – content varies year to year depending on clinical priorities

The provision of a small training facility in Enniskillen will reduce travel and cost expenditure to Altnagelvin for some of the courses which can be held locally in smaller numbers.

4.5 Estate requirement for Enniskillen

As was set out in the NIAS OBC1, the aim of the physical specification for new stations is to provide appropriate facilities that will facilitate flexible use of the accommodation in response to the needs of the service. Based on the assessment of need and the initial templates developed in the OBC1 a schedule of accommodation was developed by HEIG and NIAS based on total operational staff of 58 with an operational duty maximum of 20 staff at peak times. The full client briefing document produced by HEIG for the Design Team is included at appendix G.

Table 20. Enniskillen Station schedule of accommodation

TYPE 3/4					
(Total Staff No – 58)					
(Max Staff on Duty at peak times - 20)					
Rm	Operational Rooms	m2 Area	Purpose	Comments	Nr of Staff
0	Main Entrance / Lobby	12	Arrival area for members of public & staff to building.	The entrance area should be welcoming and functional. It should have appropriate furnishings to allow visitors to wait in comfort prior to their business.	
1	Rest Room	40	Rest and relaxation area for staff	This room provides an area where ambulance staff can wait while on call or to rest during breaks of duty. Ideally this should be adjacent to or within easy reach of the garage. To alleviate the possible tedium of waiting the room should be airy and bright therefore good natural lighting and ventilation should be provided. This room should be able to accommodate all staff on duty with allowance for additional activity at shift change. This room should accommodate a worktop bench used to position a computer, fax and radio receiving handsets etc. TV Point.	14
2	Kitchen	20	Space to prepare and cook meals	The kitchen needs appropriate equipment to enable staff to prepare meals, snacks and beverages for themselves. The facilities required include cooking equipment, microwave oven, sink and drainer, fridge and or fridge/freezer together with cupboards and shelving.	5
3	Dining Room	30	Eating meals and taking breaks	The dining area should be adequate for all staff to eat meals. It should have several tables each with 4 chairs to accommodate staff on duty. This area should have windows. Should be able to cope with all facility based staff on staggered meal breaks and those on training courses. Vending machines should also be provided. TV Point	5
6	Lockers	50	For use by male and female staff with space for gear and equipment (58 No staff)	Locker room should house individual lockers for 58 staff. Full height ventilated lockers with background heating and plinths. This room should contain lockers for the maximum number of staff on station. The standard locker is approx 0.5 meters wide x 0.5metres deep.	58
11	Male W/C/Shower/Changing	24	Toileting, washing	This is a toileting and hand washing facility. Male showers should incorporate a changing area as the locker room is communal. The male w/c should be directly linked to the locker room. Showering facilities are necessary for staff who may need to change after dirty calls where their clothing may have been contaminated by blood.	10
12	Female W/C/Shower/Changing	24	Toileting, washing	This is a toileting and hand washing facility. Female showers should incorporate a changing area as the locker room is communal. The female w/c should be directly linked to the locker room. Showering facilities are necessary for staff who may need to change after dirty calls where their clothing may have been contaminated by blood.	10

20	Office	12	Station Supervisor	The office will be the administrative centre of an ambulance station. The activities within this office will include personal interviews with staff, disciplinary procedures and other meetings or interviews. The personnel records of the station and vehicle and equipment inventory would normally be held here. Allocation of duties, movement of vehicles, recording of staff attendances and filing of Service/Station standing orders, health and safety regulations, daily record statistics etc will all be held within this office. It will require, phone, fax and computer access points.	1
30	Training Room	24	In house training on new systems and equipment Continuous personal development Periodic assessments (Quarterly, annual) quiet place for study and research by Paramedics, EMT's and ACA's	The training room is a facility for "in-house" training of local staff. It will provide space for continuous staff development whilst staff are training for paramedic, training or ACA Courses. To facilitate personal development there should be access to a computer with storage for training mannequins for resuscitation, infusion, intubation and cannulation. On site training could include new equipment eg defibrillators, resuscitators, suction, immobilisers, drugs and vacuum mattress. Quarterly and ongoing assessments, work based training assessments, clinical audit, debriefing of calls and review of clinical procedures could be carried out. Also individual study in preparation for career development and ongoing professional development.	3
40	Medical Store	20	Medical Consumables, sterile supplies	All stores should be well lit and ventilated. Store will contain medical consumables, bandages, dressings, canules, IV oxygen tubing and masks etc. Stores should have natural light and ventilation through high level windows to enable maximisation of wall space. High level heating should also be available within the area.	
41	Equipment Store	20	Equipment Store	Storage and changing for Defibrillators, Telephones, Radios, Drugs Storage. This store will also be used to store 116 sports type bags (500mmx400mm x400mm.) two per each member of staff, one containing personal equipment & one containing paramedic equipment. These are to be held on racking style shelving.	
42	Dirty Store	20	Dirty Store for dirty laundry and clinical waste	Safe, secure and appropriate storage for used linen and clinical waste bins. This room should be located adjacent to the garage and have access both from the garage and possibly direct external access to facilitate the disposal of waste.	
44	Medical Gas Store	20	Storage of Medical Gas, Oxygen and Entonox.	Storage for 36 D size medical gas cylinders (105mm dia) stored vertically. Storage for 25 F size medical gas cylinders (200mm dia) stored horizontally. Horizontal and vertical racking as required. Full and empty areas. Located relatively close to vehicles and appropriately ventilated.	
48	Cleaners Store	7	Space for cleaning equipment and materials	Provision is required for the storage of cleaning equipment and materials. There should be space for manoeuvring cleaning materials, emptying and filling of buckets and bowls and routine servicing and cleaning of equipment.	

				Consideration should be given to the provision of a Belfast sink.	
49	Sluice Room	10	Area to wash dirty PPE clothing, boots and equipment. Washing materials and equipment for ambulance interior	The sluice room is for cleaning and decontaminating gear and equipment which may be contaminated with body waste or products. It should be adjacent to or included within the garage. Must have a closable door to ensure containment of cleaning processes. It should have a s/s sink & sluice facility.	
50	Vehicle Consumables Store	6	Store for consumables required to keep vehicles in service (e.g. Oil, antifreeze)	This store will accommodate light vehicle-maintenance products, routine oils, tyre, water, anti freeze and vehicle cleaning products. It should be adjacent to the garage and enable storage of heavy items at low levels and be resistant to oil and other vehicle products.	
52	Clean Linen Room	12	Linen Store	Storage for clean linen, warm and dry area. Separate from garage area with closable door to avoid contamination of laundry. Area suitable for racking or roll cage storage.	
60	Boiler Room	20	For the water and space heating boiler	To house heating plant of suitable size to run the station concerned. External access should also be provided to this room.	
61	Switch Room	6	Secure and controlled space for electrical switch gear	This room will require to contain incoming electrical supply with distribution switch and fuse gear. On sites where electrical supply of suitable capacity is available from existing switchboard nearby a suitable local switchgear compartment cupboard makes suffice. The space beside it should be securely locked with an outward opening door. It must be permanently dry and well ventilated to disperse heat, be kept exclusively for electrical purposes and be large enough for equipment to be installed to be operated and maintained safely. Have good light and for general services include a 13am socket outlet for hand lights and power operated tools.	
61a	Comms Room	6	Secure and controlled space for computer switchgear and communications equipment	This room will require to contain IT and communications equipment. It must be permanently dry and well ventilated to disperse heat, be kept exclusively for electrical purposes and be large enough for equipment to be installed to be operated and maintained safely. Have good light and for general services include a 13am socket outlet for hand lights and power operated tools.	
62	Generator		Generator	Back up power to operate vehicle bay doors and maintain light and heat on station. Allowance should also be made for the provision of bunded oil storage tanks which should enable a minimum back up period of 72hrs.	
63	Bin Compound	15	Storage of bins	Internal or external bin storage compound with secure perimeter fence and ease of access provided for rubbish collection. Size should accommodate up to 3 Euro bins.	
70	Garage	504	Garaging for 12 vehicles	Garaging for 12 vehicles. Secure parking of vehicles particularly those carrying drugs and to prevent misappropriation for malicious purposes. Includes 6 A&E vehicles, 5 PCS vehicles, 1 HRV. May include internal wash bay if external space is restricted. Covered cleaning & restocking of vehicles. Protection from the affects of weather. Provision of mains voltage charging	14

				and shoreline capacity.	
71	Wash Bay	40	Vehicle wash Bay to accommodate A & E. H 3m, W 2.6m. L 6.2m.	Bay suitable for washing down fleet vehicles. Preferably external with Fuel interceptor. Lean-to car port style covering above wash bay area with high level cladding to limit ingress of driven rain.	

Floor Area Sub Total		393	Area excludes, garages, wash bay & bin store.	
80	Circulation Space	130	Entrance and space connecting rooms proportionate to size of building (33% of the floor space)	Circulation space should be commensurate with the size of the building and enable access to all rooms entrances and exits. Passageway should enable access for disabled whenever appropriate and for staff carrying and moving equipment along corridors.
Total Office Accommodation Area		523		
Garage Area		504		
Total Building Accommodation		1027		
External Space including wash bay & bin compound		450	Space for approximately 30 car parking spaces including disabled & turning circles	
Total Site Area		1477		

G1	Station sized to accommodate up to 4 operational Ambulances 24 hours per day, with associated PCS, RRV staff.
G2	Security fencing to full site perimeter. Automatic gates with control units for each Ambulance
G3	CCTV with capability for transmission to HQ
G4	Appropriate level of staff parking and visitor parking within site boundary inclusive of DDA requirements.
G5	Swipe card access control at entrance doors
G6	Appropriate level of ambulance parking within site boundary, complete with shoreline charging points where required.
G7	Lean-to car port style covering above wash bay area with high level cladding to limit ingress of driven rain.
G8	All store / WC windows to be high level
G9	Staff (11 x 4 A & E +5 x2 PCS + 1 x 2 RRV + 2 others) Max = 58. (Max on duty at peak time 20).
G10	Vehicles 6 A & E 5 PCS 1 RRV

NOTE: Since the original brief and schedule of accommodation were completed there have been some changes to the operational requirements and hence the staff that will use and occupy the Ambulance Station.

A Station Officer has been assigned to manage the Enniskillen and Castlederg stations and the Irvinestown and Lisnaskea deployment points. Two Clinical Support Officers have also been allocated to this area and will be based in Enniskillen.

These service developments require that the station should now be capable of accommodating a maximum of 60 staff (20 on duty), two extra offices and two extra vehicles two extra offices will be required to accommodate the increase in functional capability.

5 Objectives and constraints

This section of the report sets out the vision, aims, objectives and constraints of the Enniskillen station build project. The three objectives arising from the assessment of need reflect the circumstances for delivery and have been agreed as relevant and appropriate for inclusion into this outline business case. The key question that should be answered by the objectives is ‘what is the expenditure intended to achieve’. A Green Book requirement is to have SMART objectives, namely that they should be

- - Specific
- - Measurable
- - Achievable
- - Relevant and
- - Time-dependent

Generally the project’s outline objectives will incorporate the following themes and will be implemented within the following constraints:

Outline Objectives	Constraints
- Social	- Business Continuity
- Condition and fitness for purpose	- Timing
- Efficiency	- Legislation
- Effectiveness	- Funding
- Economy	- Availability of land
	- Environmental

5.1 Project vision and aims

The primary focus of NIAS capital investment must be to ensure the continued successful delivery and development of ambulance services (both emergency and non-emergency) in Northern Ireland. Key to this will be ensuring that staff are properly equipped and trained to provide essential ambulance services for the public at large. Over the course of the investment programme NIAS must ensure that the infrastructure provision will meet the full functional requirements of NIAS as outlined in their Estate deployment plans and Fleet Strategy both now and in the future.

Consequently these services must be provided to a level acceptable to the residents of Northern Ireland and reflect the priorities of their elected representatives.

5.2 Objective 1 – reliable service delivery: improving service performance through better coverage

To ensure that the NIAS estate continues to support all aspects of the ambulance service performance improvement (emergency, non-emergency and support/administration) to deliver improving patient outcomes by 2014”

This objective considers the need to have ambulance and emergency response (including crewed vehicles and other forms of response) in appropriate locations to ensure that the NI public as a whole can be guaranteed a minimum level of response and service.

Expected outcomes

This objective focuses on the strategic and tactical location of service bases and deployment points (the nature and requirements of facilities are covered under objective 2 below) resulting in:

- improved geographical coverage and consolidation of services across Northern Ireland
- appropriate resources based on need as determined in NIAS strategic and Tactical deployment plans
- estate network will be consolidated and performance improved through an optimal mix and deployment of resources

Measuring achievement

The key aim of the NIAS capital investment is to improve the extent, quality and reliability of emergency services provision with respect to ambulance services. Measures of success will include

- absolute measurements about the extent of coverage for the Enniskillen area (number and spread of deployment points and their relationship with service demand.)
- absolute measures regarding the proximity of non-emergency/PCS services to call sources
- response times will improve towards current targets for Northern Ireland (currently 72.5% within 8 minutes)
- ability to meet target to provide ambulance coverage within 95% of cases within 18 minutes in rural and 21 minutes in sparsely populated (applies to all of NI).

Not all issues of service performance and coverage can be determined quantitatively and therefore will also need to be explored through

- patient surveys
- staff surveys
- stakeholder consultations, which includes post-project evaluation and on-going engagement.
- In practical terms this equates to:

Benefit Measure	Measurement Method	Current, baseline activity levels	Target
Estate capacity and location	Measuring the capacity of the Enniskillen station. This includes assessing the impact of the new station on service response time	<ul style="list-style-type: none"> Current response times <ul style="list-style-type: none"> Cat A - 64.9% within 8 minutes, 2010/2011 for West LCG 	<ul style="list-style-type: none"> Improvement in future response times - target <ul style="list-style-type: none"> Cat A - 65% in any LCG area
	The capability of crews as a result of training received - evidenced by training record compliance	<p>Training activities delivered off site 150 days</p> <ul style="list-style-type: none"> Courses delivered <ul style="list-style-type: none"> Return To Work New Equipment Training (includes equipment and devices) Update Training - protocols, drugs etc Vehicle Training ALS/BLS Post proficiency training 2 days per year – content varies year to year depending on clinical priorities 	The target is to maintain the current levels of Training activity and types but to deliver it locally whenever possible. Primary benefit and aim is to improve the efficiency with which training is provided

5.3 Objective 2 – estate quality, suitability and capacity

“To ensure that the estate is of an appropriate standard and that adequate space is provided for both staff and vehicles in line with guidance and best practice by 2014”

Expected outcomes

In an investment programme of this nature, the objectives need to accommodate a number of eventualities including transition from the status quo to the new service delivery model. It is clear therefore that the baseline for estate condition, suitability and capacity will need to be clearly understood in taking forward NIAS capital investment

- new facilities will be developed in line with best practice guidelines (Health Building Notes) and specifications/statement of requirements agreed with DHSSPS and HEIG
- the estates will be maintained at grade B on the Ceri Davies scale
- intermediate refurbishment and renewal plan to maintain the status quo while the infrastructure is implemented

Measuring achievement

There are a number of ways in which the achievement of this objective can be measured, primarily through

- meeting the space standards and schedule of accommodation specifications
- regular ongoing review of the estate to ensure appropriate condition and fitness for purpose
- regular review of the estate to ensure continued suitability for meeting ministerial targets as part of estate strategy

In practical terms, this equates to the following:

Benefit Measure Assigned	Method of Measurement	Current, baseline activity levels	Target
Compliance with the prevailing building suitability and quality standards	Compliance of the building with prevailing standards (at time of design/ construction)	The Enniskillen station is currently well below the desired standard with facilities being rated DX	Once completed the new Enniskillen station will be grade A across all main Ceri Davies categories

5.4 Objective 3: staff safety

To ensure that staff are provided with a safe and secure working environment in support buildings and deployment points for all NIAS employees in the course of service delivery by 2014”

Expected outcomes

Not all vehicles and crews will be active all of the time at the Enniskillen station so provision will need to be made for staff and vehicle security when crews and vehicles are inactive or at shift changeover. The Enniskillen station will store drugs and valuable medical equipment which needs protection. To this end security arrangements (such as locks and fencing) will be needed if stations are not within the secure confines of other parts of the HSC estate.

Measuring achievement

It will be possible to measure the level of compliance of the estate with respect to the relevant guidelines and implementation of the specific requirements. Other measures of relevance to this objective will be the impact of public education programmes (in relation to numbers of attacks on NIAS facilities) through the tracking of the number of incidents involving the estate.

Benefit Measure	Measurement Method	Current, baseline activity levels	Target
Premises security	Confirming continued compliance with NIAS's Policy and Procedures for the Management of Medicines	Compliant	Maintain Compliance
Reduction in the number of attacks on Ambulance crew personnel	Annual calculation of number of reported attacks	214 attacks on Ambulance personnel in 20010/11. There were 201 in 2009/10	The Zero Tolerance programme aims to eliminate attacks on staff. NIAS will continue, through public awareness, to strive to achieve this target.
Assessment of the impact of public education programmes	Questionnaires/surveys carried out in follow up to the TV advertising/ information broadcasts	Baseline to be determined	Target to be determined once baseline identified.

5.5 Planning Considerations Constraints

5.5.1 Legislative frameworks and statutory requirements

SITE ISSUES

Initial site studies focused on the requirement to provide safe and easy egress of emergency vehicles from the NIAS site. The main considerations were:

- Segregation of emergency from non-emergency vehicles, including staff and public parking and deliveries/ service access
- Segregation of vehicular access from pedestrian routes/ cycle-ways
- Orientation and positioning of accommodation block and garage
- Site boundaries- treatment and security
- Branding and public perception of the building.
- Planning and Roads issues
- Landscaping and screening

Table 21. Planning considerations identified at Exemplar Design

Planning considerations identified at Exemplar Design

- The site falls within the Enniskillen development limit, site area is not zoned for a particular use and this is generally known as "white land". Note refer to extract of the Fermanagh Area plan 2007 adjacent.
- The site is located outside the town centre boundary.
- The site has been previously developed as a builders yard/ joinery works – termed brown field site
- There is an existing planning approval on the site - Approval Date of Decision: 23-Mar-2009 - Site for Proposed Development: Lands adjacent to 81 Cornagrade Road, at junction between Cornagrade Road and Hillview Hill Road. Description of Proposal: 74no. new build apartments and associated site works

The Cornagrade Road (A32) is designated as a Protected Route and is subject to a 30mph speed limit. There is an existing access to the site from the Cornagrade road, in close proximity to the Hillview Road/Cornagrade Road junction. Hillview Road which is residential road is traffic calmed.

5.6 Constraints

A number of constraints have been identified in the context of the investment objectives and must be considered in the selection of the preferred option. The constraints for this project have been identified as follows:

- Legislative frameworks and statutory requirements: much of the infrastructure and assets being developed through NIAS capital investment deal with patient and staff safety and wellbeing and must therefore adhere to high standards and comply with the relevant legislation
- Maintaining business continuity: the nature of services provided means NIAS must ensure that the effect of the possible disruption caused by infrastructure upgrade is minimised.
- Budgetary constraints: constrained financial resources will mean that careful consideration should be given to the availability of funding in the implementation of the preferred service delivery option. Affordability is considered in more detail in relation to the preferred solution but this constraint should be kept in mind throughout the course of the appraisal to ensure that suitable and feasible options are taken forward in the OBC

- Project timing: The need to develop a medium to long term investment programme needs to be balanced with immediate estate maintenance, clinical equipment and fleet replacement needs. In Enniskillen the new South West Acute Hospital project and the subsequent disposal of the Erne Site set the agenda for the NIAS replacement ambulance station project.
- Land availability: any expansion of the estate network and 'permanent' location points and the ability to move from the current location to one that is more suitable for the new model of service delivery is dependent upon suitable sites being available
- Environmental: The project must respect the ecological, archaeological and landscape attributes of each area

The first three of these constraints are of particular importance and are considered in more detail below and their impact considered explicitly in the sifting and appraisal of options.

Estates statutory requirements

In providing a working environment, there are a number of minimum legal requirements that NIAS must fulfil, for example Health & Safety requirements. NIAS recognise that these are minimums and in many places can be enhanced to ensure accommodation meets user requirements.

Meet Health & Safety requirements, including

- Access and egress to and from buildings, such as level or ramped entry
- Emergency evacuation arrangements, such as flashing light fire alarms or vibrating pagers for deaf people, fire refuges or alternative escape routes for people with mobility impairments
- The accessibility of external paths and landscaping
- Circulation within buildings, including their interior layout
- Acoustics appropriate for hearing aid users and (working) loop systems in lecture theatres or reception desks
- Access to services, such as catering facilities
- Accessible toilets

Meet good practice, for example:

- Providing accommodation without the need for internal ramps, i.e. all floors on the same level
- Convenient and reserved parking spaces for those who need them
- Effective lighting and signage and colour or tone contrast on doors etc to aid orientation

Most of the good practice elements will largely be a design and procurement issue and will have relatively little cost impact. For example designing doorways and corridors for enhanced access should not have a cost implication.

5.6.1 Business continuity

Any refurbishment and reconfiguration of NIAS's assets will involve varying degrees of disruption, however this should be minimised and should not impact adversely on the number of patients treated or transported or the quality of experience they receive. For this reason, the cessation of services during accommodation reconfiguration has not been considered as a viable option. The phased introduction of new fleet should minimise any impact of vehicle availability on business continuity.

The key elements of developing robust business continuity plans to ensure that the current level of service provision is not affected by any activities to improve/upgrade the infrastructure are:

- Providing any new accommodation at sites where services are not currently based
- Not having to refurbish sites where services are currently based
- Not having to use temporary accommodation as an interim measure

That is, maintain business continuity

5.6.2 Budgetary constraints

It is important to note that it is not the intention to apply budgetary constraints as part of the options sifting but to highlight that this is a significant issue in the development of NIAS capital planning and the Enniskillen ambulance station. Keeping the availability of funding in mind as part of the option development

- should not preclude the most suitable options for the programme being selected
- should focus attention on the essential components of the programme that will continue to make a contribution to service delivery and performance improvement.
- should mean that the likelihood of 'gold plating' options is removed.

The detailed financial appraisal will of course consider the financial impacts of each of the short listed options as well as the affordability of the preferred option but it is our opinion that the approach being taken will not result in double counting of financial costs and benefits in the appraisal of options.

5.7 What delivering these objectives will mean for NIAS and the local Enniskillen population

Whilst the primary focus of this business case is to arrive at a preferred option for investment in NIAS estate in Enniskillen, a key element of the case must focus on the need for a solution as a priority to ensure that NIAS within Enniskillen delivers the service to the population of the area within the response framework and thus not impacting on the health & well being of that population. The need for development is jointly driven by the inadequacy of the current premises and the disposal of the Erne site. NIAS therefore can no longer utilise this site and thus must deliver a successful project to ensure the safety of the local population and continuity of care in an effective and efficient manner. The realisation of benefits must be a key consideration for any public sector appraisal and we have therefore summarised the key benefits to be gained from an estate perspective. The focus of this project and NIAS capital investment is to ensure that the right facilities are at the right location in order that crews are better placed and provided for in the delivery of the Ambulance Service Model. The prime estate related benefits of meeting the objectives above are:

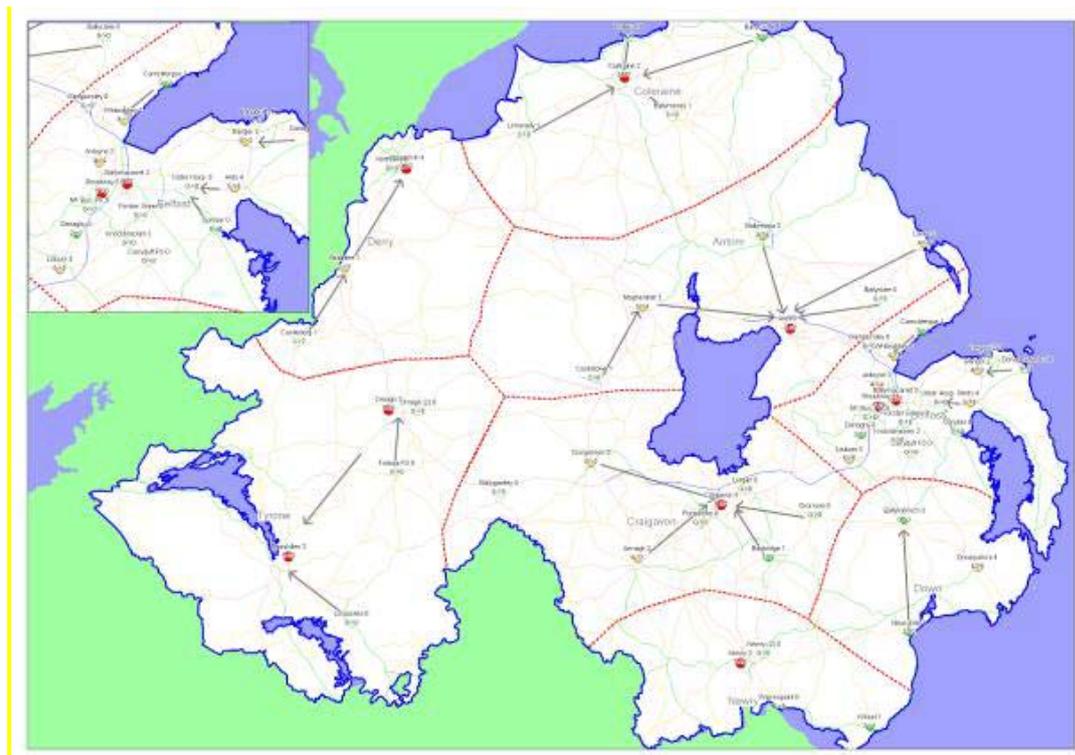
- maintained geographical coverage of services in Enniskillen
- planned maintenance of estate which has been contracted and costed.
- the Enniskillen ambulance station will be physically accessible in line with operational requirements and legislation such as DDA.
- the new facility will be developed in line with best practice guidelines and specifications/statement of requirements
- the station will be maintained to appropriate quality standards
- security arrangements for staff, vehicles, equipment and drugs will be improved

6 Developing options

6.1 Taking forward the OBC1 preferred option for the NIAS Estate

This chapter takes forward the Estate options for NIAS in Enniskillen. As has been set out in the assessment of need for the estate in the OBC1, much work has been done in identifying the quantity and location of deployment points for NIAS to meet its Ministerial response targets. In the light of this preceding analysis, options were developed that looked at the number of deployment locations, the mix of estate (i.e. the nature of accommodation provision) and the nature of works completed (i.e. refurbishment, extend, new build). The following sections provide a detailed description of the practical implications of each option as well as detailed analysis of the monetary and non monetary costs and benefits.

Figure 10: Relationship between hospitals and Ambulance Stations



The current economic climate has focussed on more efficient use of resources and increasing performance. The NIAS have through their Performance Improvement Plan re-profiled the front line service to achieve increased performance within a challenging financial framework.

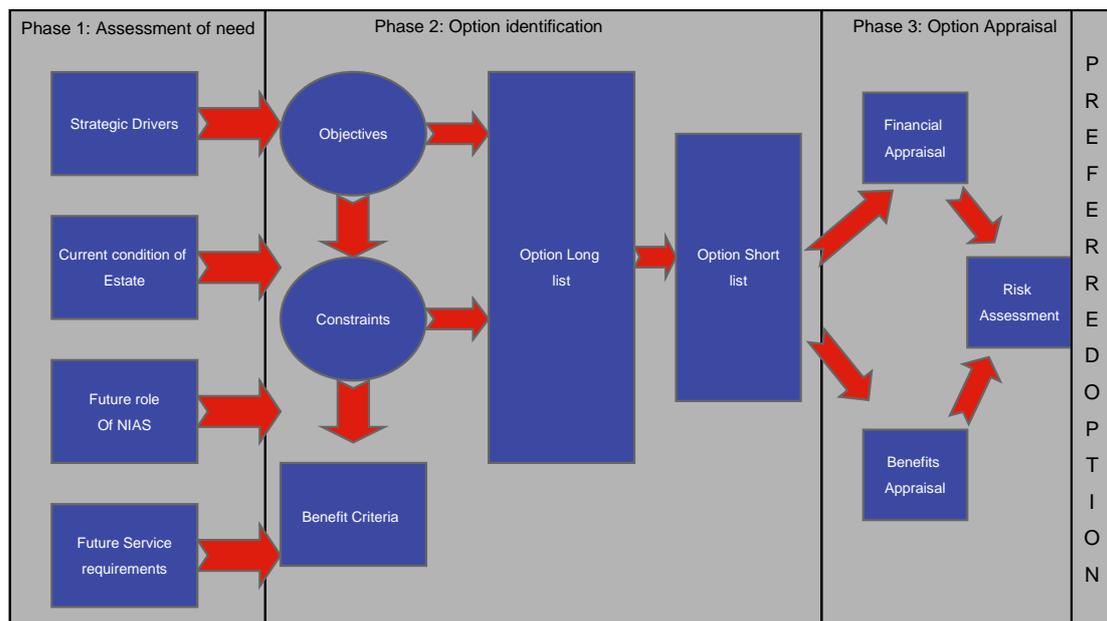
NIAS continues to drive performance and efficiency using appropriate Estate, Fleet and Technology strategies. In relation to estate, there has been a continued focus on consolidating resources and increasing deployment points, especially in areas of higher call density.

6.2 Developing options for the redevelopment of Enniskillen ambulance station

It is in the context of the OBC1 that the options for Enniskillen ambulance station have been developed. After detailing the strategic context within which NIAS operates and reviewing the assessment of need for the area served by the Enniskillen ambulance station and the current service provision, a number of options have been developed for the proposed replacement and refurbishment of the station. Enniskillen Station serves the Fermanagh area and supplies resources to the deployment points of Irvinestown and Lisnaskea. The key principles (as identified in OBC1) driving the redevelopment of the Enniskillen estate is that the station type required for Enniskillen is defined by the Estate Strategy and that redevelopment order was based on the priority stations identified and agreed in the OBC1 document and modified to take account of the pressure around the New South West Acute Hospital.

This Section describes the process undertaken to identify the long list in order to sift out the options using the objectives and constraints highlighted in the previous section to produce the short list of options for the project. The section will then conclude by setting out the options short-listed for in-depth analysis. The process for developing the long list and sifting down to the short list of options is illustrated in the diagram below.

Figure 10: Option development process



6.3 The options long list for Enniskillen ambulance station

As can be seen from the above process, in order to get the most appropriate long and short lists of options for the redevelopment of the Enniskillen estate infrastructure it is best to address the issues that have been highlighted in the strategic context and the assessment of need. Thereby we can reach a position whereby the infrastructure of NIAS is as effective and efficient as it can be.

Based on the outcomes of the OBC1, the assessment of need for Enniskillen specifically and following discussion with Health Estates, DHSSPS and NIAS the following long list of options has been developed to address the need for the redevelopment of Enniskillen ambulance station:

- **Option 1:** Do Nothing. This option would mean no expenditure on the Estate
- **Option 2:** Do Minimum: this represents the minimum input necessary to maintain services at, or as close as possible to, their current level. For the purposes of this business case this equates to no upgrade but just that the facilities are made safe and meet statutory requirements.
- **Option 3:** Refurbishment of the Enniskillen estate to Ceri Davies category B. This equates to the backlog maintenance identified for the facility by Watts Group Plc, chartered surveyors
- **Option 4:** Refurbishment of the Enniskillen estate to Ceri Davies category B and extend the facility to incorporate facilities defined by the assessment of need and the schedule of accommodation discussed in section 5
- **Option 5:** New build facility, to incorporate facilities defined by the assessment of need and the schedule of accommodation discussed in section 5, at the current site. The building may be of traditional or modular construction.
- **Option 6:** New build facility, to incorporate facilities defined by the assessment of need and the schedule of accommodation discussed in section 5, at a new site within the NIAS estate
- **Option 7:** New build facility, to incorporate facilities defined by the assessment of need and the schedule of accommodation discussed in section 5, at a new site within the local NI public sector estate. Fermanagh District Council proposed a Shared Service Facility on the Erne Hospital Site bringing together various interested public services.
- **Option 8:** New build facility, to incorporate facilities defined by the assessment of need and the schedule of accommodation discussed in section 5, at a new site within the local NI private sector. The building may be of traditional or modular construction.
- **Option 9:** lease a facility that incorporates facilities defined by the assessment of need and the schedule of accommodation discussed in section 5 at a new site.

6.4 Option short list for the redevelopment of Enniskillen ambulance station

In this section we set out the short listed options for Enniskillen ambulance station. This short list has been derived from the long list detailed above. Once aggregated and agreed, the long list was sifted on the ability to meet the project objectives and work within the key, relevant constraints. It is worth noting that in the detailed sift commentary included below; the focus has been on describing the principal reason for excluding an option from more detailed appraisal, rather than explaining each reason in detail. In other words the insurmountable reason for exclusion is considered in detail. Each long list option is assessed against these criteria as:

- ✓ - Fully meeting the objective/working within the constraint
- ? - Partially meeting the objective/working within the constraint
- ✗ - Fails to meet the objective/work within the constraint

6.5 Sifting process

The table below illustrates the sifting process which has been applied to each of the long listed options for each of the infrastructure projects. As can be seen from table 31 objectives 1, 2 and 3 along with constraints 1, 2, 3 and 4 have been used in the sift.

Examination of options is a dynamic process and in the case of Enniskillen several options were considered and pursued in the early stages. This sifting represents the initial process and is outlined to demonstrate a full range of options were considered and that as circumstances changed options had to be reassessed in an iterative process to ensure that the objectives were still being met. Specifically, the use of the Erne site was an obvious status quo that would simply require the transfer of ownership to NIAS trust. However the feasibility study carried out on the site would not recommend development by NIAS and this ultimately restricted the options. Option 2, was retained as a “Do Minimum” but realistically is not a viable option. Appendix H, Erne feasibility study. The Table below sets out the options considered.

Table 22. Option Sifting parameters for Estate, Level One

Option No.	Description	Objective 1: Reliable Service Delivery	Objective 2: Suitability and quality of estate	Objective 3: Staff Safety	Constraint 1: Statutory Requirements	Constraint 2: Business Continuity	Constraint 3: Funding	Constraint 4: Land Availability	Comment
1	Do Nothing	?	X	X	X	X	✓	X	Fails to meet suitability and safety needs objectives and does not meet constraints. Not shortlisted.
2	Do Minimum	?	X	X	?	X	✓	X	This option does not significantly improve attainment of Objectives. It is taken forward for comparison purposes as a reasonable do minimum option, but the site is not available to NIAS beyond 2012
3	Refurbishment to Category B as per Ceri Davis	?	X	?	✓	?	✓	X	Fails to deliver key objectives, but improves safety. Existing Building will not be available. Not Shortlisted

Option No.	Description	Objective 1: Reliable Service Delivery	Objective 2: Suitability and quality of estate	Objective 3: Staff Safety	Constraint 1: Statutory Requirements	Constraint 2: Business Continuity	Constraint 3: Funding	Constraint 4: Land Availability	Comment
4	Refurbishment to Category B as per Ceri Davis and expand to meet SOA requirements	?	✓	?	✓	✓	✓	X	This would meet suitability and quality objective. Existing Building will not be available. Not Shortlisted
5	New Build at current site to meet SOA requirements	✓	✓	✓	✓	✓	✓	✓	Fully meets objectives.
6	New Build at local alternative site within NIAS estate holdings to meet SOA requirements	✓	✓	✓	✓	✓	✓	X	No NIAS estate in Enniskillen. Not Shortlisted
7	New Build at local alternative site within NI public sector estate to meet SOA	✓	✓	✓	✓	✓	✓	✓	Will deliver key objectives. Short listed for appraisal of specific sites

Option No.	Description	Objective 1: Reliable Service Delivery	Objective 2: Suitability and quality of estate	Objective 3: Staff Safety	Constraint 1: Statutory Requirements	Constraint 2: Business Continuity	Constraint 3: Funding	Constraint 4: Land Availability	Comment
	requirements								
8	New Build at local alternative private sector site to meet SOA requirements	✓	✓	✓	✓	✓	✓	✓	Will deliver key objectives. Short listed for appraisal of specific sites
9	Lease option - facilities defined by the assessment of need and the SOA	?	?	✓	✓	✓	?	?	Will deliver key objectives. Revenue funding may be an issue Short listed for appraisal of specific sites.

From the Table above the options were reduced to:

- Option 2 Do Minimum
- Option 5 New Build Current Site
- Option 7 New Build Public Sector
- Option 8 New Build Private Sector
- Option 9 Lease premises

Options 1, 3 and 4 were rejected primarily because the use of the Erne as a long term replacement Ambulance Station was not recommended in the feasibility study (appendix H). Option 6, New Build on NIAS estate was rejected as NIAS does not have any land in the Fermanagh area.

Option 2 was retained for comparative purposes, although the existing building is due for disposal and does not represent a viable long term option. Option 5, New Build on the current site requires that a portion of the existing site is reserved for NIAS use free of existing buildings. This had the agreement of Western Trust and seemed the preferred option to retain the existing location and provide a new facility as a replacement. This option was pursued as the ideal option and taken to a feasibility study which unfortunately highlighted the potential for disturbing a historical site of unmarked graves. In presenting this business case it is retained to illustrate the consideration of options and the outcomes that follow.

Option 7, New Build Public Sector represents use of the existing Erne Hospital site but under the ownership/ stewardship of Fermanagh District Council. The council are developing a scheme to utilise the site for several public bodies as a Shared Service Facility. Option 8, New Build Private sector, several sites were available for purchase and NIAS assessed those on their suitability. Option 9, Leased Premises would be a viable option if the location and facility is suitable. The revenue required for a leased option would be unlikely to be approved unless there was no other alternative solution.

It is intuitively apparent that a new build facility meeting the design specification will be acceptable regardless of the ownership of the site. Public or private ownership does not impact on the suitability and quality of the building although it may present other risks to the whole process. NIAS' key objective is the delivery of an emergency service where timeliness of response is paramount. This means that the location of an Ambulance station is crucial. NIAS, as part of the option sifting process, carried out a review of available land by the Project Team, Health Estates and Land and Property Service (LPS). A number of alternative sites were considered within the Enniskillen district. The sites were reviewed against a number of criteria to identify a suitable alternative site:

- Availability for purchase, based on information provided by LPS
- Impact on response times (with response as least as good as current performance) based on call distribution and location on road network
- Planning and technical risks (based on design team and Health Estates advice and site information from LPS)

Each of these criteria was deemed to be a hurdle criterion i.e. that for the site to be taken forward to full appraisal it must be successful in all three criteria. A trawl of public and private sector sites was carried out using HEIG, LPS and Private sector sources to identify available land, with a focus on those sites that would not have any negative impact on NIAS response times. No sites were returned that were available for lease. The sites effectively represented Options 5, 7 and 8, with no sites available under option 9, the lease option. The table below sets out the evaluation completed and with a '✓' denoting successfully meeting criteria and 'x' denoting failure to meet criteria:

Table 23. Land availability site trawl, Enniskillen area

Site address	For sale	Response times	Planning and technical risks	Pass
Killyhevlin Ind Est	✓	x Too distant	x Site is too large	No
Custom House Loughyoan Rd	✓	x Too distant	x Site is too large	No
Forthill Street Tonystick	✓	✓	✓ Hotel, residential	Yes
Former NIE Depot Tempo Road	✓	x Too distant		No
Tracey Bros Site Cornagrade Road	✓	✓	✓ Residential	Yes
Cornagrade/ Irvinestown Junction	✓	✓	✓ Access	Yes
Cherrymount Road	✓	✓	x Too Small	No
Killyvilly, Tempo Road	✓	x Too distant	✓	No
Factory Road Enniskillen	✓	✓	x Site is too large	Yes
Former Unipork Cherrymount Road	✓	✓	x Too Small	No
Cherryville Drumcoo	✓	x Too distant	x Site is too large	No
Current Erne Hospital site	✓	✓	✓	Yes

Sites that passed all three criteria were considered in more detail. Factory Road site was also considered as it was in a relatively good location and although the site was considerably larger than required it may have been possible to acquire an appropriately sized portion. The sites were further assessed by a NIAS team across four factors.

"Site suitability" is primarily about the location in relation to the call pattern in Enniskillen. Sites closest to the centre of the call distribution scored higher. "Neighbours" considered the effect of neighbouring properties on Ambulance operations. Those sites with heavy traffic flows that may conflict with ambulance operations were scored lower. "Access and Egress" relates to the ease with which the ambulances can access the main road network. This is independent of traffic considerations. The longer the distance to the main road the lower the score.

"Planning" was scored relative to the anticipated objections that may be raised to an ambulance station development. Lower scores were awarded to sites with close residential housing and/or entertainment venues.

Site address	Site suitability	Neighbours	Access & Egress	Planning	Weighted Score	Critical factor for or against site
Forthill Street Tonystick	350	75	260	170	855	Good location. Could improve response
Tracey Bros Site Cornagrade Road	350	85	270	170	875	Close location. Minor effect on response
Cornagrade/ Irvinestown Junction	340	85	270	170	865	Further location. Significant impact on response
Factory Road Enniskillen	340	85	235	175	835	Traffic around sports and social events significant
Current Erne Hospital site	370	100	290	180	940	Have to vacate site for redevelopment

This process was an additional refinement of the sifting process which had identified the main options in generic terms. Then sites were identified that were available and they were sifted on the three main factors. Finally the sites that passed through that sift were scored to give the relative priority. The remaining sites effectively represent Option 5, new build current site and Option 8, new build Private sector site.

The current Erne Hospital site was identified as the top priority and was taken forward to a feasibility study (Appendix H) by the design team. Discussions took place with Western Trust and HEIG to identify a suitable site for the development of an ambulance station which would not have a negative impact on the future site disposal.

6.5.1 Fermanagh District Council

Fermanagh District Council (FDC) are in discussions with the Western Trust and hope to bring forward a proposal to develop the site for a Shared Service Facility incorporating Council, Education and Library Board, Ambulance Service, Police Service and others. This scheme depends on agreement from enough parties to make the site viable and an appropriate procurement/ development agreement being put in place. Western Trust are happy to consider a proposal from the Council providing it does not compromise their disposal plans. NIAS have indicated general support for the project if it would deliver an Ambulance facility for NIAS. This could be a potential site considered as Option 7, New Build on a Public Sector Site. As this is actually the same location as the current Erne site assessment of the Erne site would apply equally to this location. There are many variables in this project and its timeline does not match the needs of NIAS.

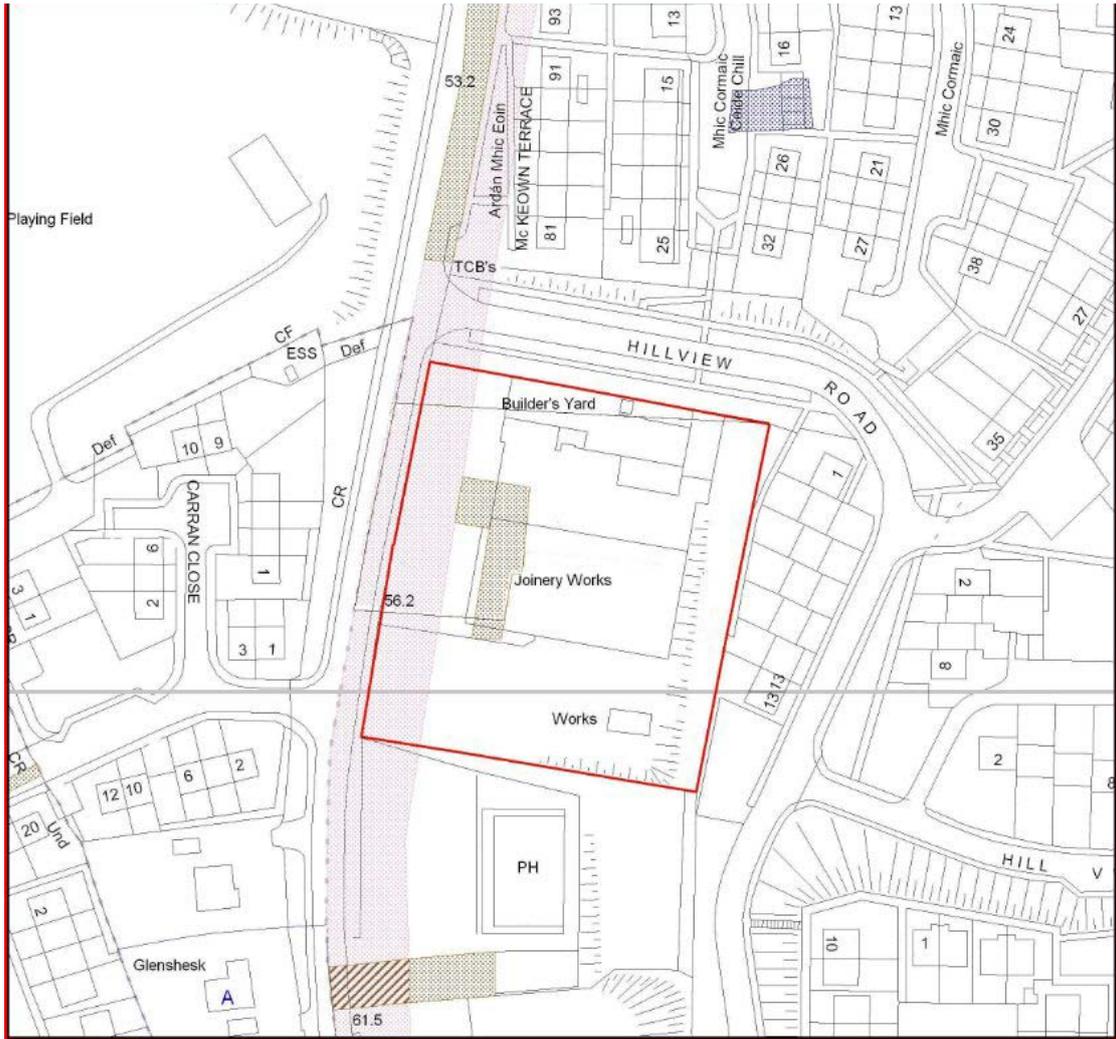
6.5.2 Erne Feasibility Study (Appendix H)

The NIAS feasibility study on the Erne site was completed but unfortunately identified a significant risk to the project. The Erne site was a former Workhouse and the area of the proposed site was to the rear of the Workhouse. The archaeological report showed a very high likelihood of unmarked graves in the vicinity of the car park. It was decided not to progress this site due to the increased cost, time delay and public reaction which could be associated with the discovery of remains on the site and the unquantifiable impact that may result. (Option 5, no longer viable)

The FDC scheme to develop a Shared Service Facility may have been able to utilise the site in a different manner and effectively avoid the locations of the unmarked graves. This was not an option available to NIAS when identifying a site for NIAS use only. However the FDC scheme relies on a critical mass of interested tenants and funding for the proposal being channelled through a lead developer. At the time of writing these proposals are not sufficiently developed to constitute a viable option for further consideration. (Option 7, no longer viable)

6.5.3 Alternative Sites, Option 8

The loss of the Erne site meant that an alternative site needed to be found and the last sifting and scoring was revisited in order to identify a site for another feasibility study. While funding was applied for, the next sites were reconsidered. These were two sites on the Cornagrade road and one at Forthill. The Forthill site seemed to offer better position on the road network but was located close to a school. The Tracey brother's site is close to a housing estate, and may present some security concerns as the estate is a local flashpoint during heightened tensions and civil disturbance during the summer months. The Cornagrade Road/Irvinestown Road site is further still from the centre of calls but is located at a major junction junction affording a choice of routes to the town.



xXx MAP xXx

During high level consideration the Forthill site appeared to offer more potential but came under offer. NIAS therefore focused on the Tracey Brothers, Cornagrade Road site. Funding for a new feasibility study (Appendix I) was obtained and a report was prepared on the site. To provide another option the Design team were asked to cost a traditional build (8a) and a modular build (8b).

6.6 Shortlisted options Final

Table 24. Estate Options Shortlist

Option	Description
Option 2	Do Minimum : this represents the genuine minimum input necessary to maintain services at, or as close as possible to, their current level. For the purposes of this Business Case this equates to no upgrade but just that the facilities are made safe.

Option	Description
Option 8a	<p>New build facility to incorporate facilities defined by the assessment of need and the schedule of accommodation at a new site in the private sector on the Cornagrade Road.</p> <p>Traditional construction</p>
Option 8b	<p>New build facility to incorporate facilities defined by the assessment of need and the schedule of accommodation at a new site in the private sector on the Cornagrade Road.</p> <p>Modular construction.</p>

7 Detailed option appraisal

In support of the strategic aims of NIAS, as set out in the strategic context for this OBC, and in response to the assessment of need set out in chapter 4 above the following options for the NIAS estate have been shortlisted for detailed appraisal. In this section we set out a description of the options and the associated monetary costs and benefits.

7.1 Detailed option description and monetary costs and benefits

7.1.1 Option 2 - the do minimum (addressing any deficiencies in key areas such as Health and Safety and electrics)

The key features of this option are:

- Maintaining the current configuration of buildings in Enniskillen
- Maintaining the current station footprint with no expansion to meet the schedule of accommodation requirements in part or in full.
- The capital works carried out will be those only deemed to be a priority, i.e. those of the station identified as being high or significant priorities as per section 5.2 above and in appendix B

Key assumptions are:

- There will be no new station required therefore there will be no land purchased
- As the works must be carried out within the current station footprint there will be no surplus land therefore no sales proceeds from land disposal
- The upgrade work must be within the current footprint of the station and site size constraints. The HEIG Client briefing Document sets out the size of the proposed new station and as the required station for Enniskillen is larger than the current station and due to the redevelopment of the Erne Hospital Site, no new station will be built
- It is clear that this option will struggle to meet the objectives identified for the estate. The work carried out will be reactive in nature and will not upgrade the facilities of the stations only making them safe. This creates difficulties in terms of risk management and in financial and capital investment planning.

7.1.2 Options 8a, 8b - New Build facility incorporating facilities defined by the Schedule of Accommodation and discussed in section 5.5 at a new site within the Private Sector

New build facility at a suitable new site within the private sector. This new build will meet the specifications and the estate requirements discussed in section 5.5 and will be of traditional construction. The site will be of a size and location suitable to fulfil these specifications and requirements in the Enniskillen area.

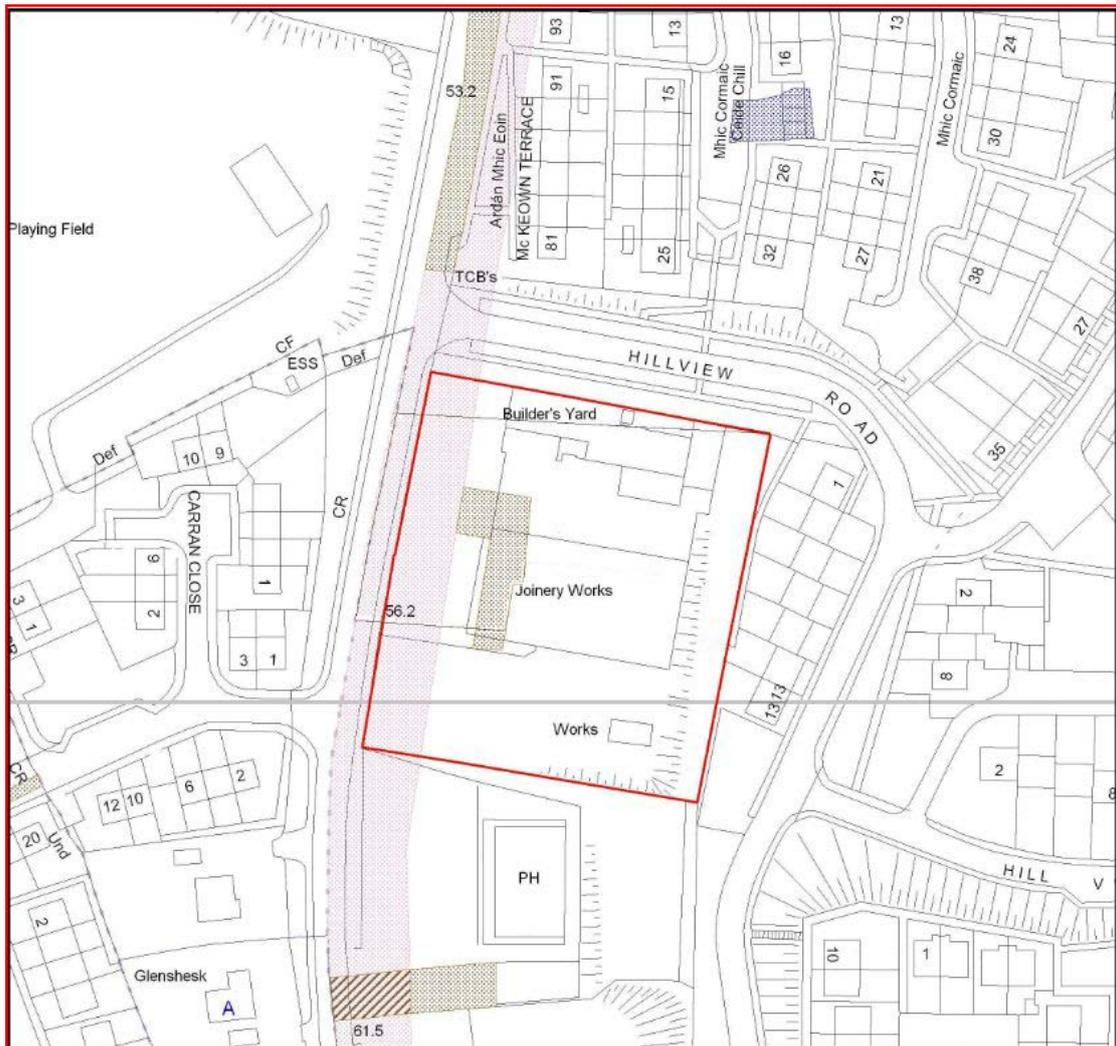
The key features of this option are:

- Construction of a new build facility at the Former Tracey Brothers site on Cornagrade Road Enniskillen. It will replace the existing Enniskillen station on the Erne Hospital site and meet the requirements as outlined in this business case
- Construction type will be costed for traditional and modular build as sub options 8a) and 8b)
- As set out in section 7 above, the Cornagrade Road site is the most suitable as it contains the land area required for the new build and is sited within the required Response Area surrounding Enniskillen.
- As stated in section 4, the closest facilities to Enniskillen are Irvinestown deployment point, 10.1 miles and Lisnaskea deployment point, 12.2 miles.

Key assumptions are:

- Purchase of new land will be required and valuation of proposed site has been obtained from LPS
- As NIAS does not own the current site there will be no sales proceeds from land disposal

Figure 25. Location of Cornagrade Road site



Decant

During the preparation of a Business Case for the replacement Enniskillen Ambulance station, there were several developments that significantly changed the options available and required new solutions.

The initial preferred option would have been to have develop a replacement station on the Erne site. This option became unviable when the NIAS feasibility study reported very high likelihood of disturbing unmarked graves. The main options had to reconsidered and subsequently a new feasibility study was carried out on the Cornagrade Road site.

As part of the solution, replacement building at Cornagrade road, NIAS agreed with Western Trust to remain on the Erne site in the existing building or in a stand alone modular building until the NIAS construction was completed. This interim arrangement was ruled out in December 11/January 12, due to the revenue implications for Western Trust, arising from their rates liability on a partially occupied site, being unsupported by the Commissioners.

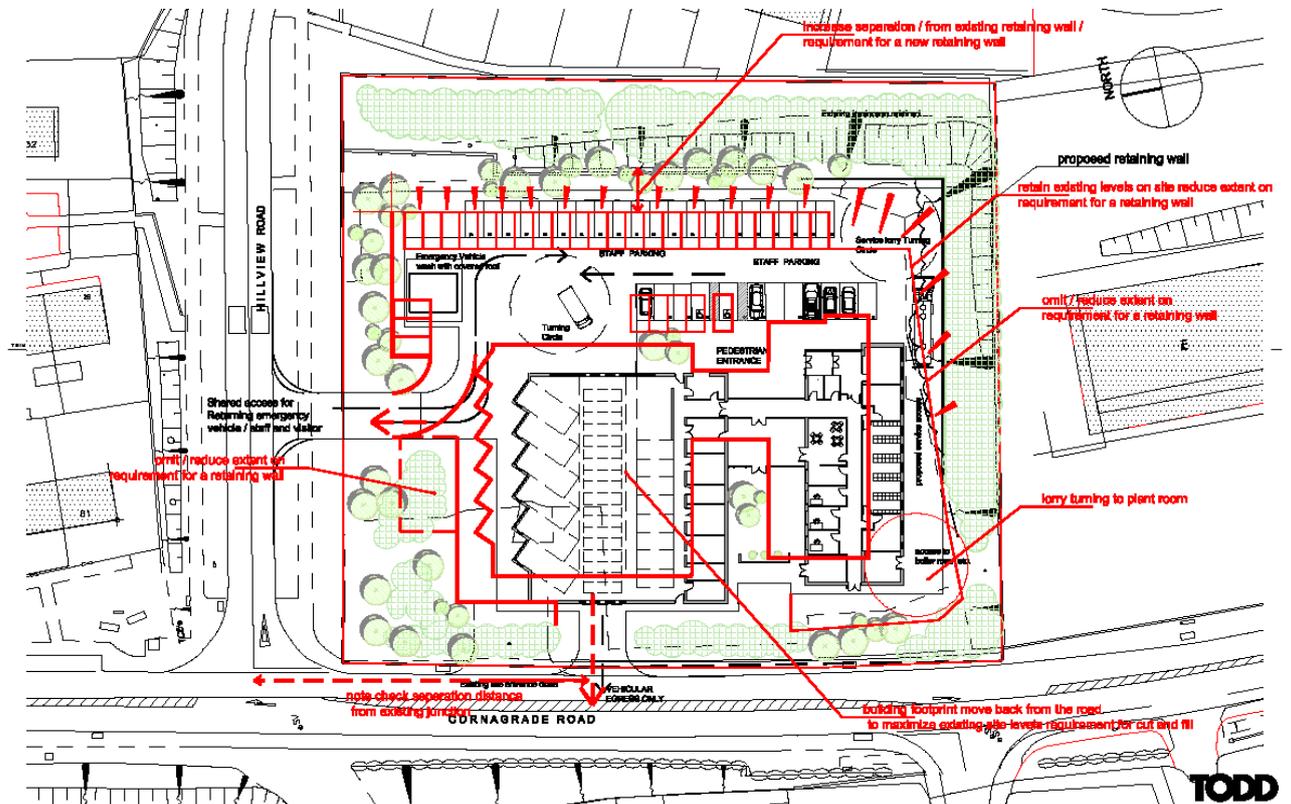
The outcome of the Erne site being unavailable to NIAS, both as a site for the replacement building and then as a location for the interim decant, severely restricted the options available to NIAS for consideration. The decant was therefore added into the replacement building programme for the Cornagrade Road site and the layout redesigned to accommodate the decant facility. At this stage the Cornagrade Road site feasibility was almost completed and the decant option was added into the project.

The decant solution involves provision of a modular building and associated parking to allow the continued provision of an Ambulance service. This service must operate from a section of the site and still allow the construction process, with associated site traffic, to continue unhindered. The decant solution was the same for the traditional and the modular build and therefore does not adversely affect the comparison of options. The costs for the decant have been included in options 8a and 8b and include retaining walls, modular building and connection costs.

Redesign of the Site Layout

The site layout as intended, would have the building centrally located and staff parking to the rear. The site has high embankments to the rear and part of one side. The addition of the decant facility pushes the replacement station to the front and right of the road front to allow sufficient space for decant accommodation to the rear. Necessary additional space needs to be created by reinstating the retaining walls to the embankments slightly further back to allow more developmental area on the site. These costs have been included in Options 8a and 8b, Traditional and Modular Construction. The drawing below shows the ideal location of the building in red and the relocation in black

Figure 26. Plan of Cornagrade Road site



SK 050112 - 01 10047 Enniskillen NIAS Cornagrade Road Site
 Option Proposal not to locate temporary decant on the site maximize location of new build to reduce costs

7.1.3 Costing the options

The purpose of this section is to set out the monetary costs and benefits associated with each option so that they may be evaluated. The basis for valuing assets and resources is opportunity costs, that is the value of the asset or resource when it is put to its most valuable alternative use, i.e. other than the use outlined in the option. Valuation of costs and benefits has been presented in terms of four sections as follows:

- Land asset costs
- Other capital costs
- Revenue costs
- Value of benefits

In carrying out the appraisal of the options, the following additional assumptions were used:

- The economic appraisal adopts the total cost approach i.e. the total cost of all the activities required to implement each of the construction options and is based on costs at 2011/12 prices
- Value Added Tax has not been included. This is in line with current appraisal guidance
- The land and building assets used for an option or which have not been disposed of as surplus to requirements have been included as an opportunity cost. As the existing Erne Hospital facility is not under the ownership of NIAS but is part of the Western HSC Trust estate this opportunity cost has been included as a rental value in the NPC calculation
- The residual value of the new buildings has been calculated in the model on the basis of a 50 year Useful Economic Life, using straight-line depreciation.
- The residual value of land used has not been depreciated, nor any provision made for sudden changes in the value of the land, be they positive or negative
- The refurbishment options have been costed to a standard that would bring existing buildings up to the minimum building control and health and safety standards/regulations as determined by Watts Group Plc, Quantity Surveyors
- Maintenance and refurbishment costs for all options are on a per m2 basis as determined by Health Estates
- Where the construction will take longer than 12 months, the construction costs have been apportioned on a pro rata basis consistent with the amount of building work complete at the end of each year
- No financial benefits from additional 3rd party use of the property has been incorporated into the financial assessment.
- Adjustment for future price changes (inflation) has not been included in this appraisal. This is on the understanding that any inflationary pressures will impact on all costs/benefits in a similar fashion and is incorporated into the Green Book test discount rate.
- The test discount rate that has been used in this appraisal is 3.5% as per HM Treasury recommendations in the 'Green Book'
- The appraisal has included the cost of depreciation of the initial project capital investment
- Where appropriate, land has been disposed of as soon as is viable, any financial benefits arising from the sale of land assets have been calculated using HEA guidance for urban and rural land values per acre
- The appraisal period has been taken over 25 years to give an assessment of all savings and costs that may arise from implementation of the Options. It has been assumed that, for the purposes of this appraisal, Year 0 is the financial year 2012/13.

7.1.4 Land Asset Costs (for Enniskillen)

The employment of assets such as land and buildings must be costed within an appraisal using opportunity cost values. The valuation of property should be based on the most valuable feasible alternative use, rather than the highest value that could be obtained for its current use. In line with DFP guidelines, the District Valuer in Lands and Property Services (LPS) was consulted on all property valuation matters relating to appraisals. The key features of the Enniskillen estate are:

- the current station is within the Western HSC Trust ownership and there is no rental recharge for the station the opportunity cost has been included as a recurring revenue cost. This has been estimated at £10,500 per annum by LPS
- The Tracey Brothers Cornagrade Road site has been valued at £150,000 by LPS. Documentary evidence of this valuation is provided in Appendix D and was provided in December 2011.
- As there is no owned land there will be no land disposal. The current station building is due to be sold as part of the disposal plan of the Erne Hospital site

7.1.5 Other Capital Costs and Receipts

Watts Group Plc Chartered Surveyors' Condition report has provided the capital refurbishment costs used for option 2 in this economic appraisal. They have costed the refurbishment works required to upgrade the station stock to Ceri Davies category B and also to make the station safe. The costs do not contain estimates of the professional fees and costs associated with bringing properties up to the appropriate standards; alternatively we have used the fee percentage supplied by Health Estates Agency. Watts Group have calculated fit-out costs on a pro rata basis of building area rather than cost of capital works – this more accurately reflects the likely cost of fit out. These are summarised in the table below and the report supplied by Watts Group on the condition of the estate is listed in Appendix B. Note that in the table these capital costs are not discounted nor do they include an adjustment for optimism bias.

Table 27. Capital Refurbishment Costs excluding OB (£000) - options 1, 2, 3

Year	0	1	2	3	Total
Option 2 Refurbishment Cost £000 (dealing with current health and safety priorities)	60				60

Source Watts Group Plc

In terms of refurbishment works, the costs were based on the detailed condition reports carried out by Watts Group Plc in 2008/09. Any subsequent work performed to maintain the stations over the period of the programme would be revenue and would not have addressed these more fundamental condition issues.

The table below details new build costs (excluding optimism bias) for options 8a and 8b. These costs have been supplied by Health Estates Agency for the desired state at Enniskillen (the plans for the station templates are contained in the assessment of need section).

Table 28. Station Build Costs excluding OB (£000) - options 8a and 8b

Year	2012/13	2013/14	2014/15	2015/16	Total
Option 8a					
Traditional build	1,039	2,226	35		3,300
Option 8b					
Modular build	1,297	1,850	35		3,182

The overall capital costs for the options are detailed in the table below:

Table 29. Option capital costs (excluding OB) (£000)

Option	New Build	Refurbishment Works	Land Fees	Totals
Option 2		60		60
Option 8a	3,300		150	3,450
Option 8b	3,182		150	3,332

7.1.6 Residual Values

In line with HM Treasury Guidelines, residual value in relation to land have been assumed to be 100% at the end of the period. In relation to buildings it has been assumed that the residual value of the current stock will be the net book value at the end of 25 years using NIAS depreciation policy, any refurbishments have been depreciated over 25 years, new build stations have a useful economic life of 50 years.

Table 30. Residual Values (£000)

Option	Current Buildings	New station	Optimism Bias	Capital Maintenance	Land
Option 2	33.5	-	-	-	-
Option 8a		1,841	191	-	150
Option 8b		1,775	184	-	150

7.1.7 Revenue Costs

The ongoing property running costs included in the option appraisal include sufficient maintenance expenditure to maintain the condition of the stations throughout the period of appraisal. The table below shows the ongoing operating and running costs associated.

Table 31. Station Running Costs (£000)

Option	Direct staff costs	Indirect staff costs	Station running costs	Station Overhead	Station Opportunity cost	Maintenance and Lifecycle)	Total
Option 2	44,020		541	4,706	263	285	49,184
Option 8a	44,020		1,803	4,076		950	50,849
Option 8b	44,020		1,803	4,076		1,229	51,128

The baseline figure for the staffing costs used in the cost calculations is the existing establishment cost for 2011/12 for all operational and non-operational staff. The current budgeted running costs are being used for options 1 and 2, as the estate configuration and staffing complement will not change significantly from the current situation. These station running costs are estimates based on NIAS expenditure and HEIG advice include; rates, grounds maintenance and cleaning. Option 8 involves the construction of a new facility, and the running costs forecasted are in line with this. There will be a requirement for decanting which would be the same for both option 8a and 8b.

7.2 Assess risks and adjust for Optimism Bias

There is a demonstrated, systematic tendency for project appraisers to be overly optimistic in their projections. This is a recognised phenomenon that affects both the private and the public sectors. Many project parameters are affected by optimism; appraisers tend to overstate benefits and understate timescales and costs, both capital and operational. It may occur, for example, through failing to reflect fully the chances of cost underestimation or time overruns; or by including projections of demand that are too generous. To redress this tendency, the Green Book requires appraisers to make explicit adjustments for this bias and thus determine a suitably risk-adjusted expected Net Present Cost (NPC) for each option.

The main aims of applying the optimism bias are to:

- Make adjustments to their estimates of capital and operating costs, benefits values and time profiles; and
- Provide a better estimate of the likely capital costs and works' duration.

Following a discussion between NIAS, Health Estates Agency and the business case team an adjustment for Optimism Bias of 11.59% has been calculated using the Mott McDonald approach and is set out in the figure overleaf, along with the rationale for levels of mitigation.

Because of the general similarity of the most material risks (i.e. risk of claims, contractor capabilities and adequacy of the business case) between options and the small scale of capital expenditure in option 2 the same optimism bias is applied to it. Option 2 is not a viable option but has been retained for comparison only.

Table 32. Optimism Bias Adjustments and effects (£000)

Capital Costs	Option 2	Option 8a	Option 8b
Total non risk adjusted Capital Expenditure	60	3,300	3,182
Optimism Bias Adjustment	7	382	368
Total Risk Adjusted Capital Expenditure	67	3,682	3,550

7.2.1 Value of Benefits

No benefits will accrue in the development of this option as there is no disposal of land in any of the options.

7.3 Calculate Net Present Values and assess uncertainties

The table below details the results of the financial analysis of the 3 options. Detailed NPC calculations are included in Appendix B.

Table 33. NPC for Estate options (£000)

	Option 2	Option 8a	Option 8b
Capital Expenditure	60	3,300	3,182
Optimism Bias Adjustment	7	382	368
Total Risk adjusted Capital Expenditure	67	3,682	3,550
Residual Value	33.5	1,841	1,775
Opportunity costs (rental for current station)	10.5	-	-
Total Revenue Costs (including opportunity costs)	49,184	50,849	51,127
Net Present Costs (Risk Adjusted)	33,593	37,409	37,483
Rank	1	2	3

The first point to note is that all options have a positive net present value, i.e. there is a net cost for each option. Overall, Option 2 has a low cost. It addresses backlog maintenance and safety issues only but does not improve the accommodation and meet service needs in terms of space and functional suitability. Option 8a is a new build in traditional construction to NIAS specification and therefore is a full cost replacement. It costs slightly more than Option 8b, which is of modular construction, in risk adjusted capital expenditure. When residual values and lifetime costs are considered then Option 8a, being of traditional construction, represents better value at a lower net present cost.

7.4 Weigh up non-monetary costs and benefits

Through consultation with the NIAS management team an agreed set of benefit criteria were developed to complete a non-monetary evaluation of the estate options. The level of importance of each of the benefits was considered in relation to the objectives, constraints and the investment aims. The allocation of a weighting factor to each of the criteria is a means of reflecting their importance for the success of each option in the scoring. The weightings agreed by the Project Team are as follows:

7.4.1 Results of Benefits Weighting

Table 34. Weighted Benefits Estate

BENEFITS		Weight
Rank		
1	Service delivery and reliability	40
2	Estate Quality, Suitability and Capacity	35
3	Staff Safety	25
TOTAL		100

7.4.2 Rationale for Weighting

Service delivery and reliability

To ensure that the NIAS estate infrastructure supports all aspects of the ambulance service (emergency, non-emergency and support/administration) to deliver improving patient outcomes by 2014

With relation to NIAS's estate this criterion is viewed as being of great importance, as the over-riding aim of this project is to build the long term infrastructure of ambulance services to respond to the needs of the public in Northern Ireland. The ultimate aim of moving towards a performance model it is necessary to build up regional infrastructure. The weighting applied is therefore 40%. Each option is considered in respect of its potential to support the future operational service delivery model and any option that presents greater opportunities to enhance performance or that minimise current deficiencies impacting on the service will score higher; options which limit the potential for change will score low.

Estate Quality, Suitability and Capacity

To ensure that the estate is of an appropriate standard and that adequate space is provided for both staff and vehicles in line with guidance and best practice by 2014

The estate should meet the requirements of Disability Discrimination Act, Equality of Opportunity and Health and Safety. The location of the estate should ensure optimum coverage of Northern Ireland. It should have adequate internal and external space for ambulance crew training and development and administrative support functions. These facilities should also allow the adequate storage of appliances and equipment.

As can be seen from the assessment of need a great deal of the NIAS estate is in poor condition. The organisation has previously concentrated its capital spend on investment in fleet and equipment which has resulted in a good standard of stock in this respect. This criterion has consequently been apportioned 35%. Options that enable the improvement of the station's poor Ceri-Davis building reports will score highest. Furthermore, it is important that adequate staff facilities including car parking, shower and toilet facilities and locker accommodation is provided in all stations to ensure efficient and effective responses as this can have an impact on incident response times. Therefore options that present opportunities to improve staff facilities will score higher.

Safety

To ensure that staff are provided with a safe and secure working environment in support buildings and deployment points in the course of service delivery by 2014

The Safety of NIAS personnel and the public was also viewed as being of great importance across the service as a whole through the ambulance fleet, the equipment used and the stations and deployment points in which crew are based. Regarding the estate, this is of particular importance in those facilities that operate on a 24 hour basis, such as Enniskillen. The weighting given to this criterion is therefore 25%. Each option is considered in respect of its potential to enable the service to ensure that it has the infrastructure to ensure that safety. Any option that presents greater opportunities for increasing safety and those that minimise the current deficiencies impacting on the service will score higher; options which limit the potential for change will score low.

7.4.3 Benefit Criteria and Weights

The level of importance of each of the benefit criteria was considered in relation to the objectives, constraints and the investment aims. The scores agreed by the Project Team are as follows:

Table 35. Results of the Benefits Appraisal Exercise - Estate

	Weight	Option 2		Option 8a		Option 8b	
		Score	Wtd Score	Score	Wtd Score	Score	Wtd Score
Service Delivery, Reliability	40 (400)	7	280	8	320	7	280
Quality	35 (350)	7	245	10	350	9	315
Safety	25 (250)	6	150	9	225	8	200
Total	100 (1000)		675		895		795

7.4.4 Rationale for Scoring

Service Delivery and Reliability Option 2 scores 7/10 as whilst it brings the current buildings physical and mechanical condition to Category B standard it does not improve the space utilisation and functional suitability to the desired standard. Option 8a scores 8/10 as it will be a purpose built facility with the slight disadvantage of being further from the optimal location than preferred. Option 8b scores 7/10 because it shares the geographical location as option 8a and as a modular building it would require more maintenance than traditional build.

Estate Quality Suitability and Capacity Option 2 scores 7/10 as the building will be safe but it will not be a permanent solution as it has not improved the deficiencies relating to space and functional suitability. Option 8a scores the maximum 10/10 as it will meet all the needs of the service in relation to building quality and functionality. Option 8b also scores highly, 9/10. The method of construction would not be as good as traditional build over its lifetime and would ultimately degrade more quickly, therefore it receives a score of 9/10.

Safety Option 2 scores 6/10 as it increases safety as statutory risks associated with the physical, mechanical and electrical condition would be addressed. Operational risks to staff, vehicles and drugs and equipment would remain. Option 8a scores 9/10 as it is a new facility but would still contain risks that need to be monitored and managed and to some extent these would be unknown until operating from that environment. Option 8b scores one fewer point than 8a as it is not a traditional build and the construction would not offer the same physical protection to staff, vehicles, drugs and equipment.

7.5 Assess the balance of advantage between the options and present the appraisal results and conclusions

The table below summarises the NPC calculation and qualitative analysis results for each of the three short listed options.

Table 36. Financial and non-monetary assessment results

		Quantitative		Qualitative		NPC £ per point
		NPC £000	Overall Rank	Score	Overall Rank	£
Option 2	Do Minimum	33,593	1	675	3	50
Option 8a	Cornagrade site Trad build	37,409	2	895	1	42
Option 8b	Cornagrade site Mod build	37,483	3	795	2	47

7.5.1 Recommendation

On the basis of the qualitative and quantitative analysis and based on a review of the assessment of need, Option 8a is identified as the preferred option. It represents both the best value of the viable options and the best qualitative score. It meets all the requirements and specifications for the NIAS estate in Enniskillen.

7.5.2 Selection of site within existing NIAS estate

The Cornagrade Road site is chosen as it is the most suitable in terms of geographical location, has the required space available, and will overcome the difficulties currently presented due to the lack of space of the current site.

7.6 Record proposed arrangements for financing, management, procurement, marketing, monitoring and evaluation

A Green Book requirement is to provide appropriate information on aspects relating to project delivery and monitoring in appraisals prior to approval. Specifically, they require information on:

- Finance
- Project Management & Procurement
- Marketing
- Monitoring and Evaluation

This information is also good practice in planning and project management. Each of these is discussed in turn below.

7.6.1 Finance

Project Funding

In the course of developing an outline business case for a programme of this nature it is normal practice to assess the affordability of the preferred project option. As a pre-cursor to this the affordability (in cash and not economic terms) of the option has been calculated. The total funding proposals for the life of the project (risk adjusted) are outlined in the table below. The capital costs identified below equate to the total of building/refurbishment costs, professional fees and fit out costs for this option adjusted by 11.59% for optimism bias and MIPS as provided by Health Estates. The revenue costs consist of the pay costs (non operational staff) and the building running costs such as maintenance, rates, heat, light and power.

Affordability

The Green Book states that 'affordability should always be considered when developing and selecting options'. The table below assess the affordability of the preferred option against the 'do minimum' option. It assesses the impact on total operating costs including and excluding capital charges.

Table 37. Option Affordability of the preferred option (Option 8a)

Affordability Analysis	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	TOTAL
Preferred Option												
Total Capital Consequences	1,039	2,417	227	-	-	-	-	-	-	-	-	3,682
Total Revenue Consequences (Cash DEL)	2,001	2,005	2,005	2,006	2,032	2,005	2,006	2,006	2,005	2,064	2,006	22,141
Total Revenue Consequences (Non Cash DEL - Depreciation)	-	-	61	61	61	61	61	61	61	61	61	552
Total Revenue Consequences (Cash and Non Cash DEL)	2,001	2,005	2,067	2,067	2,094	2,066	2,067	2,067	2,066	2,125	2,068	22,693
Do minimum option												
Total Capital Consequences	67	-	-	-	-	-	-	-	-	-	-	67
Total Revenue Consequences (Cash DEL)	1,958	1,959	1,959	1,959	1,965	1,959	1,966	1,959	1,959	1,975	1,959	21,575
Total Revenue Consequences (Non Cash DEL - Depreciation)	3	3	3	3	3	3	3	3	3	3	3	29
Total Revenue Consequences (Cash and Non Cash DEL)	1,960	1,961	1,961	1,962	1,968	1,961	1,968	1,962	1,961	1,978	1,962	21,605
Affordability gap												
Total Capital Consequences	972	2,417	227	-	-	-	-	-	-	-	-	3,615
Total Revenue Consequences (Cash DEL)	44	47	47	47	67	46	40	47	46	89	47	566
Total Revenue Consequences (Non Cash DEL - Depreciation)	-	3	3	59	59	59	59	59	59	59	59	523
Total Revenue Consequences (Cash and Non Cash DEL)	41	44	105	105	126	105	99	105	105	148	106	1,089

The net capital and revenue consequences of the preferred option compared with the baseline status quo option are set out in table 47 above. As can be seen from the table, the capital funding requirement that must be found by NIAS for the preferred option is £3,682k plus £150k for land purchase (MIPS adjusted to Quarter 1 2012 prices by Health Estates) and £22.6m in revenue (for years 0 to 10) compared with £67k in capital and £21.6m in revenue for the do minimum option.

7.6.2 Project Management & Procurement

Implementing the preferred option will require significant action in terms of project management and procurement. The project will be managed at a strategic level by a Project Board and at an operational level by a project manager. HEIG will provide project management for the project. NIAS will have a project Board will containing senior members of NIAS representing Operations and Finance at director and assistant Director level. The Board will be responsible for ensuring that the project is defined to the correct specifications so as to address the needs of NIAS. This internal project board will report progress o the Strategic Investment Group.

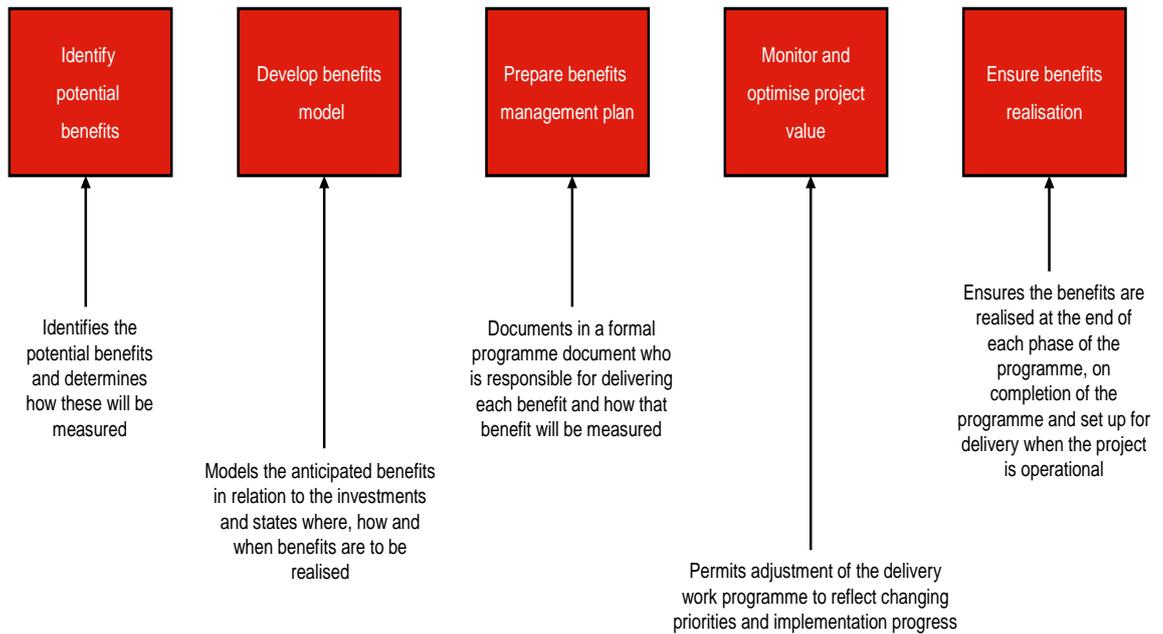
The board will meet will meet on a quarterly basis and the project manager will provide relevant information and updates to the board. HEIG will carry out the role of technical and procurement advisers to NIAS throughout the development and implementation of the programme.

Benefits Management

OGC guidance recommends that large projects develop a robust approach to benefits realisation. Benefit management is the programme management process that allows the NIAS to maximise the return from its projects. Latest OGC thinking emphasises that the benefits management process covers the whole of the project lifecycle including operations as well as the programme implementation. The process covers the identification and quantification of the benefits to be realised, and the realisation of the benefits to the organisation through effective tracking and control.

The agreed benefit strategy will set out how the benefits management process will be applied in practice, providing greater detail for the operation of the process and setting out key management elements such as organisation, responsibilities and reporting. The project review points will be agreed as part of a wider project management plan and is not for the business case to dictate.

Figure 38. Benefits Management Approach



The agreed benefits strategy will define the following primary deliverables:

- A Benefits Model – which provides a central management information system to underpin the benefits management process
- Benefits Realisation Plan – which sets out how NIAS plans to realise the benefits they are responsible for (Appendix F)
- Benefit progress reports – which provide the essential information to make benefits management a living process, thus ensuring that changes can be tracked and that expected benefits could be actively managed and realised.

7.6.3 Procurement

Current Government policy in this area is to achieve investment in Health Sector capital investment programmes through the Private Finance Initiative (PFI) only where they offer value for money over the traditional public procurement approaches. This will not necessarily reduce the workload in terms of project management or procurement, though it will change the nature and timing of work – more technical input will be required in specifying the contract.

7.6.4 Is PFI Suitable for this project?

Because of the relatively small scale of this project (c£3.8m capital spend) it is under the HMT £20m threshold for the consideration of PFI as a procurement route. In overall conclusion PFI is therefore not appropriate in this instance. Regardless of the procurement and financing vehicles agreed upon, the OGC 'Achieving Excellence in Construction' initiative needs to be adhered to in any development of the NIAS's estate. The achieving excellence initiative sets out a route map with challenging targets for government performance in construction projects under the four headings - management, measurement, standardisation and integration.

The suite of procurement guidance underpins the future strategy of Achieving Excellence and replaces the Construction Procurement Guidance Notes series. This new series reflects developments in construction procurement over recent years and builds on departments' experience of implementing Achieving Excellence. The new guidance aligns with the OGC Gateway process, the emerging lessons learned from Gateway reviews and the Successful Delivery Toolkit, of which it forms a key component.

7.6.5 Marketing

As set out in the assessment of need, through the refurbishment and/or rebuilding of their stations, NIAS may be able to hire out rooms. But the financial income of this is not likely to be significant and as a result of this project and therefore this section is not applicable.

7.6.6 Monitoring and Evaluation

In line with Government investment guidelines, it is necessary to appraise the outcome of the investment projects. We would recommend continual monitoring by the project manager (monthly over the course of the programme) as a means of ensuring that the project is implemented as intended. While this monitoring would feed into the final evaluation, it is also good practice and a key element of project management. This monitoring will also enable variations from the proposed plan to be accommodated and appropriate action taken. This could incorporate:

- Monitoring of expenditure, in particular capital costs
- Monitoring of progress against project plan
- Monitoring of project performance against objectives and
- Monitoring of project against qualitative objectives

7.6.7 Post-project evaluation

The post implementation evaluation will comprise a detailed examination of the extent to which the project has succeeded in fulfilling its original objectives and will draw on the monitoring information. This evaluation for estate programme will be the responsibility of the Director of Operations (or equivalent member of the senior management team able to provide an independent and objective view) and should be timetabled for 12 to 18 months after the station build has been completed.

8 Summary of overall preferred option for the NIAS Investment and recommendation

8.1 Overview - the preferred option

A comprehensive option development, appraisal and costing exercise was carried out for the Enniskillen estate and a preferred option was selected for each as set out in the table below.

Table 39. Enniskillen estate preferred options

Option		Capital expenditure including OB and Land (£'000)	NPC (£'000)
Option 8a	New build facility to incorporate facilities defined by the assessment of need and the schedule of accommodation discussed in section 5 at a new commercial site outside the Western Trust Estate.	3,682	37,409
	Land purchase	£150	-

The new site has been identified as the site at Cornagrade Road, Enniskillen.

8.2 Short term capital implications

Over the next three years the capital cost for the preferred option is shown in the table below.

Table 40. Short term capital expenditure of the preferred option (option 8a) for Enniskillen estate (£'000 in 2010/11 prices)

Cost/Year	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	Total £000
Pre-optimism bias Capital Expenditure	0	0	1,039	2,226	35	3,300
Land Purchase			150			150
Optimism bias	0	0	0	181	181	382
Capital Expenditure (including opt. bias)	0	0	1,189	2,407	216	3,832

8.3 Recommendations

8.3.1 What NIAS is seeking funding for:

NIAS is seeking capital funding of £3,832 (including £382k of Optimism Bias with the non OB adjusted cost of £150k for land and £3,121k for construction work) at prices to be incurred as per the planned expenditure profile set out in the tables above and in section 8. Construction costs are £3,300k when MIPS adjusted to Quarter 1 prices.

8.4 Immediate Next Steps

This Business Case process has identified a preferred option for NIAS's Enniskillen estate involves a new build facility from the status quo which requires capital investment, and does require some additional revenue expenditure.

The appraisal report will be presented to the DHSSPS to be considered for their endorsement and approval. On the basis of the above analysis, Option 8a (with a new build at the Cornagrade Road site) was identified as the preferred option as it meets all of the project objectives and constraints.

It is therefore recommended that DHSSPS pursue Option 8a as the preferred option for the NIAS Enniskillen estate programme to allow purchase of the site and decant to be put in place prior to construction of the replacement station.

Appendix A: Estate NPC Calculations

NPC Category	Option 1	Option 2	Option 8a	Option 8b
Opportunity Costs				
Land	0	0	0	0
Buildings (25 years)	0	0	0	0
Total opportunity costs	0	0	0	0
Capital Expenditure				
Land	0	0	0	0
Shell: 50 Year Life - construction and on costs	0	0	0	0
Shell: 25 Year Life	0	60	2,467	2,383
Fees - Pre Contract	0	0	0	0
Fees - Post Contract	0	0	444	429
Non works Costs - Planning, building control	0	0	62	60
Equipment	0	0	328	311
Pre optimism Bias Totals	0	60	3,300	3,182
Optimism Bias		7	382	369

NPC Category	Option 1	Option 2	Option 8a	Option 8b
Risk Adjusted Capital Cost	0	67	3,682	3,551
Residual Values				
Buildings	0	30	1,650	1,591
Capital Maintenance	0	0	0	0
Land	0	0	0	0
Optimism Bias	0	4	191	185
Total Risk Adjusted Residual Value	0	34	1,841	1,775
Recurring Revenue				
Pay costs				
Direct Staffing (Enniskillen)	42,847	42,847	42,847	42,847
Direct Staffing (CSO)	1,173	1,173	1,173	1,173
Non pay costs	0	0		
Enniskillen Station - opportunity cost (Rental)	263	263	0	0
Station Overheads (Enniskillen)	4,076	4,076	4,076	4,076
Station Running Costs - HLP, Rates etc (Enniskillen)	541	541	1,803	1,803
Maintenance (General and Lifecycle)	0	285	950	1,229
Total Revenue Costs	48,899	49,184	50,849	51,127

NPC Category	Option 1	Option 2	Option 8a	Option 8b
Total Capital and Revenue Costs (excluding Residual Values)	48,899	49,251	54,531	54,678
NPC				
Risk Adjusted NPC	33,365	33,593	37,409	37,483
Rank	1	2	3	4
Difference from the cheapest	0	(228)	(4,043)	(4,118)
Qualitative Analysis Score	580	675	895	795
Rank	4	3	1	2
NPC £'000 per Qualitative Score	58	50	42	47
Rank	4	3	1	2

Appendix B: Watts Group Plc Condition Survey

App B Enniskillen Property Appraisal - Detail Report (inc images) Watts 2009

Appendix C: Enniskillen Schedule of Accommodation

8.4.1 Station

Table 41. 3-4 Crew Ambulance Station (Source: HEA)

Rm	LOCATION	Area M ²	Purpose	Comment
1	Rest Room	18	Rest and relaxation area for staff	<p>This room provides an area where ambulance staff can wait while on call or to rest during breaks of duty. Ideally this should be adjacent to or within easy reach of the garage. To alleviate the possible tedium of waiting the room should be airy and bright therefore good natural lighting and ventilation should be provided. This room should be able to accommodate all staff on duty with allowance for additional activity at shift changeover.</p>
4	Kitchen/ Dining	16	<p>Space to prepare and cook meals Space to eat meals in reasonable comfort</p>	<p>The kitchen/dining area should be “Open Plan” with the dining area separated from the kitchen by a worktop. The kitchen needs appropriate equipment to enable staff to prepare meals, snacks and beverages for themselves. The facilities required include cooking equipment, microwave oven, sink and drainer, fridge and or fridge/freezer together with cupboards and shelving. The dining area should be of adequate size to accommodate the maximum of staff on shift likely to be eating at the one time. If possible this area should have windows and mechanical ventilation should be available in the kitchen area only. Kitchen/dining room should enable staff to prepare and eat their meals together.</p>

Rm	LOCATION	Area M ²	Purpose	Comment
6	Lockers	16	For use by male and female staff with space for gear and equipment	Locker room should house individual lockers for all staff. Full height ventilated lockers with background heating and plinth. This room should contain lockers for the maximum number of staff on station. The standard locker is approximately 0.5 metres wide.
11	Male WC/ Shower/ Changing	14	Washing	This is a toileting and hand washing facility. Male/Female Showers should incorporate a changing area as the locker room is communal. Showering facilities are necessary for staff who may need to change after dirty calls. Contaminated by blood.
16	Female WC/ Shower/ Changing	14	Washing	This is a toileting and hand washing facility. Male/Female Showers should incorporate a changing area as the locker room is communal. Showering facilities are necessary for staff who may need to change after dirty calls. Contaminated by blood.
20	Office	10	Space for Station Supervisor	The office will be the administrative centre of an ambulance station. The activities within this office will include personal interviews with staff, disciplinary procedures and other meetings or interviews. The personnel records of the station and vehicle and equipment inventory would normally be held here. Allocation of duties, movement of vehicles, recording of staff attendances and filing of Service/Station standing orders, health and safety regulations, daily record statistics etc will all be held within this office. It will require, phone, fax and computer access points.

Rm	LOCATION	Area M ²	Purpose	Comment
30	Training Room	8	In house training on new systems and equipment Continuous personal development Periodic assessments (Quarterly, annual) Quiet place for study and research	The Training Room is a facility for “in-house” training of local staff. It will provide space for continuous staff development whilst staff are training for paramedic, training or ACA Courses. To facilitate personal development there should be access to a computer with storage for training mannequins for resuscitation, infusion, intubation and canulation. On site training could include new equipment e.g. defibrillators, resuscitators, suction, immobilisers, drugs and vacuum mattress. Quarterly and ongoing assessments, work based training assessments, clinical audit, debriefing of calls and review of clinical procedures could be carried out. Also individual study in preparation for career development and ongoing professional development.
40	Store	10	Medical consumables	All stores should be well lit and ventilated. Store will contain medical consumables, bandages, dressings, caules, IV oxygen tubing and masks etc. Stores should have natural light and ventilation through high level windows to enable maximisation of wall space. High level heating should also be available within the area.
41	Store	10	Equipment Store	Storage and charging for Defibrillators, Telephones, Radios etc.
42	Dirty Store	8	Store for dirty laundry and clinical waste	Safe and appropriate storage for used linen and clinical waste bins
48	Cleaners	4	Space for cleaning equipment and materials	Provision is required for the storage of cleaning equipment and materials. There should be space for manoeuvring cleaning materials, emptying and filling of buckets and bowls and routine servicing and cleaning of equipment. Consideration should be given to a Belfast sink.

Rm	LOCATION	Area M ²	Purpose	Comment
49	Sluice Room	6	Area to wash dirty PPE clothing, boots and equipment. Washing materials and equipment for ambulance interiors	The sluice area is for cleaning and decontaminating gear and equipment which may be contaminated with body waste or products. It should be adjacent to or included within the garage area and provide sluicing and cleaning for equipment and vehicles.
50	Vehicle consumables store	5	Store for consumables required to keep vehicles in service (e.g. Oil, antifreeze)	This store will accommodate light vehicle maintenance products, routine oils, tyre, water, anti-freeze and vehicle cleaning products. It should be adjacent to the garage and enable storage of heavy items at low levels and be resistant to oil and other vehicle products
60	Boiler	9	For the water and space heating boiler	To house heating plant of appropriate capacity for the station.
61	Switch/ Comms	5	Secure and controlled space for switch and communications equipment	<p>This room will require to contain incoming electrical supply with distribution switch and fuse gear. On sites where electrical supply of suitable capacity is available from existing switchboard nearby a suitable local switchgear compartment cupboard may suffice.</p> <p>The space beside it should be securely locked with an outward opening door. It must be permanently dry and well ventilated to disperse any heat. It should be kept exclusively for electrical purposes and be large enough for equipment to be installed, to be operated and maintained safely. It should have good light and for general services include a 13amp socket outlet for hand lights and power operated tools.</p>
80	Circulation Space	50	Entrance and space connecting rooms proportionate to size of building	Circulation space should be commensurate with the size of the building and enable access to all rooms, entrances and exits. Allowance for staff carrying and moving equipment along corridors.

Rm	LOCATION	Area M ²	Purpose	Comment
70	Garage	252	Garaging for 6 vehicles	Secure and heated accommodation for All station based vehicles
	Total office & accommodation	203		
	Garage	252		
	Total Space (sqm)	455		

Appendix D: LPS Valuations

D.1 LPS rental valuation of NIAS on Erne site



Land &
Property
Services

ASST DIRECTOR

5th December 2011

- 9 DEC 2011

Mr Bryan Snoddy
Northern Ireland Ambulance Service
Site 30
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

OPERATIONS-NIAS

OP/FE/06(2)

Land & Property Services
Boaz House
19 Scarffe's Entry
DERGMONEY LOWER
Omagh
BT78 1JG

Telephone: 028 8225 4888
Fax: 028 8225 4880
Minicom: 0800 197 0612
Email: omagh.valuation@lpsni.gov.uk
www.lpsni.gov.uk

Your ref: OP_FE_06 (2) (3)
Our ref: 6154497-6

**WITHOUT PREJUDICE
SUBJECT TO CONTRACT**

Dear Bryan

Site for New Ambulance Station, Cornagrade Road Enniskillen

I refer to your letter of the 8th November 20011 and your request for a valuation of the subject site.

The subject site lies at the junction between the Cornagrade Road and Hillview Road, Enniskillen and extends to c. 1.54 acres. In assessing the Market Value of the site I have made the following assumptions:

Property Development

It is assumed the lands are:

- Free from all forms of contamination including radon
- Free from flooding and the surrounding area is not subject to subsidence
- Ground conditions are adequate to allow development to proceed within normal and accepted cost limits
- All services are available to the site and no above normal connection costs will be encountered
- All and any sightline provisions can be made available within the existing site

Title

It is assumed the lands are held in Fee Simple or long leasehold at a nominal consideration free from any onerous or restrictive covenants.

Appendix E: Project Risk Register

Risk No.	Description	Category	Potential Impact	Possibility of Becoming Issue	Inter-dependence with other risks	Risk Management	Contingency	Owner	Date Reported	Date Closed
<i>Design and Development Risk</i>										
1	Changes in the service delivery model result in changes to the infrastructure requirements	Low	Low, Infrastructure requirements and the nature of facilities at Enniskillen may need reconfiguration.	Low. NIAS operational and strategic planning means that NIAS keep the service delivery requirements under constant review.	The type of infrastructure required will impact on all the identified risks	It will be the responsibility of regional/ Divisional management to integrate NIAS corporate plans with frontline service delivery	The design brief for Enniskillen allows flexibility in current and future use and will mean that future changes to the estate will only be significant if there is a step change in NIAS operational requirements	CEx	01/03/12	
2	<i>Availability of land</i>	<i>High</i>	<i>High, If there is no appropriate land available then it will not be possible to</i>	<i>Medium, Site analysis has been completed</i>	<i>If there is no available land then the project will not be</i>	<i>Site availability, suitability and feasibility</i>	<i>Services can still be delivered from original location in the short</i>	CX	01/03/12	

Risk No.	Description	Category	Potential Impact	Possibility of Becoming Issue	Inter-dependence with other risks	Risk Management	Contingency	Owner	Date Reported	Date Closed
			<i>reconfigure the estate in Enniskillen</i>	<i>final agreement to be made with landowner.</i>	<i>completed on time</i>	<i>surveys have been completed</i>	<i>term</i>			
3	Negative public perception of station move	Low	Low, A negative public perception may mean that the hoped for station relocations may not happen as quickly as required	Low The planned move is only a short distance from the existing location	Linked to the availability of land and the timing of the station build (risk 2)	Ensure extensive consultation is carried out	Move is part of the reconfiguration of the hospital provision in the South West.	CX	01/03/12	
<i>Commissioning and Implementation</i>										
4	Capacity of DHSSPS/ NIAS to deliver the construction of Enniskillen Ambulance station on time and to budget	Medium	Medium, Inability to deliver on time will affect service delivery and could lead to increased costs. It could also negatively impact on the public perception of NIAS in the local	Medium/ High. The development of Enniskillen will place significant demands on management time	This is linked to all the noted risks	Ensure that effective systems, capabilities and project management arrangements in place in order to deliver the project on	Ensure that appropriate alternate resources available through recruitment and/or outsourcing. . In addition to the NIAS project manager, Health	CX	01/03/12	

Risk No.	Description	Category	Potential Impact	Possibility of Becoming Issue	Inter-dependence with other risks	Risk Management	Contingency	Owner	Date Reported	Date Closed
			community	and resources in addition to existing commitments		time.	Estates provide ongoing support during design, procurement and construction phases			
5	Delays caused by 'force majeure' (including terrorism)	Medium/High	High, The scale of the event will have a direct correlation on the impact	Medium /Low. The possibility of these events happening in NI have reduced significantly but still need to be considered	This will affect the timing of the completion of the project	Business continuity plans are already in place to cover force majeure events at all stations including Enniskillen.	Contingency arrangements within Business Continuity plans for Enniskillen	CX	01/03/12	
6	Delays in the completion of station construction through for example: - approval	High	High, The assessment of need highlighted NIAS's need for an upgrade to the Enniskillen station and the unavailability of the	Medium	Dependant on the availability of sites	The priority will be to ensure continuity of service in the event the current site must be	Consider alternative locations or review option to remain on Erne site	CX	01/03/12	

Risk No.	Description	Category	Potential Impact	Possibility of Becoming Issue	Inter-dependence with other risks	Risk Management	Contingency	Owner	Date Reported	Date Closed
	delays - contractor appointment delay		existing site			vacated before an alternative is ready				
7	Contractor damages station/equipment, which causes delay in completion	Medium/Low	Medium, Depending on the severity of the damage, the impact on service delivery will vary	Medium/Low . As the programme has not been approved nor the contractors appointed it is difficult to determine this	This will affect the timing of the project completion	Appropriate decant arrangements should be put in place	Ensure that capacity is available elsewhere in the estate network to ensure that service delivery is not affected	CX	01/03/12	
<i>Demand and Volume</i>										
8	Major shift in call patterns and volumes outside of expected parameters (this refers to changes in demography)	Medium	Medium, Changes in the volume and locations for demand may mean that points for response and type of response may need to change.	Low. It is unlikely that there will be major shifts in the number and sources of calls in the Enniskillen	This is related to the risk surrounding the changes in service delivery (risk no. 1 above)	It is unlikely that there will be significant changes in the geography and demographics of Enniskillen that would	The design of the Enniskillen station is sufficiently flexible to allow for changes in the mix of activities and services	CX	01/03/12	

Risk No.	Description	Category	Potential Impact	Possibility of Becoming Issue	Inter-dependence with other risks	Risk Management	Contingency	Owner	Date Reported	Date Closed
	and/or population movements)			region,		result in a step change in the demand and volume of services.	provided.			
<i>Regulatory</i>										
9	Changes in building standards	Low/medium	Will only affect works planned but not started if any changes in regulations/guidelines take place.	Low/medium	This is a stand alone risk	Planning contingency and optimism bias should account for financial impact. HEIG will play a vital role in advising the project management team of any upcoming	Ensure that the building standards are kept under review	CX HEIG	01/03/12	
10	Assembly introduces change of policy or priority in service	Medium	Medium, Similar to changes in service requirements in that what is currently required from NIAS	Medium to high	Connected to changes to service requirements and changes to	Estate redevelopment needs to be closely linked with	Station design is flexible for change of use	CX	01/03/12	

Risk No.	Description	Category	Potential Impact	Possibility of Becoming Issue	Inter-dependence with other risks	Risk Management	Contingency	Owner	Date Reported	Date Closed
	delivery for NIAS		in service delivery will be altered considerably		the legislation governing the remit of NIAS	wider business strategies and plans.				
<i>Personnel</i>										
11	Personnel dissatisfaction as a result of changes to working practices and conditions at Enniskillen	High	Will have a major impact on service delivery if industrial action occurs	Low/ Medium industrial relations are good with staff and the changes being made at Enniskillen will improve the service effectiveness and working conditions for staff	Section 75 challenge (Estate risk No.7)	Staff have been consulted with and engaged in the development of the new Enniskillen Station	The Communication strategy will have both internal and external elements and staff are engaged in process	CX HR Team	01/03/12	
<i>Funding</i>										
12	Appropriate funding may not	Medium	Medium, If the funding is not	Medium. Enniskillen	The availability of funding for	Ensure that plans are	Project plans will prioritise works	CX	01/03/12	

Risk No.	Description	Category	Potential Impact	Possibility of Becoming Issue	Inter-dependence with other risks	Risk Management	Contingency	Owner	Date Reported	Date Closed
	be available to deliver the Enniskillen Station		available to complete the Enniskillen Station project, service delivery will be affected.	has been identified as a priority project in DHSSPS and NIAS.	the wider estate programme will determine the scale and scope of works (and thus risks)	drawn up highlighting the key projects that need to be completed in order to continue the service delivery	based on need. Also NIAS need to be able to respond quickly to potential funding available through slippage in other projects			

Appendix F: Benefits Realisation Plan

F.1 Estate Benefits Realisation Plan

Estate Benefit 1					
Benefit 1		Responsibilities for Achieving Benefit		Responsibility for Measuring Benefit	
<p>To ensure that the NIAS estate supports all aspects of a high performing ambulance service</p> <p>This benefit considers the need to have ambulance and emergency response (including crewed vehicles and other forms of response) in appropriate locations to ensure that the NI public as a whole can be guaranteed a minimum level of response and service.</p>		<p>The main responsibility for delivering this benefit rests with operations management [B Snoddy]. It is important to note that the sustainability of this benefit is dependent on ongoing investment in appropriate deployment and support infrastructure as set out in the OBC1.</p>		<p>NIAS Operations management will co-ordinate the collection of relevant data and analysis.</p> <p>Benefits Measurement Team: B Snoddy, Asst Dir Operations (Fleet & Estate) N Sheppy, Assistant Director Operations (Performance)</p>	
Benefit Measure Assigned	Method of Measurement	Current Value	Proposed Value	Measurement to be done by	Measurement Dates
Estate capacity and location	Measuring the capacity of the Enniskillen station. This includes assessing the impact of the new station on service response time	<p>Current response times</p> <ul style="list-style-type: none"> Cat A 64.9% within 8 mins 	<p>Target future response times</p> <ul style="list-style-type: none"> Cat A 72.5% (not less than 65% in any LCG area) 	Benefits Measurement Team	
Staff Capability and development	The capability of crews as a result of training received - evidenced by training record compliance	<p>Courses delivered</p> <ul style="list-style-type: none"> Return To Work New Equipment Training (includes equipment 	The target is to maintain the current levels of Training activity and types of training to be delivered. Primary benefit and aim is to	Benefits Measurement Team	

Estate Benefit 1

		<p>and devices)</p> <ul style="list-style-type: none"> • Update Training - protocols, drugs etc • Vehicle Training • ALS/BLS • Post proficiency training 2 days per year – content varies year to year depending on clinical priorities 	improve the efficiency with which training is provided at station level.			
Non-ICT Actions Required	Responsibility for Actions	Expected Outcomes	Start Date	End Date	Agreed (signed)	Date
The strategic and tactical location of service bases and deployment points in line with Performance improvement and operational plans	B Snoddy	<ul style="list-style-type: none"> • improved geographical coverage and consolidation of services • appropriate resource deployment based on need 	On-going	On-going		
Potential Risks	Likelihood (H/M/L)	Impact on Benefit	Countermeasures			Responsibility for Counter-measures
Health service reconfiguration (e.g. E.D. locations changed)	Medium	<p>Low/Medium impact.</p> <p>Incident locations and response not affected by changes to HSC</p>	Monitor Affect after opening of S.W. hospital			Benefits Measurement Team

Estate Benefit 1

		configuration - will potentially affect onward patient transport times (and thus fleet mileages)		
Increase in demand for services (more calls or more Cat A calls)	Low to medium.	Medium/Low impact. Incident patterns are monitored and variables (e.g. time of day, weather and seasonal impacts) well understood and generally relate to Centres of population	Tolerate and incorporate into operational management	Performance Assistant Director

Estate Benefit 2

		Responsibilities for Achieving Benefit		Responsibility for Measuring Benefit	
Benefit 2 The stations that are built will be of an appropriate standard that enables crews to complete their duties in a safe and secure environment		The main responsibility for delivering this benefit rests with estates management [B Snoddy]. The type of station developed will be reliant on NIAS requirements and the Health Estates building guidelines. Reliance is placed by NIAS upon the work of the body responsible for these standards in ensuring that guidance developed delivers the benefits identified for the crews and population alike (which is their aim)		NIAS Estates management will coordinate the collection of relevant data and analysis. Benefits Measurement Team (Estate): B Snoddy	
Benefit	Method of	Current	Proposed	Measurement	Measurement

Estate Benefit 2

Measure Assigned	Measurement	Value	Value	to be done by	Dates	
Compliance with the prevailing building suitability and quality standards	Compliance of the building with prevailing standards (at time of design/ construction)	The Enniskillen station is currently well below the desired standard with facilities being rated Dx	Once completed the new Enniskillen station will be grade A across all main ceri davies categories	Estates management with input from Health Estates	Completed building will be assessed at end of construction phase, estimated to be 2014	
Premises security	Confirming continued compliance with NIAS's Policy and Procedures for the Management of Medicines	Compliant	Maintain Compliance			
Reduction in the number of attacks on Ambulance crew personnel	Annual calculation of number of reported attacks	201 attacks on Ambulance personnel in 2009/10	There will be continual monitoring and action as necessary			
Non-ICT Actions Required	Responsibility for Actions	Expected Outcomes	Start Date	End Date	Agreed (signed)	Date
Enniskillen OBC2 Approval		Decant at start of building works at Enniskillen	Dec 2012	Mar 2014		
Potential Risks	Likelihood (H/M/L)	Impact on Benefit	Countermeasures		Responsibility for Countermeasures	
Changing standards for buildings	Low in the short term, medium to high in the longer term	Moderate to High impact following change. At	Estate replacement programme will enable 'equalisation' of compliance levels within a reasonable period following the		B Snoddy,	

Estate Benefit 2

		the point of introduction of new standards, entire estate will be non compliant	introduction of revised standards (see commentary under 'proposed value' above)	
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Appendix G: HEIG Client Briefing Document, Enniskillen Station

App G Client Briefing Document NIAS - Enniskillen

Appendix H: Erne Hospital Site Feasibility Study

File Name: App H Enniskillen Final feasibility Erne Hospital site (Health Centre) 110707

Appendix I: Cornagrade Road Site Feasibility Study

File name: APP I Cornagrade Road- Feasibility study- 20120206

TB/5/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

31 May 2012

Title:	Health and Safety Policy
Purpose:	To ensure that the Northern Ireland Ambulance Service as an employer, accepts its legal responsibilities to employees and other persons as set out in the Health & Safety at Work (NI) Order 1978 and associated relevant statutory provisions.
Content:	Detailed information on the roles and responsibilities of all Trust employees in relation to Health & Safety in accordance with statutory requirements.
Recommendation:	For approval
Previous Forum:	SEMT/ Health and Safety Committee
Prepared by:	Mrs Marie Mullan, HR Manager; Attendance Management and Recruitment
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services



NORTHERN IRELAND AMBULANCE SERVICE

HEALTH AND SAFETY POLICY

Version: 4 (April 2012)

File Name	20111117 NIAS H&S Policy
Original Author(s)	
Current Revision Author(s)	Mr T McGarey, Risk Manager Mrs M Mullan, Human Resources

Version	Date	Author(s)	Notes on Revisions
2	May 2006	Mrs M Mullan Mr S Dawson	Replaces existing 'Draft@ Health and Safety Policy (not previously referenced or dated)
3	Jan 2007	Mrs M Mullan Mr S Dawson	Replaces existing 'Draft@ Health and Safety Policy (not previously referenced or dated)
4	Nov 2011	Mr T McGarey Mrs M Mullan	Replaces existing Health and Safety Policy

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NORTHERN IRELAND AMBULANCE SERVICE

SECTION 1

1.0 GENERAL STATEMENT OF INTENT

Northern Ireland Ambulance Service (NIAS), as an employer, accepts its legal responsibilities to employees and other persons as set out in the Health & Safety at Work (NI) Order 1978 and associated relevant statutory provisions. To this end they will ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees during the course of their working activities.

The Trust also accepts the responsibility for the health, safety and welfare of all patients, members of the public, those persons contracted to carry out work on the company's premises and, authorised visitors or any others so far as they may be affected by the Trusts activities.

The Trust will seek to fulfil all of its Health and Safety responsibilities through the development of an informed safety culture in which the management of safety is considered an integral part of how the Trust carries out its business.

To ensure the above, it is the policy of the Trust:

- a) To provide and maintain plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health.
- b) To ensure, so far as is reasonably practicable, the safety and absence of risk to health in connection with the use, handling, storage and transportation of articles and substances.
- c) To provide such information, instruction, training and adequate supervision, as is necessary, to ensure, so far as is reasonably practicable, the health, safety and welfare of staff.
- d) To ensure, so far as is reasonably practicable, the provision of a safe place of work, with safe access and egress.
- e) To provide and maintain a healthy working environment including adequate welfare facilities.

It should be noted that the Order places, upon employees, the duty to take reasonable care for the Health and Safety at Work of themselves, as well as of others, who may be affected by their acts or omissions, and to co-operate with their employer, so far as is necessary, to enable any duty or requirement imposed on the employer by any relevant statutory provisions to be performed or complied with. They must not interfere recklessly with or misuse anything that is required by law to be provided for Health and Safety.

The policy will be kept up-to-date. To ensure this, the policy and the way in which it has operated will be reviewed every two years, or sooner, if necessary, to keep abreast of changing legislation and the Trusts requirements.

SECTION 2

2.0 ORGANISATION

Trust Board is responsible for:

- Accountability to the DHSSPSNI to ensure that the Trust complies with the Health and Safety at Work (NI) Order, 1978, and relevant statutory provisions.
- Overall responsibility for ensuring sufficient resources and funds are available to permit the Chief Executive and his Directors to comply with the Trust's legal and moral duties.
- Liaise with the Chief Executive to establish a strategy to integrate the Health and Safety Management function fully within the Trusts Management process.
- Delegating the day-to-day responsibility for Health and Safety matters to the Chief Executive.

Chief Executive is responsible for:

- Accountability to the Trust Board for the Health and Safety at Work (NI) Order, 1978, and relevant statutory provisions.
- Overall responsibility for the formulation, implementation and development of the Health and Safety policy and its proper interpretation by the Directors and Line Managers, etc.
- Liaison with each Director to establish a strategy to integrate the Health and Safety Management function fully within the Trust Management process.
- Delegating responsibility for Health and Safety matters to the Director of Human Resources and Corporate Services Resources and in particular departments to the appropriate Directors.
- Make provision to appoint a competent person or persons to assist and advise the Trust on Health and Safety matters.
- Ensure that through consultation with the Trust Board and DHSSPSNI that adequate resources are made available to implement the policy and the requirements of the Health and Safety at Work (NI) Order, 1978, and relevant statutory provisions.
- Ensure that adequate arrangements for consultation and communication on Health and Safety matters are provided, at all levels throughout the Trust's organisation.
- Assess reports from the Directors and competent persons on the planning, monitoring, review, implementation and development of the policy and make recommendations accordingly.

Director of Human Resources and Corporate Services Resources - As the Board Member with delegated responsibility for the management of Health and Safety.

- Responsibility for the formulation, implementation and development of the Health and Safety policy and its proper interpretation by the Directors and Line Managers, etc.
- Liaison with each Director to establish a strategy to integrate the Health and Safety Management function fully within the Trust Management process.
- Make provision to appoint a competent person or persons to assist and advise the Trust on Health and Safety matters.
- Ensure that through consultation with the Trust Board and DHSSPSNI that adequate resources are made available to implement the policy and the requirements of the Health and Safety at Work (NI) Order, 1978, and relevant statutory provisions.
- Ensure that adequate arrangements for consultation and communication on Health and Safety matters are provided, at all levels throughout the Trust's organisation.
- Assess reports from the Directors and competent persons on the planning, monitoring, review, implementation and development of the policy and make recommendations accordingly.

Competent Person

The Risk Manager will fulfil the role of 'Competent Person' within NIAS supported by suitably qualified managers. The competent person will provide advice, information and training will regard to Health and Safety issues and will act as liaison with the Health and Safety Executive Northern Ireland and other enforcement agencies (i.e. Northern Ireland Fire Rescue Service)

Directors are responsible for:

- Being accountable to the Chief Executive for the detailed aspects of the Trust Policy particularly in respect of the organisation and arrangements for Health and Safety within their respective departments.
- Ensuring that the Trust's Health and Safety policy is effectively monitored in their departments and that any proposed amendments are notified to the Chief Executive.
- Ensuring that the policy is enacted within their departments and that their managers and supervisors accept ownership with regards to their appropriate responsibilities in Health and Safety.
- Ensuring that proper account is taken of Health and Safety factors in all forward planning ie
 - New buildings and projects;
 - Planned improvements and maintenance of premises;
 - Purchase of equipment and substances;
 - Employment of staff.

- Setting out adequate arrangements for consultation and communication with competent persons on matters of Health and Safety.
- Ensuring that adequate arrangements for consultation and communication of Health and Safety information are maintained throughout their areas of responsibility.
- Assessing and taking appropriate action on reports from their officers and competent persons on matters of Health and Safety.
- Making adequate arrangements for and ensure that health and safety training needs are identified to enable staff to perform their duties competently.
- Ensuring that procedures include the protection of patients, visitors or the public in general and that all safety considerations are observed by contractors employed by their departments.
- Maintaining a positive culture towards Health and Safety in order that it can be engendered at all levels of the workforce.
- Ensuring that risk assessments of their respective areas are completed and reviewed to the appropriate timescales and that employees under their control are informed of any subsequent procedure changes.

Senior Managers are responsible for:

- Understanding the aims of the Trust's Health and Safety Policy and observing the responsibilities they have been assigned.
- Liaising with other Managers in order to establish written instructions with regard to safe working methods.
- Ensuring that risk assessments of their respective areas are completed and up to date and informing employees under their control of any subsequent procedure changes.
- Outlining potential hazards and indicating the appropriate control measures that needs to be taken.
- Ensuring that plant, equipment and systems of work within their areas are safe and without risk to health.
- Ensuring that contractors carrying out works on Trust property, or on behalf of the Trust, are made aware, and comply with, the Trust's Health and Safety Policy.
- Ensuring that contractors are competent and the working methods do not give rise to danger to Trust employees and other persons who may be affected by their working activities.
- Maintaining a positive culture towards Health and Safety and striving to promote Health and Safety among the workforce.
- Ensuring that the relevant persons are informed of all impending changes in methods, processes, substances and equipment, and to carry out prior consultation as necessary.
- Setting out arrangements to ensure that safety representatives and safety committees appointed under statutory regulations can carry out their functions.
- Ensuring that all accidents, incidents and deviations from the Trust's Health and Safety Policy are recorded and reported.
- Ensuring that the policy is enacted within their respective areas of responsibility and that their supervisors accept the day-to-day ownership with regards to their appropriate responsibilities in Health and Safety.

- Assessing and taking appropriate action on any health and safety reports from their supervisors and competent persons on matters of Health and Safety.
- Making adequate arrangements for, and ensuring, that health and safety training needs are identified which will enable their staff to perform their duties competently.

Supervisory Staff are responsible for:

- The effective implementation of the Health and Safety Policy and procedures within their area of control.
- Recording and reporting all accidents and incidents within their respective areas, in line with the Trusts Untoward Incident Reporting Procedure.
- Conducting investigations into untoward incident in their area and where necessary assisting appointed investigators and others in any investigations of more serious incidents.
- Initiating corrective action deemed to be necessary as a result of their investigations into accidents or incidents or as a result of regular formal inspections.
- Ensuring that clear and precise Health and Safety instructions are given to those under their control with regards to themselves and others.
- Ensuring that persons under their control have received an adequate level of health and safety training to allow them to operate any necessary plant or equipment.
- Informing their Manager of any necessary health and safety training needs for those employees under their control.
- Monitoring the Health and Safety arrangements including housekeeping in the areas under their control and ensuring that appropriate standards are maintained at all times.
- Ensuring that any necessary personal protective equipment is issued as required and full documented records are maintained.
- Ensuring that personal protective equipment is issued and properly used, maintained and stored.
- Maintaining a positive culture towards Health and Safety and promoting Health and Safety among the workforce.

Employees are responsible for:

- Observing all safe working practices that are contained within this policy or otherwise advised and instructed.
- Notifying their immediate superior of any accident or incident at work (whether or not injury has occurred) and ensuring that it has been recorded.
- To be aware of any hazards in their workplace and to take the appropriate precautions including the use of any personal protective equipment that has been issued.
- Ensuring that they wear and correctly use all personal protective equipment and other safety devices that are set out in the safe operating procedures or risk assessments for their task
- To conduct all work in accordance with safe operating procedures, instructions and arrangements.

- Notifying their immediate superior, or any other affected employee, of any situation, which they consider to represent any serious and or immediate danger to health and safety.
- Notifying anyone who may be affected by their work of any potential hazards, i.e. the general public (special attention must be given to children), other employees and contractors.
- Immediately informing management, on becoming aware of, of any special medical or other conditions which might affect their work, e.g. asthma, heart condition, skin condition, epilepsy, etc.
- Using any equipment, machinery, dangerous substance, transport equipment or safety device in accordance with training and instruction received.
- NOT using any equipment which they are not authorised to use.
- NOT wilfully damaging, tampering with, or abusing any equipment or clothing provided.
- Making a visual check (or other checks that they are authorised to do) on all equipment before use.
- Setting aside and labelling any faulty equipment and informing their immediate supervisor.
- Acquainting themselves with the escape routes and evacuation procedures relevant to each place in which they work.
- Acquainting themselves with the location of first aid facilities and the identity of the local qualified first aider.
- Ensuring that working areas remain clean and tidy and assisting to maintain a good standard of hygiene and housekeeping in their workplace.
- NOT indulging in horseplay or other activities, which could endanger the safety of others.

Failing to comply with any part of this safety policy may result in disciplinary action, which may ultimately lead to summary dismissal.

Safety Representatives

Safety representatives will follow the functions laid down in:

- The Safety Representatives and Safety Committees Regulations 1977
- The Health and Safety (Consultation with Employees) Regulations 1996
- The NIAS document Guidance on Safety Representatives

Health and Safety Committee

The remit of the Health and Safety Committee is set out in the NIAS document "Health and Safety Constitution".

SECTION 3

3.0 ARRANGEMENTS

3.1 Health and Safety Procedures

The Trust will establish the necessary procedures to comply with all current health and safety legislation and these will be added as appendices to this Policy, when developed. All health and safety procedures will be reviewed at least every two years or when circumstances dictate that any procedure could be considered to be obsolete

3.2 Untoward Incident Reporting

Refer to the Trust's 'Untoward Incident Reporting Procedure' File Reference: NIAS/TW/002

3.3 First Aid

Adequate First Aid facilities will be provided as required by the Health and Safety (First Aid) Regulations (NI) 1982. An adequate number of trained First Aiders will be present as required by Health and Safety (First Aid) Regulations (NI) 1982.

3.3 (i) Occupational Health

The Trust has access to an Occupational Health Service which can be accessed through the processes outlined within the Trust's Attendance Management Policy.

(ii) Care Call

Care Call provides NIAS with a confidential Employee Assistance Programme.

3.5 Risk Assessment

As stated within the Organisation Section of this Policy, Managers will put in place schedules for the completion of risk assessments on all work activities carried out in areas under their control. These assessments will take place, in accordance with the Trust's Risk Management Strategy and all current legislation and whenever possible in conjunction with Staff Side Colleagues.

The Trusts standard risk assessment template will be used for all assessments and any risk identified will be assessed and managed

- in such a way that ensures that so far as is reasonably practicable needs of patients are met and
- in accordance with the Trust's Risk Management Strategy.

On completion of this task, it will also be the manager's responsibility to ensure that any employees under their control are made aware of any changes in procedure forthcoming out of these assessments.

- Suitable and sufficient assessments of the risks to the Health, Safety and Welfare of Trust employees and other persons who may be affected by Trust operations will be carried out by appropriate trained staff within departments and will cover the following areas:
 - Identification and qualification of the Hazards,
 - Identify who and how personnel (employees and others) may be harmed,
 - Evaluate the risk control measures required, if any,
 - Record significant findings.
- Risk Assessments will be revised as and when it is deemed to be necessary, (i.e. change in process, new machinery, etc).
- Risk Assessments will incorporate relevant statutory provisions and guidance pertaining to the activity being assessed.
- Risk Assessments will account for particular groups including those under 18 years of age and pregnant workers.

3.6 **Provision and Use of Work Equipment (PUWER)**

All existing work equipment shall conform to the associated legislative requirements and to relative codes of practice.

All new work equipment shall bear a CE mark and copies of the EC Declaration of Conformity shall be obtained by the Trust as required by the Provision and Use of Work Equipment Regulations and any amendment regulations. All new work equipment must be risk assessed regarding its impact on the working environment before purchase.

3.7 **Employee Consultation**

The Trust actively encourages Employee involvement in matters relating to Health, Safety and Welfare. Within the terms of reference laid down by the Safety Representatives and Safety Committee (NI) Regulations, or within the Health and Safety (Consultation with Employees) (NI) Regulations, Management will instigate a formal Health and Safety Committee. This will allow for a free flow of communication on Health and Safety related issues.

3.8 **Construction Design & Management (NI) Regulations (CDM)**

The Trust recognises its duties of the various duty holders contained in the CDM regulations and shall apply the requirements in full to projects which fall under the following categories:

- Works lasting for more than 30 days (NOTIFIABLE).
- Works involving more than 500 person days of work (NOTIFIABLE).
- Works involving 5 people or more on site at any one time (NON-NOTIFIABLE).

3.9 **Emergency Procedures**

Procedures to be followed in the event of serious or imminent danger will be detailed in a separate document, e.g. Fire Manual, Major Incident Plan. They will be kept under review. As part of the risk assessment process individuals at all Trust locations will review their local emergency procedures to ensure that they are adequate and that foreseeable events are covered.

3.10 **Training**

The Trust recognises that health and safety training is an integral part of safety arrangements and will ensure that **all** staff receives the necessary information, instruction, training and supervision to enable them to carry out their duties in a safe manner.

Induction courses for all new staff will include a general outline of the relevant legislation and attention will be drawn to the policy statement. Special attention will be given to fire drills, fire precautions and availability, type and use of first aid fire fighting equipment. Particular hazards associated with any process will be pointed out in the course of instruction to new staff and to those transferred from other areas of work.

Additional information, instruction and/or training wherever necessary to ensure staff are kept up-to-date with new developments and regulations.

3.11 **Monitoring**

- Health and Safety audits, surveys and inspection reports will highlight areas of strengths and weaknesses with regard to Health, Safety and Welfare of persons at risk.
- Accident, injury and ill health records may be used, as an indicator, thus assisting management in monitoring any short falls of existing control measures.
- Safety Committee records may be used, thus assisting management in monitoring the effectiveness of Trust Policy and Procedures.

3.12 **Review Date**

The Trust will on an annual basis and/or, at times, where it is considered to be in the best health and safety interests of its staff, patients or others likely to be affected by its operations, revise this policy and all will be informed through consultation and by notice boards of any alteration or amendments.

Signed:
Chief Executive

Date of Issue: 01/04/2012
Review of Date: 01/04/2014

TB/6/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

31 May 2012

Title:	Manual Handling Policy
Purpose:	This policy sets out the Northern Ireland Ambulance Service Trust's plan for Manual Handling
Content:	This policy identifies the Trust's commitment to establish standards for managing Manual Handling risks to our patients, clients and employees within the Trust
Recommendation:	For approval
Previous Forum:	Health and Safety Committee, SEMT
Prepared by:	Mrs Christine Wilkinson, Clinical Training Manager
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services



Northern Ireland Ambulance Service
Health and Social Care Trust



NORTHERN IRELAND AMBULANCE SERVICE

MANUAL HANDLING POLICY

Version 3.0



Title:	Manual Handling Policy		
Purpose of Policy:	To set out NIAS Policy on Manual Handling. To promote safe practice, and protect and support staff.		
Directorate Responsible for Policy:	Human Resources and Corporate Services Directorate		
Name and Title of Authors:	Christine Wilkinson, Clinical Training Manager Tom McGarey, Risk Manager		
Staff Side Consultation	Distributed to the H & S Committee for consultation in January 2012		
Equality Screened:	2012		
Date Presented to:	H & S Committee	2012	
	SEMT	2012	
	Assurance Comm		
	Trust Board		
Publication Date:	2012	Review date: November 2014	Review completed:
Version:	Version 3.0		
(01)			
(02)			

Circulation List:

This Policy was circulated to the following groups for consultation.

- Trade Unions
- Executive Directors and Senior Managers

Following approval, this Policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

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Appendix 1 Committee Structure

Appendix 2 Related documents

1.0 Introduction

- 1.1 This policy sets out the Northern Ireland Ambulance Service Trust's (hereafter referred to as 'The Trust') plan for Manual Handling, ensuring compliance with the Manual Handling (Operations) Regulations 1992 as amended 2002 implementing Directive 90/269/EEC.
- 1.2 This policy identifies the Trust's commitment to establish standards for managing Manual Handling risks to our patients, clients and employees within the Trust.
- 1.3 The policy sets out responsibilities and processes in place to ensure safe systems of work on Manual Handling.
- 1.4 This policy has been developed in consultation with internal stakeholders.

2.0 Policy Statement

- 2.1 The Trust promotes a pro-active approach to Manual Handling.
- 2.2 The Trust will minimise risks to patients, staff, clients, and others through the effective use of Manual Handling.
- 2.3 The Manual Handling Policy is a declaration of the Trust's overall aims and principles to ensure that Manual Handling tasks are avoided (via for example automation) or where this is not reasonably practicable, safe systems of work are established to minimise Manual Handling and subsequent risks of injury. It includes a commitment to promote a safe working environment.
- 2.4 Staff must in all cases, consider their duty of care to patients which must also be central to decisions around manual handling.

3.0 Definitions

Manual Handling Operations Regulations 1992

The Regulations define **Manual Handling** as:

"...any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force".

The load can be an object, person or animal.

Lifting

Lifting is the taking hold of part of or all of the weight of an object.

Competent person

Someone with suitable training, knowledge, experience or other skills to render them competent.

4.0 Scope of the Policy

- 4.1 This policy applies to all personnel across the Trust.
- 4.2 This policy provides guidance on the Trust and employee's roles and responsibilities when undertaking Manual Handling tasks. It outlines the processes in place to assist staff to reduce potential situations where injury can occur and what should happen if they occur.
- 4.3 This policy should be read in conjunction with the Procedure for Manual Handling incorporated in the Moving People course provided to all operational staff and the Manual Handling section in 2011-2012 NIAS Annual Workbook provided to all NIAS staff.
- 4.4 This policy must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of Manual Handling tasks and to compliance with Health and Safety, Legal and other requirements.

5.0 Policy Objectives

- 5.1 The Trust will ensure that it has in place suitable and robust governance arrangements to support Manual Handling.
- 5.2 The Health and Safety Committee will review, monitor and report on Manual Handling issues to fulfil the requirements of this policy.
- 5.3 To reduce the risks associated with Manual Handling activities.
- 5.4 To encourage staff, in line with the Trusts' Policy for reporting incidents, to report incidents which have resulted in or which may give rise to a Manual Handling incident, to enable monitoring and to ensure Procedures in place are functioning effectively.
- 5.5 To establish the reporting of Manual Handling incidents annually to the Trust Board.
- 5.6 The Trust will seek assurance, through internal and external Audit, that appropriate and effective system of Manual Handling risks are in place, and that the necessary level of controls and monitoring have been implemented.

6.0 Roles and Responsibilities

- 6.1 The Chief Executive has overall responsibility for ensuring the objectives of this policy are met and resources are made available to implement the policy.

The Chief Executive will delegate responsibility for establishing and monitoring the implementation of this policy to the Director of Human Resources and Corporate Services.

The Chief Executive will report to the Trust Board on a regular basis regarding Manual Handling incidents through the Assurance Committee.

- 6.2 The Director of Human Resources and Corporate Services is the designated Executive Director with lead responsibility for Health and Safety management including Manual Handling.

The Director of Human Resources and Corporate Services will report to the Trust's Assurance Committee and Trust Board on matters relating to Manual Handling.

The Director of Human Resources and Corporate Services will Chair the Trust's Health and Safety Committee and will address the requirements of this policy. (Appendix 1 committee structure).

- 6.3 All Trust Directors, Assistant Directors and Senior Managers have responsibility for Manual Handling incidents within the areas of their remit and control. They will ensure that procedures are fully implemented and monitored as part of the Trust's governance requirements.

They will ensure that information required in relation to this policy is reported.

They will develop and implement local arrangements and monitor them to ensure that those under their control adhere to the policy.

They will ensure that clients, patients and visitors to NIAS premises are aware of the NIAS Policy on Manual Handling.

- 6.4 The Health and Safety Committee is responsible for the surveillance, prevention, investigation of Manual Handling incidents across the Trust.

The Health and Safety Committee is responsible for the implementation of the Manual Handling Policy and ensuring there are supporting procedures, guidelines and arrangements, including Manual Handling risk assessments

The Health and Safety Committee is responsible for advising on appropriate resources to facilitate the implementation of Manual Handling issues throughout the Trust.

The Health and Safety Committee is responsible for ensuring periodic review of the policy and associated Procedures.

- 6.5 All Trust staff have a responsibility to adhere to this policy and ensure that they operate in accordance with its supporting procedural arrangements. All staff have a responsibility to protect themselves as well as making all reasonable efforts to safeguard the welfare of patients and all other persons who may be affected by their activities.

7.0 Context and detail of Manual Handling in NIAS

7.1 Introduction

The Health and Safety at Work (NI) Order 1978 places duties on the Trust to ensure the Health and Safety of its clients and employees whilst at work. This includes the provision of safe systems of work, safe machinery and equipment and adequate information, instruction, training and supervision to ensure their own and others health and safety at work.

The Manual Handling (Operations) Regulations 1992 explicitly requires the Trust to assess Manual Handling tasks which are undertaken by employees and which pose a **significant** risk of injury.

The regulations advocate an ergonomic approach to manual handling.

The Management of Health and Safety at Work and Fire Precautions (Workplace) Regulations 2003 requires the Trust to ensure suitable and sufficient assessment of risks at work are recorded and reviewed and appoint competent persons to undertake risk assessments.

Provision and Use of Work Equipment Regulations 1998 requires Employers to ensure that work equipment is maintained in an efficient state, in efficient working order and in good repair

The Regulations place a duty on the Trust to ensure that Manual Handling tasks are avoided (via for example automation) or where this is not reasonably practicable, safe systems of work established to minimise Manual Handling and subsequent risks of injury.

The provision of adequate information, instruction, training and supervision on safer Manual Handling is required where tasks cannot be readily avoided.

It is the duty of employees while at work to take reasonable care of the Health and Safety of themselves, and of other persons who may be affected by their acts or omissions, and to co-operate with their employer to enable them to comply with their Health and Safety duties. Employees must inform employers of any work situation which could pose a risk to the Health and Safety of themselves or others and generally to make use of appropriate equipment provided for them, in accordance with their training and the instruction their employer has given them.

All employees have a duty to attend training delivered by, or on behalf of the Trust which will assist in Manual Handling incidents. All employees have a duty to ensure they act in accordance with relevant codes of conduct in order to minimise risks to themselves, colleagues or Trust property.

All employees have a duty to inform the Trust of any Muscular Skeletal Disorder/ Injury occurring as a result of any work activity.

8.0 Risk Management

- 8.1 All Manual Handling matters within the Trust will be risk assessed in accordance with the Management of Health and Safety at Work (Regulations) Northern Ireland 2006, the Trust's Risk Management Strategy and Risk Assessment Procedure.
- 8.2 Sensitive or high risk issues will be managed by the risk owner and monitored by the Health and Safety Committee.
- 8.3 Manual Handling arrangements and the effectiveness of policies and procedures will be monitored through the Health and Safety Committee which reports to the Trust Board through the Assurance Committee.
- 8.4 The Untoward Incident reporting system (UIR1 & 2) will be used to report Manual Handling incidents. This will allow the Trust to be informed of the risks facing the organisation and to take appropriate action to avoid, minimise or significantly reduce the occurrence or repetition of these incidents.
- 8.5 The Health and Safety Committee will monitor and review Untoward Incidents. In addition, the Senior Executive Management Team (SEMT) will also review Untoward Incidents on a 2 weekly basis.
- 8.6 Accidents/Incidents must be reported in order that the Trust can meet its responsibilities to:
- Inform the Health and Safety Executive (NI) of certain categories of work related accidents
 - Investigate accidents, dangerous occurrences and near misses so that preventative action can be taken.
 - Assess significant risks to people involved in the employer's activities so that it may consider control measures to remove or reduce that risk. Provide evidence to support any subsequent claims for benefit (e.g. Temporary Injury Allowance) and/or compensation.
- 8.7 The Clinical Training Manager will ensure the provision of any necessary information, instruction, training and supervision with regard to this policy.
- 8.8 All Managers must ensure that their staff have access to this policy, have reviewed its content, and are aware of its aims and purpose immediately upon its release.
- 8.9 All Trust staff must comply with this policy.

9.0 Equality and Human Rights Considerations

- 9.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.
- 9.2 This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
- 9.3 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form.
- 9.4 Using the Equality Commission's screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.
- 9.5 This policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.
- 9.6 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

10.0 Policy Review

- 10.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.
- 10.2 This policy will be reviewed by the Health and Safety Committee bi-annually, or earlier if changes to legislation, work practices or a significant incident require it. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

11.0 Legal

- 11.1 Legislative compliance, relevant policies, procedures, statutes, guidance, circulars and other publications relevant to this policy are listed in the

<http://extranet.dhsspsni.gov.uk>

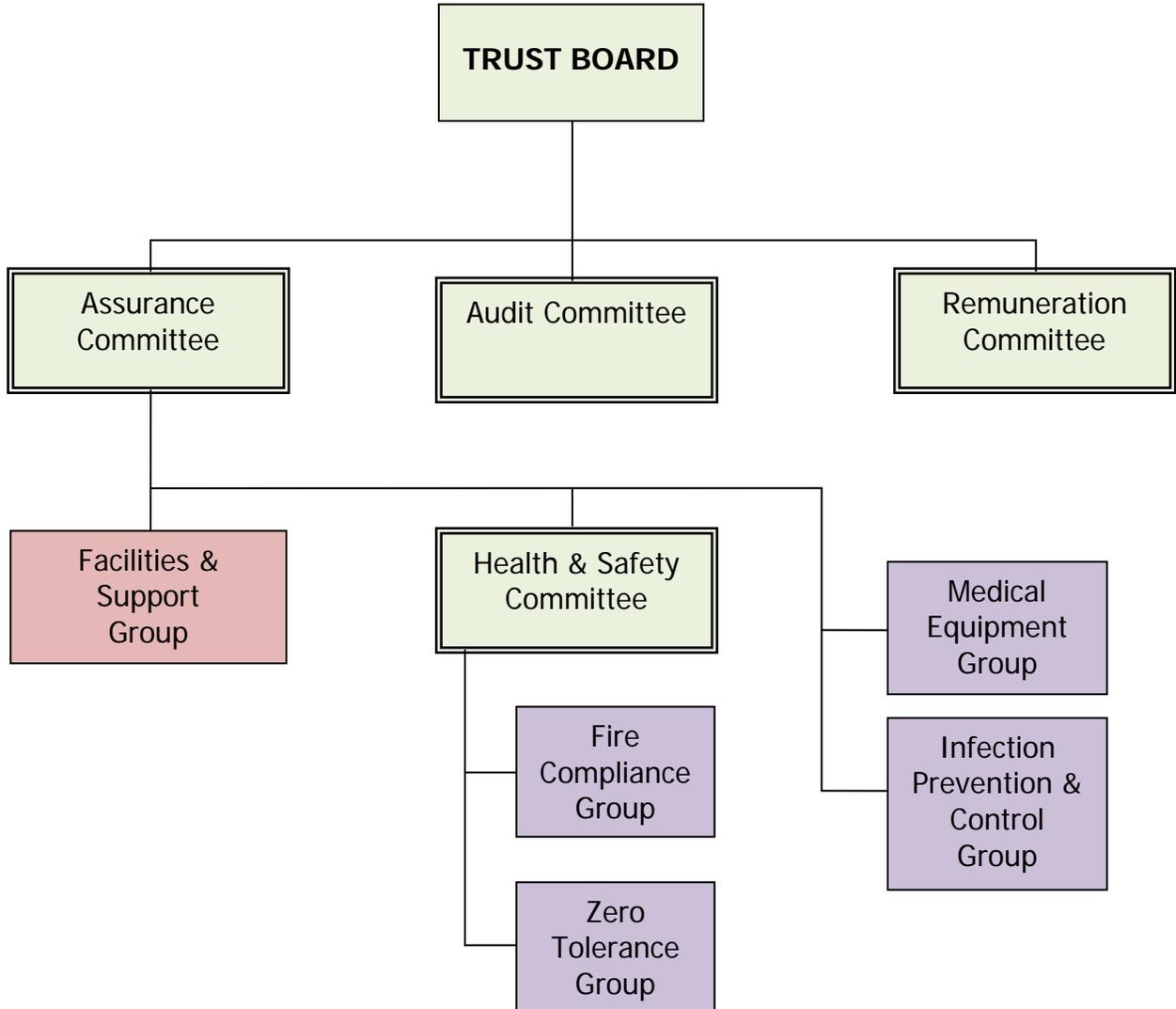
NIAS policies and Procedures can be found using the NIAS Intranet link below:-

http://nias-sharepoint:81/policies_Procedures/Policy.htm

- 11.2 Other relevant documents, legislation, statute and guidance can be found at Appendix 2

Appendix 1

Committee and Group Structure



Appendix 2

Related documents

- Health and Safety at Work (Regulations) Northern Ireland 2006
- Health and Safety at Work (NI) Order 1978
- Section 75, Schedule 9, of the Northern Ireland Act, 1998
- Human Rights Act, 1998
- <http://extranet.dhsspsni.gov.uk>
- The Management of Health and Safety at Work and Fire Precautions (Workplace) Regulations 2003
- Manual Handling Operations Regulations (NI) 1992
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 (R.I.D.D.O.R.)
- Moving People Course booklet and notes

This list is not exhaustive and other documents can be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

TB/7/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

31 May 2012

Title:	Whistleblowing Policy & Procedure
Purpose:	To provide staff with internal/external avenues for raising areas of concern without fear of reprisal.
Content:	Amendment to current Policy
Recommendation:	For noting
Previous Forum:	Trust Board 15 March 2012
Prepared by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services



Policy & Procedure Relating to Public Interest Disclosures (‘Whistleblowing’)

Title	Policy & Procedure Relating to Public Interest Disclosures(“Whistleblowing”)
Replaces (if appropriate):	
Ratified by:	Amendment approved by Trust Board, 15 March 2012
Original Author(s)	
Publication Date:	
Next Review:	

1.0 **Introduction**

- 1.1 The Public Interest Disclosure (NI) Order 1998 (“whistleblowing”) provides protection to staff, who believe it is necessary to raise issues of public interest, either internally or externally.
- 1.2 The term “whistleblowing” refers to the disclosure by employees, or ex-employees, of malpractice, including illegal acts or negligence at work. To ensure that such matters can be addressed in a consistent and fair manner, this Policy has been developed to provide staff with an avenue for raising areas of concern without fear of reprisal.
- 1.3 In the legislation, a “qualifying disclosure” is a disclosure of information which, in the reasonable belief of the worker making the disclosure, tends to show one or more of the following has been, is being, or is likely to occur:
 - A criminal offence;
 - Failure to comply with any legal obligation to which he or she is subject;
 - Miscarriage of justice;
 - The endangerment of the health and safety of any individual;
 - Damage to the environment;
 - Deliberate concealment of any information relating to any of the above points.
- 1.4 This Policy does not affect existing complaints procedures, and compliments professional and ethical rules, guidelines and codes of conduct relating to complaints and freedom of speech. It also compliments the Trust’s Fraud Strategy and Fraud Response Plan.

2.0 **AIMS AND OBJECTIVES**

- 2.1. The aims of the Policy are:
 - To reinforce the Northern Ireland Ambulance Service’s commitment to developing a culture of openness and honesty, between staff at all levels; particularly where this would contribute to improving the service provided by the Trust;
 - To uphold the need for confidentiality to be observed in relation to the work of the Trust;
 - To meet the obligations of staff to their employer;
 - To reassure staff that they will not be penalised for raising a concern, and to provide them with a process to follow.
- 2.2 The Trust recognises that employees may wish to immediately contact Agencies/Bodies external to the organisation, however, it would encourage all staff to initially use the internal procedure, as set out in this Policy.

- 2.3 Employees, who are aggrieved about a personal issue that should properly be pursued through the existing Grievance Procedure, should not use this Policy.
- 2.4 This Policy applies to all staff including temporary and agency staff.

3.0 **Responsibilities**

- 3.1. The Northern Ireland Ambulance Service has a responsibility to:
- Ensure that all issues raised are taken seriously and are dealt with effectively and efficiently;
 - Promote a culture of openness;
 - Ensure that employees, who raise any issues, are not penalised for doing so, unless other circumstances come to light, which require this, for example, where a member of staff deliberately raises an issue regarding another member of staff which they know to be untrue.
- 3.2 Managers have a responsibility to:
- Take any concerns reported to them seriously, and consider them fully, fairly and sympathetically.
- 3.3 Employees have a responsibility to:
- Recognise their duty to report any incidents of concern to the Trust;
 - Adhere to the procedures set out in this Policy;
 - Maintain their duty of confidentiality to patients, clients and the Trust. Therefore, employees should firstly seek specialist advice from their Manager, Trade Union Representative, or a Representative of a regulating organisation, for example, the Equality Commission, Public Concern at Work, or the Health and Safety Executive for Northern Ireland.

4.1 **Procedure**

4.1 **Informal Procedure**

- 4.1.1 If an employee is concerned about what he / she believes might be malpractice, and has an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with his / her Station Officer / Line Manager. If there are specific reasons for not doing so, the matter should be reported to the appropriate Divisional Officer / Senior Manager.
- 4.1.2 Employees are entitled to involve a Trade Union Representative or work colleague in assisting them raise such a matter of concern.
- 4.1.3 If informal action does not allay concerns, then the employee should invoke the formal procedure as outlined below.

4.1.4 Where appropriate, the Manager may decide to refer the issue to the Trust's Designated Person to be dealt with under the formal procedure (see 4.2)

4.2 Formal Procedure

4.2.1 In the event that the matter raised cannot be dealt with informally, or under any of the Trust's other Policies or Procedures for dealing with conduct and behaviour at work, then the following formal procedure should be followed.

4.2.2 The Trust has appointed a Designated Person to be the initial point of contact for complaints under the formal procedure. This Designated Person will have direct access to the Trust's Chairman and Chief Executive. It is recognised that in some situations, an employee may have initially discussed the matter with his / her Manager. It is therefore important that this fact is brought to the attention of the Designated Person.

The Designated Person is:

Name: Ms Angela Paisley

Designation: Non-Executive Director

Tel No: Chief Executive's Office 028 90400713

Email: w.b@nias.hscni.net

4.2.3 The Designated Person will arrange an initial interview with the Complainant, which will be strictly confidential, to ascertain the area of concern. The Complainant may be accompanied by his / her Trade Union Representative or work colleague. The initial meeting should normally take place within 3 working days unless both parties agree to a variation. The Complainant will be asked to make a signed written statement outlining his / her key areas of concern.

4.2.4 The Designated Person will report the matter to the Chief Executive. However if the complaint is about the Chief Executive, the Designated Person will report the matter to the Trust's Chairman. If the complaint is about the Trust's Chairman it will be referred to the DHSSPSNI. If the complaint is of a financial nature (for example concerns regarding the improper use of public funds) then the Designated Person will have direct access to the Chair of the Trust's Audit Committee.

4.2.5 The Chairman or Chief Executive, as appropriate, will be responsible for commissioning an investigation. An Investigating Officer / Panel will conduct a full investigation that will be conducted under terms of strict confidentiality.

4.2.6 Following the investigation, the Investigating Officer / Panel will produce a Report appraising the Chairman or Chief Executive, as appropriate, who will ensure that the appropriate action is taken.

- 4.2.7 In serious cases, for example, allegations of mistreatment of patients or fraud, the Chairman or Chief Executive will have to consider immediate suspension from work. This suspension, and the subsequent investigation, will be conducted under the Trust's Disciplinary Procedure. Consequently, it may be necessary to release information to another party, for example a Disciplinary Panel. If, as a result of a preliminary investigation, there is a case to be answered, and it is deemed appropriate for formal disciplinary action, a Disciplinary Hearing will be convened under this procedure. In all cases, the investigation will be conducted in accordance with the principles, time periods and rights to representation, as set out in the Trust's Disciplinary Procedure.
- 4.2.8 If there is no case to answer, the Chairman or Chief Executive will ensure that protection is afforded to an employee who was not in an informed position to form a belief on reasonable grounds about the truth of information, but nevertheless believed that the information may have been true and was of sufficient importance to justify its disclosure, so that the matter could be investigated.
- 4.2.9 In circumstances where false or malicious allegations have been made, the Chairman or Chief Executive may conclude that it is appropriate to invoke the Disciplinary Procedure against the person, or persons, who made the allegation.
- 4.2.10 In all circumstances, the Designated Person and the Complainant will be kept informed of progress and / or the need to release any information to another party. However, it may not be possible to disclose the precise action taken, where it may infringe upon a duty owed by the Trust to someone else. Specifically, precise details of any disciplinary action will not be provided.

5.0 **Independent advice**

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

5.1 **External disclosures**

While we hope we have given you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you wish to raise the matter with an external body. In fact, we would rather you raise the matter with the appropriate regulator, such as the Northern Ireland Audit Office or the Health and Safety Executive of Northern Ireland, than not at all. Public Concern at Work (or your Trade Union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

If you feel the matter is so serious that you cannot discuss it with any of the options listed, you can raise your concern directly with the Minister for Health, Social Services and Public Safety, or with anyone he designates for these purposes.

5.2 **Contacts**

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

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

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

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

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

6.0 **Protection**

6.1 When qualifying disclosures are made, this Policy gives protection to a wide range of people. These include:

- Employees;
- Agency workers appointed on behalf of the Trust;
- Person on work experience, or vocational training schemes.

6.2 Where an individual is victimised for “blowing the whistle”, he / she may bring a claim to an employment tribunal. Workers and employees who lose their employment in breach of the Policy will be fully compensated for their loss. Awards for victimisation, short of dismissal, will also be uncapped and based on what is determined as just and equitable in the circumstances.

4.0 **Review of Policy**

7.1 This Policy will be monitored on an ongoing basis and will be formally reviewed for effectiveness within 1 year from the date of implementation.

Equality Statement

The Policy has been drawn up and reviewed in light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity.

In line with the duty of equality, this Policy has been assessed against particular criteria.

TB/8/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

31 May 2012

Title:	NIAS Management Statement & Financial Memorandum
Purpose:	Framework agreed with DHSSPS within which NIAS will operate and sets out Financial Provisions which the Trust shall observe
Content:	Operating Procedures
Recommendation:	For noting only
Previous Forum:	n/a
Prepared by:	Mr Liam Mclvor, Chief Executive
Presented by:	Mr Liam Mclvor, Chief Executive



Northern Ireland Ambulance Service
HSC Trust Management Statement

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1. INTRODUCTION

1.1 This document

- 1.1.1 Subject to the legislation noted below, this *Management Statement* establishes the framework, agreed with the Department of Health, Social Services and Public Safety (the sponsor Department), within which the Northern Ireland Ambulance Service HSC Trust (hereafter referred to as the Trust) will operate. The term 'Department' throughout this document is used to include the authority of both the Department and its Minister. Only in those cases where reference is intended to his/her personal authority (see, principally, Section 3.1) is the Minister specified.
- 1.1.2 The associated *Financial Memorandum* sets out in greater detail certain aspects of the financial provisions which the Trust shall observe. However, the *Management Statement* and the associated *Financial Memorandum* do not convey any legal powers or responsibilities, nor do they comprise the totality of the guidance, directives etc which have applied and (as determined by the Sponsor Department) continue to apply to the Trust.
- 1.1.3 The document shall be reviewed by the sponsor Department at least every five years. The first review is planned to take place at the end of the 2014-15 financial year
- 1.1.4 In addition, the Trust or the Department may propose amendments to this document at any time. Any such proposals by the Trust shall be considered in the light of evolving Departmental policy aims, operational factors and the record of the Trust itself. The guiding principle shall be that the extent of flexibility and freedom given shall reflect both the quality of the Trust internal controls to achieve performance and its operational needs. The Department shall determine what changes, if any, are to be incorporated in the document. Legislative provisions shall take precedence over any part of the document. Significant variations to the document shall be cleared with DFP after consultation with the Trust, as appropriate. The determination of those issues

that are 'significant' will be made by the Department and DFP on a case by case basis.

- 1.1.5 This MS/FM has been approved by DFP Supply, and signed and dated by the Department after consultation with the Trust.
- 1.1.6 Any question regarding the interpretation of the document shall be resolved by the Department after consultation with the Trust and, as necessary, with DFP (and OFMDFM if appropriate).
- 1.1.7 Copies of this document and any subsequent substantive amendments shall be placed in the Library of the Assembly. Copies shall also be made available to members of the public on the Trust website.
- 1.1.8 A copy of the Management Statement/Financial Memorandum (MS/FM) for the Trust should be given to all newly appointed Board Members, senior executive staff and departmental sponsor staff on appointment. Additionally the MS/FM should be tabled for the information of Board members at least annually at a full meeting of the Board. Amendments made to the MS/FM should also be brought to the attention of the full Board on a timely basis.

1.2 Trust Founding legislation, functions, duties etc

- 1.2.1 The Trust is established by means of an Establishment Order made under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991. The Order is the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995. The Trust does not carry out its functions on behalf of the Crown.
- 1.2.2 The Trust is established for the purposes specified in Article 10 (1) of the 1991 Order. These include any functions of the Department with respect to the administration of health and social care that the Department may direct. The Trust's general powers etc are listed in Schedule 3 of the Order.

1.3 Classification

- 1.3.1 For policy/administrative purposes the Trust is classified as a Health and Social Care body (akin to an executive non-departmental public body) and for national accounts purposes the Trust is classified to the central government sector.

2. AIMS, OBJECTIVES AND TARGETS

2.1 Overall aims

- 2.1.1 The approved overall aims for the Trust are as follows:

To improve health and social well-being outcomes, through a reduction in preventable disease and ill-health, by providing effective, high quality, equitable and efficient health and social care.

2.2 Objectives and key targets

- 2.2.1 The Department determines the Trust's performance framework in light of its wider strategic aims and of current Public Service Agreement (PSA) objectives and targets. The key targets, standards and actions to be delivered by the Trust are defined by the Department within Priorities for Action (PfA) and are approved by the Minister.

3. RESPONSIBILITIES AND ACCOUNTABILITY

3.1 The Minister

3.1.1 The Minister is accountable to the Assembly for the activities and performance of the Trust. His/her responsibilities include:

- keeping the Assembly informed about the Trust's performance, as part of the HSC system;
- carrying out responsibilities specified in the founding legislation including appointments to the Board (including its Chairman) and laying of the annual report and accounts before the Assembly; and
- approving the remuneration scheme for Non-Executive Board members and setting the annual pay increase each year under these arrangements.

3.2 The Accounting Officer of DHSSPS

3.2.1 The Sponsor Department's Accounting Officer (the 'Departmental Accounting Officer') has designated the Chief Executive of the Trust as the Trust's Accounting Officer, and may withdraw the Accounting Officer designation if he/she believes that the incumbent is no longer suitable for the role. The respective responsibilities of the Departmental Accounting Officer and the Accounting Officers of arm's length bodies are set out in Chapter 3 of *Managing Public Money Northern Ireland (MPMNI)*.

3.2.2 In particular, the Departmental Accounting Officer shall ensure that:

- the Trust’s plans support the Department’s wider strategic aims and will contribute, as appropriate, to the achievement of PSA and PfA targets, standards and actions;
- the financial and other management controls applied by the Department to the Trust are appropriate and sufficient to safeguard public funds, and that the Trust’s compliance with those controls is effectively monitored (“public funds” include not only any funds granted to the Trust by the Assembly but also any other funds falling within the stewardship of the Trust); and
- the internal controls applied by the Trust conform to the requirements of regularity, propriety and good financial management.

3.2.3 The Departmental Accounting Officer is also responsible for ensuring that arrangements are in place to:

- continuously monitor the Trust’s activities to measure progress against approved targets, standards and actions, and to assess compliance with safety and quality, governance, risk management and other relevant requirements placed on the organisation;
- address significant problems in the Trust, making such interventions as he/she judges necessary to address such problems;
- periodically carry out an assessment of the risks both to the Department’s and the Trust’s objectives and activities;
- inform the Trust of relevant Government policy in a timely manner; and
- bring concerns about the activities of the Trust to the full Trust Board, requiring explanations and assurances that appropriate action has been taken.

3.2.4 The Planning & Performance Management Directorate within the Department is the sponsoring team for the Trust, forming its primary point of contact with the Department on non-financial management and performance. Regarding such

matters, the team is the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the Trust. It also supports the Departmental Accounting Officer on his/her responsibilities towards the Trust.

3.2.5 The relationship between the Trust and its Departmental sponsoring team, based on the principles of good public administration, is articulated through direction and guidance, and on good practice as notified to the Trust. The salient requirements are described at **Appendix 1**.

3.2.6 On financial matters, the primary point of Departmental contact for the Trust is Finance Directorate. That Directorate also supports the Departmental Accounting Officer on his/her responsibilities towards the Trust as regards accounting arrangements, budgetary control and other financial matters. In doing so, Finance Directorate liaises as appropriate with the Planning & Performance Management Directorate.

3.3 The Chief Executive's role as Accounting Officer

3.3.1 The Chief Executive, as the Trust's Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the Trust. In addition he/she should ensure that the Trust as a whole is run on the basis of the standards (in terms of governance, decision making and financial management) set out in Box 3.1 of *MPMNI*.

3.3.2 In addition, the Chief Executive must, within three months of appointment, attend the training course 'An introduction to Public Accountability for Accounting Officers'.

Responsibilities for accounting to the Assembly

3.3.3 These responsibilities include:

- signing the accounts and be responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Department or DFP;
- signing a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- signing a Statement on Internal Control regarding the Trust's system of internal control, for inclusion in the annual report and accounts;
- signing a mid-year assurance statement on the condition of the Trust's system of internal control;
- acting in accordance with the terms of this document and with the instructions and relevant guidance in *MPMNI* and other instructions and guidance issued from time to time by the Department; and
- giving evidence, normally with the Accounting Officer of the Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the Trust.

Responsibilities to the Department

3.3.4 Particular responsibilities to the Department include:

- establishing, with the approval of the Department, the Trust's Corporate/ Business Plan in support of the Department's wider strategic aims and objectives and targets in the PfA and PSAs;

- informing the HSCB of the Trust's progress in helping to achieve the Department's wider strategic aims and objectives, and relevant targets in the PfA and PSAs, demonstrating how resources are being used to achieve those objectives and targets;
- ensuring that timely forecasts and monitoring information on performance and finance are provided to the HSCB including prompt notification of overspends or underspends, and that corrective action is taken;
- ensuring that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the HSCB or to the Department as appropriate and in timely fashion;
- ensuring that a system of risk management, based on Departmental guidance, is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- ensuring that an effective system of programme and project management and contract management is maintained; and
- ensuring compliance with the Northern Ireland Public Procurement Policy;
- reporting on compliance with controls assurance and quality standards to the Department;
- ensuring that an Assurance Framework is developed and maintained;
- ensuring that a business continuity plan is developed and maintained;
- ensuring that effective procedures for handling complaints about the Trust are established and made widely known within the Trust;
- ensuring that effective procedures for handling adverse incidents are established and made widely known within the Trust;

- ensuring that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and OFMDFM;
- ensuring that Lifetime Opportunities is taken into account;
- ensuring that the requirements of the Data Protection Act 1998 are complied with;
- ensuring that the requirements of the Freedom of Information Act 2000 are complied with and that a publication scheme is in place which is reviewed as required and placed on the website; and
- ensuring that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with.

Responsibilities to the Board of the Trust

3.3.5 The Chief Executive is responsible for:

- advising the Board on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be, or have been, issued from time to time;
- advising the Board on the Trust's performance compared with its aims and objectives;
- ensuring that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed; and
- taking action in line with Section 3.8 of *MPMNI* if the Board, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness.

3.4 The Chief Executive's rôle as Consolidation Officer

3.4.1 For the purposes of Whole of Government Accounts, the Chief Executive of the Trust is normally appointed by DFP as the Trust's Consolidation Officer.

3.4.2 As the Trust's Consolidation Officer, the Chief Executive shall be personally responsible for preparing the consolidation information, which sets out the financial results and position of the Trust; for arranging for its audit; and for sending the information and the audit report to the Principal Consolidation Officer nominated by DFP.

3.4.3 As Consolidation Officer, the Chief Executive shall comply with the requirements of the Trust Consolidation Officer Memorandum as issued by DFP and shall, in particular:

- ensure that the Trust has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process; and
- prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions ["Dear Consolidation Officer" (DCO) and "Dear Consolidation Manager" (DCM) letters] issued by DFP on the form, manner and timetable for the delivery of such information.

3.5 Delegation of duties

3.5.1 Chief Executive may delegate the day-to-day administration of his/her Accounting Officer and Consolidation Officer responsibilities to other employees in the Trust. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document

3.6 The Chief Executive's role as Principal Officer for Ombudsman cases

3.6.1 The Chief Executive of the Trust is the Principal Officer for handling cases involving the Northern Ireland Commissioner for Complaints. As Principal Officer, he/she shall inform the Permanent Secretary of the sponsor Department of any complaints about the Trust accepted by the Ombudsman for investigation, and about the Trust's proposed response to any subsequent recommendations from the Ombudsman

3.7 The Trust's Board

3.7.1 The Board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board must set up an Audit Committee, which complies with the requirements of DAO 07/07 and any subsequent relevant guidance, is chaired by an independent non-executive member, and comprises solely independent members, to provide independent advice on the effectiveness of the internal control and risk management systems.

3.7.2 The Board has corporate responsibility for ensuring that the Trust fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources by the Trust. To this end, and in pursuit of its wider corporate responsibilities, the Board shall:

- establish the overall strategic direction of the Trust within the policy and resources framework determined by the Department/Minister;
- ensure that the Trust's performance fully meets its aims and objectives as efficiently and effectively as possible;
- ensure that the Department, if appropriate through the HSCB or PHA, is kept informed of any changes which are likely to impact on the strategic

direction of the Trust or on the attainability of its targets, and determine the steps needed to deal with such changes;

- ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority set by the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account all relevant guidance issued by DFP and the Department or other relevant authority;
- ensure that it receives and reviews regular financial information concerning the management of the Trust; is informed in a timely manner about any concerns about the activities of the Trust; and provides positive assurance to the Department that appropriate action has been taken on such concerns;
- ensure that an executive member of the Board has been allocated lead responsibility for risk management;
- constructively challenge the Trust's executive team in their planning, target setting and delivery of performance;
- demonstrate high standards of corporate governance at all times, including using the independent audit committee (see paragraph 3.7.1) to help the Board to address the key financial and other risks facing the Trust; and
- appoint a Chief Executive to the Trust and, in consultation with the Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive which give due weight to the proper management and use of public monies.

3.8 The Chairman's personal responsibilities

3.8.1 The Chairman is accountable to the Minister through the Departmental Accounting Officer. Communications between the Trust Board and the Minister should normally be through the Chairman (who will ensure that the other Board members are kept informed of such communications). He/she is responsible for ensuring that the Trust's policies and actions support the Department's wider strategic policies; and that the Trust's affairs are conducted with probity. Where appropriate, these policies and actions should be clearly communicated and disseminated throughout the Trust.

3.8.2 The Chairman has a particular leadership responsibility on the following matters:

- formulating the Board's strategy for discharging its duties;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Department, the HSCB or the PHA;
- ensuring that risk management is regularly and formally considered at Board meetings;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of propriety;
- representing the views of the Board to the general public; and
- ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board members. Meetings must be open to the public, the public should be advised of meetings through the press and the minutes must be placed on the Trust website after formal approval.

3.8.3 The Chairman shall also:

- ensure that all members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and, within three months of appointment, receive appropriate induction training, including on the financial management, risk management and reporting requirements of public sector bodies and on any material differences which may exist between private and public sector practice within three months of appointment;
- advise the Department of the needs of the Trust when Board vacancies arise, with a view to ensuring a proper balance of professional, financial or other expertise;
- assess, annually, the performance of individual Board members. Board Members will be subject to ongoing performance appraisal, with a formal assessment being completed by the Chair of the Board at the end of each year. Members will be made aware that they are being appraised, the standards against which they will be appraised and will have an opportunity to contribute to and view their report. The Chair of the Board will also be appraised on an annual basis by the Departmental Accounting Officer or an official acting on their behalf; and
- ensure that a Code of Practice for Board Members is in place, based on the NHS *Code of Conduct and Code of Accountability*.

3.9 Individual Board members' responsibilities

3.9.1 Individual Board members shall act in accordance with their wider responsibilities as members of the Board – namely to:

- comply at all times with the Code of Practice (see paragraph 3.8.3) that is adopted by the Trust and with the rules relating to the use of public funds and to conflicts of interest;
- not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organizations; and to declare publicly and to the Board any private interests that may be thought to conflict with their public duties;
- comply with the Board's rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum; and
- act in good faith and in the best interests of the Trust.

3.10 Consulting Service users and other interest groups

3.10.1 The Trust will work in partnership with its patients, clients, other service users and carers, and with stakeholders, to deliver the services/programmes, for which it has responsibility, to agreed standards. It will consult regularly to develop a clear understanding of citizens' needs and expectations of its services, and to seek feedback from patients, clients, other service users and carers, and from stakeholders, and will work to deliver a high quality, safe and accessible service. It will disseminate public information about the services for which it is responsible.

3.10.2 The Trust will in carrying out its equality duties consult in a timely, open and inclusive way and in accordance with the Equality Commission's guiding principles. It will monitor its policies to ensure that as each policy is revised it promotes greater equality of opportunity.

3.10.3 The Trust must prepare its own consultation scheme to be submitted to the Department for approval and to be reviewed regularly.

4. PLANNING, BUDGETING AND CONTROL

4.1 Corporate/Business Plan

4.1.1 Consistent with the timetable for Northern Ireland Executive Budgets, the Trust shall submit annually to the sponsor Department a draft of the Trust's Corporate Plan covering up to three years ahead. The Trust shall have agreed with the sponsor Department the issues to be addressed in the Plan and the timetable for its preparation. The Plan will be subject to Departmental approval.

4.1.2 The Plan shall reflect the Trust's statutory duties and, within those duties, the priorities set from time to time by the Minister. The Plan shall, to the extent required by the Department, demonstrate how the Trust contributes to the achievement of the Department's strategic aims and Programme for Government objectives. Its contents will also reflect the sponsor Department's decisions on policy and resources taken in the context of the Executive's wider policy and spending priorities and decisions.

4.1.3 The first year of the Corporate Plan, amplified as necessary, shall form the Business Plan. The Business Plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives can readily be identified by the sponsor Department.

4.1.4 The Plans will include the following, as directed by the Department:

- key objectives and associated key performance targets (financial and non-financial) for the forward years, and the strategy for achieving those objectives;
- alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;
- a forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by the sponsor Department. These forecasts should represent the Trust's best estimate of all its available income ie not just grant or grant-in-aid; and
- other matters as specified by the sponsor Department.

4.1.5 The Corporate/Business Plan shall be published by the Trust and made available on its website. A summary version shall be made available to staff.

4.2 Reporting performance to the HSCB and the Department

4.2.1 The Trust shall operate management information and accounting systems which enable it to review in a timely and effective manner its financial and non-financial performance against the budgets and targets set out in its agreed Corporate/Business Plan.

4.2.2 The Trust shall take the initiative in informing the **Department** of changes in external conditions which make the achievement of objectives more or less difficult, or which may indicate a change to the budget or objectives as set out in the **Corporate/Business plan**.

4.2.3 The Trust's performance in meeting its Corporate/Business Plan objectives shall be reported to the Department as part of the accountability review process.

4.2.4 Senior Departmental officials will hold biannual accountability reviews with the Trust to discuss the Trust's overall performance, its current and future activities,

any policy developments relevant to those activities safety and quality, financial performance and corporate control/risk management performance, and other issues as prescribed by the Department.

4.2.5 The Trust's performance against key Departmental/Ministerial targets shall be reported in the Trust's annual report and accounts [see Section 6.1 below].

4.2.6 The Department will, at its discretion, request evidence of progress against key objectives.

5 BUDGETING PROCEDURES

5.1 The Trust's budgeting procedures are set out in the *Financial Memorandum*.

5.2 Internal audit

5.2.1 The Trust shall establish and maintain arrangements for internal audit in accordance with *FD (DFP) 07/09 The Treasury's Government Internal Audit Standards (GIAS)*, *HSS(F)21/03 Internal Audit Arrangements between a Sponsoring Department and its Non-Departmental Public Bodies (Trust's) and HSS(F)13/2007 Model HPSS Financial Governance Documents*.

5.2.2. Those arrangements shall also comply with the Department's requirements on foot of HSC (F) 11/2010 which promulgated DAO (DFP) 01/10 *Internal Audit Arrangements between Departments and Arm's Length Bodies*. These include:

- having input to the Trust's planned internal audit coverage, to ensure that shared assurance requirements (in relation to risk areas/topics) are built into the Trust's audit plan and audit strategy;
- arrangements for the receipt of audit reports, assignment reports, the Head of Internal Audit's annual report and opinion etc;

- arrangements for the completion of Internal and External Assessments of the Trust's internal audit function against GIAS including advising that the sponsor Department reserves a right of access to carry out its own independent reviews of internal audit in the Trust; and
- the right of access to all documents prepared by the Trust's internal auditor, including where the service is contracted out. Where the Trust's audit service is contracted out the Trust should stipulate this requirement when tendering for the services.

5.2.3. The Trust shall consult with the Department to ensure that the latter is satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving the appointment are in accordance with GIAS and relevant DFP guidance.

5.3 Audit Committee

5.3.1 The Trust shall set up an independent audit committee as a committee of its Board, in accordance with the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD (DFP) 03/06 refers) and in line with the Audit Committee Handbook DAO (DFP) 07/07.

5.3.2 The sponsor Department will attend one Trust audit committee meeting per year as an observer, and will not participate in any Audit Committee discussion.

5.3.3 The audit committee's meeting agendas, minutes and papers shall be forwarded as soon as possible to the sponsoring team.

5.3.4 The sponsor Department will review the Trust's audit committee terms of reference. The Trust shall notify the sponsor department of any subsequent changes to the audit committee's terms of reference.

5.4 Fraud

5.4.1 The Trust should establish and maintain arrangements for preventing, countering and dealing with fraud by:

- assessing, identifying, evaluating, and responding to fraud risks;
- ensuring that the Trust's Audit Committee formally considers the anti-fraud measures in place;
- reporting immediately all suspected or proven frauds, including attempted fraud to the sponsor Department; and
- complying with all guidance issued by the Department.

5.4.2 The sponsor Department will report suspected and actual frauds immediately to DFP and the C&AG. In addition the Trust shall forward to the sponsor Department the annual fraud return, commissioned by DFP, on fraud and theft suffered by the Trust.

5.4.3 The sponsor Department will review the Trust's Anti-fraud policy and Fraud Response Plan. The Trust shall notify the sponsor Department of any subsequent changes to the policy or response plan.

5.5 Additional Departmental access to the Trust

5.5.1 In addition to the right of access referred to in paragraph 5.2.4 above, the Department shall have a right of access to all the Trust's records, meetings and personnel for purposes such as audits, operational investigations, and as the Departmental Accounting Officer sees fit (subject to any relevant legal restrictions).

6. EXTERNAL ACCOUNTABILITY

6.1 The annual report and accounts

- 6.1.1 After the end of each financial year the Trust shall publish as a single document an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the Trust. A draft of the report shall be submitted to the Department two weeks before the proposed publication date although it is expected that the Department and the Trust will have had extensive pre-publication discussion on the content of the report prior to formal submission to the Department.
- 6.1.2 The report and accounts shall comply with the most recent version of the Government Financial Reporting Manual (FRoM) issued by DFP. The accounts shall be prepared in accordance with any relevant statutes and the specific Accounts Direction issued by the Department.
- 6.1.3 The report and accounts shall outline the Trust's main activities and performance during the previous financial year and set out in summary form the Trust's forward plans. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit.
- 6.1.4 The report and accounts shall be laid before the Assembly and made available, in accordance with the guidance on the procedures for presenting and laying the combined annual report and accounts as prescribed in the relevant finance circular issued by the Department.
- 6.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts shall require the prior written approval of the Department.

6.2 External audit

- 6.2.1 The Comptroller and Auditor General (C&AG) audits the Trust's annual accounts and passes the accounts to the Department who shall lay them before the Assembly. For the purposes of audit the C&AG has a statutory right of access to relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003 .
- 6.2.2 The C&AG has agreed to liaise with the Trust on who – the NIAO or a commercial auditor – shall undertake the actual audit on his behalf. The final decision rests with the C&AG.
- 6.2.3 The C&AG has agreed to share with the Department information identified during the audit process and the audit report (together with any other outputs) at the end of the audit. This shall apply, in particular, to issues which impact on the Department's responsibilities in relation to financial systems within the Trust. The C&AG will also consider, where asked, providing the Department and other relevant bodies with Regulatory Compliance Reports and other similar reports which the Department may request at the commencement of the audit and which are compatible with the independent auditor's role.

6.3 VFM examinations

- 6.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the Trust has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003. Where making payment of a grant, or drawing up a contract, the Trust should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the

transaction including those relevant to matters of professional competence, misconduct etc. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

7. STAFF MANAGEMENT

7.1 General

7.1.1. In line with the arrangements and guidance provided by the Department, the Trust shall have responsibility for the recruitment, retention and motivation of its staff. To this end the Trust shall ensure that:

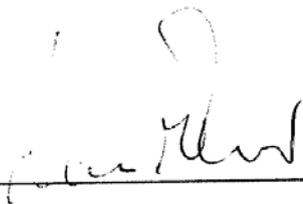
- its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, domestic circumstances, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;
- the level and structure of its staffing, including grading and numbers of staff, are appropriate to its functions and the requirements of efficiency, effectiveness and economy as agreed by the Department;
- the performance of its staff at all levels is satisfactorily appraised;
- its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the Trust's objectives;
- proper consultation with staff takes place on key issues affecting them;
- adequate grievance and disciplinary procedures are in place;
- whistle blowing procedures consistent with the Public Interest Disclosure (Northern Ireland) Order 1998, as amended, are in place;

- a code of conduct for staff is in place based on Annex 5A of Public Bodies: A Guide for NI Departments (available at www.afmdni.gov.uk). This code should be copied to the sponsor team.

8. REVIEWING THE ROLE OF THE TRUST

8.1 The role of, and justification for the Trust shall be reviewed periodically, in accordance with the business needs of the sponsor Department and the Trust. Reference should be made to Chapter 9 of the Public Bodies: a Guide for Northern Ireland Departments.

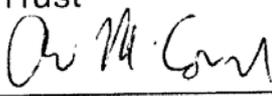
Signed:



Date: 6th April 2011

On behalf of the Trust

Signed:



Date: 12th June 2011

On behalf of the Department

Appendix 1

1. Documentary requirements

1.1 Documentation to be copied to the Sponsor Branch for information

Monthly (or as the occasion arises)

- Board meeting papers (including draft minutes) for each meeting as and when issued to Committee members
- Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members
- Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee members
-

Annually

- Register of Board members' interests
- The annual report, with the draft submitted to the Department two weeks before the publication date (*separate timetable for the annual accounts, SIC etc, set by Finance Directorate*)
- The Assurance Framework (annually)
- Business Continuity Plan

Once and then when revised

- Code of Conduct for Board members
- Code of Practice for staff
- Audit Committee Terms of Reference
- Audit Strategy
- Assurance/Governance Committee Terms of Reference
- Complaints procedure
- Anti-Fraud policy
- Fraud Response plan
- Whistle-blowing procedures
- Grievance and Disciplinary procedures

- Equality scheme
- Publication scheme
- Consultation Scheme

1.2 Documentation to be copied to the Sponsor Branch for consideration/ comment/ approval

Quarterly

- [*Report on quarterly assessment of progress being made in the delivery of the Trust Delivery plan's aims and objectives*]

Bi-annual

- Corporate Risk Register every six months

Annually

- Annual Statement on Internal Control
- Mid-year Assurance Statement (by end-October)
- Annual report on Compliance with Controls Assurance Standards
- Annual Internal Audit work-plan
- Internal Audit Progress Report
- Annual Fraud return
- Corporate Plan (including the Business Plan)[, and the Trust Delivery Plan] must be produced, for approval by the Department
- The Head of Internal Audit's end-of-year and mid-year opinion on risk management, control and governance

Once

- Inspection reports by external bodies (e.g. RQIA, MHRA), as agreed with the Sponsor Branch
- All Internal Audit reports with less than satisfactory assurance in line with arrangements agreed with the Sponsor Branch
- NIAO management letters

TB/9/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

31 May 2012

Title:	Draft Personal & Public Involvement (PPI) Strategy
Purpose:	To present Draft PPI Strategy for the Trust
Content:	Strategy sets out how we will improve the involvement of service users, patients, carers, communities, other stakeholders and partners in the planning, development, delivery and evaluation of our services.
Recommendation:	For approval
Previous Forum:	N/A
Prepared by:	Mrs Michelle Lemon, Assistant Director, Equality, PPI Patient Experience
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services



DRAFT PERSONAL AND PUBLIC INVOLVEMENT STRATEGY

April 2012

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INTRODUCTION

The Northern Ireland Ambulance Service (NIAS) Health and Social Care Trust's Personal and Public Involvement Strategy sets out how we will improve the involvement of service users, patients, carers, communities, other stakeholders and partners in the planning, development, delivery and evaluation of our services. Implementation of the strategy will ensure service users, patients, carers, communities and the wider public are at the heart of everything we do and that our services are effective, innovative and centered on addressing the needs of our service users and stakeholders. NIAS has developed this strategy to provide guidance to the public and our staff on how we will incorporate PPI into our work in a way that best benefits service users.

WHAT IS PERSONAL AND PUBLIC INVOLVEMENT (PPI)?

PPI is a way of working which allows the public to help organisations to improve services provided, through dialogue and partnership working. There is increasing recognition of the importance of meaningfully involving service users and stakeholders in all aspects of Health and Social Care service development and delivery and of the benefits of this for the organisation.

Personal refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe people who use Health and Social Care (HSC) services as individuals or as part of a group, such as a family.

Public refers to the general public and includes community and voluntary groups and other collective organisations. Individuals who use HSC services are also members of the general public.

Involvement means more than consulting and informing. It includes engagement, active participation and partnership working.

PPI includes a wide range of activities, for example:

- service user/carer and public involvement in service planning and evaluation;
- community assessment of health and social care needs;
- community development principles and processes
- patient/client centred care and involvement in their care planning;
- service user experience feedback;
- complaints management; and
- volunteering.

OUR COMMITMENT TO PERSONAL AND PUBLIC INVOLVEMENT (PPI)

NIAS is committed to embedding PPI into our culture and practice. PPI approaches will be adopted to encourage more open, accountable and collaborative service planning, design and delivery. NIAS and other HSC organisations have worked with service users and the wider public for many years. The Trust recognises that genuine involvement and partnership take time and commitment to achieve. We are committed to implementing our

strategy to achieve our goals for Personal and Public Involvement within an organisational culture that is open and willing to change. Working in genuine partnership with users, carers and communities can deliver:

- better quality and more responsive services;
- Better priority setting and decision making
- improved outcomes of care for the individual and the population;
- improvement in addressing inequality;
- greater local ownership of health and social care services;
- a better understanding of why and how services need to change and develop;
- reduced and transformed complaints; and
- Increased staff and patient morale.

WHY IS PPI IMPORTANT?

In “**Guidance on Strengthening Personal and Public Involvement In Health and Social Care**” produced in 2007, DHSSPS identified three premises which must underpin PPI:

- People in receipt of services should be actively involved in decisions affecting their lives and should fully contribute to any planning, decisions and feedback about their own care and treatment.
- The wider public has a legitimate entitlement to have opportunities to influence health and social care policies and priorities. This is further reflected in the Trust’s commitment to a community development approach to all its work.
- PPI is part of everyday practice within HSC organisations and should lead to improvements in an individual’s personal experience of the service and the overall quality and safety of service provision.

NIAS recognises that these should result in the following outcomes:

- **Increased Ownership and Commitment** by staff, individuals and communities to finding new ways to address the diverse needs across the service;
- **Increased Sense of Self-Responsibility** for our own health and social well being and for taking action that can indeed prevent ill health and address the wider determinants of health;
- **Responsive and Appropriate Services** that are needs led and focused on the priorities of the public and users;
- **Help in Priority Setting and Decision Making** across a diverse and often competing range of priorities;
- **Increased Compliance** with agreed treatment and care plans, resulting in more effective outcomes for all parties;
- **Help in Tackling Health and Social Well Being Inequalities** where we can gain a better understanding of the circumstances and particular needs of marginalised groups and communities;

- **Increased Levels of Service Satisfaction;**
- **Increased Staff and Patient Morale** and feeling of self-worth.

STRATEGIC CONTEXT

DHSSPS Guidance on PPI was issued in order to:

- strengthen PPI in every health and social care organisation;
- promote greater uniformity and consistency in PPI activity across HSC organisations;
- improve the quality of the individual's experience of HSC services by involving people in plans and decisions about their own care or treatment and learning from their experiences to improve service delivery;
- ensure HSC organisations take the public's views into account in the planning, commissioning, delivering and evaluating services;
- support the integration of PPI into individual and organisational clinical and social care governance arrangements within HSC organisations.

PPI encompasses and embodies other core strategic elements of participation across the Trust and we have ensured that these have been fully integrated into the development of this strategy. These include the statutory requirements to consult and involve people already enshrined in Equality and Disability legislation; Standards for Improving the Patient and Client Experience; and the extensive community engagement work that the Trust engages in. This strategy is designed to integrate and enhance all these streams of work and continue to build upon them.

ABOUT NIAS

NIAS was established on 1 April 1995. NIAS employs over 1,100 staff across 57 ambulance stations/deployment points, 2 Regional Medical Dispatch Centres (Emergency and Non-Emergency), a Regional Training Centre and Headquarters. We operate on a regional basis across five divisions, providing ambulance services to over 1.7 million people in Northern Ireland, with an operational area of approximately 14,100 square kilometres, serviced by a fleet of over 300 ambulance vehicles.

NIAS's mission is to ***“deliver effective and efficient care to people in need and improve the health and well-being of the community through the delivery of high quality ambulance services”***.

The ambulance services NIAS provide are:

- Emergency response to patients with serious illness and injury;
- Provision of clinical care and treatment in an out of hospital environment.
- Non-Emergency Patient Care and Transportation. The journeys undertaken cover admissions, hospital outpatient appointments, discharges and inter-hospital transfers;
- Specialised health transport services;

- Training and education of ambulance professionals;
- Planning for and co-ordination of major events, mass casualty incidents and disasters;
- Support for community based Responder Schemes;
- Planning for and co-ordination of major events;
- Community Education;
- Out-of-hospital care research.

PPI WITHIN Health and Social Care in Northern Ireland

There are particular challenges associated with this work in the context of the delivery of an emergency ambulance service for example service users are with us for a short period of time and often in very traumatic circumstances. In addition, patients and service users who access the services provided by NIAS, do so in order to access those services provided by other HSC organisations e.g. emergency transportation by NIAS to a hospital within an acute Trust. NIAS recognises the importance of the avoidance of duplication in involvement processes in this regard. Consequently the Trust is committed to working in partnership with HSC colleagues to maximise resources, avoid duplication and minimise burden on those engaged in involvement processes around HSC services.

NIAS PPI CONSULTATION SCHEME

The Trust published its PPI Consultation Scheme in December 2009.

This Consultation Scheme outlines the arrangements which the Trust will put in place to ensure that the statutory requirements in the Health and Social Care Reform Act (Northern Ireland) Sections 19 and 20 (DHSSPS, 2008) are fully met. These include organisational arrangements such as:

- The identification of a lead Executive Director with responsibility for PPI,
- The identification of a lead manager to develop and lead a programme of work to mainstream PPI within the organisation.
- The establishment of a PPI Steering Group
- The creation of a PPI Panel constituted by representatives of NIAS and patients and service users.

NIAS PPI AIMS

NIAS recognises significant benefit and value in ensuring effective client, patient and public involvement as it seeks to provide a responsive, equitable and efficient service and will:

Ensure that the service is accessible and responsive

The Trust will create a culture that is open to listening to the views, opinions, issues and concerns of individuals, groups and communities, based on the principles of integrity, equality and partnership ;

Ensure personal and public involvement is central to all aspects of Trust activity, is genuine and not a token gesture.

The Trust will ensure that the views and opinions of individuals, groups and communities are listened to, respected and considered in the decisions of the organisation. The Trust will ensure everyone who needs and wishes to be involved is facilitated to do so irrespective of culture, language, skills, knowledge and experience.

PPI will be reflected in our corporate objectives and will underline our commitment to make sure the Trust delivers person-centred care

The Trust will ensure that the involvement of clients, patients and communities is a key priority for the organisation at the highest level and will establish clear lines of accountability to reflect this.

Ensure patients/carers are informed about and involved in treatment and care

The Trust will provide meaningful, timely, accurate and appropriate information to clients, patients and communities and will ensure that communication is an effective two-way process;

Build capacity and confidence with staff, patients and the public in engagement and involvement activities

The Trust will, in partnership with the community and voluntary sector, actively seek to build the capacity and confidence of individuals to be involved through learning, opportunity and experience;

Help patients and the public develop a sense of ownership of the Trust

The Trust will utilise a wide range of methods and approaches to involve people and will ensure that staff respect the views and opinions expressed and are skilled in the ways that they engage with and involve individuals.

The Trust is committed to the development of PPI across five key levels as reflected in DHSSPS circular Guidance on PPI:

Level	Examples of involvement
Level 1 - Individual Level	Service users are directly involved in the planning, delivery and monitoring of their individual care or service.
Level 2 - Service Level	Individuals, families, carers and the community are supported to influence and shape the provision of

	care and quality of services provided.
Level 3 - Issue Specific Level	Individuals, families, carers and the community are supported to influence and shape the planning, development and delivery of services on specific issues or areas.
Level 4 - Directorate and Strategic Level	Service users, patients, carers, and communities are actively involved in strategy development, including needs analysis, planning and action that will result in changes to significant areas of service development and provision.
Level 5 - Corporate and Wider Strategic Partnership Level	Communities, stakeholders and partner organisations are actively involved in shaping the corporate and organisational priorities and the overall direction of the Trust.
Feedback at all levels	Feedback processes on how the Trust has responded to ideas and suggestions, concerns and issues will be developed. They will be appropriate to the requirements of the different levels.

COMMITMENT TO PERSONAL AND PUBLIC INVOLVEMENT

In the 2007 circular, the DHSSPS issued guiding principles for PPI activities that the Trust fully endorses. These principles will guide our approach to involving users, carers and communities and support best practice. The Trust is committed to the principles as follows:

1	Leadership and Accountability
	The Trust's commitment to PPI will be reflected in the leadership and accountability arrangements in Health and Social Care organisations.
2	Part of the job
	The Trust will ensure that PPI is the responsibility of everyone in HSC organisations.
3	Supporting involvement
	The Trust will provide appropriate assistance that is required to support and sustain effective PPI.
4	Everyone's an expert
	Everyone is an expert in their own right, whether by experience, by profession or through training. The Trust will recognise and support this.
5	Creating opportunity
	The Trust will facilitate opportunities to be created to enable people to be involved at the level of their choosing.
6	Clarity of Purpose
	The Trust will ensure that the purpose and expectations of PPI are clearly

	understood within the organisation .
7	Doing it the right way
	The Trust is committed to ensuring that different forms of PPI need to be used to achieve the required outcomes and to meet the needs of the people involved.
8	Information and communication
	Timely, accurate, user-friendly information and effective two-way communication are key to the success of PPI activities.
9	Accessible and responsive
	The organisation's commitment to PPI will be demonstrated through its recognition of the right of people to initiate engagement with it.
10	Developing understanding and accountability
	The Trust will ensure that people's understanding of service provision and the reasons for decisions are improved through PPI activity.
11	Building capacity
	The Trust will ensure people's capacity to get involved is increased and the PPI processes are improved through learning from experience. Training and development in community development principles and practice will be key to building capacity.
12	Improving quality and safety
	The Trust will put in place systems and processes to ensure that any learning from PPI should lead to improvements in the safety, quality and effectiveness of service provision.

KEY AREAS FOR ACTION

The following areas are proposed as key areas for action in respect of the PPI agenda.

Strategic Theme 1: Leadership and commitment to involvement

Strategic Theme 2: Improving Health and Social Care experience

Strategic Theme 3: PPI in service planning, evaluation and service design

Strategic Theme 4: Tackling health inequalities

A full outline is provided in Appendix 1.

MONITORING AND EVALUATION

Monitoring our performance is important so that we can be held accountable for the commitments made in this Strategy and can continuously improve the way we involve users and engage communities. We have proposed short and medium term indicators of progress against each of the key themes, based on our understanding of how increased user involvement and community engagement will improve outcomes (see Appendix 1).

As a Trust we will ensure that the public is engaged throughout the strategy development process and we will listen to and work with service users and providers. This includes services users, carers, family members, advocacy groups, charity organisations, community networks, voluntary groups, members of the public and other interested parties.

COMMUNITY DEVELOPMENT

“Community development is a process which focuses on people - their needs and assets - and aims for better health and wellbeing. It works primarily by bringing people together in groups around a common interest or concern, or in strengthening the capacity of groups which already exist, or bringing groups together in networks to achieve a common goal. Such groups and networks are necessary to enable a community to form partnerships with public agencies. For people in disadvantaged situations partnership working is often not possible without community development as it enables people to identify themselves as a community and to find a place at the table through a process of empowerment.”

(HSCB Community Development Strategy 2011).

NIAS is committed to the principles of community development which are:

- Social justice, equality and human rights;
- Empowerment of individuals, families and communities from the bottom up;
- Maximising the participation of service users and communities;
- Partnership approaches between the community and the voluntary sector, health and social care, and other agencies;
- Bringing about a sense of local ownership and control, through groups and communities taking action together;
- Tackling the root causes of inequalities, poverty and exclusion and strengthening prevention;
- Strengthening the social fabric and support systems within disadvantaged communities and groups.

NIAS is committed to working in partnership with other HSC organisations to improve the health and wellbeing of the community and reduce inequalities. The Trust will work to achieve this through its Personal and Public Involvement and Community Education agendas.

Appendix 1

KEY THEME SPECIFIC AREAS FOR ACTION

Theme Specific Actions

AREA TO DEVELOP	Lead Title	Year 1	Year 2	Year 3
Strategic Theme 1: Leadership and commitment to involvement				
<ul style="list-style-type: none"> ➤ Trust is recognisably committed to promoting personal and public involvement in all activities. ➤ Service users, carers and communities know how to get involved at different levels and are supported to contribute. ➤ Staff should recognise Personal and Public Involvement as part of their job and are developed to maximise involvement activities in their service(s). ➤ Personal and public involvement is an integral part of the Trust's performance framework. Involvement activities result in improvements to Trust Services. 				
Establish and maintain a Trust Personal and Public Involvement Steering Group.		√		
Establish and maintain a system of 1/4ly reporting from each Directorate on progress on PPI. Present to PPI Steering group for scrutiny and discussion. Present to Trust Governance committee.				
Develop training for staff in respect of the concept and the Trust's expectation of staff members		√		
Establish PPI Champions in each Directorate		√		
Ensure that as part of the Trust's performance framework all service activity includes a measure of public involvement analysis.		√		
Scope the current process and systems that are in place and membership of the various decision making management forums within the Trust		√		

Audit the public perception of their ability to become involved in the Trust's decision making processes			√	√
Publication of annual report on PPI activity and its impact on service improvement and/or development		√	√	√

AREA TO DEVELOP	Lead Title	Year 1	Year 2	Year 3
Strategic Theme 2: Improving Health and Social Care experience by patients/clients/users and carers.				
<ul style="list-style-type: none"> ➤ All staff genuinely want to know if care provision meets user expectation. ➤ Service users believe that by informing the Trust of their negative or positive experience, change will occur. ➤ The Trust can link changes in how services are provided to user feedback. ➤ All service users feel they are treated with dignity and respect. ➤ Staff at all levels feel that they can contribute to the improvement of the service user's experience. 				
Develop methods to establish if care provision meets user expectations linking in with regional work		√		
Support the development and ongoing management of existing user groups as a tool for service improvement		√		
Undertake scoping exercise to determine existing systems within the Trust in relation to patient and client experience		√		
Review existing information systems i.e. complaints and compliments to identify trends and areas for improvement		√		
Assess the culture of the organisation for the receptiveness of Trust staff in capturing and responding to patient and client experience		√		
Continue to promote and engage with the regional patient and client methodologies which includes patient experience questionnaires, observations of practice and patient stories		√		
Based on the themes arising from the review of existing information, agree one key corporate theme against which each Directorate will develop an action plan to bring about improvements			√	

AREA TO DEVELOP	Lead Title	Year 1	Year 2	Year 3
Strategic Theme 3: PPI in service planning , evaluation and service design				
<ul style="list-style-type: none"> ➤ Service users and communities are meaningfully engaged in service planning, evaluation and re-design. ➤ Views of service users and staff demonstrably influence service planning. ➤ The Trust actively promotes and supports volunteering ➤ Regular evaluation of involvement processes 				
Mapping Services				
Review and validate the existing engagement map across all Directorates.		√		
Gap Analysis				
Work with other HSC Trusts patient, user and carer focus groups.		√	√	√
Where new services are developing or existing services are remodelled – identify specific needs and issues for the relevant stakeholders..		√	√	√
Facilitate their involvement in planning and development.		√	√	√
Evaluation process				
Initiate an ongoing process to assess and evaluate the appropriateness of current user involvement mechanisms and as a result identify areas for development and improvement		√	√	√
Hold an annual public event at which we will report progress on the actions identified in the Action plans			√	√
Ensure that Each Directorate has a process established that allows the accurate monitoring of who they are engaging with within the Communities.		√	√	√

Communication				
Provide regular updates on PPI issues in NIAS News and internet site		√	√	√
Provide an explanation of our services and management structures through a variety of media including the internet on an annual basis.		√	√	√
Provide information for users, patients, carers and local communities, outlining ways in which people can become involved in Trust business, using a range of methods.		√	√	√

AREA TO DEVELOP	Lead Title	Year 1	Year 2	Year 3
Strategic Theme 4: Tackling health inequalities				
<ul style="list-style-type: none"> ➤ The Trust tackles health inequalities through strong leadership and innovative approaches. ➤ Through a Community Development Strategy the Trust will identify key health inequality issues and develop creative partnership solutions. ➤ The Trust supports a community engagement programme that provides insight into the health and wellbeing of service users and the public and their health and social care needs. ➤ Trust priorities are influenced by the need to tackle health and wellbeing inequalities in a particular geographical area or within relevant communities. 				
Work with communities and populations we serve in partnership with other agencies to tackle health and social inequalities and develop a Trust wide approach to health improvement		√	Ongoing	
Hold information sessions/consultations/engagements in partnership with local organisations		√	√	
Complete an audit of all patient, user, public and carer involvement and engagement with community and voluntary organisations		√		
Develop an action plan for Personal and Public Involvement, identifying existing involvement and gaps, identifying appropriate ways to feed user and community views into the annual service plans, and committing to develop new areas of involvement within each Service Group where there are gaps identified		√		
Take forward and support priorities/actions in relation to Section 75 groupings and rural communities		√	Ongoing	

TB/10/31/05/12

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

31 May 2012

Title:	Summary of NIAS Responses to Consultations 1 February – 31March 2012
Purpose:	To advise Trust Board of consultations responses in the period 1 February – 31March 2012
Content:	Table summarising NIAS responses to consultations
Recommendation:	Trust Board to note responses to consultations
Previous Forum:	N/A
Prepared by:	Mrs Michelle Lemon, Assistant Director, Equality, PPI and Patient Experience
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

SUMMARY OF NIAS RESPONSES TO CONSULTATIONS 1 FEBRUARY – 31 MARCH 2012

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
10 February 2012	<p>Northern Ireland Fire and Rescue Service Customer Service Standards NIFRS consultation on proposed new customer service standards. The document sets out NIFRS's commitments in responding to emergencies, providing a fire safety service, delivering customer service and handling complaints.</p>	<p>Customer Service Standards should include a statement of NIFRS's commitment to equality and to meeting the statutory duties contained in Section 75 of the Northern Ireland Act 1998.</p> <p>Performance information should be accompanied by a classification of these standard response areas to take account of Section 75 groups. Performance should be shared through an appropriate medium such as the website and reported to DHSSPS on a regular monthly or at the very least quarterly basis.</p> <p>Specific Timeframe should be set for acknowledging fire safety enquires and completing home fire safety checks.</p>	<p>http://www.nifrs.org/econs.php?sec=12&g=1&econ=22355</p>

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
22 February 2012	<p>DOE Draft Guidance for District Councils on Gating Orders.</p> <p>Gating Orders will enable Councils to restrict public access to roads by gating them, the aim being to prevent crime and anti-social behaviour. In practice, the type of roads that will be considered for gating will be alleyways or entries at the rear of properties in urban areas. The draft guidance explains the need to consult interested parties including emergency services before implementing a Gating Order.</p>	<p>Gating proposals should take into consideration the need for an emergency ambulance or other emergency vehicle access, including the potential requirement for the creation of a turning circle, road markings and a written plan regarding how parking will be enforced. The guidance should therefore make it clear that any future gating proposal meets these requirements before being approved by Councils. Alternative means of gaining access that is not dependent on the carriage of keys, for instance if all gating schemes operated with the same master key system should be considered.</p>	<p>http://www.doeni.gov.uk/alleygating_consultation_document.pdf</p>

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
22 February 2012	<p>Southern HSC Trust Strategic Review of Minor Injuries Units.</p> <p>Proposal to close one of the three MIUs operated by Southern Trust (at Mullinure Hospital, Armagh) and change to nurse-led MIUs in line with the model used by the other Trusts.</p>	<p>Review should consider whether there is some way in which Emergency Ambulances could be allowed to admit patients through MIUs. Likely that that patient numbers at Mullinure MIU might increase if it was integrated with Armagh and became a Doctor-led service. The numbers of patients using the MIUs could be increased by changing the services rather than reducing the hours of cover because the numbers are low.</p>	<p>http://www.southerntrust.hscni.net/pdf/MIUConsultationPaper.pdf</p>

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link to Consultation
28 February 2012	<p>DHSSPS Model and Location of Shared Services for Health and Social Care under the Business Services Transformation Programme.</p> <p>The BSTP programme aims to introduce new IT systems for HR, Payroll, Travel, Finance, Procurement and Logistics and implement new shared services for HSC organisations. The preferred option is for Payroll to be located in Belfast (College St), Recruitment and Selection in Armagh (St Luke's site), the payments function of finance in Ballymena (Braid Valley site) and the income function of finance in Omagh (Tyrone and Fermanagh Hospital site)</p>	<p>NIAS is fully involved in BSTP structures and work streams in respect of the implementation of new HR and Finance systems. Welcome the investment in new technology to deliver modern integrated systems, designed to improve performance and ensure consistency across HSC. Not opposed to the principle of shared service functions, but have some concerns about the proposal as presented in the consultation document which does not provide sufficient detail to enable an informed response. Proposals are not demonstrated to have been supported by a robust evidence based decision making process. There is a lack of clarity as to what efficiencies would be generated through the proposed model and how. The document fails to clearly state what the proposal means for affected staff. A full Equality Impact Assessment which comprehensively assesses the impact of the proposals on those affected is required prior to implementation.</p>	<p>http://www.dhsspsni.gov.uk/showconsultations?txtid=53572</p>

TB/11/31/05/12



Minutes of a Meeting of the Assurance Committee held on Monday 12 March 2012 at 11.00am, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT	Prof M Hanratty Miss A Paisley Mr N McKinley	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director
IN ATTENDANCE	Mr L McIvor Dr D McManus Mr B McNeill Mrs S McCue Ms R O'Hara Ms L Gardner Dr N Ruddell Mr P Nicholson Mr T McGarey Ms C Wilkinson Mrs J McSwiggan	Chief Executive Medical Director Director of Operations Director of Finance Director of HR Assistant Director of HR, Employee Relations and Corporate Services Assistant Medical Director Assistant Director of Finance Risk Manager Clinical Training Manager 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 4 November 2011

The Minutes had been previously circulated, agreed and signed by Professor Hanratty (Chair). These Minutes were presented to Trust Board on 19 January 2012 and were presented for noting by the Assurance Committee.

4.0 Matters Arising

Matters arising are dealt with as agenda items.

5.0 Chairman's Business

Regarding the format of future meetings, it was agreed at the last meeting that incident reporting and risk management would be the main focus of the meeting on 7 June 2011.

Clinical supervision and the CSO role were suggested for the following meeting, scheduled for 6 September 2012.

Handover and discharge processes and risks around delivering care were also raised as potential future topics. Processes and procedures should be described and assurance of those processes should be provided.

Concern about the robustness of sources of assurance and the proportionality of each was expressed by a Committee member. These aspects are currently being built into the revised Assurance Framework.

The Medical Director's office will facilitate the canvassing of proposals and will circulate to Committee members for a decision. In addition to circulating the draft Minutes of this meeting to members and attendees, the draft programme for the coming year and a draft agenda for the next meeting will also be circulated. While the programme for the coming year should be inclusive, it must also be flexible to allow for other issues arising in the course of the year.

6.0 Standing Items

6.1 Risk Register as at 17 February 2012

The Risk Register and Risk Map were presented to the Committee and discussed. The Risk Map is a work in progress intended to show the movement within each risk, and to provide an increased assurance that risks are being managed appropriately and within a reasonable timeframe. The presentation of the Risk Map continues to be developed.

The Committee was reassured to note only one major risk.

The Committee asked that explicit timeframes be provided for all risks.

The Committee agreed to the proposed closure of two risks relating to industrial action:

ID 220: UNISON "Notice to Employer" of an official ballot commencing 22nd August 2011

ID 229: Trade Unions Ballot for Industrial Action on 30 November 2011.

The Committee agreed that the Risk Register should continue to move from retrospective to prospective, with the focus shifting from relatively short term to include medium to long term.

No further issues were raised.

6.2 Untoward Incidents Report as at 31 December 2011

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

A legend is to be added to the chart on page 8.

The increase in the reporting of incidents of missed meal breaks was raised. A meeting had already been held with staffside representatives to address this issue.

The number of incidents of violence to staff was put into an annual context. This issue is being addressed by the Trust through a special committee, engagement with PSNI, training of lone workers etc.

6.3 Controls Assurance Standards

A verbal update was provided to the Committee. Everything is in order for the auditors, who are due start their assessment of NIAS compliance today.

6.4 Assurance Framework

The Assurance Framework was presented to the Committee. The structure of the framework continues to be developed.

Assurance was given that NIAS was not expected to exceed its capital spend by year end. All necessary actions are being taken to manage this.

The regional trend for an increase in absence during December and January was noted. All necessary actions are being taken to manage this.

The Committee discussed the implications of the "Transforming Your Care" programme.

6.5 RQIA Action Plan

An update was provided.

An omission of commentary on Page 2, section 3 relating to treat and leave protocols will be corrected, and the subject of treat and referral to other agencies was discussed.

NIAS continues to push for agreement on this from other HSC bodies and is hopeful of success.

6.6 Medical Device Alerts

The Medical Device Alert report was presented to the Committee and noted. Sufficient assurance is provided by the process of checking every medical device alert for relevance and action, and it will not be necessary to present this report to the Committee again, an example of a robust system having been implemented and tested by NIAS.

The procurement implications of moving to single use laryngoscope handles were noted. This is a regional issue.

This is a good example of assurance being provided to the Committee that robust system has been tested and is in place.

The Committee was updated on the management of Pseudomonas. Work is ongoing and an update will also be provided to Trust Board on 15 March 2012.

6.7 Coroner's Rule 43

The Coroner's Rule 43 report was presented to the Committee and progress was noted.

6.8 Reports from Groups and Committees

6.8.1 Health and Safety Committee – Minutes of Meeting 28 September 2011

Noted.

The Manual Handling Policy and Management of Aggression Policy will be presented to Trust Board when finalised.

6.8.2 Health and Safety Committee – Management Summary 25 January 2012

Noted.

6.8.3 Fire Compliance Sub Committee – Minutes of Meeting 29 September 2011

Noted.

It was confirmed that Key Performance Indicators have now been agreed and will now form part of the agenda of future meetings.

Assurance was given that contracts would have been extended or re-tendered, and the Fire Compliance Sub Committee will be advised of their omission of an update in the Minutes of the meeting.

6.8.4 Fire Compliance Sub Committee – Draft Minutes of Meeting 11 January 2012

Noted.

6.8.5 Infection Prevention & Control Group – Notes of Meeting 2 November 2011

Noted.

6.8.6 Infection Prevention & Control Group – Notes of Meeting 22 December 2011

Noted.

6.8.7 Medical Equipment Group – Notes of Meeting 9 November 2011

Noted.

6.8.8 Medical Equipment Group – Notes of Meeting 18 January 2012

Noted.

6.9 Training Update

The Training Update was presented to the Committee and noted. Work on the Training Plan for the coming financial year is underway.

The Committee was assured that theoretical manual handling training is supplemented with an annual practical assessment.

The Committee noted that training is not run on a voluntary basis, but is organised through the Resource Management Centre on a monthly basis, ensuring a regional spread of training.

The Committee agreed that evaluation data should be built into the Training Report.

It was noted that whistle-blowing is included in induction training.

The Training Plan will be brought to the next meeting of Assurance Committee, and the Committee will decide what level of reporting is required thereafter.

6.10 Clinical Audit Update

Three Clinical Performance Indicator reports were presented to the Committee:

- Acute Asthma
- Hypoglycaemia Management Indicator Set
- Myocardial Infarction Management Indicator Set

The Committee noted significant improvements and areas of concern.

It was noted that sample periods for some of the analysis were outdated. This issue is currently being addressed by the Information Department.

6.10.1 Hand Hygiene Audit November 2011

The Committee was assured by the results of the most recent hand hygiene audit.

Issues arising have been addressed at the most recent meeting of the Infection Prevention & Control Group and compliance will be progressed through the Uniform Group.

It was agreed that a high level summary of the report would be useful.

7.0 Pharmacy and Medicines Management Update

7.1 DHSSPS Drugs Inspection Unit Station Visits

Reports of further unannounced inspections by the DHSSPS Pharmacy Inspection Team were presented to the Committee. The results continue to be very positive. Only one minor issue has arisen regarding the style of completion of registers and guidance to staff has been issued as a result, providing the necessary assurance to DHSSPS.

NIAS continues to meet regularly with Victoria Pharmacy to address any issues that arise. No significant issues have arisen.

NIAS continues to attend Local Intelligence Network (LIN) meetings and reports issues arising to that group.

One significant issue has arisen regarding the destruction of a drug register and this has been reported to DHSSPS who will manage it.

No stock has been lost or mislaid.

The Committee recorded their confidence in NIAS controlled drug processes.

8.0 Regional Healthcare Hygiene and Cleanliness Audit Tool

The updated standards and audit tool relevant to NIAS were presented to the Committee and noted. The Committee supported the plan to use this tool to undertake audits of compliance.

9.0 C Diff Public Enquiry Report Update

The Committee was updated on the development of an Outbreak Contingency Plan. A draft Plan had been submitted to the Public Health Agency (PHA), amendments have been suggested by PHA, and NIAS has requested a meeting with PHA to progress this. Following agreement with PHA, the draft Plan will be brought back to the Assurance Committee.

10.0 Structure and Format of Future Meetings

This has already been agreed earlier in the meeting.

11.0 Presentation of Risk Register at Trust Board Meetings

This item was added to the Agenda at the request of the NIAS Chairman.

The Committee considered whether the Risk Register be presented to the Assurance Committee with a report to Trust Board to include a more detailed narrative, or whether it be presented to Trust Board.

It was agreed that the Assurance Committee should continue to consider the Trust's management of risk, and then confirm this assurance to the Board through the Assurance Framework and a broader narrative within the Minutes of the Assurance Committee.

12.0 Any Other Business

NIAS has been asked by RVH and its Cardiac Catheterisation Laboratory to participate in a Europe-wide randomised study of drug therapy in STEMI patients. NIAS participation was recommended to the Committee.

Details were discussed, and it was noted that the study has been accepted and approved by the Ethics Committee. Engagement of paramedic staff is voluntary with outside training being provided by the study co-ordinators, so the study will not adversely affect the delivery of the operational ambulance service.

The Committee supported NIAS involvement in the study, and agreed that with the process being so robust, there was no need to bring this to Trust Board.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Thursday 7 June 2012 at 11.00am** at NIAS HQ.

Signed: *Mary Hanratty*
(Professor Hanratty, Chairman)

Date: 15 May 2012