# NORTHERN IRELAND AMBULANCE SERVICE

> ### *A Meeting of the Trust Board to be held on Thursday, 20 January 2011 at 1.30pm, in the Seagoe Hotel, Upper Church Lane. Portadown. Co. Armagh. BT63 5JE*

# A G E N D A

| | | |
|---|---|---|
| **Welcome, Introduction and Format of Meeting** | | Paper Enclosed |
| **1.0** | **Apologies** | |
| **2.0** | **Procedure:** Declaration of potential Conflict of Interest: Quorum: | |
| **3.0** | **Minutes of previous meeting of Trust Board held 25 November 2010** (for approval and signature) | TB/1/20/01/11 |
| **4.0** | **Matters Arising** | |
| | 4.1 Financial Stability 2010/11 | |
| **5.0** | **Chairman's Business** | |
| | 5.1 Visit to Craigavon Ambulance Station | |
| | 5.2 Chairman's Update | |
| **6.0** | **Chief Executive's Business** | |
| | 6.1 Chief Executive's Update | |
| **7.0** | **Assurance Framework as at 30 November 2010** | TB/2/20/01/11 |
| **8.0** | **Polices/Procedures/Business Cases (for approval)** | |
| | 8.1 Communication Strategy | TB/3/20/01/11 |
| | 8.2 Business Case – Ballymena | TB/4/20/01/11 |
| **9.0** | **For Noting** | |
| | 9.1 Minutes of Assurance Committee held on the 22 September 2010 | TB/5/20/01/11 |
| | 9.2 Minutes of Audit Committee Minutes held 22 September 2010 | TB/6/20/01/11 |
| | 9.3 Equality Scheme | TB/7/20/01/11 |
| **10.0** | **Application of Trust Seal** | |
| **11.0** | **Forum for Questions** | |
| **12.0** | **Any Other Business** | |

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

# Northern Ireland Ambulance Service
## Health and Social Care Trust

## TRUST BOARD

**Meeting to be held on Thursday, 20 January 2011 at the Seagoe Hotel, Upper Church Lane, Portadown, Co. Armagh, BT63 5JE**

TB/1/20/01/11

**NORTHERN IRELAND AMBULANCE SERVICE**

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***Minutes of a Meeting of Trust Board held on Thursday, 25 November 2010 at 2.00pm at NIAS Headquarters, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SQ***

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**Present:**

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| Mr P Archer | Chairman |
| Mr L McIvor | Chief Executive |
| Mr F Hughes | Non-Executive Director |
| Mr S Shields | Non-Executive Director |
| Mr N McKinley | Non-Executive Director |
| Mr B McNeill | Director of Operations |
| Ms R O'Hara | Director of Human Resources |
| Dr D McManus | Medical Director |
| Mrs S McCue | Director of Finance |

**In Attendance:**

| | |
|---|---|
| Mr R Dixon | Area Manager, Patient & Client Council |
| Mrs M Crawford | Executive Administrator |
| Ms K Baxter | Senior Secretary |

## 1.0 Apologies

Prof M Hanratty, 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. He also welcomed Mr Dixon from the Patient & Client Council (PCC).

## 3.0 Minutes of the Previous Meeting of the Trust Board held on 23 September 2010

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

## 4.0 Matters Arising

### 4.1 Financial Stability 2010/11

The Chief Executive reminded the Board that he is a member of the Financial Stability Programme Board which is led by John Compton, Chief Executive of the Health & Social Care Board.

He advised that the HSC Board have carried out a second assessment of NIAS plans for financial stability. No concerns were noted. This situation continues to be monitored closely. He added that it is not yet known what the impact will be from the Budget review, which is to be announced by the Stormont Executive.

## 5.0 Chairman's Business

### 5.1 Visit to Ballynahinch Station

The Chairman commented that this is a fairly new station which opened in May 2009. He considered that it was in a good location given the proximity to Lisburn and Downpatrick. He noted that the station would have a large part to play in the acute changes in A&E at Downpatrick. He extended thanks to the Area Manager and staff for their hospitality.

Mr Shields apologised for not attending the Station visit, however he noted the information within the station profile and considered that it was comparable to the challenges faced by the stations in the West of the province. He wished to commend the efforts of staff within the Station.

Mr McKinley commented that this was his 3rd visit to an ambulance station and noted the presence and contribution of a female Senior Officer. He stated that it was encouraging to learn how female members of staff have been afforded the same career opportunities as their male counterparts within the Trust.

### 5.2 Chairman's Update

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

- Debriefing meetings with the Chairs of Audit and Assurance Committees.
- Remuneration Committee.
- ASN Conference.
- Tour of new Critical Care Unit, Ulster Hospital
- 2 NICON Meetings
- BT & NICON Breakfast Seminar
- NICON Chairs Forum
- Long Service Medal Ceremony (NIAS)

The Chairman also continues his weekly meetings with Chief Executive.

## 6.0 Chief Executive's Business

### 6.1 Chief Executive's Update

Chief Executive briefed members on 2 key issues:

- Met with representatives from the Health & Social Care Board (HSC Board) regarding the ongoing development of GP Out of Hours. Because there is considerable interaction with OOH GPs the Trust is keen to ensure that the best structure and working relationships are put in place. NIAS view this as an important opportunity for a more effective way of working. Follow up meetings have been arranged with the HSC Board.
- Launch of Primary Care Partnerships. This will enable GP's to influence the shape and nature of care provided.

NIAS has a key role to play and are keen to be involved in the strategic development, particularly in the management of falls and crisis mental health issues.

Some discussion ensued and the following points were raised by the Board:

o   Are Primary Care Partnerships more critical in areas where acute services have been withdrawn?  The Chief Executive responded by saying that he could not speak on behalf of GP's.  He added that the Trust is engaging with GP's to provide information with regard to demands and how best they can be managed.

o   Are GP's Commissioners?  GP's do not have a budget but can group together to develop "Pathfinder Projects" eg ophthalmology. It was further advised that GP's can refer patients to other GPs who may have specific skills.

o   Mr Nixon advised that he represents the Patient Client Council on the Primary Care Partnership Board and is aware of the issues involving NIAS.

## 7.0   Assurance Framework as at 30 September 2010

The Chief Executive advised that he has shared the Assurance Framework with the HSC Board and they have suggested that NIAS move to a five-stage traffic light system as used in the HSC Board Financial Stability Programme.

Green – Providing good assurance
Green/Amber – Providing reasonable assurance
Amber – A decreasing level of assurance
Amber/Red – Showing concern
Red – Serious concern

The Board voiced no objection to this system and the Chief Executive is to develop as appropriate.

*Action*: Chief Executive to develop the Assurance Framework as discussed.

### Operations

➢ Category A performance for September 2010 is 72% with a cumulative performance of 71.4%.  The Trust is hopeful of achieving the target of 72.5% rising to 75% by March 2011 but is mindful of the challenge presented.  The Board were advised of pressures as follows:

- Increase in activity.
- Waiting on budget announcements which may impact on Service.
- Acute service changes in Downpatrick.
- Year 3 efficiencies implemented.

With no additional funds all aspects of service provision are being reviewed as follows:

- Control centres are to be reviewed with a view to upgrading AMPDS.
- PCS review is ongoing.
- A new global rostering system is currently reviewing "lost" hours eg A&E turnaround times with the Trust currently losing the equivalent of two 24/7 vehicles per month due to delayed turnarounds.
- Working with A&E Departments to suggest improvements.
- GP urgent calls also to be reviewed to achieve better performance.
- Upgrading mobile data systems.
- Review of digital trunk radio.
- Significant work being carried out on mapping software, updating addresses and postcodes.
- Monitoring information and management.

o The Board were disappointed at the delays in A&E departments which were impacting on NIAS performance. They also raised the question of bypass protocols where congestion is being experienced.

➢ Bypass protocols do operate in these circumstances, however this can lead to pressures in other A&E departments. It was further advised that often the main problem for the delays is due to no health professional or cubicle being available to hand-over a patient. The HSC Board recognise the problems the Trust are experiencing and are working with the other Trusts to address these. It was noted that ambulance transported patients account for only about 20% of attendances at A&E departments.

➢ Estate - A lot of work has been progressing in this area with feasibility studies carried out on various sites ie Craigavon, Enniskillen, Ards and Bangor. Outline Business Case has been prepared for a new station in Ballymena which will be presented at the next meeting of the Board.

➢ Fleet – Good news in this area with the Business Case for fleet being approved on the 12 November 2010. Director of Operations wished to thank Mr Snoddy and Mr Nicholson for all their work in the preparation of the Business case. Director of Finance added that this is good news for the Trust however the Board should be aware that things could change given the current financial climate and this situation will need to be monitored.

## Finance & ICT

➢ The Trust has a responsibility to breakeven and the situation is monitored very closely. The Trust is showing a deficit of £89k at the end of September 2010. This included a movement of provisions of £49k, which leaves a small deficit of £40k. However the Trust is predicting a breakeven position at year end. The forecasted breakeven position is entirely dependent on a range of assumptions. These are regularly discussed with the HSC Board and assessed on an ongoing basis.

➢ Years 1, 2 & 3 of efficiency savings have been implemented. The HSC Board have implemented a Financial Stability Programme which includes an assessment of each HSC Trust's ability to achieve the expected level of cash releasing savings. The Trust is currently assessed as "amber green" with successful delivery of the agreed cost savings appearing probable.

All risks will need to be carefully managed.

The Board asked how confident the Trust is in managing the risks and how this is demonstrated. It was advised that the HSC Board review efficiency savings, monitor spend and put control arrangements in place. Assumptions regarding income and expenditure are also discussed on an ongoing basis with HSC Board. The situation is also closely monitored with Budget holders.

The Chairman wished to congratulate the Executive Team for their efforts in this area.

➢ Capital Spend. Since the report has been prepared the Business Case for fleet has been approved. The Trust will move quickly to place orders.

➢ The Business Service Organisation (BSO) provides a range of services to the Trust including procurement and logistics services. New reporting arrangements have identified some initial Key Performance Indicators (KPI) in respect of purchasing and supply. At this stage the Trust has met the targets for the processing of requisitions and products supplied.

➢ The following requests for information were received for the month of September 2010:

Assembly Questions– 21
Data protection Requests – 3
Freedom of information requests – 14

There is a lot of activity in this area however the Trust is meeting targets in relation to response times.

o The Board asked how patients can benefit from the release of such information and whether there is a criteria regarding disclosure of information.

➢ The Director of Finance & ICT emphasised the importance for the Trust to be open and transparent about the manner in which it delivers care and manages the business. Learning is also gained from complaints, compliments, untoward incidents and grievances. There are, however, exemptions to exclude information requests which are too costly, malicious or frivolous.

**Human Resources & Corporate Services**

All areas are on target with the exception of absenteeism. This target is unlikely to be achieved. Meetings are ongoing with Senior Managers. The Board were advised that PFA target on absenteeism was set approximately 3 years ago without engagement with NIAS. It was considered that this is not a "SMART" target if NIAS was not included. It was advised that the target is being met in the majority of departments within NIAS.

An Attendance Management Procedure has been developed and Unions have been consulted. It is hoped to launch the procedure on 1 December 2010. Work on other policies such as addiction and harassment/bullying is ongoing.

Congratulations were extended to Managers and teams for their efforts in reducing absenteeism.

**Medical**

➢ The Emergency Planning team continue to work in collaboration with other bodies. The development of HART continues with training in rope rescue and urban search and rescue which involves working at heights. Favourable comments have been received in respect of the training and clinical expertise.

➢ An Assistant Emergency Planning Officer has been tasked to work full time on the Business Continuity Plan. Regular meetings will be held to progress.

➢ Positive comments have been received in regard to Stroke Services with a high percentage of patients being transported to the appropriate hospital within the specified timeframe.

➢ NIAS continues to work with acute hospital Trusts in regard to healthcare associated infections. It was noted however that there is a lack of understanding in the unique circumstances in which NIAS staff work (eg staff should have bare arms from the elbow, but given the cold climate this is not possible).

➢ The Trust continues to work with other HSC Trusts on the monitoring of Patient and Client Experience Standards through surveys undertaken in hospitals. It was further advised that the Trust is working with other Trusts to extend the range of methodologies used to monitor the standards. Specifically work is underway to develop "Observations of Practice" and "Gathering Patient Stories" as additional tools. Once developed, NIAS intends to pilot this work in the Belfast Area prior to further implementation across Northern Ireland.

➢ NIAS continues to participate in a number of regional networks, groups and frameworks and have received further requests for engagement with other bodies.

➢ Adverse Events Learning meetings are taking place quarterly to facilitate appropriate action and learning from untoward incidents, complaints, disciplinary procedures etc.

➢ New pharmacy arrangements have now been introduced throughout the Trust and governance arrangements have been tested.

➢ The Medical Directors attended a regional meeting in relation to cardiac pathway management where he gave a presentation, positive feedback was received. He also highlighted the following:

- Paramedic administered thrombolysis continues to be available on a regional basis.
- 20 cardiac patients were taken directly to the Cardiac Catheterisation lab (CC Lab) since the service commenced earlier this year.
- 500 ECG transmissions for suspected heart attacks have been carried out. Cardiologists have commended ambulance staff for their work in this area.

The Board raised the following questions:

o  Do Paramedics assess patients and make the diagnosis of heart attack?

➤ Patients are assessed and an ECG is performed. The Paramedic is in contact with the CC Lab and clinical findings are discussed.  If this confirms a heart attack thrombolysis can be administered or patients can be transported directly to the CC Lab.

o  What is the value of patient surveys and how are the responses assessed if a patient only uses the service once?

➤ Large numbers of patients use Patient Care Services regularly and therefore their responses are valuable.  It is different for A&E services as people are using the service in difficult circumstances and there is concern about the appropriateness of enquiring about their experience, particularly if there is a tragic outcome.  However, a variety of measures are used and stories can be gathered while patients are in hospital. Mr Dixon added that although A&E is not a service which is always used it is one that everyone cares about and we can get broad involvement in that way.

o  How has the call triage pilot been progressing in Control?

➤ The pilot has been evaluated and is being developed further.  The Trust is engaging with one GPOOH provider for the triaging of certain calls.  GPs have welcomed further engagement in this area.

➤ The Chief Executive commended the staff involved in the Helicopter crashes in Hilltown, County Down.

## 8.0  Performance Management Framework

The Chief Executive advised that this document seeks to clearly set out how performance is managed and reported within NIAS.  The document was approved on the proposal of Mr McKinley seconded by Mr Hughes.

## 9.0  Confirmed Dates for Trust Board Meetings/Proposed Committee Dates 2011

Dates were confirmed by Board members.

## 10.0  Policies /Procedures (for approval)

### 10.1  HR Strategy

The HR Strategy has been shared with the Executive Directors.   It is hoped to launch the document in January 2011.

Board approved the HR Strategy.

### 10.2  Communications Strategy

This document has been developed through Focus Groups and Workshops which included a wide range of staff facilitated by the Communications Officer.

An Equality screening has been carried out. It was noted that the current Communications Strategy expires at the end of December 2010.

o The negative return to the Staff Survey was raised by the Board.

➢ It was clarified that there was not a good response to the survey and negative comments were received. These responses were the focus of discussions at the Communication workshops.

o Some of the Board considered that the document appears to be focused on internal communication and suggested that more focus was required on external communication.

o It was further suggested that the role of the Board should also be referenced.

It was agreed to revisit the document with more emphasis on external communication.

*Action*: Document to be reviewed and presented at next meeting of the Board.

### 10.3 Domestic Violence Policy

It was advised that this is a regional policy which has been agreed at the Joint Negotiating Forum.

*Action*: The Board endorsed the policy.

## 11.0 For Noting

### 11.1 Minutes of a Joint Meeting of Clinical Governance/Risk Management Committees held 20 May 2010

*Action*: Noted.

### 11.2 Agenda for Change Benefits Realisation Return

It was advised that this is the first return and it is not clear whether this will be reported on a quarterly or yearly basis. The Trust has achieved improvements against the criteria set, whether this is down to Agenda for Change is debatable, however the picture is very positive.

*Action:* Noted.

## 12.0 Application of Trust Seal

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

## 13.0 Forum for Questions

No questions received from the floor.

**14.0    Any Other Business**

It was noted that it is Mr Frank Hughes', Non Executive Director, last Board meeting as he finishes at the end of November 2010 on completing nine years.   (Two terms with one year's extension.)   The Chairman thanked him for his wise counsel to the Board over the years.

**Date, Time and Venue of Next Meeting**

The next meeting of the Trust Board will be held in the Southern Division on Thursday, 20 January 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 30 NOVEMBER 2010)

# NORTHERN IRELAND AMBULANCE SERVICE

# ASSURANCE FRAMEWORK

# 2010-2011

# Contents

*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 |
|---|---|---|

*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 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

Tacking 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.

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

## PfA1.1    EMERGENCY PREPAREDNESS

| PfA1.1…Emergency Preparedness | Performance Assessment ON TRACK FOR ACHIEVEMENT | Risk Assessment LOW |
|---|---|---|

**Objective**

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.

**Performance Commentary.**

On track for achievement.

The development of a Hazardous Area Response capability (HART) continues with training in rope rescue, urban search and rescue and the use of CR1 suits commencing during the summer of 2010. Training in the use of breathing apparatus has now also commenced. 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. A demonstration by the HART team including their equipment and training took place in October 2010 at which the CMO and other agencies were present. This included a decontamination exercise and demonstration of equipment. This demonstration was also attended by a representative from the Department of Health in London. Urban search and rescue training has been quality assured and a national HART trainer is involved in its delivery. The Medical Director and Assistant Medical Director are engaged in the development of national HART 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.

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. The Trust's Emergency Planning Officers are 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.

During 2010/11 to end December 2010, NIAS has participated in twenty-three multi-agency exercises.

The Trust is substantively compliant with the Emergency Planning Controls Assurance Standard.

| Key Actions (to deliver objective) | Due Date | Progress Update | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| Review and update NIAS Emergency Plans | | A3 | A3 | A3 | |
| Benchmark with other ambulance services and national standards | | A3 | A2 | A2 | |
| Exercise Major Incident and Emergency Plans and apply lessons learned | Ongoing | A3 | A2 | A2 | |
| Continue to participate in the regional and national planning for major incidents, pandemic flu and CBRN | Ongoing | A2 | A2 | A2 | |
| The provision of a HART capability in accordance | March | 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*

| with the funding provided by the commissioners | 2010 | | | | |
|---|---|---|---|---|---|
| Ensure compliance with Emergency Planning Controls Assurance Standard | Feb 2011 | A3 | A3 | A2 | |

| Risk Commentary. |
|---|
| NIAS has considered the 2009 Northern Ireland Civil Contingencies Risk Assessment as published by the Civil Contingencies Policies Branch (OFMDFM) and has assessed the risk to NIAS as low. The EPO continues to attend meetings with the Regional Risk Assessment Forum and ensures NIAS representation at other risk assessment fora. NIAS will consider the NICC risk assessment in reviewing its major incident and business continuity plans on an annual basis from March 2011. There is a risk to the delivery of a HART capability by March 2011 due to difficulties in the release of paramedics for training because of operational pressures and constraints on training capacity in other agencies at regional and national level who provide HART training, for example PSNI, NIFRS, MCA etc. Currently training is on schedule and this risk is assessed as low at present. |

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## 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. |

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 an operational plan. 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 with other UK Ambulance Trusts.

The previous NIAS draft Business Continuity Plan will be incorporated in this work and previous comments and amendments proposed by the Executive Directors will also be incorporated. This work is being regularly reviewed by a group including the Emergency Planning Officer, Medical Director, Risk Manager and CEO and the draft strategy, policy and plans will be presented to the Trust's Assurance Committee and then to Trust Board.

A number of contingency plans 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. Business Continuity arrangements for a number of local issues were exercised or implemented on nine occasions from April to December 2010. Business Continuity Plans for a number of stations were implemented during periods of civil unrest during the summer months.

The Trust's Flu Pandemic Contingency Plan has been reissued to all staff in anticipation of rising levels of flu during the winter months and PPE levels have been checked. Training in the use of relevant PPE is also being undertaken for new operational staff. NIAS participates in regular teleconferences with other HSC bodies including the Public Health Agency to monitor the situation.

NIAS 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.

| Key Actions (to deliver objective) | Due Date | Progress Update | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| Review and update NIAS Business Continuity Plans | | | A3 | A3 | A3 |
| Exercise Business Continuity Plans and apply lessons learned | | | A3 | A3 | A3 |
| Benchmark with other ambulance services and national standards | | | A2 | A2 | A2 |

Risk Commentary.

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.

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# 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.

*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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## PFA2.1… 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 remains static at 71% cumulative and 70% monthly.  There has been a 7% increase in 999 calls and urgent activity from September. |

| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |

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Risk Commentary.

Principal concerns in respect of this objective are;

Given the month eight position it is reasonable to assume that NIAS will not meet the 75.5% category A response average of the PFA target. 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 predictions for severe weather.

**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 | | | | | 71.3 |
| Belfast | 87.3 | 85.0 | 86.4 | 84.4 | 86.8 | 86.3 | 82.8 | 83.5 | | | | | 85.4 |
| Sth East | 70.4 | 68.4 | 71.2 | 71.8 | 69.1 | 73.1 | 69.4 | 72.3 | | | | | 70.8 |
| North | 65.8 | 64.4 | 66.8 | 63.8 | 63.1 | 63.9 | 60.7 | 61.2 | | | | | 63.8 |
| South | 63.6 | 62.4 | 65.3 | 66.7 | 64.0 | 65.3 | 62.4 | 62.6 | | | | | 64.1 |
| West | 61.7 | 62.9 | 67.0 | 65.3 | 65.7 | 66.4 | 68.7 | 67.2 | | | | | 65.7 |

**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 | | | | |
| Belfast | 97.4 | 97.4 | 96.7 | 97.3 | 96.6 | 97.9 | 95.3 | 95.0 | | | | |
| Sth East | 93.0 | 93.0 | 94.8 | 91.5 | 93.5 | 94.1 | 92.9 | 90.9 | | | | |
| North | 90.4 | 90.4 | 94.1 | 91.0 | 91.6 | 91.1 | 91.5 | 89.5 | | | | |
| South | 89.6 | 89.6 | 93.2 | 93.5 | 92.1 | 90.5 | 90.6 | 89.1 | | | | |
| West | 90.4 | 90.4 | 92.3 | 92.3 | 91.9 | 90.0 | 92.1 | 90.0 | | | | |

**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 | | | | |
| Belfast | 45.3 | 43.0 | 43.9 | 40.8 | 40.7 | 45.0 | 46.0 | 47.7 | | | | |
| Sth East | 39.5 | 39.1 | 39.9 | 34.0 | 40.0 | 36.7 | 37.0 | 42.9 | | | | |
| North | 40.9 | 40.0 | 39.1 | 41.0 | 42.0 | 40.2 | 42.0 | 39.1 | | | | |
| South | 48.9 | 45.2 | 39.5 | 37.4 | 44.0 | 43.2 | 53.8 | 45.5 | | | | |
| West | 29.9 | 31.7 | 38.3 | 30.2 | 31.8 | 33.2 | 31.8 | 35.5 | | | | |

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| 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 | | | | |
| Belfast | 992 | 977 | 1,029 | 959 | 965 | 919 | 1042 | 948 | | | | |
| Sth East | 604 | 602 | 624 | 570 | 582 | 592 | 673 | 581 | | | | |
| North | 784 | 836 | 742 | 829 | 804 | 814 | 827 | 761 | | | | |
| South | 588 | 550 | 567 | 558 | 589 | 585 | 569 | 551 | | | | |
| West | 548 | 582 | 581 | 553 | 609 | 553 | 604 | 528 | | | | |

## 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 | | |
| Introduce additional intermediate care hours to support A&E tier | Nov 10 | A4 | A3 | | |
| Review operational deployment plans: Status Plan, Job Cycle Monitoring, Hospital Turnaround Times | Dec 10 | A4 | 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.

| 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 | | | | | 93.3 |
| Belfast | 96.7 | 97.4 | 97.9 | 97.8 | 97.6 | 98.0 | 96.1 | 96.8 | | | | | 97.3 |
| Sth East | 93.7 | 91.0 | 93.0 | 93.5 | 94.5 | 94.0 | 93.2 | 91.6 | | | | | 93.1 |
| North | 91.8 | 91.4 | 93.1 | 91.1 | 91.5 | 92.9 | 91.9 | 92.1 | | | | | 92.0 |

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| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| South | 90.7 | 92.4 | 94.2 | 93.4 | 92.6 | 91.6 | 89.7 | 89.9 | | | | | 91.7 |
| West | 90.6 | 90.6 | 92.5 | 91.1 | 90.3 | 91.0 | 91.7 | 88.8 | | | | | 90.8 |

| 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 | | | | | 89.1 |
| Belfast | 93.5 | 93.5 | 93.6 | 94.8 | 94.2 | 94.5 | 92.1 | 86.1 | | | | | 93.4 |
| Sth East | 90.4 | 87.2 | 87.9 | 90.0 | 90.9 | 89.1 | 88.2 | 86.9 | | | | | 88.7 |
| North | 87.7 | 87.0 | 88.8 | 86.9 | 86.7 | 88.2 | 88.2 | 83.5 | | | | | 87.6 |
| South | 86.1 | 89.5 | 91.9 | 90.7 | 88.7 | 86.7 | 86.7 | 85.6 | | | | | 87.9 |
| West | 87.7 | 88.3 | 90.6 | 89.0 | 88.2 | 89.4 | 89.0 | 87.2 | | | | | 88.5 |

| 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 | | | | |
| Belfast | 1,334 | 1,332 | 1,279 | 1,273 | 1316 | 1267 | 1494 | 1367 | | | | |
| Sth East | 923 | 973 | 941 | 941 | 962 | 963 | 942 | 893 | | | | |
| North | 1,385 | 1,492 | 1,414 | 1,467 | 1470 | 1403 | 1427 | 1301 | | | | |
| South | 869 | 935 | 845 | 863 | 864 | 861 | 991 | 947 | | | | |
| West | 790 | 806 | 742 | 807 | 806 | 721 | 798 | 738 | | | | |

| 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 | | | | | 99.6 |
| Belfast | 100 | 99.6 | 99.4 | 99.8 | 99.8 | 100.0 | 99.6 | 98.7 | | | | | 99.6 |
| Sth East | 100 | 99.7 | 99.7 | 99.3 | 99.6 | 99.7 | 99.6 | 100.0 | | | | | 99.7 |
| North | 100 | 99.8 | 99.7 | 99.7 | 99.4 | 99.7 | 99.0 | 98.8 | | | | | 99.5 |
| South | 99.6 | 99.1 | 100 | 100 | 99.6 | 99.2 | 100.0 | 99.6 | | | | | 99.6 |
| West | 100 | 99.6 | 100 | 99.5 | 99.5 | 99.5 | 99.5 | 100.0 | | | | | 99.7 |

| 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 | | | | |
| Belfast | 435 | 494 | 506 | 506 | 488 | 459 | 520 | 502 | | | | |
| Sth East | 275 | 385 | 311 | 316 | 299 | 317 | 288 | 327 | | | | |
| North | 313 | 446 | 346 | 408 | 352 | 366 | 344 | 362 | | | | |
| South | 263 | 249 | 269 | 238 | 259 | 279 | 270 | 258 | | | | |

*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*

| West | 212 | 259 | 195 | 218 | 220 | 211 | 220 | 244 | | | | |
|------|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|

| 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 | | |
| Agree performance measurement and standards for Urgent calls with HSCB commissioners. | Nov 10 | 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 | | | | | 57.9 |
| Belfast | 62.2 | 58.6 | 63.7 | 62.6 | 53.1 | 62.7 | 58.1 | 55.2 | | | | | 59.7 |
| Sth East | 62.6 | 55.5 | 58.9 | 60.2 | 61.1 | 58.3 | 56.6 | 53.0 | | | | | 57.2 |
| North | 58.8 | 62.0 | 62.0 | 60.1 | 58.3 | 54.8 | 57.1 | 61.2 | | | | | 59.6 |
| South | 48.9 | 53.1 | 61.0 | 64.1 | 56.2 | 53.4 | 57.5 | 50.6 | | | | | 55.9 |
| West | 55.0 | 54.6 | 56.4 | 56.9 | 56.3 | 53.5 | 54.9 | 53.6 | | | | | 54.7 |

| 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 | | | | |
| Belfast | 27.6 | 33.6 | 32.9 | 30.3 | 24.8 | 32.2 | 13.0 | 14.4 | | | | |
| Sth East | 23.4 | 20.5 | 25.9 | 23.0 | 23.0 | 22.2 | 9.4 | 13.6 | | | | |
| North | 35.1 | 38.5 | 44.1 | 40.9 | 43.6 | 41.3 | 17.8 | 15.0 | | | | |
| South | 19.7 | 16.5 | 20.3 | 18.4 | 25.0 | 24.0 | 13.6 | 16.4 | | | | |
| West | 25.8 | 29.3 | 24.0 | 21.9 | 26.6 | 22.8 | 11.5 | 12.0 | | | | |

*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*

## PfA2.3...A&E Discharges

| PfA2.3...A&E Discharges | Performance Assessment<br><br>ON TRACK FOR ACHIEVEMENT | Risk Assessment<br><br>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 | Risk Assessment |
|---|---|---|
| | ON TRACK FOR ACHIEVEMENT | 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.<br><br>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 | |
| Participate in the regional stroke implementation group and engage with specialist stroke care providers in the development of stroke pathways | | A2 | 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 | |

| Risk Commentary. |
|---|
| The risk to achieving this objective is low. Patients with actual or potential stroke will be treated as a high priority to ensure arrival at an appropriate facility within 90 minutes and all staff have been issued with a protocol for the appropriate clinical management of patients with actual or suspected acute stroke in accordance with regional and national best practice. The NIAS PRF has been amended accordingly and subsequent clinical audit is demonstrating a high degree of compliance with the protocol. |

*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 | | | | 99.0 | | | | |
| Belfast | 100 | 100 | 100 | 100 | 100.0 | 100.0 | 100.0 | 100.0 | | | | |
| North | 95.5 | 100 | 100 | 100 | 100.0 | 97.7 | 100.0 | 100.0 | | | | |
| Sth East | 100 | 94.2 | 100 | 100 | 96.6 | 100.0 | 100.0 | 100.0 | | | | |
| South | 100 | 95.5 | 95.8 | 100 | 100.0 | 100.0 | 93.9 | 93.9 | | | | |
| West | 94.1 | 90 | 100 | 97.1 | 100.0 | 91.3 | 100.0 | 100.0 | | | | |

## 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<br><br>Patient refusal<br><br>Patient does not understand request<br><br>Secondary head injury / trauma | Improved assessment and management of ischaemic and haemorrhagic stroke | JRCALC Clinical guidelines 2006<br><br>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<br><br>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<br><br>No local stroke team available | Increased access to thrombolysis for patients with ischaemic stroke | |
| | | CVA6 | Glasgow Coma Scale section of PRF completed | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**3516 Patient Report Forms sampled from May 2009 to April 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 | 293 | 3516 (1year) | 3516 (100%) | 0% | 1685 (48%) | 0% | 3281 (93%) | 0% | 3412 (97%) | 3388 (96%) | Not recorded * |
| Previous audit | 230 | 1393 | 100% | | 40% | | 84% | | 63% | 95% | |

*Local stoke team information not currently recorded on Patient Report Form – this will be reviewed at annual PRF reformat/updates.

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*

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

## PFA2.6… HEALTHCARE ASSOCIATED INFECTIONS

| PfA2.6… Healthcare associated infections | Performance Assessment ON TRACK FOR ACHIEVEMENT | Risk Assessment LOW |
|---|---|---|

**Objective**

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.

**Performance Commentary.**

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.

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

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 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. Further workshops have been arranged for Station Officers to improve the reporting and monitoring of vehicle cleaning. The Trust's Clinical Waste Policy is currently being reviewed in association with other HSC Trusts.

The Trust is substantively compliant with the Infection Prevention & Control Controls Assurance Standard as assessed in May 2010.

An audit of compliance with IPC procedures was completed in March 2010 and compliance with hand hygiene measures is being re-audited in January 2011.

A review of hygiene and cleanliness within the Trust was undertaken by RQIA in May 2010 but their report is still awaited.

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.

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

**Risk Commentary.**

Formal arrangements for NIAS to access external expert infection prevention and control advice were to be discussed at a meeting of the HSC Trusts' Medical Directors in November 2010 but this meeting was postponed until early 2011. This issue will be discussed at this meeting and also at the Regional HCAI Forum  in which NIAS is now a participant.

*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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## PfA2.7... Hygiene and cleanliness

| PfA2.7... Hygiene and cleanliness | Performance Assessment | Risk Assessment |
|---|---|---|
| | ON TRACK FOR ACHIEVEMENT | 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 Clinical Waste Policy is currently ongoing and a programme for the review and audit of station cleanliness was commenced during September 2010 and is reported to the Trust's Health & Safety Committee.

| 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 | |
| Implementation of recommendations arising from 2010 RQIA Hygiene & Cleanliness Inspection | | A4 | A4 | A4 | |
| Participation in the development and implementation of ambulance specific standards of hygiene and cleanliness regionally and nationally | | A3 | A2 | A2 | |
| Ensure Compliance with relevant DHSSPS targets and controls assurance standard. | | A3 | A3 | A2 | |
| Formally secure/engage expert ICP advice and support for Trust. | | A4 | A4 | A4 | |

**Risk Commentary.**

Formal arrangements for NIAS to access external expert infection prevention and control advice were to be discussed at a meeting of the HSC Trusts' Medical Directors in November 2010 but this meeting was postponed until early 2011. This issue will be discussed at this meeting and also at the Regional HCAI Forum in which NIAS is now a participant.

*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*

## PFA2.8... 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 continues to be represented on the regional Working Group and Steering Group in respect of this work. Through this, NIAS has contributed to the further development of monitoring tools in respect of the Patient and Client Experience Standards. Within the last quarter, four managers within the Trust attended a regional training session on the proposed implementation of Observations of Practice and Gathering Patient Stories. Work is underway internally to develop a plan for implementing this methodology, giving consideration to the particular challenges in an ambulance service environment. In compliance with the PfA, the Trust has continued to provide a quarterly report of the results of surveys undertaken across NI by those using our emergency services, in relation to the standards. Patient feedback in the most recent survey returns was extremely positive. The Trust is in the process of preparing a communication to be issued to all staff in respect of progress of this work and of the very positive feedback we are receiving from those using our emergency services.

| 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 | |
| Involvement in regional work streams to develop and extend methodology to monitor patient experience across HSC generally and including NIAS specifically | | 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 | |
| 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*

## PfA2.9... 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 continues to participate in the Regional PPI Forum co-ordinated by the Public Health Agency (PHA), which now includes patient/service user representation. The Trust has provided a report of PPI Activity in NIAS to the PHA for inclusion in the regional report in compliance with the PfA target. In addition NIAS is engaging with the Patient Client Council in respect of the establishment of further mechanism for engagement with NIAS services users and patients to work towards development of a PPI Strategy for NIAS. |

| 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 | |
| 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 | |
| Ongoing monitoring of compliance with relevant PPI standards and requirements with regular reports to Trust Board | | A3 | A3 | A3 | |
| 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*

## PⅎA2.10… SᴇRVICE 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 continued 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.

A presentation was made by the NIAS Medical Directors to a regional cardiology meeting attended by the CMO in relation to the ambulance contribution to the development of paramedic administered thrombolysis and the introduction of primary PCI in the Belfast Trust, which was received very positively.

| 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 | |
| To participate in, deliver and monitor ambulance related elements of clinical service frameworks for stroke services | | A2 | A2 | A1 | |
| To participate in, deliver and monitor ambulance related elements of clinical service frameworks for cardiovascular disease | | A2 | A2 | A2 | |
| To participate in, deliver and monitor ambulance related elements of clinical service frameworks for respiratory disease | | A3 | A3 | A3 | |
| To participate in, deliver and monitor ambulance related elements of clinical service frameworks for palliative and end of life care | | 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*

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*

## TA2.3...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 participates in the Regional Patient Safety Forum and will participate in the Advanced Patient Safety Development Programme in October 2010. 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 | |
| Review and develop arrangements to ensure learning from adverse incidents both within the Trust and the wider HSC system. | | A3 | A3 | A3 | |
| Extend Learning Forum in NIAS to include; complaints; disciplinaries; grievances; legal claims; etc. | | 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*

*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 in January 2011. RQIA reviewed the Trust's Medicines Management Policies and Procedures as part of their inspection in March 2010 and their final report is awaited.

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 | |
| Introduction of controlled drugs and regular audit of use in compliance with relevant legislation. | | A4 | A3 | A3 | |
| Audit and monitoring of new pharmacy arrangements. | | A3 | A3 | A3 | |
| Ensure compliance with medicines management controls assurance standard and with new regional legislative requirements for controlled drugs. | | A2 | A2 | A2 | |
| Review and develop arrangements to ensure learning from adverse incidents both within the Trust and the wider HSC system. | | 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*

Risk Commentary.

The significant risk to NIAS around previous pharmacy arrangements, which were disparate, has now been resolved with the single regional supply contract with Victoria Pharmacy that is now in place.

There is a risk to the Trust that following the introduction of the regional pharmacy contract between NIAS and Victoria Pharmacy that there may be difficulties in maintaining the continuity of the supply chain by external suppliers to Victoria Pharmacy and NIAS. This risk is being managed through regular meetings with senior personnel in Victoria Pharmacy and their development of clear communication links between suppliers Victoria Pharmacy and NIAS to alert us in advance of any potential manufacturing problems or product shortages to allow the use of alternative products. This risk is currently therefore felt to be low. A weekly review of all medicine-related incidents is being undertaken by the Medical Director, Assistant Medical Director and Risk Management with the supply chain being monitored by the NIAS Stores Manager. These are reported to the Trust's Assurance Committee.

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*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.

*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*

## PFA3.1… PATHWAY MANAGEMENT

| PfA3.1… Pathway management | Performance Assessment | Risk Assessment |
|---|---|---|
| | ON TRACK FOR ACHIEVEMENT | 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.

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.

Paramedic administered thrombolysis continues to be available on a regional basis and its administration is being monitored. 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.

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.

A number of joint care pathway initiatives are currently being discussed with other Trusts and agencies such as the management of falls.

| 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 | |
| Introduce a number of condition specific protocols for the treatment and discharge of patients at scene . | | A3 | A3 | A3 | |
| 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 | |

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| | | A3 | A3 | A3 | |
|---|---|---|---|---|---|
| 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. | | | | | |
| Risk Commentary. | | | | | |

Risk Commentary.

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

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# 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.

*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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# 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.

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## 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 November 2010 (Month 8) is a deficit of £132k. This includes a movement in provisions of £98k, which leaves a small underlying financial deficit of £34k. 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 | | | |
| Approval of TDP by HSCB | Aug 2010 | A2 | A1 | | |
| Approval of TDP by DHSSPS | Sep 2010 | A2 | A3 | | |
| Secure confirmation of CSR investment for 2010/11 | Sep 2010 | A2 | A1 | | |
| Ongoing monitoring of expenditure, developments and pressures, through Trust Monitoring Returns, Reports to Trust Board and Budgetary Control. | Monthly | A1 | A1 | | |
| Secure confirmation of HSCB and DHSSPS support for developments and pressures, subsequent contract variations both in year and recurrently. | Monthly | 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. |

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| 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 | | | | |
| Depreciation | N/A | 644 | 966 | 1,288 | 1,610 | 1,933 | 2,287 | 2,614 | | | | |
| Other Expenditure | N/A | 1,885 | 2,380 | 3,359 | 4,134 | 4,990 | 5,872 | 6,707 | | | | |
| Expenditure Total | N/A | 10,069 | 14,491 | 19,527 | 24,408 | 29,427 | 34,447 | 39,393 | | | | |
| Income | N/A | 274 | 411 | 548 | 685 | 822 | 958 | 1,095 | | | | |
| Net Expenditure | N/A | 9,795 | 14,080 | 18,979 | 23,723 | 28,605 | 33,489 | 38,297 | | | | |
| Adjustments (Depreciation, Cost of Capital & Services Provided) | N/A | (644) | (967) | (1,289) | (1,605) | (1,933) | (2,287) | (2,614) | | | | |
| Net Resource Outturn | N/A | 9,151 | 13,113 | 17,690 | 22,113 | 26,673 | 31,202 | 35,683 | | | | |
| Revenue Resource Limit (RRL) | N/A | 9,151 | 13,100 | 17,620 | 22.040 | 26,584 | 31,069 | 35,551 | | | | |
| Surplus/(Deficit) against RRL | N/A | 0 | (13) | (70) | (73) | (89) | (133) | (132) | | | | |

| 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% | | | | |
| Cumulative | 92.3% | 91.4% | 90.5% | 90.4% | 90.8% | 91.8% | 92.5% | 92.8% | | | | |

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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 | | |
| Secure approval of HSCB/DHSSPS | Sep 2010 | A2 | A2 | | |
| Quarterly Monitoring & Reporting | Quarterly | A1 | A1 | | |
| Participation and achievement of Financial Stability Programme | Ongoing | ■ | A2 | | |
| | | | | | |

**Risk Commentary.**

There remain uncertainties in the current economic climate that may impact on the ability of the Trust to maintain financial balance.

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## 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 is now £4,013k (General Capital £500k: Estate Refurbishment £100k, Fleet Replacement £3,400k and PC Purchase £13k).

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 on-schedule.

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Fleet | 0 | 0 | 3 | 171 | 203 | 203 | 241 | 281 | | | |
| Estate & Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Information Technology | 0 | 0 | 0 | 0 | 32 | 32 | 34 | 43 | | | |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| **Asset Disposals** | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
| Proposed Disposals (£) | N/A | 0 | 4 | 13 | 21 | 22 | 24 | 34 | | | |
| Actual Disposals (£) | N/A | 0 | 4 | 13 | 21 | 22 | 24 | 34 | | | |

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

## 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 | | |
| Review by Internal Audit | Oct 2010 | 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 | | | |
| 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 | | | |
| Number of Lines Issued (Stock and Non Stock) Lines | | 608 | 606 | 829 | 542 | 600 | 836 | 668 | 665 | | | |
| Value of Spend (Stock and Non Stock) £k | | 86 | 89 | 368 | 148 | 141 | 508 | 134 | 1,604 | | | |

*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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## TA7.3…INFORMATION REQUESTS

| TA7.3…Information Requests | Performance Assessment | Risk Assessment |
|---|---|---|
| | ON TRACK FOR ACHIEVEMENT | LOW |

**Objective**

NIAS will respond promptly and effectively to requests for Information.

DHSSPS

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.

Data Protection

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.

Freedom of Information

NIAS will seek to respond to Freedom of Information Requests within the 20 days turnaround time target identified in legislative principles

**Performance Commentary.**

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.

| Key Actions (to deliver objective) | Due Date | Progress Update | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| Monitor & report performance | Monthly | A1 | A1 | A1 | |
| | | | | | |

**Risk Commentary.**

| | 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 | | | | |
| Completed Requests processed within 40 days or less | 2 | 3 | 1 | N/A | 1 | 3 | 3 | N/A | | | | |
| Completed Requests exceeding 40 days | 0 | 0 | 1 | N/A | 0 | 0 | 0 | N/A | | | | |

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| **Freedom of information** | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received | 3 | 5 | 3 | 18 | 5 | 14 | 3 | 4 | | | | |
| Completed Requests processed within 20 days or less | 3 | 4 | 3 | 17 | 5 | 13 | 2 | 3 | | | | |
| Completed Requests exceeding 20 days | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | | | | |
| Number of Records Fully Disclosed | 3 | 5 | 3 | 17 | 5 | 13 | 2 | 3 | | | | |
| Vexatious Requests | 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 | | | | |
| Requests where exemptions wholly/partially applied | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | | | | |
| Referrals for Independent Review | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | | |
| Appeals to the Information Commissioner | 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 | | | | |
| Assembly Questions (Written) | 2 | 5 | 19 | 0 | 0 | 21 | 9 | 10 | | | | |
| CORs Received | 0 | 1 | 1 | 1 | 2 | 0 | 0 | 1 | | | | |
| TOFs Received | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | | | | |
| INVs Received | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 0 | | | | |

## 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 | |
| Agree Health & Wellbeing and Attendance Management Action Plan | Aug 2010 | A3 | A1 | A1 | |
| Implement Health & Wellbeing and Attendance Management Action Plan | Sept 2010 | A3 | A3 | A3 | |

**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. Previous data would indicate a lack of correlation between higher levels of sickness absence and operational performance, as a result of pre-existing management contingency measures in place. 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 = 6.70% | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| Attendance Management | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | |
| 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 | | | | | |
| % short term absenteeism | 3.06 | 2.56 | 3.14 | 2.81 | 2.52 | 3.24 | 3.62 | 2.61 | | | | | |
| % long term absenteeism | 3.72 | 3.37 | 3.64 | 3.49 | 3.35 | 4.27 | 3.97 | 3.57 | | | | | |
| No. of employees on half pay | 2 | 4 | 7 | 6 | 6 | 10 | 9 | 11 | | | | | |
| No. of employees on no pay | 3 | 1 | 6 | 4 | 4 | 5 | 5 | 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*

| Comparative Analysis of HSC Absence - half yearly | | | | |
|---|---|---|---|---|
| Staff Group | 2009-10 Q3&4 NIAS | 2009-10 Q3&4 HSC | 2010-11 Q1&2 NIAS | 2010-11 Q1&2 HSC |
| Admin & Clerical | 4.88% | 4.83% | 3.48% | |
| Paramedics | 8.23% | N/A | 6.87% | |
| Station Supervisors & Clinical Support Officers | 6.36% | N/A | 5.93% | |
| Nursing & Midwifery | N/A | 6.25% | N/A | |
| ACAs / EMTs | 7.79% | N/A | 6.50% | |
| Control Staff | 8.48% | N/A | 10.27% | |
| Support Staff | N/A | 7.78% | N/A | |
| Works & Maintenance | 50.0% | 5.06% | 50.0% | |

| 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 6.70% | |
| | | | 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*

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

## 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 | |
| Develop Health & Wellbeing Strategy | Aug 2010 | A3 | A1 | A1 | |
| Agree Health & Wellbeing Strategy | Sept 2010 | A3 | A1 | A1 | |
| Implement Health & Wellbeing Strategy | Oct 2010 | N/A | A3 | A3 | |

| **Risk Commentary** |
|---|
| The likelihood of NIAS not achieving the PFA target is unlikely, however 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. In addition there is no evident correlation between higher levels of sickness absence directly affecting operational performance. 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*

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

## 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 | |
| Develop and implement HR performance management framework to monitor application of the Procedure and resultant learning | Nov 2010 | A3 | A3 | A3 | |

**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 | | | | |
| Grievances acknowledged within 2 days | 1 | 1 | 4 | 0 | 1 | 1 | 3 | 3 | | | | |
| Grievances at Informal Stage | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | | | | |
| Grievances resolved informally / withdrawn | 4 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | | | | |
| Stage 1 hearing arranged within 15 working days | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | | | | |
| Stage 1 outcome conveyed within 7 working days of hearing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Stage 1 Grievance appealed within 15 working days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Stage II hearing arranged within 15 working days of notification | 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*

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

## 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 | |
| Develop and implement HR performance management framework to monitor application of the Procedure and resultant learning | Nov 2010 | A3 | A3 | A3 | |

**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 | 3 | 1 | | | | |
| Number of HPC referrals | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | | | | |
| Number of suspensions | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 1 | | | | |
| Decision to suspend is reviewed every 4 weeks | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 1 | | | | |
| Formal investigations ongoing | 1 | 1 | 0 | 2 | 0 | 3 | 1 | 0 | | | | |
| Formal investigations completed as | 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*

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| soon as is reasonable | | | | | | | | | | | | |
| Document disclosure exchanged 5 working days prior to disciplinary hearing | 0 | 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 | | | | |
| Employee will be given 7 working days notice of appeal hearing | 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 | | | | |
| Disciplinary Cases Closed | 0 | 0 | 0 | 0 | 0 | 1 | 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 | |
| Develop and implement HR performance management framework to monitor application of the Procedure and resultant learning | Nov 2010 | A3 | A3 | A3 | |
| Review Trust Harassment Policy and Procedure | Nov 2010 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of harassment cases | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | | | |
| Number of informal cases | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Number of formal cases | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | | | |
| HR rep meets complainant within 5 working days of receipt of complaint | 0 | 1 | 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 | | | |
| Investigation complete within 30 working days of receipt of complaint | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Harassment Cases Closed | 0 | 1 | 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 | |
| Develop robust HR Protocols to support application of Statutory Processes | Oct 2010 | A3 | A3 | A3 | |
| Develop and implement HR performance management framework to monitor application of Statutory Processes and resultant learning | Nov 2010 | A3 | A3 | A3 | |

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No. of lT Applications received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Response to IT Applications within 28 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| IT Cases Closed | 0 | 0 | 0 | 0 | 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*

## 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 | |
| Agree 2010-2011 Training Plan | Aug 2010 | A1 | A1 | A1 | |
| Implement 2010-2011 Training Plan | Aug 2010 | A3 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Accredited Clinical Training Programmes** | | | | | | | | | | | |
| Paramedic-In-Training Programmes | A2 | A2 | A2 | A2 | A1 | A3 | A3 | A3 | | | |
| BTEC Ambulance Care Assistance Programme | N/A | N/A | N/A | N/A | N/A | A2 | A1 | A1 | | | |
| **Mandatory Refresher Training Programmes** | | | | | | | | | | | |
| Develop Mandatory Refresher Training Workbook | A3 | A3 | A3 | A3 | A2 | A2 | A2 | A2 | | | |
| Annual Assessment – Paramedic & EMT | N/A | N/A | N/A | N/A | N/A | A3 | A3 | A3 | | | |
| Annual Assessment - PCS | N/A | N/A | N/A | N/A | N/A | A3 | A3 | A3 | | | |
| Moving People Training Programme | N/A | N/A | N/A | N/A | N/A | A3 | A3 | A1 | | | |
| Moving People Refresher Training Programme | N/A | N/A | N/A | N/A | N/A | A1 | A1 | A1 | | | |
| **Continuous Professional Development (CPD)** | | | | | | | | | | | |
| Foundations of Paramedic Practice | N/A | N/A | N/A | N/A | N/A | A3 | A3 | A3 | | | |
| PGCHE (RATC Training Officers) | A2 | A2 | A1 | A1 | A1 | A1 | A1 | A1 | | | |
| Supervision of Clinical Practice | A3 | A3 | A3 | A3 | A3 | A3 | A2 | A2 | | | |
| IHCD Instructional Methods Module | N/A | N/A | N/A | N/A | N/A | A3 | A2 | A1 | | | |
| **Management Training** | | | | | | | | | | | |
| Develop Management Training Action Plan | N/A | N/A | N/A | N/A | A3 | A3 | A3 | A3 | | | |
| Deliver Management Training Programme | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | |

*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.   This includes participating with the regional KSF sub-group, liaising with the regional KSF Project Manager, and participating in a regional working group to develop a regional Gateway Policy. |

| Key Actions (to deliver objective) | Due Date | Progress Update | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| Develop KSF Action Plan | Sept 2010 | A3 | A3 | A3 | |
| Agree KSF Action Plan | Sept 2010 | A3 | A3 | A3 | |
| Implement KSF Action Plan | Oct 2010 | 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 ON TRACK FOR ACHIEVEMENT | 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.** On Track to achieve | | |

| Key Actions (to deliver objective) | Due Date | Progress Update | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| Review and implement Policy and Procedure | Oct-2010 | A3 | A2 | A2 | |
| Develop Action Plan for implementation of performance management framework to monitor application of the Procedure and learning outcomes | Nov-2010 | A3 | A3 | A3 | |
| Implement Level 1 and Level 2 Investigation Training | Mar-2011 | A3 | A3 | A2 | |

**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.

| | 2010-11 | | 2009-10 (total) | |
|---|---|---|---|---|
| COMPLAINTS RECEIVED | Count | % | Count | % |
| Total complaints received at 30/11/2010 | 58 | | 98 | |
| **HANDLING TIMES OF COMPLAINTS** | | | | |
| Acknowledged within 2 working days | 54 | 93% | 86 | 88% |
| Acknowledged after 2 working days | 4 | 7% | 12 | 12% |
| Response within 20 working days | 8 | 21% | 26 | 27% |
| Response after 20 working days | 31 | 79% | 62 | 63% |
| Complaints Investigations ongoing | 19 | 32% | 10 | 10% |
| **SERVICE AREA OF COMPLAINTS** | | | | |
| Accident & Emergency (plus RRV) | 20 | 35% | 37 | 37% |
| Patient Care Service | 15 | 26% | 31 | 32% |
| Control & Communications | 20 | 34% | 26 | 27% |
| Other | 3 | 5% | 3 | 3% |
| Voluntary Car Service | 0 | 0% | 1 | 1% |

*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*

| NATURE OF COMPLAINTS RECEIVED | | | | |
|---|---|---|---|---|
| Staff Attitude | 13 | 22% | 37 | 38% |
| Ambulance Late/No Arrival | 22 | 38% | 46 | 47% |
| Clinical Incident | 13 | 22% | 13 | 13% |
| Suitability of Equipment/Vehicle | 3 | 5% | 2 | 2% |
| Other | 6 | 11% | 0 | 0% |
| Patient Property | 1 | 2% | 0 | 0% |
| COMPLIMENTS RECEIVED | | | | |
| TOTAL COMPLIMENTS | 66 | | 87 | |
| SERVICE AREA OF COMPLIMENTS RECEIVED | | | | |
| Accident & Emergency (plus RRV) | 56 | 84% | 33 | 38% |
| Control & Communications | 3 | 5% | 21 | 24% |
| Patient Care Service | 7 | 11% | 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<br>ON TRACK FOR ACHIEVEMENT | Risk Assessment<br>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 | |
| Monitor and report on media activity | Quarterly | 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 | | |
| Number of responses issued on day of receipt | * | 8 | 23 | 14 | 30 | 22 | 28 | 21 | 38 | | |
| Weekly Media - Response within three days | | | | | | | | | | | |
| Number of enquiries received | * | 3 | 14 | 4 | 5 | 3 | 4 | 9 | 18 | | |
| Number of responses issued within three days of receipt | * | 3 | 14 | 4 | 5 | 3 | 4 | 9 | 18 | | |
| Number of responses resulting in Media Coverage | * | 11 | 30 | 14 | 33 | 23 | 31 | 28 | 54 | | |

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

## 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 | |
| Agree Community Education Action Plan | Sept 2010 | A3 | A3 | A3 | |
| Measure, report and evaluate activity | Quarterly | A1 | A1 | A! | |

**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 | | |
| Performance Assessment | 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 ON TRACK FOR ACHIEVEMENT | Risk Assessment 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 Trust has worked collaboratively with other HSC Trusts to undertake an Audit of Inequalities in compliance with the Equality Commission for Northern Ireland's (ECNI) revised Section 75 Guidance.  This work involved undertaking a literature review and engaging with stakeholders across S75 categories.   Internally NIAS also engaged with Trade Union representatives in respect of this work. The audit informed the development of a new draft Equality Scheme and Action Plan for NIAS. The new Scheme is currently out for public consultation until 31 March 2010.  The finalised Scheme will be submitted to ECNI, for approval, as required by 1 May 2010.  Further detail on the Audit of Inequalities and Action Plan are available on the Trust's website. |
| On 6th January 2011, the Trust was involved along with PSNI and NIFRS in a conference around Promoting Positive Mental Health in the Emergency Services.  The conference provided information to managers from across the emergency services of their legal responsibilities in protecting the mental health of staff as well as providing some practical suggestions for improved practice in this regard. |

| 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 | |
| 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 | |
| Develop CSR Monitoring Framework and consult with staff side | Dec 2010 | A3 | A3 | A3 | |
| Develop and implement Corporate and Social Responsibility Action Plan | Ongoing | A1 | A1 | A1 | |
| Engage with Business in the Community on development of updated Action Plan | Ongoing | 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 | | |

*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<br>ON TRACK FOR ACHIEVEMENT | | | Risk Assessment<br>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*

TB/3/20/01/11

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 20 January 2011

| | |
|---|---|
| **Title:** | Communications Strategy |
| **Purpose:** | The Communications Strategy contributes to the achievement of the Trusts Strategic Objectives |
| **Content:** | Communications Strategy which informs staff and other key stakeholders on a range of issues. |
| **Recommendation:** | For approval |
| **Previous Forum:** | Communications Forum, GME and Trust Board |
| **Prepared by:** | Mr John McPoland, Communications Officer |
| **Presented by:** | Ms Roisin O'Hara, Director of Human Resources |

Northern Ireland Ambulance Service
Health and Social Care Trust

# NIAS

# Communications Strategy

# 2010-2015

# Draft

# V6

# Introduction

The development of a Communications Strategy is a key action for any organisation seeking to deliver on its corporate and related strategies. It is therefore necessary for NIAS, as a Trust delivering healthcare to the population of Northern Ireland, to have in place a strategy that informs its own staff and other key stakeholders on a range of issues as diverse as corporate issues and procedural or protocol developments, in order that any interaction with the public, on behalf of the Trust is viewed as positive.

This strategy outlines NIAS' approach to maximising the impact of, both, internal and external communications over the next five years.

# Internal

The Communications Strategy will provide a framework to support all members of the Trust to communicate effectively with each other taking cognisance of the Communications Principles as outlined in the strategy.

# External

The Communications Strategy also seeks to enhance the external communications processes currently used by the Trust in its engagement with the media, political representatives and other external stakeholders.

The Trust is committed to the principles of openness and transparency in all its dealings while remaining mindful of the need for patient confidentiality.

# Purpose

The NIAS Communications Strategy contributes to the achievement of the Trusts strategic objectives and assists in the realisation of the Trusts vision and mission statements.

# Strategic Context

NIAS, since its establishment in 1995, is an organisation which has had to develop in a climate of unparalleled change within the health service

- A strategic review provided the vision for the way forward in 2000, mapping out the most radical changes in the delivery of pre-hospital care in a generation
- Agenda for Change became an agenda item in 2004
- NIAS developed its own organisational change programme and
- The Comprehensive Spending Review, and associated efficiency savings, became a major issue in 2008.

With change comes uncertainty among staff and a resultant impact upon morale. Poor morale can lead to a reduction in individual performance and therefore may impact negatively on organisational performance. It is in such a context that a clear communications strategy can enable the Trust to maintain and build upon good employee relations to ensure that all staff, and operational staff in particular, who are the public face of the service and therefore our best ambassadors, portray a positive image of the Trust in all they do and say.

The next number of years will continue to be a period of great change as central government seeks to address a budget deficit and, although in UK the health budget has been ring-fenced, it would appear that the NI Assembly will be expecting all departments, including Health, to contribute to the new round of expected efficiency savings.

In the expectation of a further sustained period of change, NIAS has developed a strategy for the period 2010-2015 to deliver a process of communications that will be of benefit to all within the Trust.

The Communications Strategy is influenced by a number of factors including

- NIAS Strategic Plan
- NIAS Trust Delivery Plan
- Trust Board Assurance Framework
- Comprehensive Spending Review
- Ministerial Priorities for Action
- HSCB Commissioning Plan
- Information Governance Legislation

The Communications Strategy 2010-2015 replaces the previous strategy 2005-2009.

## Strategic Aims and Objectives

NIAS continues to embrace change in the pursuit of clinical excellence and the continued provision of safe and effective care for the benefit of patients.

The Communications Strategy is key to ensuring staff are well informed and motivated to act as ambassadors for the Trust in all that they do and say.

### Aims

- Create an environment where information flows freely both within and from the organisation in a timely and relevant manner.
- Develop communication processes fit for delivery of information to the workforce, patients and other relevant stakeholders (in an environment of continuous change and uncertainty).
- To protect and enhance the Trust's corporate reputation.

### Objectives

- NIAS will seek over the lifetime of this strategy to identify those perceived barriers to effective communication which have resulted in a negative return within the Staff Survey 2009 and to ensure the structures and mechanisms are in place to address these.
- NIAS will deliver relevant and timely information to staff and ensure they are well informed.
- NIAS will create a culture of two-way communication to improve staff engagement and increase opportunities for opinions to be expressed and suggestions made that will increase staff engagement in decision making processes.
- NIAS will increase staff awareness of the Intranet site to enhance its use as a major communications tool within the Trust.
- NIAS will increase public awareness of procedures for feedback and comment.
- NIAS will maintain and develop positive media relationships by conducting business in an open, transparent and responsive manner.

- NIAS will ensure greater utilisation of the Trusts Internet site for engaging with the communities we serve and to also ensure a more proactive and measureable engagement with the media.

## Methodology

In order to map out the direction of the Communications Strategy for the period 2010-2015, a review exercise of the previous strategies was conducted at a Communications Workshop in November 2009.

The purpose of the workshop, attended by managers from across the Trust, was to identify

- Successes of the previous strategy in terms of recommendations that have been implemented
- Areas in which work can continue towards successful implementation of outstanding recommendations
- Outstanding recommendations that, whilst desirable, may not be deliverable
- Key stakeholders.

In order to ascertain the perceived effectiveness, or otherwise, of the Trust's current communications processes and to identify key improvements in terms of process and message a number of meetings ensued with relevant stakeholder groups including managers within a number of Trust Directorates, Area Managers, Trade Unions and a focus group representative of operational and administrative staff.

Benchmarking with other UK based Ambulance Services was undertaken as a vital element in the development of the strategy.

## Communications Principles

NIAS will adopt the following principles of communications

- Accessibility – Every member of staff and external stakeholder will have access to the information they need, when they need it and in an accessible format which fulfil legislative requirements within acceptable financial constraints.

- Dignity – Communications will be delivered in a language and format easily understood, respecting the views, values and opinions of all with whom we communicate

- Consistency – Any message will be simple, focussed and consistent.

- Responsiveness – Communications will be a two way process with opportunities provided, in a timely manner, for open and honest feedback.

- Appropriate – Communications will be targeted at the appropriate audience and delivered through the most appropriate and effective delivery channels

- Honesty – NIAS will communicate openly and honestly (within constraints of confidentiality requirements.)

- Planned – NIAS will seek to plan communications in a proactive manner rather than communicate on an ad hoc basis (with regular input from the Trust's senior managers).

- Effectiveness – NIAS will evaluate feedback on a regular basis to maintain effective communications.

## Responsibilities

Every member of staff has a role to play in the implementation of the Communications Strategy to ensure the development of a positive communications culture within the Trust and a subsequent enhancement of the Trust's corporate reputation.

The Director of Human Resources and Corporate Services will be the lead Director for Communications within the Trust, reporting on Communications activity at organisational and Trust Board level.

The Communications Officer will take lead responsibility for facilitating and promoting good communications within the Trust. The Communications Officer will also be responsible for the provision of professional advice and support to the Board and Trust Representatives.

# SPECIFIC RESPONSIBILITIES

## Trust Board

The Trust Board will be responsible for:

- Endorsing and adopting the Communications Strategy and supporting communication activities
- Ensuring that clear channels of communications with the Trusts' stakeholders have been established
- Establishing appropriate processes to ensure that such channels operate effectively in practice

## All Staff

- To maintain an awareness of key issues affecting the Trust.
- To seek relevant information from their line manager.
- To participate in suggestion and feedback schemes.
- To make use of the communication processes provided by the Trust
- To refrain from inappropriate communication which is likely to damage the reputation of the Trust or to undermine public confidence in NIAS.

## Chief Executive

- To develop key organisational messages with the management team and to ensure consistent support for their dissemination.
- To reinforce the role of communications as a key management tool and competency.
- To lead by example in terms of being a communications role model.
- To lead at Board level in the implementation and monitoring of communication processes.
- To give confidence to the communication process.

## All Directors and Managers

- To promote and ensure effective two way communications across the Trust.
- To ensure that issues of importance are communicated to relevant staff in a manner which is timely and accurate.
- To seek the guidance of the Communications Officer in communicating Corporate messages and the use of the most appropriate process.

- To ensure a free flow of information within their Directorate/Department.
- To ensure consistency of style in communications
- To ensure that opportunities for feedback are afforded to all staff.

## Delivery

An annual action plan will be developed to support the implementation of the strategy.

NIAS will primarily make use of the following communications channels:

- Intranet
- E-mail
- Notice Board
- Face to face
- NIAS news
- Monthly organisational updates
- Memos
- Internet
- Press Releases/Responses
- Freedom of Information requests
- Public Information leaflets

## Evaluation and monitoring

Delivery of the Communications Strategy will be monitored by the Communications Forum, which is comprised of three Executive Directors and the Communications Officer.

Progress reports will be fed into the Senior Executive Management Team meetings by the Director of Human Resources and Corporate Services. Confirmation of progress against actions and risk issues will be communicated formally to Trust Board through the Assurance Framework.

The Communications Focus Group, established as part of the development process of the Strategy and comprising representatives of operational and administrative

staff, will meet at least annually to evaluate delivery of the process from a staff perspective.

Corporate Communications will remain a central theme in staff surveys.

TB/4/20/01/11

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 20 JANUARY 2011

| | |
|---|---|
| **Title:** | Business Case – Ballymena Ambulance Station |
| **Purpose:** | Replacement Station and Divisional Headquarters |
| **Content:** | Details assessment of need and options for the development of a replacement Ambulance Station at Ballymena |
| **Recommendation:** | Approval |
| **Previous Forum:** | GME |
| **Prepared by:** | Mr Bryan Snoddy, Asst Director of Operations |
| **Presented by:** | Mr Brian McNeill, Director of Operations |

# Emergency Services Investment Programme

Northern Ireland Ambulance Service

Outline Business Case 2 -

Ballymena Station and Divisional HQ

22 November 2010

# 1     Executive Summary

## 1.1     Purpose of this document

This Outline Business Case stage 2 details the assessment of need, options and costings for the development of a new Ambulance Station and Regional headquarters in Ballymena.  The purpose of this is to seek approval from the DHSSPS for expenditure on the construction, professional fees and enabling works for the new Ballymena facility.

## 1.2     The strategic context

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

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

### 1.2.1     Government Policy

**PfG - 2008 to 2011**

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

The over-arching aim of the PfG is

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

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

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

## 1.2.2    Regional developments

### Review of Public Administration

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

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

### Demographics

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

- The total population of Northern Ireland - The current population is 1.7 million and is forecast to reach1.8 million in 2025[1]
- Structure - while the population is growing, creating more demand generally, it is also ageing.[2]  Increasing age brings increasing risk of chronic disease and disability
- Lifestyle factors - There are continuing and emerging trends in lifestyle which will influence patterns of health and ill-health into the future, e.g. smoking continues to be a major health issue, alcohol misuse, rising prevalence of obesity in children and young people and the association with increasing prevalence of diabetes, increasing levels of sexually transmitted infections and HIV, increasing levels of teenage pregnancy.

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[1] Based on Government Actuary Department's predictions

[2] Based on Government Actuary Department's predictions

- Changing disease patterns – The management of chronic diseases, such as asthma and diabetes, will be a major challenge to services in the future. Future management requires an integrated, holistic response to service delivery.

- Emerging challenges – For example, the advent of Pandemic Flu/ Swine flu ? has heightened awareness of the threat from infectious diseases, particularly viruses that spread rapidly in community settings.

## 1.2.3   NIAS

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

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

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

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

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

### Core Values of NIAS

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

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

## NIAS Activities and Performance

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

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

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

- To utilise where appropriate rapid response vehicles in improving response times to category A calls
- To increase the number of deployment points[3] to meet service demand requirements and target response times
- To extend the First Response schemes
- To have a safe, reliable fleet and implement the NIAS fleet strategy.

While NIAS's PSA target is to respond to 75% of life-threatening calls within eight minutes (i.e. eight minutes between the control centre registering the call and an A&E resource arriving at the incident), there is also a need to have an appropriate resource to transport these life threatening calls to the nearest A&E hospital.

 This relates directly to article 10 of the Health and Personal Social Services (Northern Ireland) Order 1972:

*"10.—(1) Without prejudice to the generality of Article 5 the Ministry shall make arrangements, to such extent as it considers necessary, **for providing or securing the provision of ambulances and other means of transport for the conveyance of persons** suffering from illness, expectant or nursing mothers or of other persons for whom such transport is reasonably required in order to avail themselves of any service under this Order"*[4]

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

[4] Health and Personal Social Services (Northern Ireland) Order 1972

This is reflected in a subsidiary measure to the Department, and the table below shows performance against this target.

**Table 1.NIAS Performance**

|  | North | South | East | West | Northern Ireland | Call Type[5] |
|---|---|---|---|---|---|---|
| 2003-04 | 45% | 41% | 59% | 51% | 53% | Emergency |
| 2004-05 | 42% | 40% | 56% | 49% | 50% | Emergency |
| 2005-06 | 43% | 39% | 61% | 50% | 51% | Cat A |
| 2006-07 | 44% | 43% | 67% | 51% | 55% | Cat A |
| 2007-08 | 49% | 52% | 73% | 60% | 62% | Cat A |
| 2008-09 | 57% | 59% | 77% | 64% | 68% | Cat A |
| 2009-10 | 63% | 65% | 77% | 69% | 72% | Cat A |

Whilst performance has been improving, the current infrastructure was designed and developed around meeting a previous 50% response target (which was in place up until the introduction of an Advanced Medical Priority Despatch System [AMPDS]) and as such is not appropriate in the context of meeting the current response target of 75% Category A calls within 8 minutes (which relates to the current target).

# 1.3    Assessment of need

## 1.3.1    Current NIAS activity in the Ballymena area

Ballymena is a busy market town and generates approximately 20,000 calls per year covering the Ballymena town and the surrounding rural areas, including the Glens of Antrim. Although the Glens area has historically low call volumes the station provides an important out-reach to that rural community.

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

In the context of the NIAS estate strategy, Ballymena is a mid-size Station and will remain so well into the future. Over recent years the upgrading of the main traffic route between Antrim and Ballymena has generally improved journey times to Antrim Area Hospital (where one of the main Casualty Units for the Northern area is located) and Causeway Hospital in Coleraine (the other main A&E in the region). In terms of response and coverage, current call volumes (see below) means that there will always be a need for at least two deployment points in Ballymena because of its population size and the geographical spread of calls in the area. Its geographically central location within the region means that Ballymena is an ideal location to base divisional headquarter services.

**Table 2.NIAS Activity in Ballymena and Mid Antrim district**

| Number of Calls completed | | | | |
|---|---|---|---|---|
| | Emergency Response - All Categories | Cat A | Cat B&C | Urgent Calls Completed |
| 2006-07 | 6106 | 2120 | 3986 | 2251 |
| 2007-08 | 7122 | 2553 | 4569 | 2272 |
| 2008-09 | 7647 | 2456 | 5191 | 2565 |
| 2009-10 | 7989 | 2759 | 5230 | 2665 |
| % Completed within 8 minutes | | | | |
| | Emergency Response - All Categories | Cat A | Cat B&C | Urgent Calls Completed |
| 2006-07 | 44.9 | 44.9 | 44.9 | 83.9 |
| 2007-08 | 47.8 | 49.3 | 47 | 81.1 |
| 2008-09 | 49.9 | 55.8 | 47.1 | 56.8 |
| 2009-10 | 52.4 | 63.7 | 46.5 | 61.2 |

Source: NIAS

## 1.3.2 Existing infrastructure in Ballymena

There has been an Ambulance Station operating from the Braidvalley and Waveney Hospital sites for over 30 years. The Ballymena station was originally located at the Waveney Hospital site (adjacent to the Braidvalley site) where services were based in a number of buildings over time culminating in a purpose built station at the rear of the Waveney site. When the Waveney Hospital site was closed and services moved to Antrim, that part of the site was disposed of and the Ambulance Station was relocated again to its current location on the Braidvalley site.

The current facility at Ballymena is not NIAS owned and is within the Northern HSC Trust ownership on the Braid Valley site. This hospital site is undergoing redevelopment as part of the PCCI development programme and the ambulance station site is required for the development on the Braid Valley site. Whilst the development of the Braid Valley has an impact on the location of NIAS services in Ballymena it is independent of the need for NIAS to redevelop its Ballymena facilities in line with the strategy and plans set out in this document and the preceding OBC1.

### Condition of existing infrastructure in Ballymena

Regardless of the wider Northern HSC Trust plans for the Braid Valley site, there are a number of issues that face the Ballymena Ambulance Station in particular the condition of the building and its ongoing suitability and fitness for purpose as part of a modern, high performing ambulance service:

**Table 3. Ballymena Station condition assessment**

| Location | Ceri Davies Physical Condition | Ceri Davies Functional Suitability | Parking Facilities | DDA | Gender Facilities | Training Facilities |
|---|---|---|---|---|---|---|
| **Ballymena** | Dx | D | Poor | Poor | Poor | Poor |

As part of the condition survey, costs for the highest priority work to firstly deal with immediate health and safety issues (priority 2) and lower priority works to get key features up to category B standard (priority 3 works).

This OBC2 does not propose any increases in the operational or administrative staff in the development of a new Ballymena Ambulance Station but rather that the station will continue to provide existing operational, support and response services in line with existing and planned future fleet and personnel configuration. The principal change in staffing based at Ballymena is the planned inclusion of the divisional headquarters staff (currently in Coleraine) in the new development, which is discussed in more detail in section 5.4 below:

The Ballymena Ambulance Station will therefore fit the 3/4 Ambulance Station Template plus allowances for Divisional Headquarter administration and support functions.

## 1.4    Project objectives

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

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

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

*"To ensure that the NIAS estate supports all aspects of the high performing ambulance service (emergency, non-emergency and support/administration) to deliver improving patient outcomes by 2013"*

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

### Objective 2 – estate quality, suitability and capacity

*"To ensure that the estate is of an appropriate standard and that adequate space is provided for both staff and vehicles in line with guidance and best practice by 2013"*

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

### Objective 3: staff safety

*"To ensure that staff are provided with a safe and secure working environment in support buildings and deployment points for all NIAS employees in the course of service delivery by 2013"*

Not all vehicles and crews will be active all of the time at the Ballymena station so provision will need to be made for staff and vehicle security when crews and vehicles are inactive or at shift changeover. In addition it is proposed under the plan to consolidate regional HQ facilities the Ballymena station will store drugs and valuable medical equipment. To this end security arrangements (such as locks and fencing) will be needed if stations are not within the secure confines of other parts of the HSC estate.

# 1.5    Short listed options

**Table 4.Estate Options Shortlist**

| Option | Description |
|---|---|
| **Option 2** | Do Minimum or the status quo baseline option: this represents the genuine minimum input necessary to maintain services at, or as close as possible to, their current level. For the purposes of this OBC2 this equates to no upgrade but just that the facilities are made safe. |
| **Option 3** | Refurbishment of the Ballymena estate to category B as per the Ceri Davis scale. This equates to the backlog maintenance identified for each facility by Watts Group Plc, chartered surveyors |
| **Option 7** | New build facility to incorporate facilities defined by the assessment of need and the schedule of accommodation discussed in section 7 at a new site within the local NI public sector estate |
| **Option 10** | A scaling option with the development of a new build facility at a new site to incorporate facilities defined by the assessment of need and the schedule of accommodation but excluding the administration accommodation discussed in section 7. |

## 1.6    Summary of NPC calculations

## 1.7    Summary of the non monetary assessments

| | Weight | Option 2 | | Option 3 | | Option 7 | | Option 10 | |
|---|---|---|---|---|---|---|---|---|---|
| | | Score | Wtd Score | Score | Wtd Score | Score | Wtd Score | Score | Wtd Score |
| Service Delivery and Reliability | 40 (400) | 5 | 200 | 5 | 200 | 9 | 360 | 7 | 280 |
| Quality | 35 (350) | 4 | 140 | 6 | 210 | 9 | 315 | 9 | 315 |
| Safety | 25 (250) | 4 | 100 | 6 | 150 | 9 | 225 | 9 | 225 |
| **Total** | **100 (1000)** | | **440** | | **560** | | **900** | | **820** |

**Table 5.Results of the Benefits Appraisal Exercise - Estate**

## 1.8    Preferred Option

A comprehensive option development, appraisal and costing exercise was carried out for the Ballymena estate and a preferred option was selected.  The total cost is as set out in the table below.

**Table 6.Ballymena estate preferred options**

## 1.9    Short term capital implications

Over the next 5 years the capital cost for the preferred option is shown in the table below.

**Table 7.Short term capital expenditure of the preferred option (option 7) for Ballymena estate (£'000 in 2010/11 prices)**

## Affordability

The Green Book states that 'affordability should always be considered when developing and selecting options'. The table below assess the affordability of the preferred option against the 'do minimum' option. It assesses the impact on total operating costs including and excluding capital charges.

**Table 8.Option Affordability of the preferred option (Option 7)**

# 1.10   Recommendation

## 1.10.1  What NIAS is seeking funding for:

# 1.11  Immediate Next Steps

This Business Case process has identified a preferred option for NIAS's Ballymena estate involves a new build facility from the status quo which requires capital investment, and does require some additional revenue expenditure.

The appraisal report will be presented to the DHSSPS to be considered for their endorsement and approval. On the basis of the above analysis, Option 7 (with a new build at the Ballee Playing Fields site) was identified as the preferred option as it meets all of the project objectives and constraints.

It is therefore recommended that DHSSPS pursue Option 7 as the preferred option for the NIAS Ballymena estate programme.

TB/5/20/01/11

**NORTHERN IRELAND AMBULANCE SERVICE**

| PRESENT | Prof M Hanratty | Non-Executive Director (Chair) |
|---|---|---|
| | Mr F Hughes | Non-Executive Director |
| | Mr N McKinley | 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 |
| | Ms R O'Hara | Director of HR |
| | Mr P Nicholson | Assistant Director of Finance |
| | Mr T McGarey | Risk Manager |
| | Ms C Wilkinson | Clinical Training Manager |
| | Ms L Gregg | HR Manager Strategic Dev & Training |
| | Mrs J McSwiggan | Senior Secretary |

## 1.0    Apologies

There were no apologies for the 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 Joint Meeting of the Risk Management and Clinical Governance Committees held on 20 May 2010

It was requested that "signed" be replaced with "considered" under Agenda Item 5.2, Assurance Committee Terms of Reference.

Subject to this change being made, the Minutes were adopted as a true and accurate record of proceedings.

## 4.0    Chairman's Business

### 4.1    Assurance Committee Terms of Reference
The Committee was informed that the Terms of Reference for the Assurance Committee were agreed by Trust Board.

## 5.0    Matters Arising

Matters arising are dealt with as agenda items.

## 6.0 Standing Items

### 6.1 Risk Register as at 31 August 2010

The Risk Register was presented to the Committee.

The format of the Register has been reviewed and it is now divided into three specific areas: new risks identified, the current Risk Register, and risks that are being presented for closure. An explanation of the presentation of the levels of risk was provided.

It was noted that actions are in place to manage all newly identified risks.

The following risks were highlighted:

**ID No. 205 – Achieving Financial Balance 2010/2011.** A number of controls are in place to help reduce this risk to the Trust.

**ID No. 187 – Infection Prevention and Control.** It was clarified that the HCAI report referred to was dated December 2008. This will be superseded by the report awaited from RQIA following their inspection in April 2010.

**ID No. 3 – Ambulance Fleet Failing to Meet DHSSPS Standards.** A Business Case has been submitted to DFP seeking approval for an ongoing five year fleet replacement plan. It was agreed that the descriptor and action summary for this risk will be reviewed and risk level revised accordingly.

The Committee approved the list of risks that have been closed and can be removed from the current Risk Register.

Consideration will be given to whether Agenda for Change issues should be added to the Risk Register.

### 6.2 Untoward Incidents Report as at 31 August 2010

The Untoward Incident Report was presented to the Committee. One table (Figure 1: Total Number of Incidents by Sub Category) had been reformatted for clarity following the circulation of papers and was redistributed to the Committee.

Further clarification on three categories of incident was provided: communications problem, equipment malfunctioning or damaged, incorrect stock recorded.

The Committee was encouraged to see the number of incidents being reported increasing, and it was noted that the Trade Unions have been supportive in reinforcing this message with staff.

A benchmarking exercise on the number of UIRs in relation to the number of calls will be carried out for Northern Ireland, Scotland and Wales and an update will be provided to the Committee at their next meeting.

**ID No. 4195** was highlighted – the Trust has commended the crew for their actions during this incident.

With regards the Trust's zero tolerance policy, positive local interactions between NIAS and the PSNI were noted. A NIAS contact for the PSNI has been identified, and NIAS Area Managers have been closely liaising with their PSNI counterparts. A misunderstanding relating to indemnity for PSNI staff to travel in an ambulance in one area has been resolved. However it was noted that legislation with regard to NIAS being able to prosecute perpetrators of violence to staff directly will not be changed for some time. The Trust's community education programme was noted and commended. It was noted that internal communications are issued in the form of joint statements from the Trust and Trade Unions. Contact with the Youth Justice Agency was highlighted.

The Committee commended staff on how they deal with incidents of violence and assured them of its full support.

6.3  **Controls Assurance Standards**
**Controls Assurance Compliance Requirements 2010/11**
Performance against Controls Assurance standards in 2009/10 and requirements for 2010/11 for all HSC organisations were outlined. In addition to the core standards of governance, risk management and financial management, the following additional standards will be subject to internal audit verification in 2010/11:
- emergency planning
- medicines management
- fleet and transport management.

The Trust's work in this area was acknowledged by the Committee.

6.4  **Assurance Framework**
The Committee noted the Assurance Framework document, the format of which has been approved by Trust Board.

This will be presented at each Assurance Committee and Trust Board meeting, and as it is a live document, it will continue to develop and further comments are welcomed.

With regard to current financial concerns, it was noted that the Assurance Framework relates to 2010/11.

The Committee expressed its satisfaction with the reporting process.

6.5  **Reports from Groups and Committees**

6.5.1  **Health and Safety Committee – Minutes of Meeting 21 April 2010**
Noted. The meeting of 28 July 2010 was not quorate, but draft Notes of that meeting were circulated to the Assurance Committee.

The Health and Safety Committee met again on 8 September 2010.

The issue of whether current care and responsibility training for staff was in keeping with the most up to date methodologies was raised. The Committee was assured that this was the subject of ongoing review.

### 6.5.2 Fire Compliance Sub Committee
The Sub Committee met on 10 June 2010. Notes have not yet been finalised.

### 6.5.3 Infection Prevention & Control Group – Notes of Meeting 18 June 2010
### 6.5.4 Infection Prevention & Control Group – Notes of Meeting 29 July 2010
Noted. The Committee was advised that the Infection Prevention & Control and Medical Equipment Groups now meet in alternate months, rather than on the same day each month.

The RQIA inspection report is still awaited.

The Committee noted concerns regarding the continued under-reporting of vehicle cleaning. Station Officers will attend workshops that will revisit the issue of vehicle cleaning and reporting, and it was hoped that as a result, the Committee would be advised of significant improvements in reporting at their next meeting. The Committee was assured that the concerns were regarding the reporting and recording of this activity, not that vehicles were not being cleaned.

The Committee was advised that in regard to the contract cleaning of stations, a key issue is in achieving agreement with RQIA which areas are clinical and which are not. It was proposed that Controls Assurance Standards will be the source document to determine this, and RQIA/HCAI will be able to assist in the appropriate interpretation and identification of clinical and non-clinical areas.

The contract cleaning of ambulances was discussed and the Committee noted that the logistics of this would require a substantially increased fleet and estate, and was advised that staff cleaning their own vehicles is regarded as a core duty.

### 6.5.5 Medical Equipment Group – Notes of Meeting 18 June 2010
Noted. Two new items of equipment have been recently introduced – KED spinal splint and SAM pelvic splint.

A change to the Notes of the meeting was requested and agreed – under Any Other Business, "decide" to be changed to "recommend".

The issue of paramedic bags continues to be progressed, with a specification and sample having now been produced. Feedback and evaluation will now take place before a tendering process.

### 6.6    Training Update

The Committee noted and commended the Training Plan which is currently on target for achievement. Thanks to the staff involved in three recent successful monitoring assessments was noted.

The Committee was updated on developments towards an undergraduate programme. Future training plans will identify and reflect these developments.

### 6.7    Clinical Audit Update

The Committee noted the Clinical Audit Update and the recruitment of an additional member of staff to the Clinical Audit Department.

A number of Clinical Performance Indicators were presented. It was noted that work is ongoing on an additional number of Clinical Performance Indicators at organisational, regional and national level, and the Committee will be updated on these in due course.

## 7.0    Pharmacy Review Update

The Committee was informed that the new pharmacy arrangements are in place throughout the service and working well. There have been no significant Serious Adverse Incidents in terms of processes and procedures. The Policy and Procedures are currently under review and the most significant change is the introduction of separate pain packs in advance of the introduction of controlled drugs. This will help resolve issues of turnover and stocking levels, and will give staff an opportunity to operate the new procedures and identify any potential problems in advance of the introduction of controlled drugs. Personal issue controlled drug registers will be introduced within the next two weeks.

## 8.0    Air Ambulance Update

The Committee noted the recent correspondence from DHSSPSNI and the response from NIAS.

## 9.0    Any Other Business

No further business to be discussed.

### Date, Time and Venue of Next Meeting

Members were asked to note that the planned date of Thursday 2 December 2010 at 10.00am at NIAS HQ was no longer suitable and requested to remove this from their diaries. An alternative date, time and venue would be arranged.

Signed: _____
        **(Professor Hanratty, Chairman)**

Date: _____

TB/6/20/01/11

# NORTHERN IRELAND AMBULANCE SERVICE

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*Minutes of a Meeting of the Audit Committee held on*
*Wednesday 22 September 2010, at 2.30pm in the Boardroom,*
*Site 30, Ambulance Headquarters, Saintfield Road,*
*Belfast, BT8 8SG*

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**PRESENT:**       Mr N McKinley         Non Executive Director (Chair)
                   Mr S Shields          Non Executive Director
                   Prof M Hanratty       Non Executive Director

**IN ATTENDANCE:** Mrs S McCue           Director of Finance & ICT
                   Mr P Nicholson        Assistant Director of Finance
                   Mr A Phillips         Financial Accounts Manager
                   Mrs C O'Hagan         NIAO External Audit
                   Mrs C McKeown         BSO Internal Audit
                   Mrs S McMullan        Personal Assistant

## Welcome and introduction to the meeting

Mr McKinley welcomed everyone to the meeting. He informed the Committee that he is the new Chair of the Audit Committee and continued that he was a previous member of the Committee and is a Non-Executive Director of the Trust. Mr McKinley formally welcomed Professor Hanratty, Chair of the Trust's Assurance Committee, as a member of the Audit Committee.

## 1.0    Apologies

Apologies were received from Mr Dean Sullivan, DHSSPS, Ms Paula Maitland, KPMG, Mr John Poole, KPMG, Mrs Jenny McCaw, BSO Internal Audit and Mr Neal Gray, NIAO External Audit.

## 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 Previous Meeting of the Audit Committee held on 16 June 2010 (for noting)

Minutes had been previously approved and signed by Mr Mullan (former Chair of the Committee). Mr McKinley added that these minutes were for noting and would be presented to Trust Board on 23 September 2010.

## 4.0    Matters Arising

### 4.1    Audit Committee/Assurance Committee Terms of Reference

Mrs McCue informed the Committee that the Terms of Reference for both the Audit and Assurance Committees had been approved by Trust Board at the meeting of 1 July 2010.

1

4.2     **NIAO Improving Public Sector Efficiency Good Practice Checklist for Public Bodies**
Mrs McCue advised that this paper was deferred from the last Audit Committee. She continued that the Trust was currently working through the checklist and that the results will be presented to Audit Committee in due course.

4.3     **National Fraud Initiative**
**Progress Report Data Matching Exercise 2010/11 Data Matching Exercise**
Mrs McCue advised that this paper had also been deferred from the last Audit Committee. She continued that the initiative looks at data across the public sector and is a very extensive piece of work. The exercise compares sets of data, such as payroll or benefits records of a body, against other records held by the same or another body. This allows potentially fraudulent claims and payments to be identified. Mrs McCue advised that the Trust continues to progress the results from the 2008/09 exercise and confirmed that work was progressing with the 2010/11 exercise.

Professor Hanratty and Mr Shields expressed their concerns regarding the amount of work involved in the exercise and balancing this requirement against other competing priorities. The Audit Committee welcomed the increased awareness of fraud and efforts to guard against impropriety.

**5.0     Chairman's Business**

5.1     **Mid Year Assurance Statement 2010/11**

Mrs McCue advised that this was the second year that the Trust was required to produce this statement, the purpose of which was to attest to the continuing effectiveness of the system of internal control across the whole Trust. The statement would consider progress against a range of areas, including internal and external audit recommendations and also external agency reports, for example RQIA. Mrs McCue confirmed that, in order to meet the timetable set by the DHSSPS, a meeting was planned for Friday 15 October 2010 at 10am in NIAS Headquarters for the Chairs of both the Audit and Assurance Committee to consider the statement and receive a report on progress from the Head of Internal Audit. This would be with a view to making a recommendation that the Mid Year Assurance Statement be approved by the Board and signed by the Chief Executive.

Mrs McKeown advised that, as part of this exercise, she would be considering internal audit reports issued to date, follow up on previous audit report recommendations, controls assurance and corporate risk register action plans.

There followed a discussion on the various elements that would contribute to the assurance contained within the statement and the timetable for completion.

**6.0    Internal Audit**

6.1    **Progress Report**

Mrs McKeown referred members to page 2 of the report which provides a brief summary of progress against the internal audit plan.  She advised that two reports have just been completed and that fieldwork for the Non Pay Expenditure and Fleet Management reports has been completed.  Mrs McKeown acknowledged the efforts involved in the completion of the work to date.

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

Bank & Cash – Substantial Assurance – There were no Priority 1 or 2 findings, but two Priority 3 findings.

Travel Expenses (including Voluntary Car Service (VCS) expenses) – Satisfactory Assurance – There were no Priority 1 findings, but three Priority 2 findings and two Priority 3 findings.

There followed a detailed discussion on various elements of the reports.  Mrs McKeown acknowledged that all travel claims which had been examined had been correctly paid.  Mr Shields enquired as to the nature and the role of VCS drivers.  Mr Nicholson advised that the Trust advertises within specific areas for volunteers to transport patients on behalf of NIAS.  He continued that they are currently paid 35 pence per mile.  Professor Hanratty questioned if the VCS drivers have business insurance.  Mr Nicholson advised that it was a requirement of the scheme that all vehicles are taxed and insured appropriately and that it was the volunteer's responsibility to ensure that they are fully covered by insurance in respect of claims arising as a result of accident or injury to passengers whom they are asked to convey.  Professor Hanratty asked that the area be reviewed to ensure that such a requirement was sufficient to protect the Trust from any potential liability.

Mr Shields enquired as to payments for spoilt meals.  Mr Nicholson advised that this was a local agreement whereby if an employee's meal break is interrupted by a call and food is spoilt, entailing additional expenditure in purchasing a replacement meal, then a meal allowance of £4 could be claimed.

**7.0    External Audit**

7.1    **NIAS Audit Risk Analysis**
This item is to be deferred until the next meeting.


**8.0    For Approval**

8.1    Mrs McCue noted that papers AC/4, AC/5 and AC/6 all relate to the annual accounts for the charitable funds held by the Trust.

**Charitable Trust Fund Accounts 2009/10 (Audited, Uncertified) &**

**Charitable Trust Funds Trustee's Annual Report**

**Report to Those Charged with Governance 2009/10 (Charitable Funds)**

Mrs McCue gave an overview of the incoming resources and resources expended for the year. She highlighted the role of the Trust Board as Corporate Trustee to the charitable fund and outlined the differences between general and restricted charitable donations. Mr Nicholson advised of charitable expenditure of £11k for the year and highlighted that previous investment losses incurred as part of the HSC Common Investment Fund had largely been recovered. He also highlighted that the fund balance had reduced from £15k to £9k and that governance costs included in the accounts were notional costs only and that no actual charge was made to the funds. Mr McKinley enquired of the plan for the new financial year to spend the charitable funds for the benefit of patients and staff. Mrs McCue advised that the programme of expenditure on staff comforts in 2009/10 would be consolidated during the current year and that managers and staff would be reminded of the process for requests for expenditure from charitable funds.

Mrs McCue referred to the Draft Report to those Charged with Governance for charitable funds and noted that the document followed the same broad format as the report in respect of the Trust's exchequer funds. She referred the Committee's attention to page 9 of the report which highlights key risk 5. She noted that this refers to the impact of the Charities Act (Northern Ireland) 2008 which has potential operational, governance and reporting implications for NIAS.

Mrs O'Hagan outlined some changes in staff at the NIAO and advised that Louise Mason had taken up the position of Assistant Auditor General. She went on to provide an overview of the Draft Report to those Charged with Governance for charitable funds and highlighted that she had no specific issues to raise in respect of the accounts. She advised that it was the intention to issue an unqualified regularity and financial opinion on the Charitable Trust Fund accounts for the year ended 31 March 2010 and that no report on the accounts was required.

**Resolution to the Trust Board**
Mr McKinley called for the formal adoption of the Charitable Trust Fund Accounts for 2009/10 and the recommendation that that the Board approve the Accounts and the associated statement on internal control set out on pages 4 to 6 and that the Director of Finance and Chief Executive sign the Accounts, the associated Statement on Internal Control and the Trustee's Annual Report. The Chairman and Director of Finance signed a resolution to the Trust Board to this effect.

**9.0      For Noting**

9.1      **Report to Those Charged with Governance (Exchequer Funds)**
Mrs McCue advised that this document was for noting only. She continued that this was the final version of the document which had been considered by Audit Committee and Trust Board at various stages throughout the 2009/10 final accounts and audit process.

9.2      **Business Services Organisation Assurance 2009/10**
Mrs McCue advised that this letter is sent from the Chief Executive of the Business Services Organisation (BSO) to Liam McIvor.

This letter advised on the governance arrangements within the BSO and the assurances that NIAS can draw from this. There followed a discussion on the roles and responsibilities of the newly formed BSO.

9.3 **NICS Fraud Report 2008/09**
Mrs McCue advised that this document is circulated to the whole health service to highlight where fraud has occurred. Mr Nicholson added that this document relates to 2008/09. He continued to advise that the report referred to an expanded investigation role of the Counter Fraud Unit to cover all Health & Social Care Organisations. This was now being taken forward as part of the Counter Fraud and Probity Services Unit which was part of the Business Services Organisation.

9.4 **Audit Committee Self Assessment Checklist**
This letter required Trusts to formally adopt the National Audit Office Audit Committee Self Assessment Checklist from 2010/11 onwards. Mrs McCue advised that NIAS has completed and submitted a previous version of the self assessment, but was now required to complete the latest checklist for submission to the Department by 15 April 2011.

Mr Nicholson was requested to distil the results of the first exercise and consider the implications for completing the revised checklist.

9.5 **Controls Assurance Compliance Requirements 2010/11**
This letter outlined performance against Controls Assurance standards in 2009/10 and outlined the requirements for 2010/11 for all HSC organisations. In addition to the core standards of governance, risk management and financial management, the following additional standards will be subject to internal audit verification in 2010/11:
- emergency planning
- medicines management
- fleet and transport management.

9.6 **HSCB Value for Money Audit Programme**
Mrs McCue advised that the area of Value for Money audits, previously undertaken by the DHSSPS, has now been delegated to the HSC Board. She referred the Committee to page 4 of the attachment which highlights the list of audits undertaken. She continued that a lot of the areas are not financial areas but corporate areas. Mrs McCue noted that page 6 provides a list of suggested areas for further work.

9.7 **Public Accounts Committee Recommendations from Investigation of Suspected Contract Fraud in Procurement of Maintenance Contracts by Belfast Education and Library Board**
Mrs McCue advised that this document provided the full NIAS response to the lessons emerging from the PAC report and included the Trust's assessment, evidence and action plan. The response was a significant piece of work that addressed thirty recommendations.

There followed a detailed discussion on elements within the response, the level of detail provided and also processes surrounding the reports from the PAC.

The Committee welcomed the level of detail and transparency and noted the efforts to ensure that PAC, and other relevant reports, are dealt with and reported appropriately.

**10.0** **Any Other Business**

Mr McKinley asked members for feedback and suggestions as to the content, format and conduct of the audit committee meeting, with a view to identifying areas of potential improvement.  It was noted that the new layout of the agenda which highlights the suggested discussion time was a very valuable indication of the importance of each item.  Members also welcomed the level of detail, responses to any questions that were raised and the opportunity to contribute fully to the discussion.  It was noted that the revised governance arrangements continue to embed themselves in the Trust and the importance of the work and cross fertilisation between the audit and assurance committees was highlighted.

**11.0** **Date, Time and Venue of Next Meetings**

Members were asked to note that the planned date of Thursday 2 December 2010 at 2.30pm NIAS HQ was no longer suitable and requested to remove this from their diaries.  An alternative date, time and venue would to be arranged.

**Signed** _____

**(Chairman)**

**Date** **1 December 2010**

TB/7/20/01/11

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

## 20 January 2011

| | |
|---|---|
| **Title:** | Draft Equality Scheme |
| **Purpose:** | The new draft Equality Scheme has been developed to comply with the Equality Commission for Northern Ireland's Revised Section 75 Guidance |
| **Content:** | Trust Draft Equality Scheme |
| **Recommendation:** | For Noting |
| **Previous Forum:** | N/A |
| **Prepared by:** | Mrs Michelle Lemon, Equality Manager |
| **Presented by:** | Ms Roisin O'Hara, Director of Human Resources |

# Equality Scheme

**DRAWN UP IN ACCORDANCE WITH
SECTION 75 AND SCHEDULE 9 OF THE
NORTHERN IRELAND ACT 1998**

*This document will be available in alternative formats on request including:*

- *Large font*
- *Audiocassette*
- *Braille*
- *Computer Disc*
- *Main minority ethnic languages*
- *Easy-read*
- *Electronic version*

*This Plan can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English.*

*Please contact us with your requirements (see below for contact details).*

**Michelle Lemon**
**Northern Ireland Ambulance Service**
**Ambulance Headquarters**
**Site 30 Knockbracken Healthcare Park**
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## Foreword

Section 75 of the Northern Ireland Act 1998 (the Act) requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the Act[1].

In our Equality Scheme we set out how the Northern Ireland Ambulance Service Health and Social Care Trust (the Trust) proposes to fulfil the Section 75 statutory duties.

We will commit necessary and appropriate resources in terms of people, time and money to make sure that the Section 75 statutory duties are complied with and that the equality scheme is implemented effectively, and on time.

We commit to having effective internal arrangements in place for ensuring our effective compliance with the Section 75 statutory duties and for monitoring and reviewing our progress.

We will develop and deliver a programme of communication and training with the aim of ensuring that all our staff and board members are made fully aware of our equality scheme and understand the commitments and obligations within it.  We will develop a programme of awareness raising for our consultees on the Section 75 statutory duties and our commitments in our equality scheme.

We, the Chair and Chief Executive, on behalf of the Trust Board are fully committed to effectively fulfilling our Section 75 statutory duties across all our functions (including service provision, employment and procurement) through the effective implementation of our Equality Scheme.

We realise the important role that the community and voluntary sector and the general public have to play to ensure the Section 75 statutory duties are effectively implemented.  Our Equality Scheme demonstrates how determined we are to ensure there are opportunities, for people affected by our work, to positively

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[1] See section 1.1 of our Equality Scheme.

influence how we carry out our functions in line with our Section 75 statutory duties.  It also offers the means whereby persons directly affected by what they consider to be a failure, on our part, to comply with our equality scheme, can make complaints.

On behalf of the Trust and our staff we are pleased to support and endorse this equality scheme which has been drawn up in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998 and Equality Commission guidelines.

The Trust is also mindful of the Human Rights Act, which was enacted in October 2000, and will seek to ensure that this Scheme is compatible with the European Convention on Human Rights.

On behalf of the Trust and our staff we are pleased to support and endorse this Equality Scheme which has been drawn up in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998 and Equality Commission guidelines.
We would encourage you to read the document and invite you to participate in our consultation process.

NIAS has valued and will continue to value the benefits and expertise that open and meaningful engagement with our service users and staff yields.

Paul Archer                              Liam McIvor
Chairman                                 Chief Executive


January 2011

# Contents

## Chapter 1      Introduction

### Section 75 of the Northern Ireland Act 1998

1.1    Section 75 of the Northern Ireland Act 1998 (the Act) requires the Trust to comply with two statutory duties:

Section 75 (1)

In carrying out our functions relating to Northern Ireland we are required to have due regard to the need to promote equality of opportunity between

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

Section 75 (2)

In addition, without prejudice to the obligations above, in carrying out our functions in relation to Northern Ireland we are required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

"Functions" include the "powers and duties" of a public authority[2]. This includes our employment and procurement functions. Please see below under "Who we are and what we do" for a detailed explanation of our functions.

### How we propose to fulfil the Section 75 duties in relation to the relevant functions of the Trust

1.2    Schedule 9 4. (1) of the Act requires the Trust as a designated public authority to set out in an equality scheme how it proposes to fulfil the duties imposed by Section 75 in relation to its relevant functions.  This Equality Scheme is intended to fulfil that statutory requirement.  It is both a statement of our arrangements for fulfilling the Section 75 statutory duties and our plan for their implementation.

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[2] Section 98 (1) of the Northern Ireland Act 1998.

1.3   The Northern Ireland Ambulance Service Health and Social Care Trust is committed to the discharge of its Section 75 obligations in all parts of our organisation and we will commit the necessary available resources in terms of people, time and money to ensure that the Section 75 statutory duties are complied with and that our Equality Scheme can be implemented effectively.

**Who we are and what we do**

The Northern Ireland Ambulance Service (NIAS) operates on a regional basis across five divisions in Northern Ireland, providing ambulance services to over 1.7 million people. We employ over 1100 people and provide a range of ambulance services dealing with more than 116,000 emergency calls, 35,000 urgent and 220,000 non-urgent calls annually across Northern Ireland.

The ambulance services we provide are:
- Emergency response to patients with sudden illness and injury;
- Non-Emergency Patient Care and Transportation. The journeys undertaken cover admissions,
- hospital outpatient appointments, discharges and inter-hospital transfers;
- Specialised health transport services;
- Training and education of ambulance professionals;
- Planning for and co-ordination of major events, mass casualty incidents and disasters;
- Support for community based First Responder services;
- Community Education;
- Out-of-hospital care research.

Our mission is:

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

**How we do our business**

The Trust Board is the governing body of the organisation. It has six key objectives for which it is accountable to the Department of Health, Social Services and Public Safety.

The Board:

• sets the strategic direction of the Trust;
• monitors performance against objectives;
• ensures effective financial stewardship;
• ensures that high standards of corporate governance and personal behaviour are maintained;
• appoints, appraises and remunerates Executive Directors; and
• ensures that there is effective dialogue on its plans and performance between the Trust and the local community.

The Trust Board also oversees the role and function of its Audit, Remuneration and Assurance Committees.

The Trust Board holds public meetings, generally on a bi-monthly basis. These are held at various locations throughout Northern Ireland to encourage public attendance.  Details of meetings are placed on the Trust website.

The Trust has a Chief Executive and a Chairman.  The Chief Executive is the accountable officer for the Trust.  The Chairman works very closely with the Chief Executive and is responsible for the operation of the Trust Board.

## Chapter 2　　Our arrangements for assessing our compliance with the section 75 duties (Schedule 9 4. (2) (a))

2.1  Some of our arrangements for assessing our compliance with the Section 75 statutory duties are outlined in other relevant parts of this equality scheme. (See paragraphs 4.1 - 4.35, 5.6, 6.8, 6.9, 10.1 and 10.2 below)

In addition we have the following arrangements in place for assessing our compliance:

### Responsibilities and reporting

The management arrangements put in place to enable the Trust to carry out its statutory responsibilities and to conduct its business are illustrated in Appendix 1.

### Management Structure

#### (a)　Trust Board

The Trust Board forms the statutory body responsible for all the activities of the organisation and is responsible for the overall policies of the Trust. It functions as a corporate decision-making body. The Trust Board comprises a Non-Executive Chairman and five non-Executive Directors appointed by the Department of Health, Social Services and Public Safety (DHSSPS) Appointments Unit and five Executive Directors who include the Chief Executive.

Executive and non-executive Members are full and equal members and their role as managers of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

#### (b) Chief Executive

The Chief Executive is responsible for the overall performance of the executive functions of the Trust.  He is the Accountable Officer of the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer memorandum for Trust Chief Executives.

## (c) Non-Executive Members

The Non-Executive Members shall not seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

## (d) Chairman

The Chairman of the Trust Board has certain delegated executive powers and is responsible for the operation of the Board and for chairing all Board meetings when present. The Chairman works closely with the Chief Executive to ensure that key and appropriate issues are discussed by the Trust Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

## (e) Senior Executive Management Team

The Chief Executive meets with the Executive Directors as an executive team. This team is responsible for the implementation of Trust's strategies and policies and for key operational matters. It also plans and develops services for the Trust and formulates service delivery recommendations to the Trust Board within national and local policy guidelines. The General Management Executive monitors the quality of service and the Trust's performance in relation to established business plans and ensures that the Trust's decision making reflects the needs and opinions of the consumer.

## (f) Individual Directorates

The Trust manages it staff and delivers its services through a structure of four Directorates, each of which is headed up by a Director. These Directorates are as follows:-

➢ Finance and ICT Directorate
➢ Human Resources and Corporate Services Directorate
➢ Operations Directorate
➢ Medical Directorate

Whilst the Trust believes the services it provides are of a high quality, it is not complacent about the need to keep them continually under review to ensure they remain appropriate to the needs of people.

The quality of care is monitored regularly within the Trust and the Trust is also accountable through its contracts with purchasers for ensuring that specific service standards are met. The Trust will continue to ensure that Section 75 of the Northern Ireland Act is an integral part of the manner in which the Trust carries out its functions.

**Accountability Structure**

**(a)   Department of Health and Social Services and Public Safety**

The Trust is accountable to the Department and through it to the Northern Ireland Assembly. The Department has a statutory duty to secure the provision of health and personal social services for the population of Northern Ireland and, in so doing, uses statutory powers to delegate functions to Health and Social Care bodies including the Northern Ireland Ambulance Service Health and Social Care Trust. The Department is responsible for directing the Trust and other HSC bodies in ensuring national and regional policies are implemented and for the effective stewardship of Health Service resources.

**(b)   Health & Social Care Board**

The role of the Health and Social Care Board is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.7 million people who live in Northern Ireland;
- To work with the Health and Social Care Trusts that directly provide services to people to ensure that these meet their needs;
- To deploy and manage its annual funding from the Northern Ireland Executive – currently £4 billion – to ensure that all services are safe and sustainable.

**(c)   Trusts**

Within health and social care there are 6 integrated Health and Social Care Trusts providing health and social care services to the Northern Ireland public. Services are provided locally and on a regional basis.

### External Relationships

In order to ensure the people who use the Trust's services have a stronger voice to influence the shape and range of services available, the Trust is committed to building on the links it has already established with the Health and Social Care Board, Borough and District Councils, the Patient and Client Council, other Government agencies, independent sector providers, voluntary and community groups representing all categories of persons specified in Section 75 of the NI Act 1998, GPs, Trade Union and professional organisations and individuals.

### Equality Steering Group

The Trust has established an Equality Steering Group, chaired by the Chief Executive to monitor implementation of its Equality Scheme. The Trust's Equality and Patient Experience Manager will continue to provide the Steering Group and Trust Board with regular reports in this regard.

2.2 We are committed to the fulfilment of our Section 75 obligations in all parts of our work.

2.3 Responsibility for the effective implementation of our equality scheme lies with the Chair and Chief Executive on behalf of the Trust Board. Ms Roisin O'Hara, Director of Human Resources and Corporate Services is accountable to the Trust Board for the development, implementation, maintenance and review of the equality scheme in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998, including any guidance which has been or may be issued by the Equality Commission.

2.4 Michelle Lemon is the Trust's Equality and Patient Experience Manager who has responsibility for implementation of this scheme in discharge of the Trust's duties under Section 75 and reporting progress to the Director of Human Resources and Corporate Services and the Equality Steering Group.

2.5 If you have any questions or comments regarding our equality scheme, please contact in the first instance, Michelle Lemon Equality and Patient Experience Manager, at the address given below and we will respond to you as soon as possible:

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

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

2.6 Objectives and targets relating to the statutory duties will be integrated into our strategic and operational business plans[3].

2.7 Employees' job descriptions and performance plans and reviews will reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the equality scheme, where relevant.

2.8  The Trust prepares an annual report on the progress it has made on implementing the arrangements set out in this equality scheme to discharge our Section 75 statutory duties (Section 75 annual progress report).

The Section 75 annual progress report will be sent to the Equality Commission by 31 August each year and will follow any guidance on annual reporting issued by the Equality Commission.

Progress on the delivery of Section 75 statutory duties will also be included in our (organisational) annual report.

2.9 The Section 75 annual progress report will be available on our website

http://www.niamb.co.uk

or by contacting:

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[3] See Appendix 4 'Timetable for measures proposed' and section 2.11 of this equality scheme.

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

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

2.10 The Trust liaises closely with the Equality Commission to ensure that progress on the implementation of our equality scheme is maintained.

2.11 Progress on implementing the Equality Scheme will be reported regularly to the Trust's Equality Steering Group, chaired by the Chief Executive and Trust Board and to the General Management Executive as appropriate.

2.12 The Trust has developed an action plan to promote equality of opportunity and good relations.  This action plan which is in addition to the Trust's Equality Scheme is set out in **Appendix 6** to this equality scheme.

2.13 The action measures that will make up our action plan will be relevant to our functions.  They will be developed and prioritised on the basis of an audit of inequalities.  The audit of inequalities will gather and analyse information across the Section 75 categories[4] to identify the inequalities that exist for our service users and those affected by our policies[5].

2.14 The Trust is committed to ensuring action measures are specific, measurable, linked to achievable outcomes, realistic and time bound.  Action measures will include performance indicators and timescales for their achievement.

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[4] See section 1.1 of this equality scheme for a list of these categories.
[5] See section 4.1 of this equality scheme for a definition of policies.

2.15 We will develop any action plans for a period of between one and five years in order to align them with our corporate and business planning cycles.  Implementation of the action measures will be incorporated into our business planning process.

2.16 We will seek input from our stakeholders and consult on our action plan (Appendix 6) before we send it to the Equality Commission.

2.17 We will monitor our progress on the delivery of our action measures annually and update the action plan as necessary to ensure that it remains effective and relevant to our functions and work.

2.18 The Trust will inform the Commission of any changes or amendments to our action plan and will also include this information in our Section 75 annual progress report to the Commission.  Our Section 75 annual progress report will incorporate information on progress we have made in implementing our action plans/action measures.

2.19 Once finalised, our action plan will be available on the Trust's website and Intranet site.

If you require it in an alternative format please contact Michelle Lemon at the contact details provided at paragraph 2.5.

## Chapter 3 Our arrangements for consulting

3.1 We recognise the importance of consultation in all aspects of the implementation of our statutory equality duties. We will consult on our equality scheme, action plan at Appendix 6 and equality impact assessments.

3.2 We are committed to carrying out consultation in accordance with the following principles (as contained in the Equality Commission's guidance *'Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)'*):

3.2.1 All formal consultation exercises carried out by the Trust will seek the views of those directly affected by the matter/policy, the Equality Commission, representative groups of Section 75 categories, other public authorities, voluntary and community groups, our staff and their trades unions and professional bodies and such other groups who have a legitimate interest in the matter, whether or not they have a direct economic or personal interest.

For formal consultation exercises, initially all consultees (see **Appendix 3**), as a matter of course, will be notified (by email or post) of the matter/policy being consulted upon to ensure they are aware of all consultations. Thereafter, to ensure the most effective use of our and our consultees' resources, we will take a targeted approach to consultation for those consultees that may have a particular interest in the matter/policy being consulted upon and to whom the matter/policy is of particular relevance. This may include for example regional or local consultations, sectoral or thematic consultation etc.

3.2.2 Consultation with all stakeholders will begin as early as possible. We will engage with affected individuals and representative groups to identify how best to consult or engage with them. We will ask our consultees what their preferred consultation methods are and will give consideration to these. Methods of consultation could include:

- Face-to-face meetings
- Focus groups
- Written documents with the opportunity to comment in writing
- Questionnaires

- Information/notification by email with an opportunity to opt in/opt out of the consultation
- Internet discussions or
- Telephone consultations.

This list is not exhaustive and we may develop other additional methods of consultation more appropriate to key stakeholders and the matter being consulted upon.

3.2.3 We will consider the accessibility and format of every method of consultation we use in order to remove barriers to the consultation process.  Specific consideration will be given as to how best to communicate with children and young people, people with disabilities (in particular people with learning disabilities) and minority ethnic communities.  We take account of existing and developing good practice, including the Equality Commission's guidance *Let's Talk Let's Listen – Guidance for public authorities on consulting and involving children and young people (2008)*.

Information will be made available, on request, in alternative formats[6], usually within a timely manner.
We will ensure that such consultees have equal time to respond.

3.2.4 Specific training will be provided to those facilitating consultations to ensure that they have the necessary skills to communicate effectively with consultees.

3.2.5 To ensure effective consultation with consultees[7] on Section 75 matters, we will develop a programme of awareness raising on the Section 75 statutory duties and the commitments in our equality scheme by displaying information in this regard on our website and providing this to any service user or other panels established.

3.2.6 The consultation period lasts for a minimum of twelve weeks to allow adequate time for groups to consult amongst themselves as part of the process of forming a view.  However, in exceptional circumstances when this timescale is not feasible (for example implementing EU Directives or UK wide legislation,  meeting

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[6] See Chapter 6 of our equality scheme for further information on alternative formats of information we provide.
[7] Please see Appendix 3 for a list of our consultees.

Health and Safety requirements, addressing urgent public health matters or complying with Court judgements), we may shorten timescales to eight weeks or less before the policy is implemented. We may continue consultation thereafter and will review the policy as part of our monitoring commitments[8].

Where, under these exceptional circumstances, we must implement a policy immediately, we may consult after implementation of the policy, in order to ensure that any impacts of the policy are considered.

3.2.7  If a consultation exercise is to take place over a period when consultees are less able to respond, for example, over the summer or Christmas break, or if the policy under consideration is particularly complex, we will give consideration to the feasibility of allowing a longer period for the consultation.

3.2.8 We are conscious of the fact that affected individuals and representative groups may have different needs.  We will take appropriate measures to ensure full participation in any meetings that are held.  We will consider for example the time of day, the appropriateness of the venue, in particular whether it can be accessed by those with disabilities, how the meeting is to be conducted, the use of appropriate language, whether a signer and/or interpreter is necessary, and whether the provision of childcare and support for other carers is required. (Appendix 7 – useful links)

3.2.9 We make all relevant information available to consultees in appropriate formats to ensure meaningful consultation.  This includes detailed information on the policy proposal being consulted upon and any relevant quantitative and qualitative data.

3.2.10 in making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy.

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[8] Please see below at 4.27 to 4.31 for details on monitoring.

3.2.11 We are committed to providing feedback to consultees in a timely manner. Following a formal consultation exercise, a feedback report will prepared which includes summary information on the policy consulted upon, a summary of consultees' comments and a summary of our consideration of and response to consultees' input. We are committed to ensuring feedback is provided in formats suitable to consultees. (Please see also 6.3)

3.3 A list of our consultees is included in this equality scheme at Appendix 3. It can also be obtained from our website or by contacting Michelle Lemon (contact details at paragraph 2.5).

3.4 Our consultation list is not exhaustive and is reviewed on an annual basis to ensure it remains relevant to our functions and policies.

3.5 We welcome enquiries from any person/s or organisations wishing to be added to the list of consultees. Please contact Michelle Lemon to provide your contact details and have your areas of interest noted or have your name/details removed or amended. Please also inform us at this stage if you would like information sent to you in a particular format or language.

## Chapter 4    Our arrangements for assessing, monitoring and publishing the impact of policies

**Our arrangements for assessing the likely impact of policies adopted or proposed to be adopted on the promotion of equality of opportunity** (Schedule 9 4. (2) (b))

4.1 In the context of Section 75, 'policy' is very broadly defined and it covers all the ways in which we carry out or propose to carry out our functions in relation to Northern Ireland.  In respect of this equality scheme, the term policy is used for any (proposed/amended/existing) strategy, policy initiative or practice and/or decision, whether written or unwritten and irrespective of the label given to it, e.g., 'draft', 'pilot', 'high level' or 'sectoral'.

4.2 In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy, as required by Schedule 9. (2) of the Northern Ireland Act 1998.

4.3 The Trust uses the tools of screening and equality impact assessment to assess the likely impact of a policy on the promotion of equality of opportunity and good relations.  In carrying out these assessments we will relate them to the intended outcomes of the policy in question and will also follow Equality Commission guidance:

- the guidance on screening, including the screening template, as detailed in the Commission's guidance *'Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)'* and
- on undertaking an equality impact assessment as detailed in the Commission's guidance *'Practical guidance on equality impact assessment (February 2005)'.*

**Screening**

4.4 The purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and/or good relations.

4.5 Screening is completed at the earliest opportunity in the policy development/review process. Policies which we propose to adopt will be subject to screening prior to implementation. For more detailed strategies or policies that are to be put in place through a series of stages, we will screen at various stages during implementation.

4.6 The lead role in the screening of a policy is taken by the policy decision maker who has the authority to make changes to that policy. However, screening will also involve other relevant team members, for example, equality specialists, those who implement the policy and staff members from other relevant work areas. Where possible we will include key stakeholders in the screening process.

4.7 The following questions are applied to all our policies as part of the screening process:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

4.8 In order to answer the screening questions, we gather all relevant information and data, both qualitative and quantitative. In taking this evidence into account we consider the different needs, experiences and priorities for each of the Section 75 equality categories. Any screening decision will be informed by this evidence.

4.9 Completion of screening, taking into account our consideration of the answers to all four screening questions set out in 4.7 above, will lead to one of the following three outcomes:

1. the policy has been 'screened in' for equality impact assessment
2. the policy has been 'screened out' with mitigation[9] or an alternative policy proposed to be adopted
3. the policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted.

4.10 If our screening concludes that the likely impact of a policy is 'minor' in respect of one, or more, of the equality of opportunity and/or good relations categories, we may on occasion decide to proceed with an equality impact assessment, depending on the policy. If an EQIA is not to be conducted we will nonetheless consider measures that might mitigate the policy impact as well as alternative policies that might better achieve the promotion of equality of opportunity and/or good relations.

Where we mitigate we will outline in our screening template the reasons to support this decision together with the proposed changes, amendments or alternative policy.

This screening decision will be 'signed off' by the appropriate policy lead within the Trust.

4.11 If our screening concludes that the likely impact of a policy is 'major' in respect of one, or more, of the equality of opportunity and/or good relations categories, we will normally subject the policy to an equality impact assessment. This screening decision will be 'signed off' by the appropriate policy lead within the Trust.

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[9] Mitigation – Where an assessment (screening in this case) reveals that a particular policy has an adverse impact on equality of opportunity and / or good relations, a public authority must consider ways of delivering the policy outcomes which have a less adverse effect on the relevant Section 75 categories.

4.12 If our screening concludes that the likely impact of a policy is 'none', in respect of all of the equality of opportunity and/or good relations categories, we may decide to screen the policy out. If a policy is 'screened out' as having no relevance to equality of opportunity or good relations, we will give details of the reasons for the decision taken. This screening decision will be 'signed off' by the appropriate policy lead within the Trust.

4.13 As soon as possible following the completion of the screening process, the screening template, signed off and approved by the senior manager responsible for the policy, will be made available on our website at http://www.niamb.co.uk and on request from Michelle Lemon, Equality and Patient Experience Manager.

4.14 If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, we will review the screening decision.

4.15 Our screening reports will be published quarterly [see below at 4.20 - 4.22 and 4.23 for details].

**Equality impact assessment**

4.16 An equality impact assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is formal or informal, and irrespective of the scope of that policy. The primary function of an EQIA is to determine the extent of any impact of a policy upon the Section 75 categories and to determine if the impact is an adverse one. It is also an opportunity to demonstrate the likely positive outcomes of a policy and to seek ways to more effectively promote equality of opportunity and good relations.

4.17 Once a policy is screened and screening has identified that an equality impact assessment is necessary, we will carry out the EQIA in accordance with Equality Commission guidance. The EQIA will be carried out as part of the policy development process, before the policy is implemented.

4.18 Any equality impact assessment will be subject to consultation at the appropriate stage(s). (For details see above Chapter 3 "Our Arrangements for Consulting").

**Our arrangements for publishing the results of the assessments of the likely impact of policies we have adopted or propose to adopt on the promotion of equality of opportunity**
(Schedule 9 4. (2) (d); Schedule 9. (1))

4.19 We will make publicly available the results of our assessments (screening and EQIA) of the likely impact of our policies on the promotion of equality of opportunity and good relations.

### What we publish

4.20 Screening reports

These will be published quarterly.  Screening reports detail:
- All policies screened by the Trust over the three month period
- A statement of the aim(s) of the policy/policies to which the assessment relates
- Consideration given to measures which might mitigate any adverse impact
- Consideration given to alternative policies which might better achieve the promotion of equality of opportunity;
- Screening decisions, i.e.:
  - whether the policy has been 'screened in' for equality impact assessment.
  - whether the policy has been 'screened out' with mitigation or an alternative policy proposed to be adopted.
  - whether the policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted.
- Where applicable, a timetable for conducting equality impact assessments
- A link to the completed screening template(s) on our website

4.21 Screening templates

For details on the availability of our screening templates please refer to 4.13.

4.22 Equality impact assessments

EQIA reports are published once the impact assessment has been completed. These reports include:

- A statement of the aim of the policy assessed
- Information and data collected
- Details of the assessment of impact(s)
- Consideration given to measures which might mitigate any adverse impact
- Consideration given to alternative policies which might better achieve the promotion of equality of opportunity
- Consultation responses
- The decision taken
- Future monitoring plans.

**How we publish the information**

4.23 All information we publish is accessible and can be made available in alternative formats on request.  Please see 6.3 below.

**Where we publish the information**

4.24 The results of our assessments (screening reports and completed templates, the results of equality impact assessments) will be available on our website and by contacting Michelle Lemon.

4.25 In addition to the above, screening reports (electronic link or hard copy on request if more suitable for recipients) which include all policies screened over a 3 month period will also be sent directly to all consultees on a quarterly basis.

4.26 We will inform the general public about the availability of this material through communications such as press releases where appropriate.

**Our arrangements for monitoring any adverse impact of policies we have adopted on equality of opportunity**
(Schedule 9 4. (2) (c))

4.27 Monitoring can assist us to deliver better public services and continuous improvements. Monitoring Section 75 information involves the processing of sensitive personal data (data relating to the racial or ethnic origin of individuals, sexual orientation, political opinion, religious belief, etc). In order to carry out monitoring in a confidential and effective manner, the Trust follows guidance from the Office of the Information Commissioner and the Equality Commission.

4.28 We will monitor any adverse impact on the promotion of equality of opportunity of policies we have adopted. We are also committed to monitoring more broadly to identify opportunities to better promote equality of opportunity and good relations in line with Equality Commission guidance.

4.29 The systems we have established to monitor the impact of policies and identify opportunities to better promote equality of opportunity and good relations are:

• The collection, collation and analysis of existing relevant primary quantitative and qualitative data across all nine equality categories on an ongoing basis

• The collection, collation and analysis of existing relevant secondary sources of quantitative and qualitative data across all nine equality categories on an ongoing basis

• There are particular challenges associated with collecting data for those accessing services in an emergency service. We will undertake an audit of existing information systems within one year of approval of this equality scheme, to identify the extent of current monitoring and take action to address any gaps in order to have the necessary information on which to base decisions.

• Undertaking or commissioning new data if necessary.

4.30 If over a two year period monitoring and evaluation show that a policy results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, we will ensure that the policy is revised to achieve better outcomes for relevant equality groups.

4.31 We review our EQIA monitoring information on an annual basis.  Other monitoring information is reviewed on an ongoing basis.

**Our arrangements for publishing the results of our monitoring** (Schedule 9 4. (2) (d))

4.32 Schedule 9 4. (2) (d) requires us to publish the results of the monitoring of adverse impacts of policies we have adopted. However, we are committed to monitoring more broadly and the results of our policy monitoring are published as follows:

4.33 EQIA monitoring information is published as part of our Section 75 annual progress report [see 2.7]

4.34 Monitoring information is also published and made available on the Trust's website.

4.35 All information published is accessible and can be made available in alternative formats on request.  Please see below at 6.3 for details.

# Chapter 5     Staff training
(Schedule 9 4. (2) (e))

## Commitment to staff training

5.1 We recognise that awareness raising and training play a crucial role in the effective implementation of our Section 75 duties.

5.2 Our Chair and Chief Executive on behalf of the Trust Board wish to positively communicate the commitment of the Trust to the Section 75 statutory duties, both internally and externally.

To this end we have introduced an effective communication and training programme for all staff and will ensure that our commitment to the Section 75 statutory duties is made clear in all relevant publications.

## Training objectives

5.3 The Trust has drawn up a training plan for its staff which will aim to achieve the following objectives:

- to raise awareness of the provisions of Section 75 of the Northern Ireland Act 1998, our equality scheme commitments and the particular issues likely to affect people across the range of Section 75 categories, to ensure that our staff fully understand their role in implementing the scheme
- to provide those staff involved in the assessment of policies (screening and EQIA) with the necessary skills and knowledge to do this work effectively
- to provide those staff who deal with complaints in relation to compliance with our equality scheme with the necessary skills and knowledge to investigate and monitor complaints effectively
- to provide those staff involved in consultation processes with the necessary skills and knowledge to do this work effectively
- to provide those staff involved in the implementation and monitoring of the effective implementation of the Trust's equality scheme with the necessary skills and knowledge to do this work effectively.

### Awareness raising and training arrangements

5.4 The following arrangements are in place to ensure all our staff and Non Executive Directors are aware of and understand our equality obligations.

- We will develop a summary of this equality scheme and make it available to all staff.
- We will provide access to copies of the full equality scheme for all staff; ensure that any queries or questions of clarification from staff are addressed effectively.
- Staff in the Trust will receive a briefing on this equality scheme following approval of the Scheme.
- The Section 75 statutory duties form part of induction training for new staff.
- Focused training is provided for key staff within the Trust who are directly engaged in taking forward the implementation of our equality scheme commitments (for example those involved in research and data collection, policy development, service design, conducting equality impact assessments, consultation, monitoring and evaluation).
- Where appropriate, training will be provided to ensure staff are aware of the issues experienced by the range of Section 75 groups.
- When appropriate and on an ongoing basis, arrangements will be made to ensure staff are kept up to date with Section 75 developments.

5.5 Training and awareness raising programmes will, where relevant, be developed in association with the appropriate Section 75 groups and our staff.

In order to share resources and expertise, the Trust will, where possible, work closely with other bodies and agencies in the development and delivery of training.

**Monitoring and evaluation**

5.6  Our training programme is subject to the following monitoring and evaluation arrangements:

- We evaluate the extent to which all participants in this training programme have acquired the necessary skills and knowledge to achieve each of the above objectives.

- The extent to which training objectives have been met will be reported on as part of the Section 75 annual progress report, which will be sent to the Equality Commission.

- Diversity e-learning and local arrangements for monitoring and reporting on training.

## Chapter 6      Our arrangements for ensuring and assessing public access to information and services we provide
(Schedule 9 4. (2) (f))

6.1 The Trust is committed to ensuring that the information we disseminate and the services we provide are fully accessible to all parts of the community in Northern Ireland.  We keep our arrangements under review to ensure that this remains the case.

6.2 We are aware that some groups will not have the same access to information as others.
In particular:
• People with sensory, learning, communication and mobility disabilities may require printed information in other formats.
• Members of ethnic minority groups, whose first language is not English, may have difficulties with information provided only in English.
• Children and young people may not be able to fully access or understand information.

### Access to information

6.3 To ensure equality of opportunity in accessing information, we provide information in alternative formats on request, where reasonably practicable.  Where the exact request cannot be met we will ensure a reasonable alternative is provided.

Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.
The Trust is committed to liaising with representatives of young people and disability and minority ethnic organisations and taking account of existing and developing good practice.

We will respond to requests for information in alternative formats in a timely fashion.

6.4 In disseminating information through the media we will seek to advertise in the press where appropriate.

6.5 Published information including Corporate Plans, Annual Reports and the Trust in-house Magazine will be displayed on the Trust website and will be made available in alternative formats as appropriate.  The Trust is committed to providing Easy Read versions of key strategic documents subject to public consultation.

**Access to services**

6.6 The Trust is committed to ensuring that all of our services are fully accessible to everyone in the community across the Section 75 categories.

The Trust also adheres to the relevant provisions of current anti-discrimination legislation.

6.7 The Trust is committed to providing appropriate interpreting services in the context of an emergency service and ensuring accessible public buildings to enhance accessibility.

**Assessing public access to information and services**

6.8 We are committed to monitoring on an ongoing basis across all our functions, in relation to access to information and services, to ensure equality of opportunity and good relations are promoted.

6.9 These include

- Provision of interpreting/translation services

- Monitoring of complaints

- Reasonable adjustments

- Satisfaction Surveys

- Staff Survey

- Article 55 Review.

## Chapter 7      Timetable for measures we propose in this equality scheme
**(**Schedule 9 4. (3) (b))

7.1 Appendix 4 outlines our timetable for all measures proposed within this equality scheme. The measures outlined in this timetable will be incorporated into our business planning processes.

7.2 This timetable is different from and in addition to our commitment to developing action plans/action measures to specifically address inequalities and further promote equality of opportunity and good relations. We have included in our equality scheme a commitment to develop an action plan. Accordingly, this commitment it is listed in the timetable of measures at Appendix 4. For information on these action measures (which do not form part of our Equality Scheme) please see above at 2.11 – 2.18.

## Chapter 8    Our complaints procedure
(Schedule 9 10.)

8.1 The Trust is responsive to the views of members of the public. We will endeavour to resolve all complaints made to us.

8.2 Schedule 9 paragraph 10 of the Act refers to complaints.  A person can make a complaint to a public authority if the complainant believes he or she may have been directly affected by an alleged failure of the authority to comply with its approved equality scheme.

If the complaint has not been resolved within a reasonable timescale, the complaint can be brought to the Equality Commission.

8.3 A person wishing to make a complaint that the Trust has failed to comply with its approved equality scheme should contact:

Complaints and Administration Manager
Ambulance Headquarters
Site 30 Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Tel: 028 90 400999
Textphone: 028 9040 0871
Email: complaints@niamb.co.uk

8.4 We will in the first instance acknowledge receipt of each complaint within two working days.

8.5 The Complaints and Administration Manager will ensure an internal investigation of the complaint is carried out and will respond substantively to the complainant within one (1) month of the date of receiving the letter of complaint.  Under certain circumstances, if the complexity of the matter requires a longer period, the period for response to the complainant may be extended to two (2) months.  In those circumstances, the complainant will be advised of the extended period within one month of making the complaint.

8.6 During this process the complainant will be kept fully informed of the progress of the investigation into the complaint and of any outcomes.

8.7 In any subsequent investigation by the Equality Commission, the Trust will co-operate fully, providing access in a timely manner to any relevant documentation that the Equality Commission may require.

Similarly, the Trust will co-operate fully with any investigation by the Equality Commission under sub-paragraph 11 (1) (b) of Schedule 9 to the Northern Ireland Act 1998.

8.8 The Trust will make all efforts to implement promptly and in full any recommendations arising out of any Commission investigation.

## Chapter 9      Publication of our equality scheme
(Schedule 9 4. (3) C)

9.1 Our equality scheme is available free of charge in print form and alternative formats from:

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

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

9.2 Our equality scheme is also available on our website at:
http://www.niamb.co.uk

9.3 The following arrangements are in place for the publication in a timely manner of our equality scheme to ensure equality of access:

- We will make every effort to communicate widely the existence and content of our equality scheme.  This may include press releases, prominent advertisements in the press, the internet and direct mail shots to groups representing the various categories in Section 75.

- We will email a link to our approved equality scheme to our consultees on our consultation lists.  Other consultees without e-mail will be notified by letter that the scheme is available on request.  We will respond to requests for the equality scheme in alternative formats in a timely manner, within as short a time as possible.

- Our equality scheme is available on request in alternative formats such as Easy Read, Braille, large print, audio formats (e.g. CD, mp3, DAISY) and in minority languages to meet the needs of those not fluent in English.

- An Easy Read version of this Scheme will also be available.

9.4 For a list of our stakeholders and consultees please see Appendix 3 of the equality scheme, visit our website at http://www.niamb.co.uk or contact Michelle Lemon.
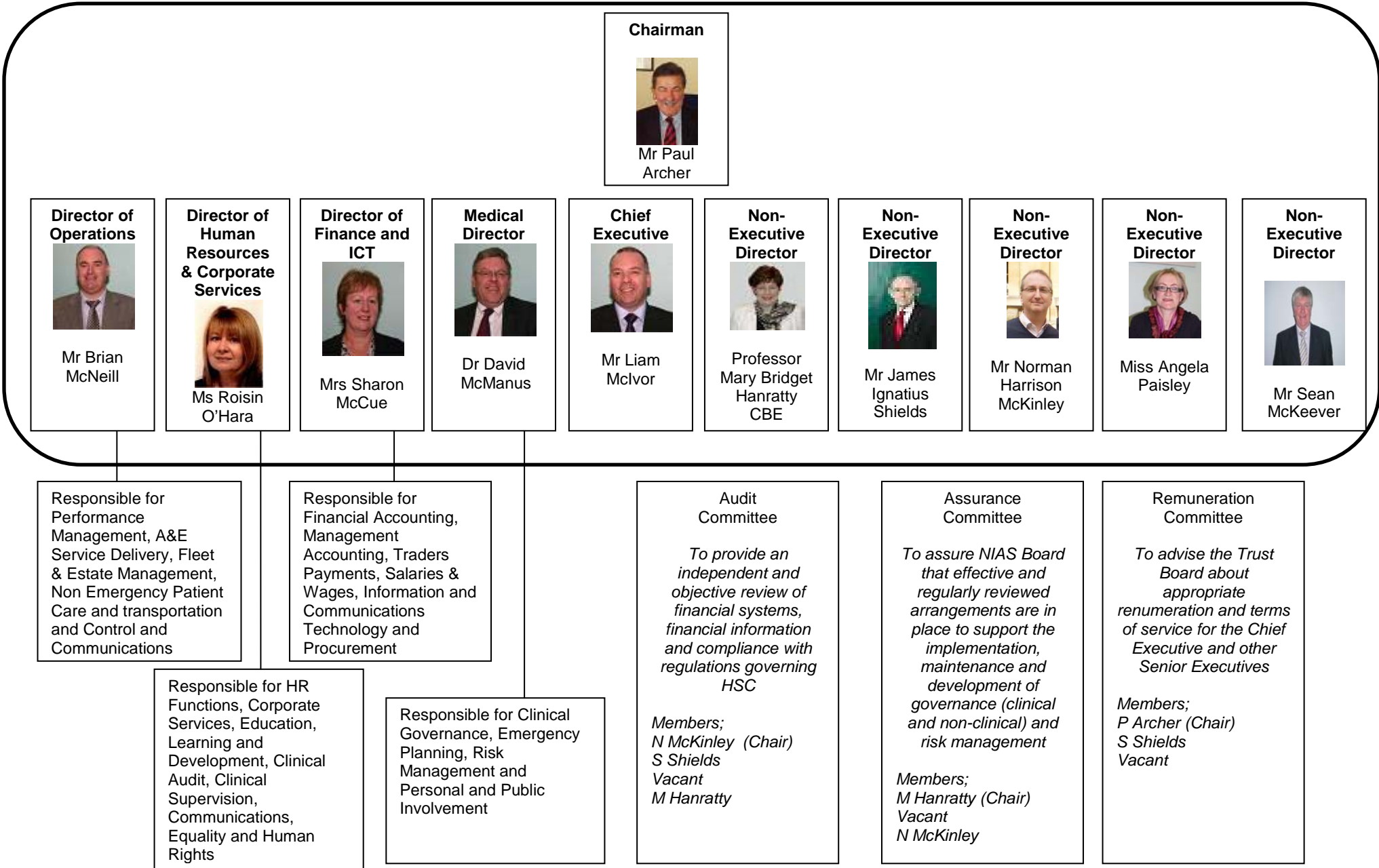
## Chapter 10     Review of our equality scheme
(Schedule 9 8. (3))

10.1 As required by Schedule 9 paragraph 8 (3) of the Northern Ireland Act 1998 we will conduct a thorough review of this equality scheme. This review will take place either within five years of submission of this equality scheme to the Equality Commission or within a shorter timescale to allow alignment with the review of other planning cycles.

The review will evaluate the effectiveness of our scheme in relation to the implementation of the Section 75 statutory duties relevant to our functions in Northern Ireland.

10.2 In undertaking this review we will follow any guidance issued by the Equality Commission. A report of this review will be made public at http://www.niamb.co.uk, at Trust Board and sent to the Equality Commission.

# APPENDIX 1   Northern Ireland Ambulance Service Organisational Chart

**Chairman**



Mr Paul Archer

| Director of Operations | Director of Human Resources & Corporate Services | Director of Finance and ICT | Medical Director | Chief Executive | Non-Executive Director | Non-Executive Director | Non-Executive Director | Non-Executive Director | Non-Executive Director |
|---|---|---|---|---|---|---|---|---|---|
| Mr Brian McNeill | Ms Roisin O'Hara | Mrs Sharon McCue | Dr David McManus | Mr Liam McIvor | Professor Mary Bridget Hanratty CBE | Mr James Ignatius Shields | Mr Norman Harrison McKinley | Miss Angela Paisley | Mr Sean McKeever |

Responsible for Performance Management, A&E Service Delivery, Fleet & Estate Management, Non Emergency Patient Care and transportation and Control and Communications

Responsible for Financial Accounting, Management Accounting, Traders Payments, Salaries & Wages, Information and Communications Technology and Procurement

Responsible for HR Functions, Corporate Services, Education, Learning and Development, Clinical Audit, Clinical Supervision, Communications, Equality and Human Rights

Responsible for Clinical Governance, Emergency Planning, Risk Management and Personal and Public Involvement

Audit Committee

*To provide an independent and objective review of financial systems, financial information and compliance with regulations governing HSC*

*Members;*
*N McKinley  (Chair)*
*S Shields*
*Vacant*
*M Hanratty*

Assurance Committee

*To assure NIAS Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of governance (clinical and non-clinical) and risk management*

*Members;*
*M Hanratty (Chair)*
*Vacant*
*N McKinley*

Remuneration Committee

*To advise the Trust Board about appropriate renumeration and terms of service for the Chief Executive and other Senior Executives*

*Members;*
*P Archer (Chair)*
*S Shields*
*Vacant*

## Appendix 2    Example groups relevant to the Section 75 categories for Northern Ireland purposes
*Please note, this list is for illustration purposes only, it is not exhaustive.*

| Category | Example groups |
| --- | --- |
| Religious belief | Buddhist; Catholic; Hindu; Jewish; Muslims, people of no religious belief; Protestants; Sikh; other faiths.<br><br>For the purposes of Section 75, the term "religious belief" is the same definition as that used in the *Fair Employment & Treatment (NI) Order*[10].  Therefore, "religious belief" also includes any *perceived* religious belief (or perceived lack of belief) and, in employment situations only, it also covers any *"similar philosophical belief"*. |
| Political opinion[11] | Nationalist generally; Unionists generally; members/supporters of other political parties. |
| Racial group | Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people. |
| Men and women generally | Men (including boys); Trans-gendered people; Transsexual people; women (including girls). |
| Marital status | Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people. |
| Age | Children and young people; older people. |
| Persons with a disability | Persons with disabilities as defined by the Disability Discrimination Act 1995. |
| Persons with dependants | Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person. |
| Sexual orientation | Bisexual people; heterosexual people; gay or lesbian people. |

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[10]  See Section 98 of the Northern Ireland Act 1998, which states: *"In this Act…"political opinion" and "religious belief" shall be construed in accordance with Article 2(3) and (4) of the Fair Employment & Treatment (NI) Order 1998."*

[11] ibid

# Appendix 3    List of consultees

**LIST OF STAKEHOLDERS CONSULTED**

The following stakeholders have been made aware of this consultation.

If there is an organisation that you feel might be able to contribute to this consultation,
please let us know.

Abbeyfield Society (NI Region)
AIDS Helpline
Accident Medical Negligence Association
Accord Catholic Marriage Counselling Service
Action Cancer
Action Mental Health
Action MS
Adopt NI
Advice NI
Afro-Asian Residents Group NI
Age NI
Age Sector Reference Group
Age Sector Platform (ASP)
Al-Anon Family Group
Al-Nisa Association
Alcohol Awareness for Youth
Alliance Party
Alzheimer's Society
An Munia Tober
Antrim Borough Council
Ards Borough Council
Armagh City and District Council
Arthritis Research Campaign
Arthritis Care (NI)
Asthma UK NI
Association for Spina Bifida and Hydrocephalus
Association of Crossroads Care Attendants Schemes
Association of Independent Advice Centres
Association of Local Authorities in Northern Ireland
Association of Northern Ireland Colleges
Autism NI
Banbridge Borough Council
Ballymena Borough Council
Ballymoney Borough Council
Barnardos
Beeches Management Centre
Belfast Brook Advisory Centre
Belfast City Council

Belfast Education and Library Board
Belfast Health and Social Care Trust
Belfast Healthy Cities
Belfast Hebrew Congregation
Belfast Outreach Centre
Belfast Pride
Board of Social Witness, Presbyterian Church in Ireland
British Association of Social Workers (NI)
British Deaf Association (NI)
British Dental Association
British Diabetic Association
British Geriatric Society (NI)
British Orthoptic Society
British Psychological Society (NI Branch) (for health matters relating to
Psychology
only)
British Red Cross
Business Services Organisation
Bryson House
British Medical Association (NI)
Butterfly Club
Cancer Relief – Macmillan Fund
Carafriend
Care for NI
Carers National Association (NI)
Carers NI
Carrickfergus Borough Council
Castlereagh Borough Council
Cedar Foundation
Central Personal Social Services Advisory Committee
Chartered Society of Physiotherapy
Child Action Prevention Trust
Children in NI
Children's Day Nursery Association
Children's Law Centre
Chinese Welfare Association
Church of Ireland Board for Social Responsibility (NI)
Coalition on Sexual Orientation (COSO)
Coleraine Borough Council
College of Occupational Therapists
Committee on the Administration of Justice (CAJ)
Community Addiction Team
Community Development and Health Network
Community Evaluation (NI)
Community Information Network NI (CINNI)
Community Foundation for Northern Ireland
Community Relations Council
Community Work Education and Training Network
Confederation of British Industry (NI Branch)
Confederation of Community Groups

Conservation Volunteers NI
Co-operation Ireland
Cookstown District Council
Corrymela Community
Council for Catholic Maintained Schools
Council for the Advancement of Communication with Deaf People
Council for the Homeless
Council on Social Responsibility
Counteract
Craigavon Asian Women's Centre
Craigavon Borough Council
Craigavon Chinese Community Association
Craigavon Vietnamese Club
Cruse Bereavement Care
Department of Culture, Arts and Leisure
Department of Education
Department of Employment and Learning
Department of Enterprise, Trade and Investment
Department of Finance and Personnel
Department of Health, Social Services and Public Safety
Departmtent of Regional Development
Department of the Environment
Department of Social Development
Department of Agriculture and Rural Development
Derry City Council
Derry Travellers' Support Group
Derry Well Women
Diabetes UK
Disability Action
Down Cardiac Support Group
Down District Council
Dungannon and South Tyrone District Council
Dunlevey Substance Advice Centre
DUP
East Belfast Community Development Agency
Economic Research Institute of Northern Ireland
Employers' For Disability
European Infertility Network
Equality Coalition
Equality Commission for Northern Ireland
Equality Forum
Equality 2000
Extern
Extra Care
Falls Community Council
Family Care Society
Family Planning Association NI
Fermanagh District Council
Fermanagh Women's Network
First Key

Food Standard Agency
Forum for Action on Substance Abuse
Forum for Community Work Education
Four Seasons Healthcare
Foyle Down's Syndrome Trust
Foyle Friend
Foyle Women's Aid
Gay and Lesbian Youth Northern Ireland
General Consumer Council for NI
General Medical Council
Gingerbread Northern Ireland
GMB Union
Green Party
Guide Dogs for the Blind Association
Guild of Healthcare Pharmacists
Harmony Community Trust
Help the Aged
Home Start (NI)
HSC Board
Include Youth
Indian Community Centre
Institute of Directors (Northern Ireland)
Institute of Public Health
Irish Congress of Trade Unions – NI Committee
Japan Society of NI
Judicial Appointments Commission
Larne Borough Council
La Societa Italiana Irlanda Del Norde
Lesbian Line
Limavady Borough Council
Lisburn City Council
Law Centre (NI)
Lesbian Line
Life (NI)
Magherafelt District Council
Marie Curie Cancer Care (Belfast)
Mediation NI
MENCAP
Mental Health Commission
Moderator of the Presbyterian Church in Ireland
Moore, Tim (Research & Library Services, Northern Ireland Assembly)
Moyle District Council
Mulholland After-Care Services
Multi-Cultural Group
Multi-Cultural Resource Centre
Multiple Sclerosis Society (NI)
National Deaf Children's Society
National Society for the Prevention of Cruelty to Children (NSPCC)
Nevis Healthcare
NEWPIN (Foyle NI)

Newry and Mourne District Council
Newry and Mourne Senior Citizens' Consortium
Newry and Mourne Women
Newtonabbey Borough Council
Newtownabbey Senior Citizens' Forum
Nexus Institute for NI
NIPSA
North Eastern Education and Library Board
North Down Borough Coucnil
North West Community Network
North West Ethnic Communities Association
North West Forum of People with Disabilities
Northern Health and Social Care Trust
Northern Health and Social Services Council
Northern Ireland Affairs Committee, House of Commons
Northern Ireland African Cultural Centre
Northern Ireland Anti-Poverty Network
Northern Ireland Association for Mental Health
Northern Ireland Association for the Care and Resettlement of Offenders
(NIACRO)
Northern Ireland Association of GP Fundholding Practices
Northern Ireland Blood Transfusion Agency
Northern Ireland Cancer Registry
Northern Ireland Chest, Heart and Stroke Association
Northern Ireland Child Minding Association (NICMA)
Northern Ireland Citizens Advice Bureau
Northern Ireland Commissioner for Children and Young People
Northern Ireland Confederation for Health and Social Services
Northern Ireland Council for Ethnic Minorities (NICEM)
Northern Ireland Council for Voluntary Action (NICVA)
Northern Ireland Council on Alcohol
Northern Ireland Deaf Youth Association
Northern Ireland Federation of Housing Associations
Northern Ireland Federation of Private Members Non Profit making, Sports,
Social &
Recreational Clubs
Northern Ireland Filipino Association
Northern Ireland Fire & Rescue
Northern Ireland Foster Care Association (NIFCA)
Northern Ireland Gay Rights Association (NIGRA)
Northern Ireland Government Departments Permanent Secretaries
Northern Ireland Guardian Ad Litem Agency
Northern Ireland Home Accident Prevention Council
Northern Ireland Hospice
Northern Ireland Human Rights Commission
Northern Ireland Medical & Dental Training Agency (NIMDTA)
Northern Ireland Mother and Baby Action
Northern Ireland Practice Managers Association
Northern Ireland Pre-School Playgroups Association (NIPPA)
Northern Ireland Public Service Alliance

Northern Ireland Social Care Council
Northern Ireland Statistics and Research Agency (NISRA)
Northern Ireland Student Centre
Northern Ireland Volunteer Development Agency
Northern Ireland Women's Aid Federation
Northern Ireland Women's European Platform (NIWEP)
Northern Ireland Youth Forum
Older Person's Advocate
Omagh District Council
Omagh Ethnics Community Support Group
Omagh Women's Area Network
Pakistani Community Association
Parents Advice Centre (PAC)
Participation & Practice of Rights Project
Patient Client Council
Pharmaceutical Contractors' Committee (NI)
Pharmaceutical Society of Northern Ireland
PlayBoard NI
POBAL
Press for Change
PRAXIS Mental Health
PUP
Public Health Agency
Queer Space
Rape Crisis and Sexual Abuse Centre
Registered Nursing Home Association
Regulation & Quality Improvement Authority
Relate
Royal College of General Practitioners (NI)
Royal College of Midwives
Royal College of Nursing (Northern Ireland)
Royal College of Psychiatry
Royal College of Speech & Language Therapists
Royal Institution of Chartered Surveyors in Northern Ireland
Royal National Institute for Deaf People (RNID)
Royal National Institute for the Blind (RNIB)
Royal Society for the Prevention of Accidents (ROSPA)
Rural Community Network
Rural Development Council
Rural Support
Samaritans
Save the Children Fund
SDLP
Sense (National Deaf-Blind and Rubella Association)
Shelter
Sikh Cultural Centre
Simon Community
Sinn Fein
South Eastern Education and Library Board
Southern Health and Social Care Trust

South Eastern Health and Social Care Trust
Southern Education and Library Board
Southern Health and Social Services Council
Sperrin Lakeland Senior Citizens' Consortium
Staff Commission for Education and Library Boards
Strabane District Council
The Society & College of Radiographers
Threshold
Twins and Multiple Births Association (TAMBA)
Ulster Cancer Foundation
Ulster Chemists Association
Ulster Quaker Service Committee
Unison
UNITE
UUP
Voice of Young People in Care (NI)
Voluntary Services Belfast (VSB)
Western Education and Library Board
Western Health and Social Care Trust
Women into Politics
Women's Information Group
Women's Resource and Development Agency
Women's Support Network
Young Help Trust
Youth Council for Northern Ireland

## Appendix 4    Timetable for measures proposed
(Schedule 9 4. (3) (B))

*The following table lists some examples for illustration purposes*

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| **Arrangements for assessing our compliance with S75 duties** | | | |
| Have in place appropriate structures and reporting mechanisms [Intro] | Structures and reporting mechanisms established | Chief Executive | Ongoing |
| Ensure S75 duties are mainstreamed within the Trust [Intro] | S75 objectives and targets will be integrated into strategic and operational business plans [2.5] | Chief Executive, Director of Human Resources and Corporate Services, Equality and Patient Experience Manager | In line with corporate planning cycle |
| Employees' job descriptions and performance plans reflect S75 duties [2.6] | Already included in job descriptions and Post Outlines as part of the Trust's KSF (Knowledge & Skills Framework) | Equality and Patient Experience Manager, HR Manager, Strategic Development and Training | Ongoing |
| Prepare Section 75 Annual Progress Report (APR) and include section in Trust's own Annual Report [2.7] | Information collated throughout year for inclusion in APR  Article written for inclusion in Trust's Annual Report | Equality and Patient Experience Manager   Equality and Patient Experience Manager | 31 August (annually)  Annually |
| Regular/quarterly reports to Trust's Equality Steering | As above – information provided to Director of Human Resources and | Director of Human Resources & Corporate | Each quarter |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| Group and Trust Board [2.10] | Corporate Services to bring to GME and Trust Board. | Services/Equality and Patient Experience Manager | |
| **Action Plan** | | | |
| Development of Action Based Plan to include performance indicators and timescales. Aligned to corporate and business planning cycle [2.11] | Literature review and audit of health inequalities undertaken along with pre-consultation with voluntary/community sector.<br><br>Internal review to identify inequalities and actions required for same. | Equality and Patient Experience Manager<br><br>Equality and Patient Experience Manager | November 2010 |
| Consultation on draft action plan [2.15] | Consult with stakeholders before submission to Equality Commission. | Equality and Patient Experience Manager | In line with consultation on equality scheme Jan-March 2011. |
| Finalised action plan published [2.18] | Publish on Trust's internet and intranet and advise of its availability and take account of alternative formats etc. | Equality and Patient Experience Manager | May 2011 |
| Arrangements for monitoring progress in place [2.16] | Identify whether targets have been met – update plan as necessary. | Equality and Patient Experience Manager in conjunction with other managers as appropriate | Every August in line with Annual Progress Report |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| **Arrangements for consulting** | | | |
| Consultation list reviewed and updated [3.4] | All current consultees written to and contact details and preferred method/format of communication updated on central consultation list. | Equality and Patient Experience Manager | November 2010 and then annually |
| Training re. Consultation [3.2.4] | Specific training provided for those conducting consultations. | Equality and Patient Experience Manager | Ongoing. |
| Equality Scheme and Action Plan consulted upon taking account of various methods, accessible venues  and alternative formats etc [3.2] | Conduct as appropriate:<br>▪ Public meetings<br>▪ Face-to-face meetings<br>▪ Specialist meetings<br>▪ Opinion surveys/questionnaires<br>▪ Internet discussions | Equality and Patient Experience Manager | Jan-Mar 2011 |
| Undertake programme of awareness raising to ensure effective consultation with consultees [3.2.5] | Develop pack for dissemination | Equality and Patient Experience Manager | January 2011 |
| Take account of any assessment and consultation before decisions are taken regarding policies [3.2.10] | Outcome of impact assessment and analysis all consultation responses received. | Lead policy author | Ongoing |
| Provide feedback report to consultees in timely manner in formats suited to consultees [3.2.11] | As per consultation list update exercise we will provide feedback to consultees in their preferred format. | Lead policy author(s) | Ongoing |
| **Screening** | | | |

11

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| Revise screening template and accompanying guidance notes. | Both revised to take account of new ECNI guidance and 3 screening outcomes. | HSC Equality Leads | December 2010 |
| Develop screening report template and publish quarterly in accessible formats [4.15] | Template developed which includes policy aims, consideration of mitigation, alternative policies, screening decision, timetable for EQIA.<br><br>Report will be published quarterly on internet with links to each screening template.  Will be issued to consultees as appropriate in their preferred format. | Equality and Patient Experience Manager<br><br><br><br><br>Equality and Patient Experience Manager | November 2011<br><br><br><br><br><br>Quarterly |
| EQIA timetable [4.16] | Where possible we will give advance notice to consultees of forthcoming EQIAs and the consultation periods associated with each. | Lead policy author(s) | Ongoing |
| Publishing of EQIA reports [4.22] | EQIA reports and outcomes of consultation will be published on the internet and issued to consultees as appropriate in their preferred format.<br><br>The reports will include all information as per 4.22 of this Scheme. | Lead policy author(s)<br><br><br><br><br>Equality and Patient Experience Manager | Ongoing<br><br><br><br><br>Ongoing |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| **Monitoring** | | | |
| Revision of policies as a result of monitoring [4.30] | We will collect and analyse qualitative and available quantitative data in order to monitor any adverse impact of policies we have adopted and to identify opportunities to better promote equality of opportunity and good relations and will do so in line with the Office of the Information Commissioner and the ECNI. | Lead policy author(s) | Ongoing |
| Review of monitoring information [4.31] | To ensure it is relevant and up-to-date in relation to the policy. | Lead policy author(s) | Over a one year period from implementing the policy. |
| Publication of monitoring information [4.33;4.34] | We will publish monitoring information in our S75 Annual Progress Report and also on our website and it will be made available in alternative formats on request. | Equality and Patient Experience Manager | Ongoing and annually. |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---------|---------------------------|---------------------|-----------|
| **Staff Training** | | | |
| Draw up a detailed training plan [5.3] | To cover all aspects i.e. awareness of scheme, focused training for staff involved in data collection, policy development, service design, conducting consultations and EQIAs, monitoring and evaluation, complaints. | Equality and Patient Experience Manager | June 2011 |
| Development of summary scheme [5.4] | Summary Scheme currently being revised and will be issued to all staff. | Equality and Patient Experience Manager | June 2011 |
| Provide access to full copy of Scheme to all staff [5.4] | Full Scheme will be published on intranet and internet and made available in alternative formats on request. | Equality and Patient Experience Manager | June 2011 |
| Development of overall training programme in conjunction with S75 categories [5.5] | All staff will receive briefing on Equality Scheme once approved via Trust E-brief, email, intranet etc.  S75 awareness included in Induction Training and E-learning Diversity Training as well as other current diversity training initiatives. | Equality and Patient Experience Manager | May 2011 |
| Awareness raising on the Section 75 statutory duties via PPI [3.2.5] | Pack developed for PPI panels. | Equality and Patient Experience Manager | April 2011 |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| Focussed training i.e. those involved in research and data collection, policy development, service design, conducting equality impact assessments, consultation, monitoring and evaluation [5.4] | Serious of Screening and EQIA master classes will be held for policy authors and arranged as necessary. | Equality and Patient Experience Manager | September 2011 and ongoing |
| Update training [5.4] | Training will be kept up to date in line with ECNI guidance and staff will be advised accordingly. | Equality and Patient Experience Manager | Ongoing |
| Evaluation of training [5.6] | Assess the extent to which those being trained have acquired the necessary skills and knowledge to e.g. undertake screening, conduct EQIAs etc. | Equality and Patient Experience Manager | Ongoing |
| | Provider Refresher training as required. | Equality and Patient Experience Manager | Ongoing |
| | Disseminate and conduct management reports on uptake of E-learning diversity training. | Equality and Patient Experience Manager | Ongoing |
| | Review of complaints received. | Equality and Patient Experience Manager | Ongoing |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| **Arrangements for ensuring and assessing public access to information and services we provide** | | | |
| Ensure information we disseminate and services we provide are fully accessible to all parts of the community in Northern Ireland [6.1] | Update of S75 consultation list will ask for preferred methods and formats of communication. | Equality and Patient Experience Manager | Ongoing |
| | We will use the media and advertise in press where appropriate. | Equality and Patient Experience Manager | Ongoing |
| | We will also use our website, corporate plan, staff magazine, annual progress report etc. | Equality and Patient Experience Manager | Ongoing |
| | Continue participation on Regional Accessible Information Group. | Equality and Patient Experience Manager | Ongoing |
| Provide information in alternative formats on request [6.3] | Trust routinely translates information into various languages to meet the needs of those not fluent in English via Regional HSC Contract with four translation companies. | All staff | Ongoing |
| | Provides information in disk, easy-read, large print etc. on request. | Equality and Patient Experience Manager | Ongoing |
| | Will seek advice from those with specialist knowledge on how best to communicate with children and young people and also those with learning disabilities, older persons and those with mental illness. | Equality and Patient Experience Manager | Ongoing |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| | We will use the ECNI's 'Let's Talk, Let's Listen Guidance for public authorities on consulting and involving children and young people'. | | |
| Provide interpreters and sign language interpreters [6.7] | The Trust will review arrangements for interpreting services in emergency situation | Equality and Patient Experience Manager | Ongoing |
| Ensure buildings are accessible [6.7] | Access audits will continue to be conducted for publicly accessed buildings and remedial work undertaken as appropriate to ensure accessibility. New builds accessible to the public take account of all access requirements. | Estates Services Department. | Ongoing |
| Assessing access to information and services [6.8] | We will monitor uptake of interpreting services and requests for translations and alternative formats. | Equality and Patient Experience Manager | Ongoing |
| Provide reasonable adjustments [6.9] | As above, public buildings are accessible to all service users, using reasonable adjustments where necessary for both service users and staff members. | Assistant Director of Operations (Estate and Fleet) | Ongoing |
| Monitor complaints [6.9] | We will monitor complaints received to identify areas where equality of opportunity and good relations could be improved. | Equality and Patient Experience Manager | Ongoing |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| **Complaints Procedure** | | | |
| How complaints are raised, timetable for responding etc.[8.1] | HSC have a regional complaints procedure and information has been made available in alternative formats e.g. various languages. | Regional Complaints Group. | May 2010 |
| | Complaints regarding failure to adhere to our Equality Scheme are acknowledged within 2 days and responded to within 20 working days of receipt of letter. | Complaints and Administration Manager/ Equality and Patient Experience Manager | Ongoing |
| **Publication of our Equality Scheme** | | | |
| Equality Scheme on internet [2.8] | Equality Scheme and Annual Progress Report on our website. | Equality and Patient Experience Manager | Ongoing – yearly. |
| Communication of equality scheme and notification of consultees [9.3] | Once approved we will communicate the new equality scheme via press releases, adverts, internet, mail shots to all consultees on our consultation list and link to internet. | Equality and Patient Experience Manager | May 2011 |
| Produce Scheme in alternative formats on request [9.3] | We will produce the Scheme in alternative formats on request as per 9.3 of this Scheme. | Equality and Patient Experience Manager | May 2011 and ongoing |
| **Review of equality scheme** | | | |

| Measure | Action Taken/ To Be Taken | Lead responsibility | Timetable |
|---|---|---|---|
| Scheme will be reviewed within five years of submission to the Equality Commission or within a shorter timescale to allow alignment with the review of other planning cycles [10.1] | We will conduct a thorough review of the scheme in line with the corporate planning cycle i.e. three years after approval. | Equality and Patient Experience Manager | May 2014 |
| **Any other measures proposed in equality scheme** | | | |
| Work closely with other public authorities to exchange learning and best practice [2.3.2] | Maintain already established links with other Trusts and HSC Organisations in order to maximise on collaborative working. | Equality and Patient Experience Manager along with other HSC Equality Leads | Ongoing |
| Liaise closely with the ECNI to ensure that progress on the implementation of our Equality Scheme is maintained [2.0] | Continue communication with the ECNI. | Equality and Patient Experience Manager | Ongoing |
| Work with Trade Unions in the effective discharge of our equality duties. | Maintain already established links with Trade Unions via the Joint Negotiation Council (JCNC). | Director of Human Resources & Corporate Services | Ongoing |

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## Appendix 5    Glossary of terms

**Action plan**
A plan which sets out actions a public authority will take to implement its Section 75 statutory duties. It is a mechanism for the realisation of measures to achieve equality outcomes for the Section 75 equality and good relations categories.

**Action measures and outcomes**
Specific measures to promote equality and good relations for the relevant Section 75 and good relations categories, linked to achievable outcomes, which should be realistic and timely.

**Adverse impact**
Where a Section 75 category has been affected differently by a policy and the effect is less favourable, it is known as adverse impact. If a policy has an adverse impact on a Section 75 category, a public authority must consider whether or not the adverse impact is unlawfully discriminatory. In either case a public authority must take measures to redress the adverse impact, by considering mitigating measures and/or alternative ways of delivering the policy.

**Affirmative action**
In general terms, affirmative action can be defined as being anything consistent with the legislation which is necessary to bring about positive change. It is a phrase used in the Fair Employment and Treatment Order (NI) 1998 to describe lawful action that is aimed at promoting equality of opportunity and fair participation in employment between members of the Protestant and Roman Catholic communities in Northern Ireland.

**Article 55 Review**
Under the Fair Employment and Treatment (NI) Order 1998, all registered employers must conduct periodic reviews of the composition of their workforces and of their employment practices for the purposes of determining whether members of the Protestant and Roman Catholic communities are enjoying, and are likely to continue to enjoy, fair participation in employment in each employer's concern.  These reviews, which are commonly known as Article 55 Reviews, must be conducted at least once every three years.

**Audit of inequalities**
An audit of inequalities is a systematic review and analysis of inequalities which exist for service users and those affected by a public authority's policies. An audit can be used by a public authority to inform its work in relation to the Section 75 equality and good relations duties. It can also enable public authorities to assess progress on the implementation of the Section 75 statutory duties, as it provides baseline information on existing inequalities relevant to a public authority's functions.

**Consultation**
In the context of Section 75, consultation is the process of asking those affected by a policy (ie, service users, staff, the general public) for their views on how the policy could be implemented more effectively to promote equality of opportunity across the 9 categories. Different circumstances will call for different types of consultation. Consultations could, for example, include meetings, focus groups, surveys and questionnaires.

**Council of Europe**
The Council of Europe, based in Strasbourg, covers virtually the entire European continent, with its 47 member countries. Founded on 5 May 1949 by 10 countries, the Council of Europe seeks to develop throughout Europe common and democratic principles based on the European Convention on Human Rights and other reference texts on the protection of individuals.

**Desk audit**
An audit of a draft equality scheme to ensure that the scheme conforms with the requirements on form and content as detailed in the Commission's Guidelines (the Guide).

**Differential impact**
Differential impact occurs where a Section 75 group has been affected differently by a policy. This effect could either be positive, neutral or negative. A public authority must make a judgement as to whether a policy has a differential impact and then it must determine whether the impact is adverse, based on a systematic appraisal of the accumulated information.

**Discrimination**
The anti-discrimination laws prohibit the following forms of discrimination:

- Direct discrimination
- Indirect Discrimination
- Disability Discrimination
- Victimisation
- Harassment

Brief descriptions of these above terms follow:

Direct discrimination
This generally occurs where a public authority treats a person less favourably than it treats (or, would treat) another person, in the same or similar circumstances, on one or more of the statutory non-discrimination grounds. A decision or action that is directly discriminatory will normally be unlawful unless: (a) in an age discrimination case, the decision can be objectively justified, or (b) in any other case, the public authority can rely on a statutory exception that permits it – such as a *genuine occupational requirement exception; or, a positive action exception* which permits an employer to use "welcoming statements" or to take other lawful positive action to encourage participation by under-represented or otherwise disadvantaged groups.

Indirect discrimination
The definition of this term varies across some of the anti-discrimination laws, but indirect discrimination generally occurs where a public authority applies to all persons a particular provision, criterion or practice, but which is one that has the effect of placing people who share a particular equality characteristic (e.g. the same sex, or religious belief, or race) at a particular disadvantage compared to other people. A provision, criterion or practice that is indirectly discriminatory will normally be unlawful unless (a) it can be objectively justified, or (b) the public authority can rely on a statutory exception that permits it.

Disability discrimination
In addition to direct discrimination and victimisation and harassment, discrimination against disabled people may also occur in two other ways: namely, (a) *disability-related discrimination*, and (b) *failure to comply with a duty to make reasonable adjustments.*

(a) *Disability-related discrimination* generally occurs where a public authority, without lawful justification, and for a reason which relates to a disabled person's disability, treats that person less favourably that it treats (or, would treat) other people to whom that reason does not (or, would not) apply.

(b) *Failure to comply with a duty to make reasonable adjustments*: One of the most notable features of the disability discrimination legislation is that in prescribed circumstances it imposes a duty on employers, service providers and public authorities to take such steps as are reasonable to remove or reduce particular disadvantages experienced by disabled people in those circumstances.

Victimisation
This form of discrimination generally occurs where a public authority treats a person less favourably than it treats (or, would treat) another person, in the same or similar circumstances, because the person has previously exercised his/her rights under the anti-discrimination laws, or has assisted another person to do so. Victimisation cannot be justified and is always unlawful.

Harassment
Harassment generally occurs where a person is subjected to unwanted conduct that is related to a non-discrimination ground with the purpose, or which has the effect, of violating their dignity or of creating for them an intimidating, hostile, degrading, humiliating or offensive environment. Harassment cannot be justified and is always unlawful.

**Economic appraisal**
An economic appraisal is a systematic process for examining alternative uses of resources, focusing on assessment of needs, objectives, options, costs benefits, risks, funding and affordability and other factors relevant to decisions.

**Equality impact assessment**
The mechanism underpinning Section 75, where existing and proposed policies are assessed in order to determine whether they have an adverse impact on equality of opportunity for the relevant Section 75 categories. Equality impact assessments require the analysis of both quantitative and qualitative data.

**Equality of opportunity**
The prevention, elimination or regulation of discrimination between people on grounds of characteristics including sex, marital status, age, disability, religious belief, political opinion, dependants, race and sexual orientation.

The promotion of equality of opportunity entails more than the elimination of discrimination. It requires proactive measures to be taken to secure equality of opportunity between the categories identified under Section 75.

**Equality scheme**
A document which outlines a public authority's arrangements for complying with its Section 75 obligations. An equality scheme must include an outline of the public authority's arrangements for carrying out consultations, screening, equality impact assessments, monitoring, training and arrangements for ensuring access to information and services.

**Good relations**
Although not defined in the legislation, the Commission has agreed the following working definition of good relations: 'the growth of relations and structures for Northern Ireland that acknowledge the religious, political and racial context of this society, and that seek to promote respect, equity and trust, and embrace diversity in all its forms'.

**Mainstreaming equality**
The integration of equal opportunities principles, strategies and practices into the every day work of public authorities from the outset. In other words, mainstreaming is the process of ensuring that equality considerations are built into the policy development process from the beginning, rather than being bolted on at the end. Mainstreaming can help improve methods of working by increasing a public authority's accountability, responsiveness to need and relations with the public. It can bring added value at many levels.

**Mitigation of adverse impact**
Where an equality impact assessment reveals that a particular policy has an adverse impact on equality of opportunity, a public authority must consider ways of delivering the policy outcomes which have a less adverse effect on the relevant Section 75 categories; this is known as mitigating adverse impact.

**Monitoring**
Monitoring consists of continuously scrutinising and evaluating a policy to assess its impact on the Section 75 categories. Monitoring must be sensitive to the issues associated with human rights and privacy. Public authorities should seek advice from consultees and Section 75 representative groups when setting up monitoring systems.

Monitoring consists of the collection of relevant information and evaluation of policies. It is not solely about the collection of data, it can also take the form of regular meetings and reporting of research undertaken. Monitoring is not an end in itself but provides the data for the next cycle of policy screening.

**Northern Ireland Act**
The Northern Ireland Act, implementing the Good Friday Agreement, received Royal Assent on 19 November 1998. Section 75 of the Act created the statutory equality duties.

**Northern Ireland Human Rights Commission**
A statutory body established under Section 68 of the Northern Ireland Act 1998, which works to ensure that the human rights of everyone in Northern Ireland are fully protected in law, policy and practice.

**Northern Ireland Statistics & Research Agency (NISRA)**
The Northern Ireland Statistics and Research Agency (NISRA) is an Executive Agency within the Department of Finance and Personnel (DFP). They provide statistical and research information regarding Northern Ireland issues and provide registration services to the public in the most effective and efficient way.

**OFMDFM**
The Office of the First Minister and Deputy First Minister is responsible for providing advice, guidance, challenge and support to other NI Civil Service Departments on Section 75 issues.

**PAFT**
The Policy Appraisal and Fair Treatment (PAFT) Guidelines constituted the first non-statutory attempt at mainstreaming equality in Northern Ireland in January 1994. The aim of the PAFT Guidelines was to ensure that issues of equality and equity informed policy making and activity in all spheres and at all levels of government. PAFT has now been superseded by Section 75 of the Northern Ireland Act 1998.

**Policy**
The formal and informal decisions a public authority makes in relation to carrying out its duties. Defined in the New Oxford English Dictionary as 'a course or principle of action adopted or proposed by a government party, business or individual'. In the context of Section 75, the term **policies** covers all the ways in which a public authority carries out or proposes to carry out its functions relating to Northern Ireland. Policies include unwritten as well as written policies.

**Positive action**
This phrase is not defined in any statute, but the Equality Commission understands it to mean any lawful action that a public authority might take for the purpose of promoting equality of opportunity for all persons in relation to employment or in accessing goods, facilities or services (such as health services, housing, education, justice, policing). It may involve adopting new policies, practices, or procedures; or changing or abandoning old ones. *Positive action* is not the same as *positive discrimination*.

Positive discrimination differs from positive action in that *positive action* involves the taking of lawful actions whereas *positive discrimination* involves the taking of unlawful actions. Consequently, *positive action* is by definition lawful whereas *positive discrimination* is unlawful.

**Qualitative data**
Qualitative data refers to the experiences of individuals from their perspective, most often with less emphasis on numbers or statistical analysis. Consultations are more likely to yield qualitative than quantitative data.

**Quantitative data**
Quantitative data refers to numbers, typically derived from either a population in general or samples of that population. This information is often analysed by either using descriptive statistics, which consider general profiles, distributions and trends in the data, or inferential statistics, which are used to determine 'significance' either in relationships or differences in the data.

**SACHR**
The Standing Advisory Commission on Human Rights (SACHR) has now been replaced by the Northern Ireland Human Rights Commission. SACHR, as part of its review of mechanisms in place to promote employment equality and reduce the unemployment differential, recommended that the PAFT Guidelines should be made a statutory requirement.

**Screening**
The procedure for identifying which policies will be subject to equality impact assessment, and how these equality impact assessments will be prioritised. The purpose of screening is to identify the policies which are likely to have a minor/major impact on equality of opportunity so that greatest resources can be devoted to improving these policies. Screening requires a systematic review of existing and proposed policies.

**Schedule 9**
Schedule 9 of the Northern Ireland Act 1998 sets out detailed provisions for the enforcement of the Section 75 statutory duties, including an outline of what should be included in an equality scheme.

**Section 75**
Section 75 of the Northern Ireland Act provides that each public authority is required, in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between:-

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

Without prejudice to these obligations, each public authority in carrying out its functions relating to Northern Ireland must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

**Section 75 investigation**
An investigation carried out by the Equality Commission, under Schedule 9 of the NI Act 1998, arising from the failure of a public authority to comply with the commitments set out in its approved equality scheme.

There are two types of Commission investigation, these are as follows:

1. An investigation of a complaint by an individual who claims to have been directly affected by the failure of a public authority to comply with its approved equality scheme;

2. An investigation initiated by the Commission, where it believes that a public authority may have failed to comply with its approved equality scheme.