

NORTHERN IRELAND AMBULANCE SERVICE

A G E N D A

***A Meeting of the Trust Board to be held on
Thursday, 24 March 2011 at 1.30pm, in the Silverbirch Hotel,
5 Gortin Road. Omagh. BT79 7DH***

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 previous meeting of Trust Board held 20 January 2011 (for approval and signature)

TB/1/24/03/11

4.0 Matters Arising

4.1 NIAS Response to Draft Budget 2011-15

5.0 Chairman's Business

5.1 Visit to Omagh Ambulance Station

5.2 Chairman's Update

5.3 Corporate Planning Workshop

6.0 Chief Executive's Business

6.1 Chief Executive's Update

7.0 Assurance Framework as at 28 February 2011

TB/2/24/03/11

7.1 Operations Exception Report

7.2 Finance & ICT Exception Report

7.3 Human Resources & Corporate Services Exception Report

7.4 Medical Exception Report

8.0 For Noting

8.1 Minutes of Assurance Committee held on the 28 January 2011

8.2 Minutes of Audit Committee Minutes held 28 January 2011

8.3 NIAS Response to Draft Budget 2011-15

8.4 Health Committee/HSC Board Correspondence on Ambulance
Response in rural areas

TB/3/24/03/11

TB/4/24/03/11

TB/5/24/03/11

TB/6/24/03/11

9.0 Application of Trust Seal

10.0 Forum for Questions

11.0 Any Other Business

Next meeting of Trust Board will be held on Thursday, 19 May 2011 at NIAS Headquarters



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Meeting to be held on Thursday, 24 March 2011 at the Silverbirch Hotel,
5 Gortin Road, Omagh. BT79 7DH***

TB/1/24/03/11

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 20 January 2011 at 1.30pm at the Seagoe Hotel, Upper Church Lane, Portadown, Co Armagh, BT63 5JE

Present:

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

In Attendance:

Mrs M Crawford	Executive Administrator
Mrs P McAllister	Senior Secretary

1.0 Apologies

Mr N McKinley, Non-Executive Director.

2.0 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 attending. The Chairman formally welcomed the two new Non-Executive Directors, Mr Sean McKeever and Ms Angela Paisley, who were appointed by the Minister on 1 December 2010 to replace Mr Seamus Mullan and Mr Frank Hughes who had both completed their terms of appointment.

3.0 Minutes of the Previous Meeting of the Trust Board held on 25 November 2010

Members accepted the minutes as a true and accurate record of proceedings on the proposal of Mr Shields seconded by Mrs McCue.

4.0 Matters Arising

4.1 Financial Stability 2010/11

The Chief Executive reminded the Board that the Financial Stability Programme Board which is led by John Compton, Chief Executive of the Health & Social Care Board (HSCB) is still in operation. He advised that further assessments of the Trust's financial position have been carried out by HSCB which confirms that NIAS are still on target to deliver savings and achieve breakeven.

For the benefit of the new members the Chief Executive explained that NIAS is committed to a three year programme of efficiency savings, of which this is Year 3, where £4.4m has been removed from the base-line. He stated that NIAS developed a programme to link both investment and efficiency savings. Response times have been improved in spite of efficiency savings, GP's have been introduced into Control and thrombolysis has been rolled out.

The Chief Executive went on to address the budget proposals for 2011-2015 and stated that NIAS concerns will be highlighted in a formal response referring to the reduction in both revenue and capital and recognising that early decisions will need to be taken to address financial profiling.

The Chief Executive outlined potential impact on NIAS due to reduction in budgets across all Trusts as referenced in DHSSPS Consultation document:

- Closure of A&E Departments
- Increase in diverts
- Delays in handover at A&E Departments
- Loss of other services on Hospital sites
- Demands for services elsewhere
- Unable to use agency or locum staff.
- Reduced capabilities.
- Currently dealing with one airport alert per week

The Executive Team will be meeting to look at scenarios and develop proposals. Totality of spend will be considered with the focus on continuing to provide safe, high quality care.

The Board raised the issue of closures of A&E departments and the protocols that are in place to deal with this situation. NIAS has protocols in place to deal with closures and patients are transferred to the nearest appropriate hospital. It was noted that sporadic short notice of closures can affect planning however the Control Centre can respond quickly.

The Chief Executive expressed concern around continuing capacity to deal effectively with major incidents and outlined as an example the Mourne Helicopter incident which coincided with a significant RTA in Belfast.

The Board raised concern about cost reduction being placed on all Trusts and its impact and pressures on NIAS. The Chief Executive stated that the HSC Board recognise the Trust's position. He added that being involved in the Financial Stability Programme Board may give some protection.

He stated that uncertainty around the impact of the budget review will have to be addressed. He added that the Trust will need to adopt a prudent approach and make assumptions in line with other Trusts.

5.0 Chairman's Business

5.1 Visit to Craigavon Station

The Chairman commented that although physical conditions in this station were in need of attention staff morale was high. He added that this was a very busy ambulance station operating in a cramped building. He extended thanks to the Area Manager and staff for their hospitality.

Mr McKeever apologised for not attending the Station visit.

The Board expressed their thanks to the staff for their warm welcome and openness despite the working conditions. Concerns were also expressed about the safe storage of drugs, the condition of the building and problems with access and egress at the site.

The Director of Operations highlighted the following:-

- NIAS is complying with statutory responsibilities in terms of storage of drugs.
- The current station is meeting basic requirements.
- Work is progressing with the Southern Trust to identify a new location which does not necessarily have to be on hospital grounds.

The Chief Executive stated that in the past ambulance stations tended to be located to the rear of hospitals which no longer reflect the needs of the ambulance service. The intention is to develop fit for purpose stations based on NIAS requirements and ideally placed to meet response targets. He thanked the staff for their tolerance in relation to the working conditions of the Station.

5.2 Chairman's Update

The Chairman advised the Board of the retirement of Mr Kenny McMahon, Area Manager of the Southern Division after 38 years of service. On behalf of members he wished Kenny well for the future.

The Chairman gave a brief outline of his diary commitments since the last Board meeting which included induction meetings with the new Non Executive Directors.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

Chief Executive advised that the recent cold spell added to the pressures of NIAS. He advised that a debriefing meeting is scheduled for Monday, 31 January 2011 to look at lessons learned. NIAS was engaged with other agencies throughout this period with frequent meetings taking place.

7.0 Assurance Framework as at 30 September 2010

Operations

- Category A performance target for the 2010/11 year regrettably will not be achieved and the focus now will be on continuing to achieve the best possible performance and implementing performance improvement measures to achieve the 75% response within 8 minutes March 2011 element of the target. NIAS had very significant challenges to deal with over Christmas and New Year compounded this year with prolonged snow and ice. A lot of NIAS vehicles are not parked under cover and problems were experienced with air bags freezing. Staff were under pressure covering the holiday period and pressures were made worse by the prolonged, inclement weather. The Resource Centre staff also worked particularly hard during this time. Some non essential services were cancelled which alleviated some of the pressures. Officers also worked with A&E departments and the Doctors in Control contributed to managing pressures. He added that there were no reports of any serious adverse incidents during this period. The Director of Operations wished to commend all staff who worked very hard during this time and in particularly difficult conditions. The Chief Executive advised that voluntary agencies, St John and the Red Cross assisted during these pressures.
- The Board commented that it was remarkable that the Trust were able to continue to deliver a service in these extreme weather conditions over the Christmas and New Year period. Staff should be commended for a job well done. It was added that climatic conditions are not taken into account when targets are set. The media coverage of the cancellation of non emergency cover was considered to be the best way of communicating this information to members of the public.

Concerns regarding Category A response are: winter pressures around flu, delays at A&E departments and predications for severe weather.

Medical

- The development of HART continues and the Trust is on target to provide capability.
- An Assistant Emergency Planning Officer has been tasked to work full time on the Business Continuity Planning development.
- At a recent meeting with Medical Directors in the other five Trusts it was agreed in principle that NIAS could have access to their expertise in Healthcare Associated Infections and formal arrangements for this will be progressed. There have been no reports of healthcare associated infections within NIAS within this current year.
- The Trust is engaging with the Patient Client Council in establishing a "Patient Reference Group". A number of staff have been trained to observe practice and obtain patient stories in keeping with the regional developments.
- The Trust has engaged with a number of regional groups such as Regional Cancer Network and primary care group of NICAN regarding end of life care pathways. A presentation was made by the NIAS Medical Director to a regional cardiology meeting in relation to the ambulance contribution to the development of paramedic administered thrombolysis and PCI which was very well received.

- Quarterly meetings are taking place to facilitate appropriate Trust action and learning from untoward incidents, complaints and disciplinaries.
- A number of draft Clinical Quality Indicators have been proposed in England and their introduction will be closely monitored by NIAS. The Medical Director and Director of Operations will continue to participate in these developments nationally.
- Formal and robust protocols are being developed for a number of condition-specific treat and leave and treat and refer protocols to be introduced within year.

Finance & ICT

The Trust is showing a deficit of £132k at the end of November 2010. This included a movement of provisions of £98k, which leaves a small deficit of £34k. The Trust continues to predict a breakeven position at year end. The forecasted breakeven position is entirely dependent on a range of assumptions. There are some uncertainties for the Trust one of which is the eventual outcome of Agenda for Change. Possible outcomes have been and continue to be discussed with the HSC Board.

- The Trust is complying with Key Performance Indicators set by the Business Service Organisation for purchasing and supplies management.
- 10 Assembly questions were received for November 2010.

Human Resources & Corporate Services

- The target for absence is unlikely to be achieved by year end even though considerable progress on absence management has been made this year. A comparative analysis of HSC absence showing absence for professional grades in HSC Trusts has been included within the papers. An action plan has been developed; however, a delay in implementing the Attendance Management Procedure was highlighted. This issue remains a priority for all Managers.
- The Board requested that the total of staff in each department is shown along with the percentages of absence which will show clearly the amount of staff involved.
- They also raised the question of response performance in areas where absenteeism is high. They were advised that response performance is not necessarily affected as areas are covered through overtime therefore when the target of absenteeism is not being achieved, service delivery is not necessarily adversely affected.

8.0 Policies/Procedures/Business Cases

8.1 Communication Strategy

The Communications Strategy was discussed at the last Board meeting and it was agreed to strengthen the areas of external communication.

The Board enquired why Control is not covered within this document in the event that the control centre would be overwhelmed with calls.

The procedure for the Control room was explained as relating more to business continuity and relevant arrangements in place for control business continuity were outlined.

8.2 Business Case – Ballymena

Members were advised that the current station is housed on the Braidvalley site which is owned by the Northern Trust. The site is undergoing redevelopment and the ambulance station site is required as part of the redevelopment. The new location should improve response times and will have garages to house vehicles. Divisional Headquarters will also be based at the new site. It was added that the Trust has to ensure staff are provided with a safe and secure working environment. The reduction in capital funds to DHSSPS was noted but it was felt important to progress to securing approval for this and other business cases. Trust Board sought and received assurance that internal capacity in business case development had been enhanced through this process.

The business case was approved on the proposal of Prof Hanratty and seconded by Ms Paisley.

9.0 For Noting

9.1 Minutes of Assurance Committee held on the 22 September 2010

Noted.

9.2 Minutes of Audit Committee held on the 22 September 2010

Noted.

9.3 Equality Scheme

Noted.

12.0 Application of Trust Seal

The Trust Seal has been used on one occasion since the last Board meeting. This was for a land exchange at the Mourne Hospital site.

13.0 Forum for Questions

No questions received from the floor.

14.0 Any Other Business

14.1 Whistleblowing

The Chairman advised members that the Whistleblowing phone will be held by Ms Paisley until a review of the policy takes place.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held in the Western Division on Thursday, 24 March 2011, venue to be confirmed.

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

Signed: _____
(Chairman)

Date: _____



Northern Ireland Ambulance Service
Health and Social Care Trust



ASSURANCE **FRAMEWORK**

(as at 28 FEBRUARY 2011)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2010-2011

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Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

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PREFACE

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

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PRIORITIES FOR ACTION 2010-2011 – AN INTRODUCTION

The overall aim of the Department of Health, Social Services and Public Safety is to improve the health and well being of the people of Northern Ireland. In pursuing this aim through the health and social care (HSC) system, the key objective of the Department is to improve outcomes through a reduction in preventable disease and ill health by providing effective and high quality interventions and services, equitably and efficiently, to the whole population.

Consistent with this aim and objective the Minister's expectation, for 2010-11 and beyond, is that – as far as possible within the resources made available by the Executive – the public will see continuing improvements to services across six key priority areas, namely:

Priority Area 1: Improve the health status of the population and reduce health inequalities

Priority Area 2: Ensure services are safe and sustainable, accessible and patient-centred

Priority Area 3: Integrate primary, community and secondary care services

Priority Area 4: Help older people to live independently

Priority Area 5: Improve children's health and well-being

Priority Area 6: Improve mental health services and services for people with disabilities.

In addition, Priorities for Action 2010/11 includes a seventh priority area which, particularly in the current financial context is critical, namely:

Priority Area 7: Ensure financial stability and the effective use of resources.

It is inevitable that the substantial reduction in resources available for service developments as a result of the Executive's cut in the budget for health and social care will severely limit the progress that can be made across a number of the key PfA themes in 2010/11. However this document should nonetheless be taken as a clear signal to HSC organisations of the direction of travel in the short to medium term. It is more important than ever for commissioners and providers to ensure that every penny of the funding available to the HSC is spent economically, efficiently and effectively in pursuit of the Department's aim and objective as stated above. At the same time it must be acknowledged that within the funding available for health and social care in Northern Ireland it will not always be possible to provide the local population with access to every new service that becomes available.

NIAS PERFORMANCE MANAGEMENT PROCESS

The Northern Ireland Ambulance Service (NIAS) fully supports these aims and objectives and seeks to deliver safe, high-quality ambulance services within the financial resources available.

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. In addition, we have presented additional objectives and actions, inextricably linked to the continued delivery of safe, high-quality services within financial resources, but not specifically referenced in PfA objectives, and aligned these with the relevant PfA theme. 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.

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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.

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ASSURANCE SUMMARY TABLE – PERFORMANCE & RISK

PfA1.1...Emergency Preparedness	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA1.2... Business Continuity	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA2.1... Category A Ambulance Response	Performance Assessment DELAYED	Risk Assessment MODERATE
TA2.1...Non-Life-Threatening Calls - Ambulance Response	Performance Assessment DELAYED	Risk Assessment LOW
TA2.2... Ambulance Response - Non-Life-Threatening Urgent Calls	Performance Assessment DELAYED	Risk Assessment MODERATE
PfA2.3...A&E Discharges	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA2.4... Stroke services	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA2.6... Healthcare associated infections	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA2.7... Hygiene and cleanliness	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW

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PfA2.8... Patient Experience	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA2.9... Patient involvement	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA2.10... Service Frameworks	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA2.3...Adverse Event Learning	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA2.4...Clinical Quality	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA3.1... Pathway management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA7.1... Financial Breakeven	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment MODERATE
PfA7.2... Efficiency savings	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.1... Infrastructure Investment	Performance Assessment DELAYED	Risk Assessment MODERATE
TA7.2... Purchasing & Supplies Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW

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TA7.3...Information Requests	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
PfA7.4... Absenteeism	Performance Assessment UNLIKELY TO BE ACHIEVED	Risk Assessment MODERATE
PfA7.6... Staff Health and Wellbeing	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.4... Grievance Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.5... Disciplinary Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.6... Harmonious Work Environment	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.7... Industrial Tribunals	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.8... Training	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.9... Knowledge and Skills Framework	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW

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TA7.10... Complaints & Compliments	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.11... Media Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.12... Community Education	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
TA7.13... Statutory compliance	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW

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PRIORITY AREA 1: IMPROVE THE HEALTH STATUS OF THE POPULATION AND REDUCE HEALTH INEQUALITIES

Aim: to improve the health status of the entire population and reduce inequalities in health status between population groups and geographical areas.

Improving health and well-being status remains one of the most fundamental ways of improving people's quality of life in Northern Ireland. The Department's aim is to maintain and improve the health status of the entire population and to reduce inequalities in health status between population groups and geographical areas.

With healthcare costs continuing to rise and chronic care consuming an ever increasing share of spending, it is essential that a step-change improvement is secured in relation to prevention and health improvement activities and interventions, leveraging all opportunities within the health and social care service and beyond to promote key public health messages. The Public Health Agency should ensure that all key stakeholder organisations and individuals – within the HSC family, other statutory sectors and the community and voluntary sector – are fully and appropriately involved and working in partnership to improve public health and address inequalities. All stakeholders must be clear about their respective roles and responsibilities and the Agency should establish appropriate oversight arrangements to ensure timely and effective delivery of real improvements.

Tackling inequalities

A key priority for the Department is to reduce inequalities in health status between population groups and geographical areas. This will require the social determinants of ill-health (employment, housing, education, poverty (including fuel poverty), etc) to be addressed, and social capital to be built within communities, through partnership working with key stakeholders.

Tobacco

The prevalence of smoking in Northern Ireland has fallen only marginally in recent years, with little real improvement following the initial impact of the smoking ban in 2007. The Department's aim is to re-energise the drive to reduce smoking across Northern Ireland through a multi-component policy, community and societal level prevention approach. Particular focus will be given to those geographical areas with the highest rates of prevalence, and on pregnant women, manual workers and young people.

Alcohol and drugs

Tackling the harm from alcohol and drug misuse will continue to be a key priority in 2010-11 and beyond. During 2011 the Department will review and update its strategy document – a New Strategic Direction for Alcohol and Drugs – focussing on a number of existing and emerging issues including the misuse of prescribed drugs, misuse of legal highs, reducing general alcohol consumption (not just binge drinking), encouraging recovery amongst clients, addressing cocaine misuse, and delivering support and information to parents and carers.

Obesity

Addressing obesity in children and adults remains a significant challenge. By October 2010 the Department will develop and publish a comprehensive framework to prevent and address overweight and obesity across the whole life course. The framework will contain actions to improve nutritional intake, increase participation in physical activity, and improve the evidence base. The level of resources available to address this issue, along with the buy-in and support of key partners to address the obesity issues, will have a direct impact on the framework's effectiveness. The Public Health Agency should lead on the development and implementation of a comprehensive action plan to deliver the framework.

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Mental health and suicide

The Department's aim is to promote improved emotional well-being and reduce deaths by suicides by: building resilience within individuals and communities; reducing stigma; promoting the early recognition of signs of mental ill health; providing appropriate training (for HSC and non-HSC staff) and sign-posting to appropriate referral pathways; and, providing a range of high quality, responsive services which are both available and accessible (including preventive initiatives and support for bereaved, both community-based and statutory).

Sexual health and teenage pregnancy

The promotion of good sexual health and wellbeing, and further reducing the overall rate of teenage pregnancy and variations in local teenage pregnancy rates are key priorities.

Screening

Screening plays a vital role in preventing illness before symptoms appear. A new screening programme for bowel cancer will be introduced on a phased basis during 2010-11 for men and women aged 60 to 69. The Public Health Agency, working with the HSC Board, Trusts and other relevant organisations should ensure that this programme is implemented in a manner that is cost effective and meets quality assurance requirements. During 2010-11 the Public Health Agency should work with the HSC Board and Trusts to commence preparatory work for the phased introduction of screening arrangements for abdominal aortic aneurysm.

Emergency preparedness

The purpose of planning for emergencies in the HSC is to ensure preparedness for an effective response to any emergency and to ensure that organisations fully recover to normal services as quickly as possible.

Business Continuity Planning

Both emergency and business continuity plans are essential components of each HSC organisation's planning, commissioning and delivery of HSC services to the wider population. Each HSC organisation must have the appropriate structures and mechanisms in place to continue to meet its core objectives even whilst under sudden or sustained pressure, whether as a result of factors outside or within the organisation. Putting in place plans and testing and validating these arrangements in order to ensure an effective response to threats and hazards can be delivered needs to be given high priority.

PFA1.1 EMERGENCY PREPAREDNESS

PfA1.1...Emergency Preparedness	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
<p>Objective</p> <p>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.</p>					
<p>Performance Commentary.</p> <p>On track for achievement.</p> <p>The development of a Hazardous Area Response capability (HART) continues with 36 paramedics having been trained in various elements of HART. This training is being undertaken jointly with PSNI, NIFRS and the Maritime & Coastguard Agency. 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. A formal launch of HART is being planned for April 2011.</p> <p>The Medical Director and Assistant Medical Director are engaged in the development of national HART SOPs which have now been agreed, participate in the National HART Medical Advisory Group and on call arrangements and have attended the national training for HART Medical Advisors.</p> <p>The NIAS Major Incident Plan and associated emergency plans were reviewed and reprinted in 2009. Work will now commence on the next review in early 2011 in accordance with the ongoing cycle of planned review. The Trust's Emergency Planning Officers continue to be involved in emergency planning developments at regional and national level with Government Departments and other Ambulance and Emergency Services. The Incident and Emergency Plans continue to be exercised with post-exercise and post-incident debriefing to facilitate identification of any necessary actions and learning.</p> <p>During 2010/11 to end December 2010, NIAS has participated in twenty-five multi-agency exercises.</p> <p>The Trust is substantively compliant with the Emergency Planning Controls Assurance Standard.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Review and update NIAS Emergency Plans		A3	A3	A3	A3
Benchmark with other ambulance services and national standards		A3	A2	A2	A2
Exercise Major Incident and Emergency Plans and apply lessons learned	Ongoing	A3	A2	A2	A2
Continue to participate in the regional and national planning for major incidents, pandemic flu and CBRN	Ongoing	A2	A2	A2	A2
The provision of a HART capability in accordance with the funding provided by the commissioners	March 2010	A3	A3	A2	A2
Ensure compliance with Emergency Planning	Feb 2011	A3	A3	A2	A2

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Controls Assurance Standard					
Risk Commentary.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed;
X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

PFA1.2... BUSINESS CONTINUITY

PfA1.2... Business Continuity	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW					
Objective							
Business Continuity Planning: by March 2011, each HSC organisation should ensure it has a fully tested and operational Business Continuity Plan in place.							
Performance Commentary.							
On Track to achieve.							
<p>The Trust's Business Continuity Management arrangements were subject to peer review by representatives of the East Midlands and Scottish Ambulance Services in June 2010, and the NIAS Emergency Planning Officer has participated in a review of the Business Continuity arrangements in the Yorkshire Ambulance Service and will participate in a similar review of arrangements within the London Ambulance Service. A number of recommendations have arisen from this process and an action plan arising from these recommendations has been developed. These include the development of a strategy, policy, work programme and ultimately operational plans. An Assistant Emergency Planning Officer has been dedicated to this work since December 2010 and a draft strategy and policy for consideration by the Senior Management Team have been completed with further benchmarking being currently undertaken with other UK Ambulance Trusts.</p> <p>The previous NIAS draft Business Continuity Plans are being incorporated into this work along with previous comments and amendments. This work is being regularly reviewed by a group including the Emergency Planning Officer (EPO), 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.</p> <p>Business Continuity arrangements for a number of local issues were exercised or implemented on nine occasions from April to December 2010. This included Business Continuity Plans for a number of stations which were implemented during periods of civil unrest during the summer months.</p> <p>A number of contingency plans have been tested including the evacuation of REMDC in September 2010. As a result of this, a number of amendments to the Contingency Plan have been highlighted and are currently being incorporated into a revision of the Plan.</p> <p>The Trust's Flu Pandemic Contingency Plan was reissued to all staff in anticipation of rising levels of flu during the winter months and PPE levels were checked. Training in the use of relevant PPE is also being undertaken for new operational staff. NIAS participated in regular teleconferences with other HSC bodies including the Public Health Agency to monitor the situation.</p> <p>Following the period of severe weather over the Christmas and New Year period, the EPO has chaired a formal debrief which has highlighted issues arising during this period. A series of recommendations has been drafted and will be incorporated into the review of the Trust's Contingency & Continuity Plans.</p> <p>NIAS has also participated in a national UK Ambulance Services Fuel Resilience Benchmarking Exercise in May 2010 as part of the NHS Ambulance Chief Executives Group Business Continuity Workstream.</p>							
Key Actions (to deliver objective)		Due Date		Progress Update			
				Q1	Q2	Q3	Q4
Review and update NIAS Business Continuity Plans				A3	A3	A3	A2

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Exercise Business Continuity Plans and apply lessons learned		A3	A3	A3	A2
Benchmark with other ambulance services and national standards		A2	A2	A2	A2
<p>Risk Commentary.</p> <p>There is a risk to the Trust from the failure to review, update and test the internal disaster management plans. This risk is being managed through the Emergency Planning Officer currently reviewing such plans in every Department and the dedication of an Assistant Emergency Planning Officer to this task during the rest of this financial year. REMDC recovery plans are now in place and have been tested during September 2010 and are currently being updated as a result of learning from this exercise.</p>					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

PRIORITY AREA 2: ENSURE SERVICES ARE SAFE & SUSTAINABLE, ACCESSIBLE & PATIENT-CENTRED

Aim: 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.

Quality and safety

The first dimension of quality must be that we do no harm to patients or clients.

A strengthened system of regulation and robust standards of care and treatment have been established through linkages with NICE and SCIE. Commissioners and Trusts must ensure that services are delivered to common agreed standards, and that there is no inappropriate variation in the care and treatment that people are receiving. Clinicians and practitioners will be expected to look closely at their own practice and ensure that it is fully in line with current best practice. Within the context of available resources, it is expected that patients will continue to have access to the majority of NICE approved drugs and technologies and approved vaccines.

During 2010-11, Commissioners and Trusts should ensure that appropriate clinical and social care governance structures are in place to ensure satisfactory progress is made towards the full implementation of all endorsed best practice guidance (NICE, SCIE, NPSA, GAIN). Trusts should evidence that they are participating in Safety Forum collaboratives and develop action plans for any learning sets.

Accessibility

Ensuring that the population has timely access to high quality healthcare remains a key priority.

Significant improvement in waiting times had been achieved in recent years, but performance has slipped back in 2009-10 in a number of specialties. It will be a key priority for the HSC Board and Trusts in 2010-11 to ensure that, within available resources, in-house capacity is increased and as many specialties as possible are brought into recurrent balance, with the independent sector only being used in exceptional circumstances, and then only with the prior approval of the HSC Board. By March 2011 it is expected that all outpatients will be seen within nine weeks following GP referral; it is recognised that the current 13-week standard for treatment is not achievable across all specialties within the resources available in 2010-11, but nonetheless Trusts should ensure that maximum treatment waiting times are – at worst – maintained at March 2010 levels for all specialties being brought into recurrent balance in 2010-11, and in the small number of remaining specialties, waiting times for treatment do not exceed the maximums stated later in this section.

Ensuring services are person-centred

Personal and Public Involvement (PPI) is about giving people and communities a say in the planning, commissioning and delivery of their health and social care services. Person-centred care means organising services around the needs of the individual patient, meeting their clinical needs, working in partnership and treating them with dignity and respect. It means providing timely and convenient services that help prevent – as well as treat ill-health.

PFA2.1... CATEGORY A AMBULANCE RESPONSE– POTENTIALLY LIFE-THREATENING 999

PfA2.1... Category A Ambulance Response	Performance Assessment DELAYED	Risk Assessment MODERATE			
Objective					
Ambulance services (PSA 2.8): from April 2010, the HSC Board and NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes, increasing to an average of 75% by March 2011 (and not less than 67.5 % in any LCG area).					
Performance Commentary.					
Regionally performance for the first element of the PfA target finished at 69.3%. 999 activity continues to increase. NIAS could not recover the cumulative CAT A8 position following the December and January pressures and weather.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
The introduction of additional rapid response staff and vehicles to provide flexible targeted paramedic response to emergency calls	April 2010	A2	A2	A2	
The introduction of additional intermediate care hours of cover to provide flexible targeted non-emergency patient transportation to increase capacity for emergency calls and timely response for non-emergency calls	Ad Hoc	A2	A2	A1	
The targeting of Accident & Emergency hours of cover, principally at week-end and nights, to match demand and provide flexible targeted paramedic response to emergency calls and patient transportation where appropriate	April 2010	A2	A2	A1	
Use Clinicians (GPs) in Ambulance Control to provide clinical triage of non life-threatening 999 calls and alternative care pathways which negate where appropriate ambulance transportation/attendance (pilot in the first instance).	April 2010	A1	A1	A1	
Continue to work with local communities in the development of Community First Response on a Northern Ireland basis with an emphasis on rural areas in the first instance and the provision of essential support and governance arrangements, again consistent with best practice and recent recommendations by the Health Care Commission in the UK.	Ongoing	A4	A4	A4	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Risk Commentary.

Principal concerns in respect of this objective are;

NIAS did not achieve the first element of the PFA target (72.5% Cat A <8 mins for NI by Feb). This was missed by 3.2%. The LCG target of 65% was only achieved in Belfast and South Eastern LCGs. The LCG target was missed by, 3.2% in Northern LCG, 2.5% in Southern LCG. The severe winter pressure in December and the exceptional growth in activity in December and January affected the cumulative performance. The focus will now be on a) continuing to achieve the best possible performance by month Regionally and at LCG level and b) implementing performance improvement measures to achieve the 75% March 2011 element of the target.

Principal concerns in respect of overall category A response are: congestion in A&E Departments leading to longer handover times. Winter pressures around flu and severe weather affected performance.

Category A : % Response within 8 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	71.6	70.2	73.0	71.5	71.1	72.0	70.0	70.6	57.6	67.8	69.3		69.3
Belfast	87.3	85.0	86.4	84.4	86.8	86.3	82.8	83.5	69.1	80.6	85.3		83.2
Sth East	70.4	68.4	71.2	71.8	69.1	73.1	69.4	72.3	54.3	64.3	66.5		68.0
North	65.8	64.4	66.8	63.8	63.1	63.9	60.7	61.2	51.6	61.9	59.1		61.9
South	63.6	62.4	65.3	66.7	64.0	65.3	62.4	62.6	52.4	61.0	65.4		62.6
West	61.7	62.9	67.0	65.3	65.7	66.4	68.7	67.2	55.4	65.4	62.6		64.4

Category A : % Conveyance Resource Response arriving within 21 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	92.7	92.7	94.5	93.4	93.4	93.1	92.8	91.3	81.9	90.3	89.8	
Belfast	97.4	97.4	96.7	97.3	96.6	97.9	95.3	95.0	89.1	93.4	92.8	
Sth East	93.0	93.0	94.8	91.5	93.5	94.1	92.9	90.9	80.5	87.4	87.2	
North	90.4	90.4	94.1	91.0	91.6	91.1	91.5	89.5	77.1	89.8	89.0	
South	89.6	89.6	93.2	93.5	92.1	90.5	90.6	89.1	76.7	87.7	88.9	
West	90.4	90.4	92.3	92.3	91.9	90.0	92.1	90.0	83.5	91.6	89.0	

Category A : % Non-Conveying Resource contribution to Response within 8 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	41.9	43.3	40.8	37.7	39.9	40.6	42.4	43.0	43.6	41.0	45.1	
Belfast	45.3	43.0	43.9	40.8	40.7	45.0	46.0	47.7	49.0	46.4	50.7	
Sth East	39.5	39.1	39.9	34.0	40.0	36.7	37.0	42.9	46.5	43.4	50.5	
North	40.9	40.0	39.1	41.0	42.0	40.2	42.0	39.1	38.7	39.2	40.7	
South	48.9	45.2	39.5	37.4	44.0	43.2	53.8	45.5	47.1	43.9	45.1	
West	29.9	31.7	38.3	30.2	31.8	33.2	31.8	35.5	30.4	26.2	32.4	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Category A : Demand Profile – Responses arriving at scene												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	3516	3547	3543	3469	3549	3463	3715	3369	4288	3734	3475	
Belfast	992	977	1,029	959	965	919	1042	948	1178	1024	984	
Sth East	604	602	624	570	582	592	673	581	760	652	565	
North	784	836	742	829	804	814	827	761	951	808	799	
South	588	550	567	558	589	585	569	551	758	661	560	
West	548	582	581	553	609	553	604	528	641	589	567	

TA2.1... AMBULANCE RESPONSE - NON-LIFE-THREATENING 999 CALLS

TA2.1...Non-Life-Threatening Calls - Ambulance Response	Performance Assessment DELAYED	Risk Assessment LOW			
Objective: From April 2010 the HSCB and NIAS should ensure that 95% of Category B calls are responded to in 21 minutes and that 95% of Category C calls are responded to in 60 minutes.					
Performance Commentary. The category B21 target has been achieved in Belfast Area only. The category C60 has been achieved for all areas of Northern Ireland. NIAS needs to realise a 3.5% cumulative improvement to achieve the B21 target.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Review control call take and dispatch protocols	Sept 10	A3	A3	A2	
Introduce additional intermediate care hours to support A&E tier	Nov 10	A4	A3	A2	
Review operational deployment plans: Status Plan, Job Cycle Monitoring, Hospital Turnaround Times	Dec 10	A4	A3	A3	
Risk Commentary. Risk of failure to achieve the target is low provided number of category B calls does not continue to rise, and NIAS does not experience any adverse impact on this call category as a consequence of acute service changes. There is a risk to the achievement of this target due to the potential failure to obtain support and engagement from other key external stakeholders such as GPs, A&E Departments, etc. for the implementation of proposed new call handling processes and procedures.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Category B: % Response within 21 minutes													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	93.0	92.8	94.3	93.5	93.5	93.9	92.8	92.4	83.6	90.2	92.0		91.9
Belfast	96.7	97.4	97.9	97.8	97.6	98.0	96.1	96.8	88.3	93.7	95.5		95.9
Sth East	93.7	91.0	93.0	93.5	94.5	94.0	93.2	91.6	82.6	88.0	89.9		91.3
North	91.8	91.4	93.1	91.1	91.5	92.9	91.9	92.1	81.9	90.8	90.9		90.8
South	90.7	92.4	94.2	93.4	92.6	91.6	89.7	89.9	81.4	86.9	92.5		90.3
West	90.6	90.6	92.5	91.1	90.3	91.0	91.7	88.8	82.5	89.9	89.5		89.8

Category B: % Conveyance Resource Response arriving within 21 minutes													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	89.4	89.2	90.6	90.2	89.4	89.8	89.1	91.7	76.4	83.7	86.0		87.1
Belfast	93.5	93.5	93.6	94.8	94.2	94.5	92.1	86.1	80.0	86.2	89.1		91.1
Sth East	90.4	87.2	87.9	90.0	90.9	89.1	88.2	86.9	72.6	78.9	81.3		85.6
North	87.7	87.0	88.8	86.9	86.7	88.2	88.2	83.5	74.5	84.3	84.2		85.7
South	86.1	89.5	91.9	90.7	88.7	86.7	86.7	85.6	74.8	80.8	87.6		85.8
West	87.7	88.3	90.6	89.0	88.2	89.4	89.0	87.2	80.5	87.8	86.9		87.5

Category B : Demand Profile – Responses arriving at scene													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
NI	5301	5538	5221	5351	5418	5215	5652	5246	5923	5410	4735		
Belfast	1,334	1,332	1,279	1,273	1316	1267	1494	1367	1468	1318	1214		
Sth East	923	973	941	941	962	963	942	893	1072	940	795		
North	1,385	1,492	1,414	1,467	1470	1403	1427	1301	1490	1430	1221		
South	869	935	845	863	864	861	991	947	1042	959	839		
West	790	806	742	807	806	721	798	738	851	763	666		

Category C Response within 60 minutes – Monthly Performance													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	99.9	99.6	99.7	99.7	99.6	99.7	99.5	99.3	97.8	99.0	99.6		99.3
Belfast	100	99.6	99.4	99.8	99.8	100.0	99.6	98.7	95.8	99.0	99.3		99.1
Sth East	100	99.7	99.7	99.3	99.6	99.7	99.6	100.0	97.0	97.6	99.2		99.1
North	100	99.8	99.7	99.7	99.4	99.7	99.0	98.8	99.7	99.5	99.7		99.5
South	99.6	99.1	100	100	99.6	99.2	100.0	99.6	98.7	99.3	100		99.5
West	100	99.6	100	99.5	99.5	99.5	99.5	100.0	99.3	100	100		99.7

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Category C : Demand Profile – Emergency Calls Received												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	1498	1833	1627	1686	1618	1632	1642	1693	2210	1934	1589	
Belfast	435	494	506	506	488	459	520	502	651	584	474	
Sth East	275	385	311	316	299	317	288	327	418	370	289	
North	313	446	346	408	352	366	344	362	450	417	366	
South	263	249	269	238	259	279	270	258	354	331	273	
West	212	259	195	218	220	211	220	244	337	232	187	

Category C : % Calls Resulting in not transporting patient to hospital by emergency ambulance												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI												
Belfast												
Sth East												
North												
South												
West												

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA2.2... AMBULANCE RESPONSE - NON-LIFE-THREATENING URGENT CALLS

TA2.2... Ambulance Response - Non-Life-Threatening Urgent Calls	Performance Assessment DELAYED	Risk Assessment MODERATE			
Objective					
NIAS will seek to respond to 95% of Urgent calls within 15 minutes of time specified by the clinician requesting transport.					
Performance Commentary.					
NIAS have consistently failed to meet this target. This is primarily due to Urgent calls being processed differently from the Emergency calls processed through the AMPDS software system within the Control room. Work has commenced on reviewing the management of GP urgent calls.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Review call take and dispatch protocols for urgent calls.	Oct 10	A3	A3	A2	
Agree performance measurement and standards for Urgent calls with HSCB commissioners.	Nov 10	A4	A4	A4	
Risk Commentary.					
There is a significant risk of failing to achieve the target should the current operational processes and standards remain. This risk will increase should there be a significant increase in demand due to winter pressures.					
There is a risk to the achievement of this target due to the potential failure to obtain support and engagement from other key external stakeholders such as GPs, A&E Departments, etc. for the implementation of proposed new call handling processes and procedures. For example other service providers may not agree to accept direct referrals from ambulance services, but the Medical Directors are engaging with other HSC Trusts and service providers to agree these procedures, in particular with GP Out of Hours services etc.					
There may be a risk due to funding constraints.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Urgent Response: % within standard													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	58.0	57.5	60.9	61.0	53.3	57.1	57.0	55.3	44.4	52.5	53.3		55.7
Belfast	62.2	58.6	63.7	62.6	53.1	62.7	58.1	55.2	42.9	45.3	48.8		55.7
Sth East	62.6	55.5	58.9	60.2	61.1	58.3	56.6	53.0	40.3	47.2	50.5		54.1
North	58.8	62.0	62.0	60.1	58.3	54.8	57.1	61.2	49.4	57.8	58.5		58.5
South	48.9	53.1	61.0	64.1	56.2	53.4	57.5	50.6	41.8	58.1	53.7		54.4
West	55.0	54.6	56.4	56.9	56.3	53.5	54.9	53.6	47.2	58.3	55.1		54.8

Urgent Calls: % undertaken by Non-Emergency Ambulance												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	27.1	28.9	31.2	28.9	29.2	29.9	13.4	14.5	29.1	30.3	29.3	
Belfast	27.6	33.6	32.9	30.3	24.8	32.2	13.0	14.4	30.1	27.5	27.1	
Sth East	23.4	20.5	25.9	23.0	23.0	22.2	9.4	13.6	21.5	20.4	31.0	
North	35.1	38.5	44.1	40.9	43.6	41.3	17.8	15.0	39.1	44.1	30.3	
South	19.7	16.5	20.3	18.4	25.0	24.0	13.6	16.4	21.3	22.0	28.0	
West	25.8	29.3	24.0	21.9	26.6	22.8	11.5	12.0	29.6	35.3	30.3	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

PFA2.3...A&E DISCHARGES

PfA2.3...A&E Discharges	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective A&E: from April 2010, HSC Board and Trusts should ensure 95% of patients attending any A&E department are either treated and discharged home, or admitted within four hours of their arrival in the department. No patient should wait longer than 12 hours.					
Performance Commentary. NIAS have been working with each of the Trusts to facilitate request for discharge in a timely manner.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Introduce measures to identify A&E discharge patients requiring non-emergency transport by ambulance					
Introduce measures to assign priority to discharge patients requiring non-emergency transport by ambulance					
Introduce monthly audit of compliance					
Risk Commentary.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

PFA2.4... STROKE SERVICES

PfA2.4... Stroke services	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
Stroke services (PSA 2.6): 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 90 minutes of the onset of stroke symptoms receive a CT scan and report within a maximum of a further 90 minutes to inform the appropriate use of thrombolysis.					
Performance Commentary.					
While this is an Acute Trust-led target, NIAS has fully participated in the regional development and implementation of stroke care pathways and continues to participate in the monitoring of performance. A NIAS protocol for the management of acute stroke in keeping with the regional framework and NICE Guidelines was introduced in 2009. NIAS is currently monitoring performance in relation to the arrival of patients with actual or suspected acute stroke at hospital within an appropriate timeframe and a clinical performance indicator for the management of acute stroke has been developed and is subject to regular audit. This shows a high level of compliance with current guidelines and protocols and is presented below.					
NIAS continues to participate in the ongoing monitoring and review of arrangements for the acute management of stroke at regional level.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Introduce guidance and protocols for effective management of Stroke patients to ensure hospital attendance within 90 minutes		A2	A2	A1	A1
Participate in the regional stroke implementation group and engage with specialist stroke care providers in the development of stroke pathways		A2	A1	A1	A1
Monitor ambulance performance in relation to timeframe of call to hospital and arrival for patients with actual or potential acute stroke		A3	A2	A1	A1
Risk Commentary.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

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	98.1	96.4	99.5	99.5	99.4	98.3	99.0	98.3	93.5	98.5	96.7	
Belfast	100	100	100	100	100.0	100.0	100.0	100.0	94.8	100	100.0	
North	95.5	100	100	100	100.0	97.7	100.0	96.9	92.0	98.1	94.3	
SthEast	100	94.2	100	100	96.6	100.0	100.0	100.0	95.2	100	96.6	
South	100	95.5	95.8	100	100.0	100.0	93.9	94.6	93.3	97.6	95.8	
West	94.1	90	100	97.1	100.0	91.3	100.0	100.0	89.7	96.3	96.6	

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			

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Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

1909 Patient Report Forms sampled from May 2010 to Oct 2010 – 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
NIAS - All divisions	318	1909 (6 mth)	1909 (100%)	0%	1003 (53%)	0.9%*	1757 (93%)	0%	1853 (94%)	1870 (98%)	*Unavailable
Previous audit:	293	3516 (1year)	3516 (100%)	0%	1685 (48%)	0%	3281 (93%)	0%	3412 (97%)	3388 (96%)	

*Local stroke team information not currently recorded on Patient Report Form – this will be reviewed at annual PRF reformat / updates. 0.9% of patients refused assessment/treatment

Review: **6 months**

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

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PFA2.6... HEALTHCARE ASSOCIATED INFECTIONS

PfA2.6... Healthcare associated infections	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
<p>Objective</p> <p>Healthcare associated infections (PSA 2.1): in the year to by 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.</p> <p>Performance Commentary.</p> <p>While this is an Acute Trust-led target, NIAS continues to work with Commissioners and RQIA to identify and deliver relevant requirements from an ambulance perspective.</p> <p>No healthcare acquired infections arising within the Trust have been reported within the current year.</p> <p>The Trust’s Infection Prevention and Control Group continue to meet on a bimonthly basis with regular reports provided to relevant sub-committees of Trust Board. The Trust’s revised Infection Prevention and Control Policy and Procedures have been issued to all staff within year and continue to be updated on the basis of emerging national 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 Infection Prevention and Control Group has been formed to specifically review current arrangements and make recommendations to improve the reporting and monitoring of vehicle cleaning. This sub-group will comprise of members from all Divisions and all grades of operational staff including representation from Ambulance Control. Following the outcome of this work, further workshops will be arranged for Station Officers. The Trust’s Clinical Waste Policy has been reviewed in association with other HSC Trusts and following final comments will be submitted to the Assurance Committee and Trust Board for approval.</p> <p>The Trust is substantively compliant with the Infection Prevention & Control Controls Assurance Standard as assessed in May 2010.</p> <p>An audit of compliance with IPC procedures was completed in March 2010 and demonstrated a high degree of compliance. A further audit of hand hygiene measures will be undertaken in the near future.</p> <p>A review of hygiene and cleanliness within the Trust was undertaken by RQIA in May 2010 but their report is still awaited.</p> <p>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 provide all Trust colleagues with 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 will be further explored with one HSC Trust in particular.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Monitoring and reporting of performance in relation to standards of healthcare acquired infections to Trust Board.		A2	A2	A2	A2

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Implement recommendations arising from NIAS 2010 Audit of Compliance with IPC Practice and Procedures.		A3	A3	A3	A2
Risk Commentary.					

PfA2.7... HYGIENE AND CLEANLINESS

PfA2.7... Hygiene and cleanliness	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
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.					
Performance Commentary.					
A regional tender in regard to contract cleaning of NIAS facilities was issued in July 2010 and a contract has now been awarded. Cleanliness and hygiene arrangements within the Trust are monitored by the Trust’s Infection Prevention and Control Group and Health and Safety Committee.					
A review of hygiene and cleanliness arrangements and standards within the Trust was undertaken by RQIA in May 2010. Their report is still awaited.					
A review of the Trust’s Clinical Waste Policy has now been undertaken and following final comments will be presented to Trust’s Assurance Committee and Trust Board. A programme for the review and audit of station cleanliness commenced during September 2010 is ongoing and findings are reported to the Trust’s Health & Safety Committee.					
NIAS continues to participate in the national UK Ambulance Services Infection Prevention and Control Group including the development of ambulance-specific standards of hygiene and cleanliness.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Monitoring and reporting of performance in relation to standards of cleanliness and hygiene to Trust Board.		A3	A3	A2	A2
Implementation of recommendations arising from 2010 RQIA Hygiene & Cleanliness Inspection		A4	A4	A4	A4
Participation in the development and implementation of ambulance specific standards of hygiene and cleanliness regionally and nationally		A3	A2	A2	A2
Ensure Compliance with relevant DHSSPS targets and controls assurance standard.		A3	A3	A2	A2
Formally secure/engage expert ICP advice and support for Trust.		A4	A4	A4	A3

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Risk Commentary.

PFA2.8... PATIENT EXPERIENCE

PfA2.8... Patient Experience	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
Patient Experience: 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 the Public Health Agency.					
Performance Commentary.					
The Trust has continued to analyse the results from surveys undertaken in other Trusts which include questions relating to experience of the Ambulance Service. This along with an outline of complaints relating to the standards was submitted to Health and Social Care Board (HSCB) in compliance with the Trust’s responsibilities under this PfA target.					
The Trust continues to participate in regional work streams, including engagement with the Public Health Agency to increase the monitoring tools used to monitor the standards. Specifically this quarter, the Trust has worked with the regional research lead to draft protocols for use in NIAS to pilot Observations of Practice planned for the next quarter.					
The Trust further met with the Patient Client Council (PCC) to discuss proposals for PCC support in the development of NIAS service user engagement.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Engagement with the Patient and Client Council and Service Users to develop an ambulance service user group and membership scheme		A3	A3	A3	A3
Involvement in regional work streams to develop and extend methodology to monitor patient experience across HSC generally and including NIAS specifically		A1	A1	A1	A1
Analysis of monitoring information in respect of patient experience standards and submission of quarterly report to Performance Management and Service Improvement Directorate of HSCB		A1	A1	A1	A1
Risk Commentary.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

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PFA2.9... PATIENT INVOLVEMENT

PfA2.9... Patient involvement	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
Patient involvement: by March 2011, the Public Health Agency in partnership with the HSC Board should: establish a regional Health and Social Care forum, with appropriate Patient Client Council and Public representation, to drive the PPI agenda; develop and implement a regional Health and Social Care Action Plan for PPI including arrangements to promote and evidence active PPI; arrange for the publication of an annual summary of PPI activity across Health and Social Care Organisations.					
Performance Commentary.					
The Trust has continued to participate in regional work streams in implementation of the PPI agenda including through the regional PPI Forum and sub-groups.					
Work is progressing in respect of a draft PPI Strategy for the Trust including plans for consultation with stakeholders and the Trust is engaging with HSC colleagues in the implementation of this work.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
NIAS Strategy for the implementation of Personal and Public Involvement to be developed and implemented		A3	A3	A3	A3
NIAS will participate in the development and implementation of Regional plans and arrangements for the implementation, monitoring and reporting of PPI arrangements		A3	A3	A2	A2
Ongoing monitoring of compliance with relevant PPI standards and requirements with regular reports to Trust Board		A3	A3	A3	A3
Risk Commentary.					

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PFA2.10... SERVICE FRAMEWORKS

PfA2.10... Service Frameworks	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
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.					
Performance Commentary.					
NIAS continues to be actively engaged in a number of regional networks, groups and frameworks including the Regional Cancer Network and the primary care group of NICAN. The Trust has participated in meetings and workshops for end of life care, the Palliative Care Strategy and various aspects of other service frameworks including aspects of condition-specific terminal and palliative care, for example in the Respiratory and Cardiovascular Frameworks. Documentation and a process introduced within the year to facilitate the population of the NIAS patient database for end of life care in children in the Northern Trust area are currently being reviewed and updated. Similarly a form developed by NICAN in relation to palliative and end of life care for use by NIAS and GP Out of Hours is currently being piloted by GPs in the South Eastern Trust area.					
The Trust has implemented as part of the Respiratory Framework a system for the population of our patient database regarding specific oxygen therapy requirements for individual patients following discharge from hospital, and arrangements for patients with laryngectomy have been reviewed.					
NIAS also continues to participate in regional groups in relation to stroke and acute cardiac care.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for cancer		A3	A3	A3	A2
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for stroke services		A2	A2	A1	A1
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for cardiovascular disease		A2	A2	A2	A2
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for respiratory disease		A3	A3	A3	A2
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for palliative and end of life care		A3	A3	A3	A2
Risk Commentary.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

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TA2.3...ADVERSE EVENT LEARNING

TA2.3...Adverse Event Learning	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
During 2010-11 the 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					
Performance Commentary.					
NIAS continues to 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 quarterly to facilitate appropriate action and learning from untoward incidents, complaints, disciplinary procedures etc. as well as reports from the wider healthcare system.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Participate in, review and introduce patient safety initiatives and apply learning from Patient Safety Officer Executive Program		A3	A3	A3	A3
Review and develop arrangements to ensure learning from adverse incidents both within the Trust and the wider HSC system.		A3	A3	A3	A2
Extend Learning Forum in NIAS to include; complaints; disciplinaries; grievances; legal claims; etc.		A3	A3	A2	A2
Risk Commentary.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA2.4...CLINICAL QUALITY

TA2.4...Clinical Quality	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
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.					
Performance Commentary. (Refer also to PfA2.1; TA2.1: TA2.2)					
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 are provided to the Trust's Assurance Committee and are benchmarked against similar CPIs nationally. A number of draft Clinical Quality Indicators have been proposed in England and their introduction will be monitored by NIAS. The Director of Operations and Medical Director continue to participate in these developments nationally.					
New pharmacy arrangements have now been introduced throughout the Trust and new pain packs introduced to test the pharmacy arrangements in advance of the introduction of controlled drugs. The introduction of controlled drugs is now anticipated in March 2011 having been postponed from January 2011 due to circumstances within the supplying pharmacy outside of NIAS control.					
RQIA reviewed the Trust's Medicines Management Policies and Procedures as part of their inspection in 2010. The findings of their report, which has recently been received, are being considered and any necessary action plans developed.					
Annual reports in relation to medicines management for 2010 have been submitted and approved by the DHSSPS.					
NIAS participates in regional pharmacy review and monitoring arrangements and is substantively compliant with the Medicines Management Controls Assurance Standard.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Regular reporting and audit of clinical performance using condition-specific clinical performance indicators including the development and enhancement of governance structures, functions and processes to support this		A2	A2	A2	A2
Introduction of controlled drugs and regular audit of use in compliance with relevant legislation.		A4	A3	A3	A3
Audit and monitoring of new pharmacy arrangements.		A3	A3	A3	A2
Ensure compliance with medicines management controls assurance standard and with new regional legislative requirements for controlled drugs.		A2	A2	A2	A2

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

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Review and develop arrangements to ensure learning from adverse incidents both within the Trust and the wider HSC system.		A2	A2	A2	A2
Risk Commentary.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

PRIORITY AREA 3: INTEGRATE PRIMARY, COMMUNITY AND SECONDARY CARE SERVICES

Aim: 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 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.

PFA3.1... PATHWAY MANAGEMENT

PfA3.1... Pathway management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
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.					
Performance Commentary.					
<p>NIAS is engaged with the Regional GP Out of Hours Review Group and has provided activity data to support their work. The reintroduction of a call triage pilot with one of the GP Out of Hours providers with a view to potentially extending this regionally is currently being explored. The pilot of Category C call triage by GPs in REMDC has now been completed and evaluated and the GP call handling process will be 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.</p> <p>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 PPCI and work in this regard is ongoing in conjunction with the Belfast and Southern HSC Trusts.</p> <p>A number of condition-specific treat and leave and treat and refer protocols are being developed for introduction within this year, with a review of arrangements in other Ambulance Services both nationally and internationally currently being undertaken.</p> <p>A number of joint care pathway initiatives 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.</p> <p>NIAS continues to participate in the facilitation of an emergency hospital admission for patients with actual or suspected stroke (PfA 2.4) and responding ambulance crews are increasingly provided with patient-specific clinical data via the MDT in the vehicle relating to a number of conditions where this has been provided to NIAS by the patient’s clinician.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Further develop the use of Clinician Call Triage in REMDC to facilitate the avoidance of unnecessary hospital attendance through treatment and referral at scene.		A3	A3	A3	A2
Introduce a number of condition specific protocols for the treatment and discharge of patients at scene.		A3	A3	A3	A3

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Engage with secondary and other care providers to implement the relevant standards from service frameworks such as the provision of thrombolysis and access to PPCI to patients with STEMI, the facilitation of emergency hospital admission to patients with actual or suspected stroke, the provision of relevant clinical information to attending ambulance crews to patients with chronic disease such as COPD and cancer etc.		A2	A2	A2	A2
Engage with GP OOH providers & commissioners & contribute to the development of secondary call triage and care pathways both in and out of hours and to facilitate the development of a regional OOH service, single point triage and patient management.		A3	A3	A3	A3
<p>Risk Commentary.</p> <p>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. For example 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.</p>					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

PRIORITY AREA 4: HELP OLDER PEOPLE TO LIVE INDEPENDENTLY

Aim: to ensure that older people are able to remain independent in their own homes and communities with a good quality of life for as long as possible.

With life expectancy increasing, it is important that the HSC supports people to remain healthy both physically and mentally for as long as possible. During 2010-11 Commissioners and Trusts should continue to provide support to help older people live independent lives through ensuring local access to day care and respite services, together with the provision of targeted domiciliary care support, and effective management of long term conditions and end of life care.

PRIORITY AREA 5: IMPROVE CHILDREN'S HEALTH AND WELL-BEING

Aim: to improve the health and well-being of children, to protect vulnerable children, to help families stay together and to improve outcomes for children and young people including those leaving care.

The Department's key policy priorities are set out in Families Matter and Care Matters both of which have now been approved by the Executive. The emphasis is on early intervention and prevention to help all families and parents to be confident and responsible in helping their children reach their full potential and reduce the number of children who have to be taken into care. The two strategies provide a continuum of support with Families Matter focusing on universal and targeted support and Care Matters focussing on higher level need.

PRIORITY AREA 6: IMPROVE MENTAL HEALTH SERVICES AND SERVICES FOR PEOPLE WITH DISABILITIES

Aim: to improve the mental health of the population and to respond effectively to the needs of individuals with a mental health condition or a learning disability or physical/ sensory disability, and to support them to lead fulfilling lives in their own home and communities.

Mental health services

One in four people will suffer a mental health condition at some stage in their lives. Not only does this impact on the individual but also has a potential to have a profound social and economic impact on our society and on the lives of children and families.

The focus on mental health services should include the promotion of mental wellbeing and prevention of mental health conditions, where possible. During 2010-11, Commissioners and Trusts should ensure that the provision of services to people with a mental health need should be through a stepped care approach, recognising that the majority of services should be delivered in primary and community care settings through multidisciplinary and cost-effective approaches. Improving access to psychological therapies should be an integral part of a modern service and be incorporated within the stepped care approach. Inappropriate admission to hospital must be avoided and, where admission is necessary, a focus on access to therapeutic interventions is essential, and early discharge must be facilitated.

Learning disability services

The focus for learning disability will be a "whole life approach" to early intervention, assessment, diagnosis, treatment, care planning and support. This requires a multi-agency approach at local and regional levels. The Department expects a greater focus on "purposeful lives" which supports the individual to live as independently as possible.

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Changing demographics and improvements in treatment and care mean that not only will there be an ageing population of individuals with a learning disability but also an increasing number of people with more severe learning disabilities. At the same time the average age of those caring for them is also increasing. In developing community services, Commissioners and Trusts should ensure a co-ordinated whole life approach that values individuals as welcome members of society.

Physical and sensory disability

The key driver for physical and sensory disability services will be the forthcoming disability strategy which will be issued for consultation in late-2010. This will be complemented by the soon-to-be-published Acquired Brain Injury Action Plan and consultation on a new Speech and Language Therapy Action Plan for children. All of these documents will set strategic direction for future years recognising, of course, that implementation will take some time to achieve.

PRIORITY AREA 7: ENSURE FINANCIAL STABILITY AND THE EFFECTIVE USE OF RESOURCES

Aim – to ensure that all of the resources available to the NI health and social care service are used appropriately and effectively to improve the health and wellbeing of the NI population and to provide better treatment and care, and that the service lives within available resources.

Finance and productivity

The scale of the financial challenge facing the Department and the HSC in 2010-11 is unprecedented. Under existing CSR07 plans the HSC had been already required to deliver cumulative savings of £249m by the end of 2010-11; this requirement was recently increased by a further £105m following the Executive's decision to cut the planned 2010-11 budget for health and social care.

During 2010-11 Commissioners and Trust must protect and improve frontline services – consistent with the policy direction detailed earlier in this document – while at the same time making further productivity gains and taking forward key reforms. It is essential that the HSC ensures the best possible use of available resources and maintains strong financial control; this will be vital to the continued provision of high quality health and social care.

The focus should be on securing value for money for every pound invested, prioritising the most effective treatments, reducing errors and waste and keeping people healthy and independent for as long as possible. This will require innovation and radical thinking, as well as consistent sharing of best practice and the rolling out of the best examples of providing routine healthcare that is efficient and effective. As far as possible, reforms should be taken forward on a robust, consistent, co-ordinated basis across the HSC.

PFA7.1... FINANCIAL BREAKEVEN

PfA7.1... Financial Breakeven	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment MODERATE			
Objective					
Financial Breakeven (PSA 7.1): during 2010-11, the Department and all HSC organisations should live within the resources allocated and achieve in-year financial breakeven and establish a medium and longer-term financially sustainable position.					
Performance Commentary.					
The position at the end of December 2010 (Month 10) is a small deficit of £31k. This excludes a movement in provisions of £59k which DHSSPS have advised will be covered through a non cash revenue resource limit adjustment. The Trust continues to forecast a breakeven position at year end, subject to and without prejudice, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed by HSC Board and NIAS and assessed on an ongoing basis to determine the impact which may significantly affect “break-even”.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Submission of Trust Delivery Plan	Jun 2010	A1	A1	A1	
Approval of TDP by HSCB	Aug 2010	A2	A1	A1	
Approval of TDP by DHSSPS	Sep 2010	A2	A3	A3	
Secure confirmation of CSR investment for 2010/11	Sep 2010	A2	A1	A1	
Ongoing monitoring of expenditure, developments and pressures, through Trust Monitoring Returns, Reports to Trust Board and Budgetary Control.	Monthly	A1	A1	A1	
Secure confirmation of HSCB and DHSSPS support for developments and pressures, subsequent contract variations both in year and recurrently.	Monthly	A2	A2	A2	
Risk Commentary.					
There remain uncertainties in the current economic climate that may impact on the ability of the Trust to maintain financial balance.					
A significant number of NIAS staff are currently being paid on account, without prejudice, and subject to the outcome of the Agenda for Change process. As the final outcome of the process remains uncertain, there remains a risk to financial breakeven and stability.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Financial Breakeven Assessment	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Expenditure	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Staff Costs	N/A	7,540	11,145	14,480	18,663	22,504	26,288	30,072	33,850	37,615		
Depreciation	N/A	644	966	1,288	1,610	1,933	2,287	2,614	2,941	3,268		
Other Expenditure	N/A	1,885	2,380	3,359	4,134	4,990	5,872	6,707	7,617	8,368		
Expenditure Total	N/A	10,069	14,491	19,527	24,408	29,427	34,447	39,393	44,408	49,251		
Income	N/A	274	411	548	685	822	958	1,095	1,232	1,369		
Net Expenditure	N/A	9,795	14,080	18,979	23,723	28,605	33,489	38,297	43,175	47,881		
Adjustments (Depreciation, Cost of Capital & Services Provided)	N/A	(644)	(967)	(1,289)	(1,605)	(1,933)	(2,287)	(2,614)	(2,941)	(3,268)		
Net Resource Outturn	N/A	9,151	13,113	17,690	22,113	26,673	31,202	35,683	40,235	44,614		
Revenue Resource Limit (RRL)	N/A	9,151	13,100	17,620	22,040	26,584	31,069	35,551	40,204	44,583		
Surplus/(Deficit) against RRL	N/A	0	(13)	(70)	(73)	(89)	(133)	(132)	(31)	(31)		

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	92.3%	90.4%	88.8%	90.0%	93.0%	95.7%	97.3%	94.7%	92.7%	89.6%		
Cumulative	92.3%	91.4%	90.5%	90.4%	90.8%	91.8%	92.5%	92.8%	92.8%	92.4%		

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed;
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PFA7.2... EFFICIENCY SAVINGS

PfA7.2... Efficiency savings	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Efficiency savings (PSA 7.1): from April 2010, the HSC Board and Trusts should establish effective arrangements to ensure the full delivery of agreed efficiency savings during 2010-11.					
Performance Commentary. Years 1, 2 and 3 of the Trust’s efficiency savings programme totalling £4.449M by 2010/11 have been actioned consistent with Ministerial decisions following NIAS public consultation. Given additional pressures on public sector finances, NIAS will respond to any further requests for savings. The HSC Board have implemented a Financial Stability Programme which will include an assessment of each HSC Trust’s ability to achieve the expected level of cash releasing savings. The Trust has been assessed as ‘amber green’, “successful delivery of the agreed cost savings appears probable; however, risks will need to be carefully managed”.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Submission of efficiency savings proposals to HSCB/DHSSPS.	Jul 2010	A1	A1	A1	
Secure approval of HSCB/DHSSPS	Sep 2010	A2	A2	A1	
Quarterly Monitoring & Reporting	Quarterly	A1	A1	A1	
Participation and achievement of Financial Stability Programme	Ongoing		A2	A2	
Risk Commentary. There remain uncertainties in the current economic climate that may impact on the ability of the Trust to maintain financial balance.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.1... INFRASTRUCTURE INVESTMENT

TA7.1... Infrastructure Investment	Performance Assessment DELAYED	Risk Assessment MODERATE			
Objective					
Infrastructure Investment					
NIAS is committed to investing in the fleet, clinical equipment, estate and technology necessary to deliver safe, high-quality ambulance services.					
Performance Commentary.					
The Trust has received business case approval for the fleet replacement programme covering the period 2010/11 to 2012/13. The Capital Resource Limit for 2010-11 has been adjusted to reflect this and has increased by £600k and is now £4,613k (General Capital £500k: Estate Refurbishment £100k, Fleet Replacement £4,000k and PC Purchase £13k). This includes the purchase of vehicle chassis for subsequent build in 2011/12.					
Work to deliver expenditure in line with this programme in the current year is ongoing, but is subject to the ability of suppliers to deliver in line with expectations.					
NIAS continues with the development of an expenditure programme for estate. The business case for a replacement ambulance base in Ballymena is progressing.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Liaison with DHSSPS Capital Investment Unit/Strategic Investment Group	Ongoing	A2	A2	A2	
Implementation and Monitoring of Capital Programme	Monthly	A1	A1	A1	
Risk Commentary.					
This delay in fleet approval and estate planning places the capital expenditure programme at risk. Delivery of capital expenditure in year is subject to supplier capacity.					

Capital Spend - Priority Areas	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	3	171	203	203	241	281	282	337		
Estate & Equipment	0	0	0	0	0	0	0	0	0	0		
Information Technology	0	0	0	0	32	32	34	43	46	46		
Other	0	0	0	0	0	0	0	0	0	0		
Asset Disposals	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals (£)	N/A	0	4	13	21	22	24	34	55	55		
Actual Disposals (£)	N/A	0	4	13	21	22	24	34	55	55		

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Fleet Profile (% less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	48.8	52.8	61.5	61.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	
Non-Emergency Ambulances	45.7	45.7	45.7	45.7	48.6	48.6	48.6	48.6	52.4	58	60	
Rapid Response Vehicles	61.2	65.7	67.6	75	75	75	75	75	75	75	75	
Support Vehicles	42.3	41.2	40	42	42	42	42	46	46	50	50	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.2... PURCHASING & SUPPLIES MANAGEMENT

TA7.2... Purchasing & Supplies Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Purchasing & Supplies Management: NIAS will develop and introduce key indicators capable of showing improvements in management of purchasing and supply and/or providing early warning of risk at all levels of the organisation, including the board.					
Performance Commentary. 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 the following Key Performance Indicators in respect of Purchasing and Supply. At this early stage of the year, these targets have been met for processing of requisitions and products supplied within a timeframe.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Monitoring & report performance	Quarterly	A1	A1	A1	
Review by Internal Audit	Oct 2010	A2	A2	A2	
Risk Commentary.					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition (Target 5 Days) Days	1.43	4.67	3.51	2.06	2.04	2.58	1.51	1.94	1.80	1.80		
Percentage of Products Supplied on First Request (Target 95%) %	98.1	99.4	97.6	97.6	97.4	98.7	99.0	99.2	96.2	97.2		
Number of Lines Issued (Stock and Non Stock) Lines	608	606	829	542	600	836	668	665	76.4	664		
Value of Spend (Stock and Non Stock) £k	86	89	368	148	141	508	134	1,604	161	2,698		

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.3...INFORMATION REQUESTS

TA7.3...Information Requests	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
<p>Objective</p> <p>NIAS will respond promptly and effectively to requests for Information.</p> <p>DHSSPS</p> <p>These take the form of Assembly Questions Oral (AQOs), Assembly Questions Written (AQWs), TOFs (a letter from a member of the public to the Minister), CORs (a piece of correspondence from a public representative or anyone else whom the Minister's Private Office deems requires a reply) and INV (an invitation to meet with the Minister or for the Minister to attend an event). To respond to the requests requires information; background notes or substantial written briefs. Timescales are set by the Private Office and are normally required to be responded to within 1-5 days of receipt of the correspondence. All questions received will relate directly to the Trust or HSC in general.</p> <p>Data Protection</p> <p>Under the Data Protection Act (DPA), individuals can ask for information about themselves which is held on computer and in some paper records. NIAS will seek to respond to all Subject Access Requests received under the DPA within the 40 day period turnaround.</p> <p>Freedom of Information</p> <p>NIAS will seek to respond to Freedom of Information Requests within the 20 days turnaround time target identified in legislative principles</p>					
<p>Performance Commentary.</p> <p>At this stage of the year correspondence continues to be processed in line with timescales required. The month of September shows an increase in activity, in particular the processing of 21 Assembly Questions.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Monitor & report performance	Monthly	A1	A1	A1	
<p>Risk Commentary.</p>					

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

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	3	5	3	18	5	14	3	4	4	7		
Completed Requests processed within 20 days or less	3	4	3	17	5	13	2	3	4	7		
Completed Requests exceeding 20 days	0	1	0	1	0	1	1	1	0	0		
Number of Records Fully Disclosed	3	5	3	17	5	13	2	3	4	7		
Vexatious Requests	0	0	0	0	0	0	0	0	0	0		
Number of Records for which records not held	0	0	0	2	0	2	0	1 Part	0	0		
Requests where exemptions wholly/partially applied	0	0	0	1	0	0	1	0	0	0		
Referrals for Independent Review	0	0	0	0	0	0	1	0	0	0		
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0	0		
DHSSPS/AQ's/CORs/TOF's/INV's												
Assembly Questions (Oral)	0	0	2	0	1	0	0	2	0	2		
Assembly Questions (Written)	2	5	19	0	0	21	9	10	10	7		
CORs Received	0	1	1	1	2	0	0	1	0	0		
TOFs Received	1	1	0	0	0	0	0	1	0	0		
INVs Received	0	0	0	1	1	2	1	0	0	0		

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

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PFA7.4... ABSENTEEISM

PfA7.4... Absenteeism	Performance Assessment UNLIKELY TO BE ACHIEVED	Risk Assessment MODERATE			
Objective					
Absenteeism (PSA 7.2): each Trust should reduce its level of absenteeism to no more than 5.2% in the year to March 2011.					
Performance Commentary.					
The Trust has prioritised the management of absence requirements and has engaged in a process of reviewing the measurement of % absence, setting and monitoring monthly performance targets, reviewing the measurement of attendance and related action plans and information requirements.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop Health & Wellbeing and Attendance Management Action Plan	Aug 2010	A3	A1	A1	A1
Agree Health & Wellbeing and Attendance Management Action Plan	Aug 2010	A3	A1	A1	A1
Implement Health & Wellbeing and Attendance Management Action Plan	Sept 2010	A3	A3	A3	A1
Risk Commentary					
The risk associated with not achieving the PFA target is moderate as failure to meet the PFA target will not necessarily directly impact on delivery of an Ambulance Service to patients due to measures in place to manage absence and maintain business continuity. Risk will continue to be reflected on local Human Resource and Operations Risk Registers.					

PFA TARGET 2010/11 = 5.2%				TOTAL YEAR TO DATE ABSENCE = 6.91%								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attendance Management												
Target absenteeism 2009/10 (%)	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50
NIAS absenteeism 2009/10 (%)	5.84	6.67	6.70	7.38	6.51	6.48	6.54	6.64	6.76	9.24	7.63	6.72
Target absenteeism 2010/11 (%)	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20
NIAS 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	
% short term absenteeism	3.06	2.56	3.14	2.81	2.52	3.24	3.62	2.61	3.45	3.37	2.62	
% long term absenteeism	3.72	3.37	3.64	3.49	3.35	4.27	3.97	3.57	3.82	3.76	3.49	
No. of employees on half pay	2	4	7	6	6	10	9	11	10	8	9	
No. of employees on no pay	3	1	6	4	4	5	5	4	2	1	1	

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Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Staff Group	No. of staff in group as at Q1	Staff Group as % of Workforce as at Q1	2009-10 Q3&4 NIAS	2009-10 Q3&4 HSC	2010-11 Q1&2 NIAS	2010-11 Q1&2 HSC
Admin & Clerical	123	10.77%	4.88%	4.83%	3.48%	4.16%
Paramedics	405	35.46%	8.23%	N/A	6.87%	N/A
Station Supervisors & Clinical Support Officers	67	5.87%	6.36%	N/A	5.93%	N/A
ACA's	233	20.40%	6.09%	N/A	5.10%	N/A
EMT's	198	17.34%	11.16%	N/A	8.44%	N/A
Control Staff	112	9.81%	8.48%	N/A	10.27%	N/A
Works & Maintenance	4	0.35%	50.0%	5.06%	50.0%	4.89%
Nursing & Midwifery (formerly TC5)	N/A	N/A	N/A	6.25%	N/A	5.97%
Social Services (formerly TC6)	N/A	N/A	N/A	6.57%	N/A	5.98%
Support Services (formerly TC4)	N/A	N/A	N/A	7.78%	N/A	6.99%

COMPARATIVE ANALYSIS OF % REDUCTIONS BETWEEN NIAS AND HSC TRUSTS							
	% ABSENCE	% ABSENCE	% REDUCTION	% ABSENCE	% REDUCTION	% ABSENCE	% REDUCTION
	07/08	08/09		09/10		10/11	
REGIONAL	6.03%	5.65%	6.3%	5.49%	2.8%		
NIAS	8.38%	6.99%	16.6%	6.72%	3.9%	TO DATE 6.91%	
PFA TARGET REDUCTION			PFA TARGET 10% REDUCTION		PFA TARGET 5.5%		PFA TARGET 5.20% MARY

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

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PFA7.6... STAFF HEALTH AND WELLBEING

PfA7.6... Staff Health and Wellbeing	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Staff Health and Wellbeing: all HSC organisations should put in place organisational health and well being strategies including being pro-active in improving the quality of and speeding up access to occupational health services, and strengthen board accountability for the management of sickness and absence.					
Performance Commentary. On Track to achieve					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Benchmark Best Practice	June 2010	A1	A1	A1	A1
Develop Health & Wellbeing Strategy	Aug 2010	A3	A1	A1	A1
Agree Health & Wellbeing Strategy	Sept 2010	A3	A1	A1	A1
Implement Health & Wellbeing Strategy	Oct 2010	N/A	A3	A3	A1
Risk Commentary The likelihood of NIAS not achieving the PFA target is unlikely, and the consequence of NIAS not achieving the PFA target is insignificant. The associated risk is low. Failure to meet the PFA target will not directly impact on delivery of an Ambulance Service to patients. Failure to put in place an health and well being strategy may impact on the ability of the Trust to reduce absence levels however given the relief tier is funded at a higher % level than the current % level of sickness absence the risk to service delivery is very low. Risk will be reflected on local Human Resource and Operations Risk Registers.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

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TA7.4... GRIEVANCE MANAGEMENT

TA7.4... Grievance Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Grievance Management; NIAS will ensure that the grievance procedure provides employees with the opportunity to have their grievance considered quickly and effectively. Management should seek to ensure that all grievances raised under this Procedure are addressed as quickly as possible					
Performance Commentary Grievances continue to be managed in line with the Trust's Procedure					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop robust HR Protocols to support application of the Procedure	Oct 2010	A3	A3	A3	A1
Develop and implement HR performance management framework to monitor application of the Procedure and resultant learning	Nov 2010	A3	A3	A3	A1
Risk Commentary The likelihood that the Trust will not deal with all grievances quickly and effectively is possible. However the consequences are minor therefore the risk to the Trust is low. Failure to address grievances as quickly as possible will not impact on Service delivery. The risk to the Trust in failing to address grievances quickly and effectively relates to the impact on staff morale that may impact on absence levels, and industrial relations climate.					

Grievance Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. of Grievances received	4	1	4	1	1	1	3	3	2	1	3	
Grievances acknowledged within 2 days	1	1	4	0	1	1	3	3	1	1	3	
Grievances at Informal Stage	0	0	0	0	0	0	0	1	2	0	3	
Grievances resolved informally / withdrawn	4	1	1	1	1	1	2	1	0	1	0	
Stage 1 hearing arranged within 15 working days	0	0	1	0	0	0	0	1	0	0	0	
Stage 1 outcome conveyed within 7 working days of hearing	0	0	0	0	0	0	1	0	0	0	0	
Stage 1 Grievance appealed within 15 working days	0	0	0	0	0	0	1	0	0	0	0	
Stage II hearing arranged within 15 working days of notification	0	0	0	0	0	0	1	0	0	0	0	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Stage II outcome conveyed within 7 working days of hearing	0	0	0	0	0	0	0	0	0	0	0	
Grievance Cases Closed	4	1	3	1	1	1	2	2	0	1	0	

TA7.5... DISCIPLINARY MANAGEMENT

TA7.5... Disciplinary Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Disciplinary Management: NIAS Disciplinary Procedure is designed to help & encourage all employees to achieve & maintain appropriate standards of conduct, performance & behaviour. The aim of the procedure is to ensure: - the trust can operate effectively as an organisation, to ensure action taken is fair, appropriate, and consistent and that all involved in the process are treated with dignity and respect and that all staff are aware of their rights & obligations under the Disciplinary Procedure. All stages of the Disciplinary proceedings will be completed as quickly as possible.					
Performance Commentary Disciplinaries continue to be managed in line with the Trust's Disciplinary Procedures					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop robust HR Protocols to support application of the Procedure	Oct 2010	A3	A3	A3	A1
Develop and implement HR performance management framework to monitor application of the Procedure and resultant learning	Nov 2010	A3	A3	A3	A1
Risk Commentary The likelihood that the Trust will not deal with all disciplinaries quickly and effectively is possible. However the consequences are minor therefore the risk to the Trust is low. Failure to address disciplinaries as quickly as possible will not impact on Service delivery. The risk to the Trust in failing to address disciplinaries quickly and effectively relates to the impact on staff morale that may impact on absence levels, and industrial relations climate.					

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of disciplinary cases	1*	1	0	2	0	4	2	1	0	2	1	
Number of HPC referrals	0	0	0	2	0	2	0	0	0	1	0	
Number of suspensions	0	0	0	2	0	0	2	1	0	2	1	
Decision to suspend is reviewed every 4 weeks	0	0	0	2	0	0	2	1	0	2	1	
Formal investigations ongoing	1	1	0	0	0	2	0	0	0	1	1	
Formal investigations completed as	0	0	0	2	0	1	1	0	0	1	0	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

soon as is reasonable												
Document disclosure exchanged 5 working days prior to disciplinary hearing	0	0	0	1	0	0	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	
Employee will be given 7 working days notice of appeal hearing	0	0	0	0	0	0	0	0	0	0	0	
Decision of Stage II Appeal panel conveyed within 7 working days of date of hearing	0	0	0	0	0	0	0	0	0	0	0	
Disciplinary Cases Closed	0	1	0	1	0	2	0	1	0	0	0	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.6... HARMONIOUS WORK ENVIRONMENT

TA7.6... Harmonious Work Environment	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Harmonious Work Environment; As part of its overall commitment to equality of opportunity, the Northern Ireland Ambulance Service is fully committed to promoting a harmonious working environment where every employee is treated with respect and dignity, and where no employee feels threatened, intimidated, victimised or harassed.					
Performance Commentary Harassment complaints continue to be managed in line with the Trust's Harassment Procedure					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop robust HR Protocols to support application of the Procedure	Oct 2010	A3	A3	A3	A3
Develop and implement HR performance management framework to monitor application of the Procedure and resultant learning	Nov 2010	A3	A3	A3	A3
Review Trust Harassment Policy and Procedure	Nov 2010	A3	A3	A3	A3
Risk Commentary. The likelihood that the Trust will not deal with all harassment complaints quickly and effectively is unlikely, with the consequences being assessed as minor, therefore the risk to the Trust is very low. Failure to address harassment complaints as quickly as possible will not impact on Service delivery. The risk to the Trust in failing to address harassment complaints quickly and effectively relates to the impact on staff morale that may impact on absence levels, and industrial relations climate.					

Harassment Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of harassment cases	0	1	0	0	2	0	0	0	0	0	0	
Number of informal cases	0	0	0	0	0	0	0	0	0	0	0	
Number of formal cases	0	1	0	0	2	0	0	0	0	0	0	
HR rep meets complainant within 5 working days of receipt of complaint	0	1	0	0	0	0	0	0	0	0	0	
Investigating officer meets complainant within 5 working days of their appointment	0	1	0	0	0	0	0	0	0	0	0	
Investigation complete within 30 working days of receipt of complaint	0	0	0	0	0	0	0	0	0	0	0	
Harassment Cases Closed	0	1	0	0	0	0	0	0	0	0	0	

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.7... Industrial Tribunals

TA7.7... Industrial Tribunals	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Industrial Tribunals: NIAS will seek to ensure that Industrial Tribunals are managed within Tribunal Guidelines. Management should seek to ensure that matters should be resolved internally if possible					
Performance Commentary Industrial tribunal cases continue to be managed in line with the Tribunal Guidelines					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Establish Legal SLA	Mar 2011	A3	A3	A3	A2
Develop robust HR Protocols to support application of Statutory Processes	Oct 2010	A3	A3	A3	A1
Develop and implement HR performance management framework to monitor application of Statutory Processes and resultant learning	Nov 2010	A3	A3	A3	A1
Risk Commentary The likelihood that the Trust will not deal with all Industrial Tribunal cases quickly and effectively is unlikely, with the consequences being assessed as minor, therefore the risk to the Trust is very low. Failure to address Industrial Tribunal cases within Statutory timeframes will not impact on Service delivery. The risk to the Trust in failing to address Industrial Tribunal cases quickly and effectively relates to the impact on staff morale that may impact on absence levels, and industrial relations climate.					

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

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.8... TRAINING

TA7.8... Training	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Training: NIAS will seek to deliver the Training identified within the 2010-11 Training Plan					
Performance Commentary. Training continues to be provided in line with the 2010-11 Training Plan					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop 2010-2011 Training Plan	July 2010	A1	A1	A1	A1
Agree 2010-2011 Training Plan	Aug 2010	A1	A1	A1	A1
Implement 2010-2011 Training Plan	Aug 2010	A3	A1	A1	A1
Risk Commentary. No risk identified. Training Plan has been developed, agreed and will be implemented within identified budget.					

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
<u>Accredited Clinical Training Programmes</u>											
Paramedic-In-Training Programmes	A2	A2	A2	A2	A1	A3	A3	A3	A3	A3	A3
BTEC Ambulance Care Assistance Programme	N/A	N/A	N/A	N/A	N/A	A2	A1	A1	A1	A1	A1
<u>Mandatory Refresher Training Programmes</u>											
Develop Mandatory Refresher Training Workbook	A3	A3	A3	A3	A2	A2	A2	A2	A2	A2	A2
Annual Assessment – Paramedic & EMT	N/A	N/A	N/A	N/A	N/A	A3	A3	A3	A3	A2	A2
Annual Assessment - PCS	N/A	N/A	N/A	N/A	N/A	A3	A3	A3	A3	A2	A2
Moving People Training Programme	N/A	N/A	N/A	N/A	N/A	A3	A3	A1	A1	A1	A1
Moving People Refresher Training Programme	N/A	N/A	N/A	N/A	N/A	A1	A1	A1	A1	A1	A1
<u>Continuous Professional Development (CPD)</u>											
Foundations of Paramedic Practice	N/A	N/A	N/A	N/A	N/A	A3	A3	A3	A3	A2	A2
PGCHE (RATC Training Officers)	A2	A2	A1	A1	A1	A1	A1	A1	A1	A1	A1
Supervision of Clinical Practice	A3	A3	A3	A3	A3	A3	A2	A2	A2	A2	A2
IHCD Instructional Methods Module	N/A	N/A	N/A	N/A	N/A	A3	A2	A1	A1	A1	A1
<u>Management Training</u>											
Develop Management Training Action Plan	N/A	N/A	N/A	N/A	A3	A3	A3	A3	A3	A3	A1
Deliver Management Training Programme	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A3

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.9... KNOWLEDGE AND SKILLS FRAMEWORK

TA7.9... Knowledge and Skills Framework	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Knowledge and Skills Framework : Implement Knowledge and Skills Framework (KSF)					
Performance Commentary. The Trust continues to implement KSF in partnership in line with the Agenda for Change Joint Working Group’s Regional Action Plan and through participating in the regional KSF sub-group.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop KSF Action Plan	Sept 2010	A3	A3	A3	A1
Agree KSF Action Plan	Sept 2010	A3	A3	A3	A1
Implement KSF Action Plan	Oct 2010	A3	A3	A3	A3
Risk Commentary. The likelihood of not achieving the objective is assessed as unlikely, with the consequence insignificant to the provision of an Ambulance Service in the year 2010/2011. The National Terms and Conditions are being adhered to, including the provision for gateway progression as KSF is rolled out within the Trusts.					

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.10... COMPLAINTS & COMPLIMENTS

TA7.10... Complaints & Compliments	Performance Assessment UNLIKELY TO BE ACHIEVED	Risk Assessment LOW			
Objective					
Complaints & Compliments: NIAS will seek to respond promptly and effectively to Complaints & Compliments and apply learning from each to improve performance.					
Performance Commentary.					
Responding to complaints within the 20 working days timeframe remains a challenge for the Trust due to the completing priorities of the investigating officers, who are employed as front line Officers. An escalation plan to assist in the timely response to complaints is being developed for implementation. The Regional Complaints Group (HSC Board, PHA et al) noted that while the timescales for responding to complaints in NIAS are high, the numbers of complaints reopened are low which indicates that most complainants are satisfied with the response issued. <u>The Group commented that in all cases the onus and greater importance should be attributed to satisfactorily resolving complaints rather than meeting target timescales.</u>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Acknowledge Complaints within 2 Working Days	Ongoing	N/A	N/A	N/A	A2
Respond to Complaints with 20 Working Days	Ongoing	N/A	N/A	N/A	X
Review and implement Policy and Procedure	Oct-2010	A3	A2	A2	A3
Develop Action Plan for implementation of performance management framework to monitor application of the Procedure and learning outcomes	Nov-2010	A3	A3	A3	A3
Implement Level 1 and Level 2 Investigation Training	Mar-2011	A3	A3	A2	A3
Risk Commentary.					
The likelihood of not achieving the target is unlikely and the consequence of non-achievement has been assessed as moderate/minor. However there are mechanisms in place to review learning and improve performance. The associated risk is low. Failure to meet the key actions will not directly impact on delivery of an Ambulance Service to patients.					

	APR 2010- FEB 2011		2009-10 (total)	
COMPLAINTS RECEIVED	Count	%	Count	%
Total complaints received at 30/11/2010	76		98	
HANDLING TIMES OF COMPLAINTS				
Acknowledged within 2 working days	72	94%	86	88%
Acknowledged after 2 working days	4	6%	12	12%
Response within 20 working days	11	14%	26	27%
Response after 20 working days	44	58%	62	63%

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

Complaints Investigations ongoing	21	28%	10	10%
Cases referred to NI Ombudsman	3		N/A	
SERVICE AREA OF COMPLAINTS				
Accident & Emergency (plus RRV)	30	39%	37	37%
Patient Care Service	16	21%	31	32%
Control & Communications	27	35%	26	27%
Other	3	5%	3	3%
Voluntary Car Service	0	0%	1	1%
NATURE OF COMPLAINTS RECEIVED				
Staff Attitude	21	28%	37	38%
Ambulance Late/No Arrival	27	35%	46	47%
Clinical Incident	17	22%	13	13%
Suitability of Equipment/Vehicle	3	4%	2	2%
Other	7	9%	0	0%
Patient Property	1	2%	0	0%
COMPLIMENTS RECEIVED				
TOTAL COMPLIMENTS	91		87	
SERVICE AREA OF COMPLIMENTS RECEIVED				
Accident & Emergency (plus RRV)	77	84%	33	38%
Control & Communications	3	4%	21	24%
Patient Care Service	11	12%	30	35%
Voluntary Car Service	0	0%	0	0%
Other	0	0%	3	3%

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.11... MEDIA MANAGEMENT

TA7.11... Media Management	Performance Assessment ON TRACK FOR ACHIEVEMENT		Risk Assessment LOW		
Objective Media Management: NIAS will seek to maintain open and transparent relationships with Local and Regional Press and Media outlets, responding to all enquiries within an appropriate time frame					
Performance Commentary. On Track to achieve					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Review and update media protocols	Sept 2010	A3	A2	A2	A1
Monitor and report on media activity	Quarterly	A1	A1	A1	A1
Risk Commentary. The likelihood of not achieving the objective is unlikely and the consequence of NIAS not achieving the PFA target is moderate. The associated risk is low, however failure to meet the key actions will not directly impact on delivery of an Ambulance Service to patients.					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Daily Media - Response within same day											
Number of enquiries received	*	8	23	14	30	22	28	21	38	17	16
Number of responses issued on day of receipt	*	8	23	14	30	22	28	21	38	17	16
Weekly Media - Response within three days											
Number of enquiries received	*	3	14	4	5	3	4	9	18	3	6
Number of responses issued within three days of receipt	*	3	14	4	5	3	4	9	18	3	6
Number of responses resulting in Media Coverage	*	11	30	14	33	23	31	28	54	15	22

** Please note that data for media enquiries was not recorded during April 2010.*

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.12... COMMUNITY EDUCATION

TA7.12... Community Education	Performance Assessment ON TRACK FOR ACHIEVEMENT		Risk Assessment LOW					
Objective Community Education : NIAS will seek to deliver Community Education Programme within budget								
Performance Commentary. On Track to achieve								
Key Actions (to deliver objective)			Due Date		Progress Update			
					Q1	Q2	Q3	Q4
Develop Community Education Action Plan			Sept 2010		A2	A2	A2	A1
Agree Community Education Action Plan			Sept 2010		A3	A3	A3	A1
Measure, report and evaluate activity			Quarterly		A1	A1	A1	A1
Risk Commentary. The likelihood of not achieving the objective is rare and the consequence of NIAS not achieving the PFA target is moderate. The associated risk is low, however failure to meet the key actions will not directly impact on delivery of an Ambulance Service to patients. The Community Education programme has a good track record in terms of planning and actioning within budget.								

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of visits delivered	14	19	22	16	13	23	31	27	18	10	14
Performance Assessment	A3	A3	A3	A3	A3	A3	A3	A3	A3	A3	A3

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

TA7.13... STATUTORY COMPLIANCE

TA7.13... Statutory compliance	Performance Assessment		Risk Assessment		
	ON TRACK FOR ACHIEVEMENT		LOW		
Objective					
Section 75: Statutory compliance.					
NIAS will seek to comply with its duties under Section 75 of the NI Act and the Disability Discrimination Order					
Performance Commentary.					
The Consultation period in respect of the Trusts revised Equality Scheme will close on 31 March 2011. Following this the final Scheme will be submitted to the Equality Commission for Northern Ireland by 01 May, in line with the Trust’s statutory requirement. The Trust has continued to work collaboratively with other HSC Trusts in the approach to the development and consultation on revised Schemes. As part of the consultation process the Trust has been involved in a regional Trust stakeholder consultation workshop and will participate in a further consultation event co-ordinated by the Equality Coalition in March 2011.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop and implement a programme of work to ensure compliance with revised S75 Guidance	MAY 2011	A3	A3	A3	A3
Engage with Equality Commission for Northern Ireland and Disability Sector groups on development of updated Disability Action Plan	1 Jul 2010	A1	A1	N/A	N/A
Develop CSR Monitoring Framework and consult with staff side	Dec 2010	A3	A3	A3	A3
Develop and implement Corporate and Social Responsibility Action Plan	Ongoing	A1	A1	A1	A1
Engage with Business in the Community on development of updated Action Plan	Ongoing	A1	A1	A1	A1
Risk Commentary. The likelihood of not meeting the Trust’s Statutory Duty is unlikely and the consequence is moderate, with the associate risk low. Failure to meet the Statutory Duty will not directly impact on the delivery of an Ambulance Service to patients and there are robust systems in place to ensure compliance.					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Completed Policy S75 Screenings	0	0	1	1	0	7	1	0	1	2	0

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic

APPENDIX 1

TABLE TEMPLATE

	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective					
Performance Commentary.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Risk Commentary.					
Corporate Risks (Including any Gaps in Control or Assurance Identified.)	Target Risk Rating	Current Risk Rating			
		Q1	Q2	Q3	Q4

Legend for Performance Assessment: A1=Achieved; A2=Substantially Achieved; A3= On Track for Achievement; A4=Delayed; X=Unlikely to be Achieved; N/A= Not Applicable

Legend for Risk Assessment; 0-5=Very Low; 6-10=Low; 11-15=Moderate; 16-20=High; 21-25=Catastrophic



EMERGENCY PLANNING REPORT

Report for the January to February 2011 period

	Total from April
No of Potential Major Incidents	14
No of Declared Major Incidents	1
No of Airport alerts	
Belfast International Airport	4
Belfast city Airport	6
City of Derry Airport	1
St Angelo Airport	
Newtownards Airfield	
Business Continuity	9
Hazardous Material Incidents	11
Exercises	
Live	7
Tabletop	14
Observer	4

Potential Major Incidents

On 1 January 2011 at 02.31am there was call for a Road Traffic Collision (RTC) on the Dungannon Road, Cookstown. Original caller gave information that a bus with eight persons on board had hit a car with five persons on board. Allocated to the call were three A&E Crews and one Rapid Response Vehicle (RRV). On call Officers were en route but stood down prior to arrival. Three patients were taken to Craigavon Area Hospital. The incident was stood down at 02.42, no second pager to confirm Potential Major Incident.

On 14 January 2011 there was a Potential Major Incident called for spill of acid and chemicals in a school. The school was evacuated, no patients at the scene and the incident was stood down very quickly.

On 28 February 2011 a series of RTCs happened on the M2 within a very short space of time. The reports to Control stated that one of the accidents involved fifteen cars. Tasked to the scene were nine A&E, five PCS/ICS, two RRV, two delta call signs, seven Officers, one Hazardous Area Response Team (HART) response, Mobile Control Vehicle (MCV) & Emergency Equipment Vehicle (EEV). Eight patients were taken to the Antrim Area Hospital. No other hospitals were put on alert due to the accident being on a North bound lane. First call for the first accident was at 8.23am; the incident was escalated at 8.42am and then stood down at 9.46am.

Major Incidents

There were no declared Major Incidents this period.

Airport Alerts

On 6 January 2011 there was an airport alert at 18.36 to the George Best Belfast City Airport for an aircraft reporting smoke in the cab. En route to the scene were six A&E vehicles, one ICS vehicle, two RRVs, nine Officers, two delta call signs, the MCV and the EEV. One Officer was tasked to the Belfast City Hospital and another to the Royal Victoria Hospital to act as Hospital Liaison Officers. This was an aircraft ground incident with sixty nine persons on board. All passengers continued their journey and no ambulance assistance was required.

There was a minor issue with the radio for communications with the Airport Fire Service having a flat battery; this issue was raised with the airport on 11 January 2011.

On 10 January 2011 at 17.59 there was an airport alert for the Belfast City Airport for an Embraer 190 aircraft having technical difficulties, there were thirty three persons on board. En route to the scene were five A&E crews, six Officers, one RRV, two Delta call signs, and the EEV & MCV. The plane landed safely and the incident was stood down at 18.16.

Incident of note

On 10 February 2011 a plane that left Belfast City Airport crash landed at Cork Airport. Six persons dead, four in Intensive Care Unit and two walking wounded. Silver command post was set up at Belfast City Airport with J Cowen and J McArthur tasked to silver command. C Wilkinson and B Newton attended the silver command room for second briefing.

Business Continuity

On 6 December 2010 the snow disrupted ambulance journeys. This ran on in the early part of the January 2011.

HAZMAT

On 25 January 2011 there was a HAZMAT (Hazardous Material) call for a possible white powder incident in the Enniskillen (Quinn Insurance Company) area. The message came from the Police Service Northern Ireland (PSNI) with no requirement for a Northern Ireland Ambulance Service response. Emergency Planning Department monitored the event but did not deploy to the scene.

Hazardous Area Response Team (HART)

On 10-14 January 2011 the Northern Ireland Fire & Rescue Service (NIFRS) held a HART Urban Search & Rescue course (USAR) in Westland Fire Service training facility.

On 17-21 January 2011 the NIFRS held a HART breathing apparatus course (BA) in the Westland Fire Service training facility.

On 18 January 2011 ten HART staff attended a port-a count session for the Quick Don PPE (QDPPE).

On 3 February 2011 six HART staff attended a PRPS training day at Lissue.

On 14-15 February 2011 ten staff attended QDPPE training with the PSNI.

On 24 February 2011 eight HART staff attended a study day organised by the Ministry of Defence (MoD) at Aldergrove. They demonstrated the decontamination tent and some of the HART equipment.

NIAS

On 29 January 2011 the PSNI alerted NIAS to a student protest that was taking place outside Belfast City Hall for a 2-4 hour period. REMDC and the Belfast division were alerted but no further actions took place.



William Newton
Emergency Planning Officer

COMPLAINTS CLOSED DECEMBER 2010 - FEBRUARY 2011

Ref	Description	Outcome	Action taken
COMP/162	Complaint regarding the refusal of an ambulance crew to transport a patient to hospital.	Complaint not upheld. Investigation found that crew acted in accordance with procedure in dealing with this incident.	Letter of explanation issued. No action identified.
COMP/184	Complaint regarding the attitude of staff during an emergency call	Complaint not upheld. Investigation found that ambulance personnel acted appropriately during this incident.	No action identified. Letter of explanation issued.
COMP/209	Complaint from mother regarding why her son was not taken to hospital after sustaining a suspected head injury in a football match.	Complaint not upheld. Investigation found that crew acted appropriately during this call.	Letter of explanation provided. No action identified.
COMP/210	Complaint regarding the care and treatment provided by ambulance personnel during a non-emergency patient transport. Complainant alleges that mother was injured during transfer and received poor care and treatment.	Complaint not upheld. Investigation found no evidence that injury occurred while in the care of ambulance personnel.	Letter of explanation issued. No further action identified.
COMP/214	Complaint regarding the care and treatment provided by ambulance crew.	Complaint not upheld. Investigation found that crew acted appropriately during this call.	No action identified. Letter of explanation provided.
COMP/216	Complaint regarding the care and treatment provided by Ambulance Crew during an emergency call.	Complaint partially upheld. Investigation found that the patient received the appropriate medical treatment however, the behaviour of ambulance personnel did not meet the high standards expected of NIAS personnel.	Letter of apology and explanation issued. Staff reminded of standards expected from NIAS employees in dealing with patients and members of the public.
COMP/219	Complaint regarding the cancellation of ambulance transport. Complainant's brother was to be taken to a hospital in Belfast by Patient Care Transport but was cancelled by Ambulance Control on the morning of the call.	Complaint upheld. Investigation found that due to a fault with a seat in the ambulance assigned to transport the patient and escort, the ambulance crew advised Ambulance Control that they would not be able to undertake the transfer.	Letter of explanation and apology issued. Fault reported. Review of notification processes instigated.
COMP/220	Complaint querying why an ambulance vehicle was parked unattended in a car park for a number of hours.	Complaint not upheld. Investigation found that ambulance car is assigned to an Senior Ambulance Officer who was attending a work related meeting.	Letter of explanation issued. No action identified.
COMP/222	Complaint regarding why cancer patient who had recently been discharged from the Regional Cancer Centre was not transported to back into the Regional Cancer Centre as requested by family. Patient was transported to Antrim Area Hospital.	Complaint not upheld. Investigation found that staff involved acted in accordance with procedures.	Letter of explanation issued. No action identified.
COMP/223	Complaint regarding delays and provision of non-emergency transport for father.	Complaint upheld. Investigation found that the non-provision of an ambulance was as a result of an error in the electronic booking system with Ambulance Control.	Fault reported to system provider to investigate and take corrective action to prevent reoccurrence if required.

COMPLAINTS CLOSED DECEMBER 2010 - FEBRUARY 2011

Ref	Description	Outcome	Action taken
COMP/224	Complaint regarding the attitude of staff during a 999 call. Complaint alleges that the ambulance crew made an inappropriate remark regarding a Doctor.	Complaint not upheld. Investigation found no evidence of the crew acting inappropriately.	Letter of explanation sent. No action identified.
COMP/225	Complaint regarding the care and treatment provided by ambulance personnel during a 999 call.	Complaint upheld. Complaint was referred to Trust's Disciplinary Procedure to investigate conduct and treatment provided by Ambulance Personnel.	Letter of apology issued. Complaint was referred to Trust's Disciplinary Procedure to investigate conduct and treatment provided by Ambulance Personnel.
COMP/228	Complaint regarding the handling of an emergency call by a Call Dispatcher in Ambulance Control.	Complaint not upheld. Investigation found that the call taker had some difficulty in confirming the location of the incident and the person on the phone became aggressive and began to verbally abuse the call taker. The caller then cancelled the ambulance.	Letter of explanation provided. No further action identified.

COMPLIMENTS RECEIVED JAN - FEB 2011

Date Received	Description
03/12/2010	I would like to thank the ambulance personnel who came to attend me and take me to hospital. They were friendly and professional.
07/12/2010	Please could you pass on my belated thanks to the two paramedics who came to my help following a traffic accidents. They were both totally professional, kind and caring.
30/12/2010	Please pass on my grateful thanks to the Ambulance Crew who attend to my mother. You are a great team.
05/01/2011	Thanks and praise to the Ambulance Crew who attended to my neighbour.
07/01/2011	I write to record our thanks for the courtesy, skilful execution of duties and concern for our well-being to the Ambulance crew who attended to us when we had to call on them for help. Their professionalism is to be highly commended.
07/01/2011	Thanks to crew for assistance.
07/01/2011	Please pass on our family thanks and appreciation to the Ambulance staff for their professionalism, compassion and exemplary conduct when we recently had cause to call on them. My parents and I greatly appreciate the professionalism which made our horrific ordeal a little less chaotic.
10/01/2011	I write this letter to praise and express deep gratitude to the Ambulance Crew to tended our daughter. They saved her life. Your staff behaved in the most wonderful and professional manner from beginning to end. They showed such compassion. This family could never repay the debt to you.
10/01/2011	I just wanted to tell you all how thankful I am to the team who attended my niece and for everything they did to help. There are no words to express just how grateful I am for these people who saved her life. I am sure all the paramedics do just as good a job but I just wanted to tell you just how amazing these people are and you should be so proud of just how good they are.
10/01/2011	Thanks to the Ambulance Staff who recently helped me and my family. Also thanks to the girl on the telephone who really helped us deal with the situation and to the two men who brought us to hospital.
12/01/2011	We would like to commend an NIAS crew member who transported a patient from home to RGH. The crew member was extremely caring and professional and was late in finishing shift in order to transport the patient home.
14/01/2011	I am so please, in the midst of what seems to be an eternal grip about one thing or another to have the opportunity to place on record my grateful thanks for the assistance rendered by your ambulance staff at an incident outside my home. Your staff performance quickly attended a patient in the middle of a slush/ice covered road during quite heavy rain. This leaves me with a very direct understanding of the effect limited finance will have on our health service. Once again thank you for your help on this matter.
21/01/2011	Ambulance came in 10 minutes in terrible severe weather. I was treated wonderfully well by the crew. They did everything possible to put me at ease and treat my pain. I could not praise the service enough and want this to be acknowledged by those in authority. The crew have wonderful qualities and are very suited to their job - well done!
21/01/2011	I had reason to call upon an ambulance. The operator was very helpful and sent out a rapid response car. After a period of time the ambulance crew arrived and they carried the patient to the ambulance. I want to thank the operator, paramedic and ambulance crew for their professionalism in very traumatic circumstance as the patient was very ill and I believe the crew saved her life. That day the snow was lying heavy on the ground and the roads were icy. We do not know who these people were who did such an excellent job but I am sure you could trace and thank them for use.
21/01/2011	Please accept our thanks for all you did for my father. Please be assured the difficult work you do for the community is greatly appreciated.
21/01/2011	We had occasion to call on the ambulance service for assistance. The promptness of the response was excellent and the professional competence, compassion and courtesy shown by the ambulance crew in dealing with the patient and family must be commended. The Crew are a credit to the service and we as a family wish to thank them for their help in a very difficult situation.
21/01/2011	Just to say thank you for your very professional and caring response to my call for an ambulance this week. You made every effort to get to me as quickly as possible and were very reassuring and helpful in ensuring that all that could possible be done for me was done before you took me promptly to A&E. I really feel grateful as do all my family that in an emergency situation we can be assured of such fast response and professional help. Thanking you very much. Kind regard and with gratitude

COMPLIMENTS RECEIVED JAN - FEB 2011

Date Received	Description
01/02/2011	I write, as a GP, to commend NIAS for the caring and professional approach when I had reason to call for help. The two ambulance crews arrived, despite heavy snowfall making all driving hazardous. On arrival I was given a clear summary of events by the team and what treatment has been given and my patient was getting appropriate care. I was immediately struck by the extreme caring and professional approach both to the very ill patient but also the family. In fact I later advised the family that the patient would not have received such prompt, appropriate care, if he had become ill in any other setting. Unfortunately the patient did not survive but it greatly comforted the family to know that all the care that could be given was given. Please pass on my thanks to your tremendous staff.
01/02/2011	With many thanks for all your kindness and with much appreciation
09/02/2011	We would like to send our thanks to the emergency response persons who attended our father. We thank them for their efforts and for the support, comfort and kindness they showed our family members.
10/02/2011	Praise for the Ambulance Crew for assistance.
14/02/2011	On 17 September 2010 my young son was treated by ambulance staff. My wife was very impressed by the manner in which the crew dealt with both her and my son and the high standard of care that they received. The whole family wish to extend their sincerest gratitude to these individuals, their professionalism and overall management undoubtedly made this extremely difficult situation much easier to cope with.
14/02/2011	Just wanted to say I really appreciated how the ambulance crew took care of me when I needed to call an ambulance following a road traffic collision. Thanks for how they kept me informed and for the kindness over and above the clinical side of their job. Although the experience was quite traumatic I felt quite relieved and calm in your hands from when you arrived on the scene. You do a wonderful job and I won't forget your kindness.
14/02/2011	I would like to thank the paramedics who came to my house on 24 January 2011. They took me to the RVH where I was admitted. I am very grateful for the work and aid given to me by the paramedics so please pass on my gratitude to the guys.
14/02/2011	Patient would like crew thanked and advised. She would like this message passed on to Chief Executive.
16/02/2011	I would like to thank the crew in Carrickfergus Ambulance Station for the treatment given to my son. This treatment and advice offered was very professional and calming. I would like my sincerest thanks to be placed on record and brought to the attention of supervisors & management.
21/02/2011	I write to praise the crew who came to collect a patient for a hospital transfer. The feedback from the staff was that they were not only very efficient but they were very courteous and polite and showed immense care for the patient they were transferring. I do hope you will pass this on to your team as I do feel that it is important to feedback.

TB/3/24/03/11

NORTHERN IRELAND AMBULANCE SERVICE

*Minutes of a Meeting of the Assurance Committee held on Friday,
28 January 2011 at 11.30am, Boardroom, NIAS Headquarters, Site 30,
Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG*

PRESENT	Prof M Hanratty	Non-Executive Director (Chair)
	Mr N McKinley	Non-Executive Director
	Miss A Paisley	Non-Executive Director
IN ATTENDANCE	Mr L McIvor	Chief Executive
	Dr D McManus	Medical Director
	Mr B McNeill	Director of Operations
	Mrs S McCue	Finance Director
	Dr N Ruddell	Assistant Medical Director
	Mr P Nicholson	Assistant Director of Finance
	Mr T McGarey	Risk Manager
	Ms L Gregg	HR Manager Strategic Dev & Training
	Mrs J McSwiggan	Senior Secretary

1.0 Apologies

An apology was noted from Mr S McKeever, Non-Executive Director.

Ms R O'Hara advised that she was unable to attend as she was required to attend a Regional HR Directors' Forum Meeting.

2.0 Declaration of Potential Conflict of Interest

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

3.0 Minutes of the Assurance Committee Meeting held on 22 September 2010

Minutes had been previously approved and signed by Professor Hanratty (Chair). These Minutes were for noting and were presented to Trust Board on 20 January 2011.

It was noted that Minutes will be finalised in a more timely manner in the future. The Minutes of this meeting will be presented to the next Trust Board meeting on 24 March 2011.

4.0 Matters Arising

The Committee was informed that the Regional Board has tendered for a feasibility study for an air ambulance. In the meantime, air support continues to be provided through HM Maritime & Coastguard Agency when required and it was noted that PSNI have provided assistance in this regard on a number of occasions in recent months.

In response to questions, it was noted that:

- Agenda for Change remains an ongoing process.
- The benchmarking exercise with other UK Ambulance Services regarding Untoward Incident Reports continues to progress, and an update will be provided to the Assurance Committee at their next meeting.
- The RQIA report is expected imminently, and no major concerns have been identified to the Trust.

Any further matters arising are dealt with as agenda items.

5.0 Chairman's Business

The Chair introduced and welcomed the new Non-Executive Director Member of the Committee, Miss A Paisley.

6.0 Standing Items

6.1 Risk Register as at 31 December 2010

The Risk Register was presented to the Committee and noted. The format of the Register, which has been amended to take into account comments made at the previous Committee meeting, was commended.

The Committee agreed that a number of risks should be removed from the Corporate Risk Register.

It was confirmed that the Risk Register will be presented to the Senior Executive Team fortnightly. The Senior Executive Team will manage the Risk Register, and then report to the Assurance Committee. The Committee agreed with this approach.

The Senior Executive Team also consider Untoward Incidents Complaints and Freedom of Information requests on a weekly basis.

It was requested that the Risk Map and Risk Register be updated to represent the current risk status in view of the decisions above. An updated Risk Map will be circulated to the Committee following this meeting.

It was proposed that the Action Summary be separated into two columns - actions proposed to manage the risk, and actions taken to manage the risk. This will provide further transparency and assurance to the Committee that the appropriate actions have been taken.

The following risk was highlighted:

ID No. 3 – Non Compliance with Fleet Guideline (5 year replacement).

The Committee noted that the fleet replacement business case has now been approved.

A new Corporate Plan is in development, and a Corporate Planning Workshop scheduled for 25 February 2011 will review and set out more forward-looking strategic aims and objectives, which will be reflected in the Risk Register.

Committee Members expressed their confidence that risk management is embedded throughout the Trust.

6.2 Untoward Incidents Report as at 31 December 2010

The Untoward Incidents Report was presented to the Committee and noted.

It was explained that the apparent rise in incidents of equipment malfunction was predominantly due to the recent severe weather and identified issues had now been resolved.

ID No. 5231. The Committee was assured that correct procedure and protocol had been followed in respect of this incident.

6.3 Controls Assurance Standards

The Controls Assurance Standards update was presented to the Committee and noted. No specific issues were raised.

6.4 Assurance Framework

The Assurance Framework had already been discussed by Trust Board and was noted by the Committee. Consideration will be given to how the framework can be adapted to reflect the Trust's strategic objectives for next year.

6.5 Reports from Groups and Committees

6.5.1 Health and Safety Committee – Minutes of Meeting 28 July 2010

6.5.2 Health and Safety Committee – Minutes of Meeting 8 September 2010

Noted.

6.5.3 Fire Compliance Sub Committee – Notes of Meeting 10 June 2010

6.5.4 Fire Compliance Sub Committee – Notes of Meeting 14 October 2010

Noted.

6.5.5 Infection Prevention & Control Group – Notes of Meeting 1 September 2010

6.5.6 Infection Prevention & Control Group – Notes of Meeting 8 November 2010

Noted.

The Committee noted that while reporting of vehicle cleaning has improved, there remain significant gaps. A sub group of the Infection Prevention & Control Group will meet to review the current vehicle cleaning and reporting procedures.

A further update will be provided to the Committee at the next meeting.

Once consistent evidence of vehicle cleaning levels is available across the Trust, the issue of competing operational pressures can then be assessed. Any local issues arising should be reported to Station Officers and action will be taken based upon the evidence provided.

It was confirmed that a contract for cleaning of ambulance stations has been awarded.

6.5.7 Medical Equipment Group – Notes of Meeting 29 July 2010

6.5.8 Medical Equipment Group – Notes of Meeting 11 October 2010

Noted.

The Committee was updated on the background to and development of new paramedic bags and noted possible issues that may arise during the introduction of the new bags.

6.6 Clinical Audit Update

A Clinical Audit Update was presented to the Committee and noted. The Committee commended the work of the Clinical Audit Department.

7.0 Pharmacy Review Update

The rollout of controlled drugs has been delayed due to issues within the supplying pharmacy and beyond the control of NIAS. It was envisaged that the rollout will now take place in March 2011. The Committee was assured that patients would not be disadvantaged by this delay as medication for pain relief currently used would continue to be available in the meantime.

The Committee was assured that potential security issues arising from the introduction of a controlled drug have been fully considered within the related policy and procedures.

8.0 Any Other Business

No further business was discussed.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Friday 17 June 2011 at 11.30am** at NIAS Headquarters.

Signed: _____
(Professor Hanratty, Chairman)

Date: _____

TB/4/24/03/11

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Friday 28 January 2011 at 2.00pm
in the Board Room, Ambulance Headquarters,
Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

PRESENT:	Mr N McKinley Mr S Shields Prof M Hanratty	Non Executive Director (Chair) Non Executive Director Non Executive Director
IN ATTENDANCE:	Mrs S McCue Mr P Nicholson Mr A Phillips Mr D Lynn Ms C O'Hagan Mr D Charles Mrs C McKeown Mrs E Hamilton	Director of Finance & ICT Assistant Director of Finance Financial Accounts Manager NIAO External Audit NIAO External Audit BSO Internal Audit BSO Internal Audit Personal Assistant

Welcome and Introduction to the Meeting

The Chairman welcomed everyone present and opened the floor for introductions.

1.0 Apologies

Apologies were noted from Mr S McKeever, Non Executive Director and Mr J Allen, DHSSPS.

2.0 Declaration of Potential Conflict of Interest

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

3.0 Minutes of the Audit Committee Meeting held on 22 September 2010 (for noting)

Minutes had been previously approved and signed by Mr McKinley (Chair). These minutes were for noting and were presented to Trust Board on 20 January 2011.

It was noted that minutes will be finalised in a more timely manner in the future. The minutes of this meeting will be presented to the next Trust Board meeting on 24 March 2011.

4.0 Matters Arising

4.1 NIAO Improving Public Sector Efficiency Good Practice Checklist for Public Bodies

Mrs McCue advised the committee that this was being worked through and would be reported to Audit Committee in due course.

4.2 Mid Year Assurance Statement

Mrs McCue advised that the Mid Year Assurance Statement had been considered by the Chairs of Audit and Assurance Committee on 15 October 2010 and presented to and approved by Trust Board on 17 November 2011.

4.3 Charitable Trust Fund Accounts 2009/10 – Report to those charged with Governance (for noting)

This report was provided for completeness and had previously been considered in draft form by both the Audit Committee and Trust Board.

4.4 Audit Committee Self Assessment Checklist

Mrs McCue advised that this was being worked through and would be reported to Audit Committee in due course ahead of the submission date of 15 April 2011.

5.0 Chairman's Business

There were no items of Chairman's business not covered in the agenda. A number of items had arisen since the issue of papers and these would be included in the relevant points in the agenda.

5.1 Audit Committee Chairs event in November

The Chair briefed the committee on this very useful event hosted by the Permanent Secretary and Directors of the DHSSPS. He indicated that it had been an opportunity for sharing experiences, with input from BSO Internal Audit. Arising from this first event there is now an opportunity for networking to support Audit Committee Chairs and Mr McKinley looks forward to how it will add value. There is a second event planned for 22 February.

Mrs McKeown confirmed that the initiative is all about creating a network and it is likely to evolve to look at common areas such as training and development. Mrs O'Hagan shared that, having attended a number of Audit Committees since November, all Chairs are reporting a benefit from this networking opportunity and Mr John Allen at DHSSPS is keen to hear suggestions for topics at future events. Mr Lynn had attended Audit Committee at the Department who also valued the feedback from the event and are keen to repeat it.

Professor Hanratty suggested there might be some value in a one-off event open to all Audit Committee Non Executives. Mr McKinley agreed to contact John Allen with reflections on the experience and relaying Professor Hanratty's suggestion.

5.2 Oversight Arrangements

The Chair outlined the arrangements in respect of the Departmental Oversight of Arms Length Bodies and the core information requirements of the DHSSPS. The Trust has recently received a request that minutes of Trust Board, Audit Committee and Assurance Committee are provided within one month of the meeting, in draft form if they are not finalised. The Trust has responded to the request highlighting that this issue had been considered at great length as part of the Trust's recent review of Governance arrangements and that it is not NIAS policy to issue draft minutes. The committee supported this position, recognising the importance of ensuring the accuracy of minutes and the procedures in place for the timely development, agreement and reporting of minutes.

6.0 Internal Audit

6.1 Progress Report

Mrs McKeown referred members to page three of the report which provides a brief summary of progress against the internal audit plan. She highlighted the completed reports to date and advised that visits to Ambulance Stations were currently taking place.

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

Non Pay Expenditure – Overall Satisfactory Assurance, Limited Specific Assurance for Agency Expenditure – There was one Priority 1 finding, three Priority 2 findings and Three Priority 3 findings.

Payroll – Substantial Assurance – There were no Priority 1 or 2 findings, but one Priority 3 finding

Fleet Management – Satisfactory Assurance – There were no Priority 1 findings, but seven Priority 2 findings and one Priority 3 finding.

There followed a detailed discussion on various elements of the reports. It was noted that the Trust was falling short of the Departmental target to pay 95% of invoices within 30 days. While performance had improved in this area and the Trust was among the highest performing HSC organisations, the current financial systems, geography involved and the small number of staff who authorise invoices continued to present difficulties in achieving this target. In respect of the limited specific assurance for agency expenditure, the Priority 1 weakness related to 62% of agency spend being outside the current regional contract arrangements and the authorisation of agency staff invoices.

Mr Nicholson advised that the use of agency staff was largely in administrative functions and included staff within the Regional Control Centres and Headquarters security staff. Though the current contracted agency was always contacted in the first instance, where no suitable persons are available, other agencies are approached. This practice was within the current regional approach, but resulted in expenditure outside of the current regional contract. There were also a number of longer standing arrangements where agency staff had been selected from, and remained with, agencies that were contracted prior to the new regional contract.

In respect of payroll, the detailed level of testing was noted along with the substantial level of assurance achieved. The Chair asked that the thanks of the Committee be passed to the staff with responsibility for payroll. He also noted that, given the comfort afforded by how well the current system works, the Trust would need to be mindful of the area with the introduction of new financial systems and the development of shared services.

In respect of fleet management, Mrs McCue highlighted the programme of work being carried out by BSO PaLS in the development and award of regional contracts for a range of goods and services. The issue of checking and evidencing of Access NI checks, drivers licence and vehicle insurance details for volunteer drivers was also discussed. It was noted that systems were in place to ensure that checks are carried out, however the frequency and evidencing of these checks would be subject to a review.

Mr Shields enquired as to how achievable the target replacement guidelines for fleet were given funding constraints. Mrs McCue advised that in November 2010 the Trust had received approval for the fleet replacement business case to cover the period 2010/11 to 2012/13. This approval was, however, subject to the availability of funding, which remained uncertain in the current economic climate.

The importance of servicing was noted, particularly in respect of older vehicles. While recommended service intervals were around 18,000 miles, it was noted that the Trust operates a target interval of 12,000 miles as a proactive measure to minimise vehicle downtime and in recognition of the harsh operating environment that ambulances operate in. In addition, it was noted that in some areas vehicles can travel in excess of 1,000 miles per week.

Professor Hanratty highlighted the number of officers for which there was no evidence that driving licence checks had been carried out. Mr Nicholson outlined the processes in place for the checking and recording of driving licence checks at ambulance station level, highlighting that checks were carried out, but that in some instances the evidencing of this check was not retained. Professor Hanratty queried what checks the Trust carried out in relation to registration of Paramedics with the Health Professions Council. Mr Nicholson advised that this check has been carried out and was facilitated by the fact that HPC registration was published and accessible.

It was noted that an action plan had been developed in response to each recommendation made and progress would be subject to follow up review by internal audit.

6.2 Internal Audit Survey

Mrs McKeown introduced the BSO Internal Audit Survey 2010/11. This was the second such survey developed with a view to improving the service provided by internal audit. Online responses are invited from all clients and will be used to inform BSO in setting targets for the coming year. The survey takes around ten minutes to complete and Mrs McKeown would provide feed back to the Audit Committee once the results had been compiled. Responses were required by 7 February 2011 and details of the survey and the link to the survey would be provided to all committee members and attendees.

6.3 Review of Internal Audit (NICS)

Mrs McKeown also advised that the Department of Finance and Personnel was currently conducting a separate review of internal audit services provided across the Northern Ireland Civil Service. While the focus of the review was not on HSC Trusts, detail was being requested from Departmental Arms Length Bodies, which included HSC Trusts. Any relevant detail or feedback would be provided to the Audit Committee in due course.

7.0 External Audit

7.1 Invitation to Tender

Mrs O'Hagan gave an overview of the timetable for the current tender for external audit services and advised that tender exercise was proceeding as per the timetable. Mr Lynn outlined the background to the cycle of audit appointments. There followed a discussion as to the potential for the timetable to impact upon the development of the external audit plan and the subsequent audit. It was acknowledged that the timeframe was tight, however every effort would be made to ensure that there was no delay.

7.2 Value for Money Audit

NIAO were carrying out a review of the delivery of savings by Trusts across the CSR period 2008/09 to 2010/11. Mrs O'Hagan and Mr Lynn confirmed that NIAS had been considered as part of this review, but had not been included due to the unique nature of the ambulance service. It was a conscious decision to focus on the five other HSC Trusts and that NIAS not being involved was not an oversight. It was acknowledged that there would be a lack of comparability between organisations and participation would not represent value for NIAS. Mr Lynn gave an overview of the NIAO value for money programme.

8.0 For Approval

No items for approval.

9.0 For Noting

9.1 NICS Fraud Report 2009/10

Mr Nicholson gave an overview of the annual theft and fraud report for 2009/10. This gave an insight into the extent of fraud and the controls required to reduce the risk of fraud. The document will be reviewed to ascertain if any lessons can be learnt or additional controls introduced within the Trust.

10.0 Any Other Business

Two items had been identified at the outset of the meeting and dealt with as 6.2 and 6.3.

11.0 Date, Time and Venue of Next Meeting

The proposed schedule of meetings for 2011 is as follows:

Friday 17 June 2011
Friday 2 September 2011
Friday 4 November 2011


Meetings are planned for 2.00pm and will be held at NIAS Headquarters. It was confirmed that 2 additional dates would be required, first to consider the external audit plan and then the annual accounts.

These dates were later confirmed as.

Monday 21 March 2011, 10.00am NIAS HQ
Thursday 26 May 2011, 2.00pm NIAS HQ (followed by Trust Board at 3.30pm to consider final accounts)

There may also be a further meeting scheduled regarding the Mid Year Assurance Statement 2011/12.

The meeting closed with a brief review of proceedings. Members highlighted that they were pleased with the level of detail provided, the exchanges that had taken place and the openness within the meeting. The dates and times of further meetings was also discussed.

Signed 
(Chairman)

Date 28 February 2011

TB/5/24/03/11

Our Ref: AD/CE/22 (1)LMcl/MC

14 February 2011

Mr Peter Toogood
Director of Finance
Room D4.19
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Dear Mr Toogood

RE: NORTHERN IRELAND EXECUTIVE'S DRAFT BUDGET 2011-15

The Northern Ireland Ambulance Service welcomes the opportunity to provide a formal response to the draft Budget Statement issued by the Minister with responsibility for Finance and Personnel and the Minister for Health & Social Services and Public Safety.

The ambulance service welcomes and supports the priority identified to "stimulate the economy, tackle disadvantage, protect the most vulnerable in our society and protect frontline services". We welcome the acknowledgement that increasing demand from the public is a significant challenge. We also welcome the review of Arms Length Bodies and trust that the review will acknowledge major changes which have already taken place in health, and the scrutiny and consultation process which underpinned those changes.

We welcome the degree of protection afforded to the health element of the DHSSPS budget and recognise that pressures remain especially in the social care element. We would also stress the need to manage the finances as a whole health and social care system incorporating health and social care responsibilities. In recognition of concerns we would seek assurance that capital spend will be aligned with and support the revised requirements of the system in light of the new finance position and would suggest that this probably requires a systematic review of plans and priorities as we move forward. We support the principle of invest to save and welcome the positive approach which it offers. We support the proposals to maintain pressures on administrative costs "to eliminate needless bureaucracy and waste".

In relation to the DHSSPS position specifically we support and endorse the strategic vision of Health & Social Care and the long term goals outlined which align with NIAS' own objectives and priorities. We are concerned with the real terms reduction in expenditure, revenue and capital and the threat to maintaining existing service levels in light of increasing demand. We are further concerned at the significant gap between budget proposals and the estimated requirement of finances to deal with demand and inescapable pressures.

We recognise the efforts made to provide resources for health in the context of a very significant reduction in resources for Northern Ireland as a whole, but concur with the Minister's view that the financial pressures we face will require "significant change to the nature and extent of delivery of Health & Social Care and Public Safety services in Northern Ireland".

It is our view that the profiling of expenditure is such that early discussions are necessary to maintain financial stability and we look to political leaders for support in introducing the difficult decisions necessary to live within available resources. We welcome the opportunity to contribute to a commissioning plan for April 2011 which we trust will clearly articulate the level and extent of changes to services in light of financial pressures. We recognise that the extent of potential service changes outlined and look to HSC leaders to adopt a system wide approach to their implementation. This should seek to introduce considered and managed change with compensatory measures to address the consequences of change and maintain safety and quality in the delivery of services.

We would support and welcome a review of the profiling of saving requirements in Health & Social Care which moves away from the current front loaded approach. We support and endorse the DHSSPS strategy of reducing expenditure and commit to playing our full part in the delivery of change. We note with concern that NIAS requirements for capital investment in fleet, technology, estate and medical equipment are not specifically referenced among areas to be supported. We are concerned that the gains made in recent years and the capital platform for ambulance service delivery which has been developed may be jeopardised by a failure to invest in further capital investment and development particularly given the relatively low spend associated. In Appendix A we outline the potential operational impact arising as a consequence of change linked to the measures identified in the DHSSPS consultation document. We offer this analysis to inform consideration of the overall budget and also the process by which change is introduced and managed thereafter.

Conclusion

We recognise that Northern Ireland is in an unprecedented position of fiscal restraint and that all elements of the public sector have a part to play in managing and dealing with the consequences of that financial constraint. We acknowledge and welcome the efforts made to place a priority on health in the budget. We are concerned that it is not enough to meet demand and therefore we must seek to manage demand and realign service delivery to provide safe, high quality care to those in need within available resources. We hope that a sense of realism will prevail which recognises the need for change and delivers change which manages demand and expectations while prioritising the most vulnerable. We must see the current pressures as an opportunity to reassess our priorities and our values and to target our resources at what we value most. We must encourage a sense of self sufficiency in healthcare and elsewhere in the community which prompts those whose need for support and intervention is least to support those whose need is greatest.

Yours sincerely

Liam McIvor
CHIEF EXECUTIVE

c. NIAS Trust Board
Trust Chief Executives

TB/6/24/03/11

Committee for Health, Social Services and Public Safety

Mr John Compton
Chief Executive
Health and Social Care Board
12-22 Linenhall Street
Belfast
BT2 8BS

28 February 2011

Dear John

At its meeting on Thursday 24 February 2011 the Committee considered a response from the RQIA about the Review of the Northern Ireland Ambulance Service Trust.

Following a suggestion by the RQIA, the Committee agreed to write to the Health and Social Care Board to request information on response times within rural areas.

I would be grateful if you could provide a response within 10 working days of receipt of this letter.

Yours sincerely

Dr Kathryn Bell
Clerk, Committee for Health, Social Services and Public Safety

Dr Kathryn Bell
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Our Ref:
Date: 9 March 2011

Dear Dr Bell,

AMBULANCE SERVICE RESPONSE TIMES

Thank-you for your letter of 28 February regarding ambulance response times in rural areas.

The Board monitors the performance of the Northern Ireland Ambulance Service against its response times for Category A (life threatening) 999 calls in line with the Minister's Priorities for Action target for 2010/11:

'From April 2010, an average of 72.5% of Category A (life threatening) calls should be responded to within 8 minutes, increasing to an average of 75% by March 2011 (and not less than 67.5% in any LCG area).'

Significant improvements have been made in ambulance response times in recent years, both at a regional level and within individual Local Commissioning Group (LCG) areas. In March 2007, 55% of Category A calls were responded to within 8 minutes regionally. This increased to 72% during the year 2009/10.

The table below details the cumulative performance in each of the years 2007/08, 2008/09, 2009/10, and 2010/11 to the end of February 2011 – both regionally and in each LCG area. This shows a significant improvement in response times regionally and in each LCG area, including those with large rural areas.

Cat A Performance	2007/08	2008/09	2009/10	2010/11⁽¹⁾
Belfast LCG	73%	77%	86%	83%
South East LCG			69%	68%
Northern LCG	49%	57%	63%	62%
Southern LCG	52%	59%	65%	63%
Western LCG	60%	64%	69%	64%
Region	62%	68%	72%	69%

(1) 2010/11 cumulative figure is for the period April 2010 – February 2011 inclusive.

(2) Prior to 2009/10 reporting was on the basis of Board of residence. The Belfast and South Eastern LCGs were both part of the former EHSSB.

The cumulative performance in 2010/11 has been impacted on by the adverse weather conditions during December and into the early part of January. Up to the end of November 2010, the Ambulance Service had been maintaining the 2009/10 levels of performance.

The HSC Board is working closely with the Ambulance Service to implement its Performance Improvement Plan to secure further improvements in performance at 31 March 2011 and beyond.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John Compton', with a stylized, cursive script.

John Compton
Chief Executive

Cc Ms Louise McMahon, Director of Performance and Service Improvement
Mr Michael Bloomfield, Assistant Director of Performance
Mr Paul Cavanagh, Assistant Director of Commissioning
Mr Liam McIvor, Chief Executive, NIAS

