

# **NORTHERN IRELAND AMBULANCE SERVICE**

***A Meeting of Trust Board to be held on Thursday, 17 November 2011 at 2.00pm,  
in the Boardroom at NIAS Headquarters, Knockbracken Healthcare Park,  
Saintfield Road, Belfast, BT8 8SG***

## **A G E N D A**

### **Welcome, Introduction and Format of Meeting**

**Paper Enclosed**

#### **1.0 Apologies**

#### **2.0 Procedure: Declaration of potential Conflict of Interest Quorum**

#### **3.0 Minutes of the previous meeting of the Trust Board held 15 September 2011** (for approval and signature)

TB/1/17/11/11

#### **4.0 Matters Arising**

#### **5.0 Chairman's Business**

5.1 Visit to Downpatrick 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 September 2011**

TB/2/17/11/11

#### **8.0 Items for Approval**

8.1 NIAS Response to HSC Review (retrospective approval sought)

8.2 Waste Management Policy

8.3 Security Policy

8.4 Environmental Management Policy

8.5 Clinical Waste and Sharps Policy

8.6 Revised Major Incident Plan 2011

TB/3/17/11/11

TB/4/17/11/11

TB/5/17/11/11

TB/6/17/11/11

TB/7/17/11/11

TB/8/17/11/11

#### **9.0 Items for Noting**

9.1 Minutes of Audit Committee Meetings held 2 September &  
17 October 2011

9.2 Minutes of Assurance Committee Meeting held 2 September 2011

9.3 Corporate Responsibility Action Plan

9.4 Mid Year Assurance Statement

TB/9/17/11/11

TB/10/17/11/11

TB/11/17/11/11

TB/12/17/11/11

#### **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, 19 January 2012 in the Southern Division, venue to be confirmed.**

## **Standing Orders**

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

### **Admission of Public and the Press**

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

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

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

### **3.18 *Observers at Board meetings***

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

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

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

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

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

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



Northern Ireland Ambulance Service  
Health and Social Care Trust



# TRUST BOARD

***Meeting to be held on Thursday, 17 November 2011 at NIAS Headquarters,  
Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG***

**TB/1/17/11/11**

## NORTHERN IRELAND AMBULANCE SERVICE

***Minutes of a Meeting of Trust Board/AGM held on Thursday, 15 September 2011  
at 1.30pm at the Northern Ireland Ambulance Service Headquarters,  
Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG***

### **Present:**

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

### **In Attendance:**

Mrs M Crawford	Executive Administrator
Miss K Baxter	Senior Secretary

### **Welcome and Format of the Meeting**

The Chairman opened the meeting by welcoming members of the public and Trust Board and advised that the Annual General Meeting would be incorporated within the public Board meeting.

#### **1.0 Apologies**

Mr S Shields, Non- Executive Director

#### **2.0 Procedure: Declaration of potential Conflict of Interest Quorum**

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

#### **Suspension of Standing Orders**

The Chairman suspended Standing Orders to allow the Annual General Meeting to take place.

### 3.0

## **ANNUAL GENERAL MEETING**

### **i. Presentation of Annual Accounts 2010/11**

The Finance Director presented the Annual Accounts by giving a presentation which summed up the financial performance for the past year.

### **ii. Presentation of Annual Report 2010/11**

The Chief Executive presented the Annual Report outlining the activity for the past year and the challenges for the years ahead.

### **iii. Question & Answer Session**

Mr Ferran, a member of the public commented that Ambulance staff are held in high esteem by the local community here in Northern Ireland.

Prof Hanratty asked a question regarding the fleet and how monies are allocated for the various types of vehicles. It was advised that a goal for NIAS is to have all fleet under 5 years old, however decisions are made based on the capital and the timeframes available.

The Chairman wished to congratulate the Chief Executive and his team for the sterling work carried out during the year under very difficult and challenging circumstances and requested his thanks be passed on to all staff .

## **ANNUAL GENERAL MEETING CONCLUDED**

### **Reinstate Standing Orders**

The Chairman advised that the business of the public meeting would now continue.

### **4.0 Minutes of the Previous Meeting of the Trust Board held on 21 July 2011**

Members accepted the minutes as a true and accurate record of proceedings on the proposal of Prof Hanratty seconded by Mr McKinley.

### **5.0 Matters Arising**

#### **5.1 Financial Stability**

The chairman advised that this item would be dealt with under Item 8 - Assurance Framework

### **6.0 Chairman's Business**

#### **6.1 Chairman's Update**

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

## **6.2 Hazardous Area Response Team (HART) Launch – 26 October 2011**

Members were advised that the Hazardous Area Response Team (HART) Launch is scheduled for the 26 October 2011 and will be held at the Waterfront Hall. The Minister, Chief Medical Officer and the Permanent Secretary along with various Emergency Services agencies and other stakeholders will be invited to attend. Final details are yet to be issued.

## **6.3 Patient Client Council**

The Board enquired if a Patient Client Council representative would no longer be attending Trust Board meetings. The Chair and Chief Executive advised that they had recently met with the Chair and Chief Executive of the Patient Client Council where the matter was raised and it was confirmed that currently resource limitations are restricting PCC attendance at Board meetings.

## **7.0 Chief Executive's Business**

### **7.1 Chief Executive's Update**

The Chief Executive gave a brief outline of some of his activities since the last Board meeting:

- Trust Accountability meeting was held with the DHSSPS and no specific recommendations or actions were identified. Two reports have been requested regarding information on turnaround times at A&E departments and the proportion of Cat A calls in comparison with other UK ambulance services. NIAS was commended for their efforts during a very difficult winter and pressures around efficiencies. The Chairman also attended the meeting which he considered to be a very positive meeting and welcomed the opportunity to support the Executive team.
- Attended Regional Trauma Conference at the Belfast Trust where Dr McManus was the first speaker who set the tone for the rest of the conference. This was an opportunity to communicate the NIAS role now and in the future in the management of trauma care in Northern Ireland.
- Attended the launch of the NIAS Leadership programme which was developed by HR for Managers up to Assistant Directors. This will equip Managers with the skills and confidence to deal with the challenges ahead.

## **8.0 Assurance Framework as at 31 July 2011**

The Chief Executive reminded the Board that this report is evolving and would welcome feedback or comments on further information required and how information is presented.

### **Medical**

The Medical Director updated members on his report and the following comments/issues were raised.

- Chair of Assurance Committee wished to advise the Board that Monitoring reports in relation to the management of medicines are presented to the Assurance Committee, and further advised that the action plan from the RQIA report will be a standing agenda item until all areas have been actioned.
- An enquiry was made in relation to providing alternatives to hospital attendance and what alternatives exist currently.
- Trust Board was advised that a number of facilities are available through Community Care and in the case of elderly patients they can be admitted to Community Hospitals or residential care. There is a lot of work still to be done in getting agreement to directly access these services as there is reluctance from some of the Trusts as resources are an issue. In the case of falls in elderly patients a pilot is being developed where the cause of the fall can be identified and resolved/treated in the community.
- A follow-up question enquired as to who is driving this project and what is NIAS involvement?
- Ministerial Priorities for Action and the RQIA identified the area for work within their recommendations. A 'Falls Team' working within the GP out of Hours is being established.

## **Operations**

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

- The Board commented on the graphical format used to present the information which is very useful.
- An enquiry was made in relation to whether queuing at Antrim Area Hospital is a major factor in not achieving the target in the Northern LCG area ?
- This is not the only factor as the geographical area presents problems in terms of distance and density of population. Work is ongoing with the Northern Trust to better manage GP referrals and integration with other services.
- The issue of the closure of the City Hospital A&E department was raised and the impact on NIAS
- NIAS have been involved in discussions with the Belfast Trust from an early stage. Planning to date suggests there will be approximately 30 additional patient movements per day however this will not be a steady flow but will come in clusters. An additional 2.5 A&E vehicles or their equivalent is the estimate of NIAS requirements to manage and mitigate the change. One problem will be manpower for the additional hours and overtime will be necessary and particularly because the closure is presently scheduled as temporary. This is an added pressure for NIAS as the Trust is currently relying on overtime to manage previous acute service changes already in place. A review will be necessary on the use of overtime and the re-profile of existing services. NIAS will support this important development to the full extent of its capacity.
- Working Time Directive was raised with the increase in overtime for staff.
- This remains an issue for NIAS and is an area which is closely monitored. The Trust does comply with the Working Time Directive. It was added that the Trust has invested in the Global Rostering System which shows clearly what shifts are being worked by staff. The system will support managers to identify and address any issues with shifts.

- Has the HSC Board been advised of the impact acute services changes are having on NIAS – in particular the issue of “temporary” measures?
- It was confirmed that NIAS briefs the HSC Board of any impact on the service.

## **Finance**

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

- What is the reason for the fluctuations in the value of spend between June and July 2011.
- Equipment and drugs were identified as key contributors to non-pay expenditure. Director of Finance commented that she can provide more detail if required by the Board.
- The Board commended the detail included in the Finance and ICT report and asked for a summary sheet to be considered to highlight ICT assurances in further reports.

**Action:** Director of Finance to provide a summary cover sheet for the Finance Report

## **Human Resources**

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

- It was noted that 34% of complaints were classified as Control - clarification was requested.
- The majority of the complaints in this area are due to the non arrival or late arrival of PCS ambulance for planned appointments. These types of complaints are assigned to Control as the difficult decisions in relation to allocation of scarce resources are made by Control staff.
- The Board enquired if any applications have been made to local councils or the Public Health Agency regarding any available schemes for keeping staff fit.
- Director of HR&CS directed member's attention to Item 10.5 and outlined measures in place and proposed.

## **9.0 Items for Approval**

### **9.1 DRAFT Trust Delivery Plan (TDP)**

The Trust is required to develop a TDP and this draft document has been shared with the HSC Board in line with their request and timeframe. They will be briefed on any revisions following Trust Board consideration.

The Chairman added that he was very encouraged by the TDP which encapsulates key elements of the Corporate Plan.

The following comments/issues were noted:

- The Board considered the document to be very readable and consistent with the Corporate Plan, aligning it with Ministerial Directions and HSC Board Commissioning priorities.

- Does the HSC Board and the Trust have a Service Level Agreement (SLA) in place?
- It was advised that at this time there is no SLA in place and the matter has been raised with the HSC Board. However the financial assumptions included in the Trust Delivery Plan have been produced in conjunction with the HSCB.
- It was also noted that no formal approval for last year's TDP was received by NIAS.

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

## **9.2 Business Continuity Policy & Strategy**

The above Policy and Strategy was presented for approval and it was noted that this is a requirement under the Civil Contingencies Framework. These documents were developed by the Emergency Planning Department.

After some discussion the policy and strategy was approved on the proposal of Prof Hanratty and seconded by Mr McKinley.

## **10.0 Items for Noting**

### **10.1 Management Statement/Financial Memorandum**

Noted.

### **10.2 NIAS Response to Consultations**

Noted.

### **10.3 Section 75 & Disability Discrimination Order – Annual Progress Report**

The Board enquired about the extent of awareness of Section 75 legislation and guidance required of individual board members. This will be discussed at the Board workshop due to take place on the 7 October 2011. The following comments/issues were noted:

- Is a legend required to Appendix 1
- The volume of calls and arrangements for utilisation of Language Line in an ambulance setting was considered.

Noted.

### **10.4 CSR Phase 1 & 2**

This report confirms that the Trust carried out the proposals put forward in the public consultation.

Discussion ensued and consideration was given to the impact on rural areas. The Trust has not identified adverse impact in rural areas.

Noted.

#### **10.5 Health & Wellbeing & Attendance Management Action Plan 2011/12**

Noted.

#### **11.0 Application of Trust Seal**

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

#### **12.0 FORUM FOR QUESTIONS**

No questions received from the floor.

#### **13.0 Any Other Business**

##### **13.1 HSC Review**

The Board were advised that a HSC Review is under way led by Mr John Compton, Chief Executive of the HSC Board. NIAS Chief Executive will be engaging with other Trust Chief Executives in this regard. There is no timeframe currently set for any submission other than the fact that the Report is to be completed by the end of November, however the Chief Executive will develop a NIAS submission with input from Trust Board, building on extant corporate and trust delivery plans and other relevant documents and bring for ratification at the next meeting of the Board. Terms for the Review can be found on the HSC Board website.

**Action:** Chief Executive to develop NIAS submission and present for ratification at next Trust Board.

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

The next meeting of the Trust Board will be held on Thursday, 17 November 2011 in the Eastern Division. Venue to be confirmed.

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

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Chairman**



# **ASSURANCE** **FRAMEWORK**

**(as at 30 September 2011)**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD

THURSDAY 15 SEPTEMBER 2011

<b>Title:</b>	Assurance Framework.
<b>Purpose:</b>	To provide relevant and appropriate levels of assurance to the Trust Board in public of the delivery of objectives in line with relevant standards and requirements and the effective management of risk.
<b>Content:</b>	Assurance reports from all Directorates.
<b>Recommendation:</b>	For noting
<b>Previous Forum:</b>	Trust Board, Assurance Committee
<b>Prepared by:</b>	Senior Executive Management Team.
<b>Presented by:</b>	Executive Directors.

# NORTHERN IRELAND AMBULANCE SERVICE

## ASSURANCE FRAMEWORK

2011-2012

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## MISSION

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

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## INTRODUCTION

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

### MINISTERIAL PRIORITIES

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

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

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

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

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

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

The Strategic Aims are as follows:

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

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

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

The Key Objectives are as follows:

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

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

## NIAS PERFORMANCE MANAGEMENT PROCESS

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

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

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

This Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims. The Corporate Plan is supported by an annual Trust Delivery Plan which is developed to take account of available resources and outline Trust priorities for the period of the plan

This Assurance Framework outlines the key actions which NIAS has identified as being necessary to deliver strategic objectives, and identifies principal risks to delivery of objectives. Where possible objective measures of performance against objectives are presented in support of an internal self-assessment of performance against objectives and key actions.

The objectives set by the Trust Board are cascaded through the Chief Executive, the Executive Directors, and through senior managers and embedded within service delivery models for all aspects of the organisation. This process seeks to align activity with objectives reflecting Ministerial priorities, which correspond to the delivery of safe, high-quality care within available resources.

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

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

# Assurance Report

## MEDICAL DIRECTORATE

Key Objective Areas	Performance to 30 September 2011	
Emergency Preparedness and Business Continuity		
Hazardous Area Response Team (HART)		
Clinical Quality and Positive Outcomes for Patients		
Risk Management and Learning from Adverse Incidents		
Providing Alternatives to Hospital A&E Attendance		
Improving the Patient Experience		

### EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY

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

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

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

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

#### *2010/11 PfA 1.2*

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

#### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

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

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

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

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

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

#### *IMPROVEMENT PROPOSALS FOR 2011/12*

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

#### *SUMMARY OF PERFORMANCE*

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

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

A review of the Trust's Major Incident Plan commenced in July 2011 as part of the planned biannual review and has been submitted to Trust Board in November 2011 for consideration and approval. Following ratification the revised plan will be printed and circulated to all key stakeholders and will be incorporated into an overarching incident response framework and strategy to include specialist incident responses and responses to exceptional circumstances. The development of this framework and strategy commenced during the summer of 2011 and will be reported to Trust Board through the Trust's Assurance Committee.

A Trust Business Continuity Strategy and Policy has been developed and revised and was approved by Trust Board in September 2011. As part of this strategy, individual function and directorate-specific Business Continuity Plans have been identified and are being reviewed, updated and tested as part of the next phase of this process.

A log of the activation of any local or regional contingency plans was established in Quarter 1 of 2011/12 and is actively reviewed to identify any learning and amendments to business continuity plans and decisions.

The Trust has been assessed as being substantively compliant with the Emergency Planning Controls Assurance Standard as assessed in May 2011.

The Trust continues to participate in planning exercises with other services and organisations in emergency planning and major incident exercises, as well as major incident and multi-agency responses. These are presented in the attached Emergency Planning Officer's Report.

#### *RISK COMMENTARY*

## HAZARDOUS AREA RESPONSE TEAM (HART)

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

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

To provide a team of HART-trained operational A&E staff to respond 24 hours a day, either locally or nationally.

To provide a response in the event of potential or actual contamination or presence of hazardous substances or environments, including the “hot zone”.

To work in partnership with other responding agencies.

To provide clinical intervention and improved outcome for persons trapped/injured within an incident site.

To provide liaison/communication for health services responses.

### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

### *IMPROVEMENT PROPOSALS FOR 2011/12*

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

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

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

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

A programme of refresher training for all skills will continue.

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

Training delivered by PHA will commence.

HART deployments will be monitored and debriefed.

### *SUMMARY OF PERFORMANCE*

57 paramedics have now been trained in various elements of HART.

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

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

Recurrent funding for HART has been agreed and provided by DHSSPS through PHA.

NIAS HART SOPs have been agreed and continue to be reviewed through participation in the national HART programme.

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

HART paramedics have been deployed on a number of occasions in support of other emergency services at, for example, potential chemical incidents.

A capability in all aspects of HART has been in place within NIAS since April 2011.

A programme of multi-agency training is in place for 2011/12.

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

A post-project evaluation of the initial pilot of HART has been completed and submitted to DHSSPS and PHA. A number of minor amendments and actions have been requested and are currently being actioned.

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

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

### *RISK COMMENTARY*

*CLINICAL QUALITY & POSITIVE OUTCOMES FOR PATIENTS*

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

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

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

2010/11 PSA 2.1

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

2010/11 PfA 2.7

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

2010/11 PfA 2.10

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

2010/11 TA 2.4

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

2010/11 PfA 3.1

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

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

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

*ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

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

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

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

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

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

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

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

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

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

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

#### *IMPROVEMENT PROPOSALS FOR 2011/12*

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

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

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

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

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

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

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

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

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

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

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

#### *SUMMARY OF PERFORMANCE*

##### ***Clinical Care***

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

Regular reports on performance against a number of condition-specific Clinical Performance Indicators (CPIs) are provided to the Trust's Assurance Committee (see Table 2 below).

##### ***Infection Prevention & Control***

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

A further audit of hand hygiene was completed in August 2011 but due to insufficient data this is currently being repeated and will be completed at the end of November 2011 with the results collated and presented to the Assurance Committee.

A number of IPC performance indicators have been agreed and are being monitored by the IPC Group as standing agenda items at its meetings and reported to the Assurance Committee.

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

The Trust's Clinical Waste Policy has been reviewed in association with other HSC Trusts and will be submitted to Trust Board in November 2011.

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

From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area.

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

Regional Healthcare Hygiene and Cleanliness Standards and an associated Audit Tool were introduced in July 2011. These have been reviewed in relation to those elements that

are relevant to NIAS and submitted to the Assurance Committee in November 2011. These will be incorporated into the station visits and audits currently being undertaken.

The Medical Director has obtained agreement from his colleagues in the other HSC Trusts to access IPC expertise. This is being further explored with one HSC Trust in particular.

### **Medicines Management**

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

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

Six unannounced inspections of the Trust's Medicines Management Procedures and compliance with them have now been undertaken in different areas by the DHSSPS Drugs Inspection Unit and no significant problems have been identified. The reports of these inspections have been presented to the Trust's Assurance Committee. Further inspections will continue to be undertaken.

### **Other**

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

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

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

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

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

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

**Table 1**

Stroke Services: % of ALL 999 patients at hospital within 90 minutes												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	96.40%	97.50%	99.13%	97.51%	99.49%	97.29%						
Belfast	95.80%	100.00%	100.00%	100.00%	100.00%	98.55%						
North	97.30%	97.56%	97.92%	97.87%	100.00%	93.88%						
Sth East	94.30%	95.45%	97.83%	95.92%	97.44%	100.00%						
South	100.00%	97.14%	100.00%	93.94%	100.00%	100.00%						
West	94.70%	96.97%	100.00%	100.00%	100.00%	94.29%						

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Table 2

CPIs – A. WATTERSON – CLINICAL AUDIT OFFICER

Review: 6 months

## Clinical Performance Indicator – Hypoglycaemia Management Indicator Set

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

## 1348 Patient Report Forms sampled from Jan 2011 to June 2011 – Diabetic patient management results:

Ambulance Trust area	Estimated Number of Hypoglycaemic incidents per month	Number sampled	Oxygen Administered to Patient	Oxygen Administered Exceptions	Pulse Rate Observed	Pulse Rate Exceptions	Blood Glucose Observed	Given Glucagon	Given Glucagon Exceptions	2 <sup>nd</sup> Blood Glucose reading taken	2 <sup>nd</sup> BM reading exceptions	Blood Glucose level improved	GCS observed	Transport to hospital
All divisions	223	1348	437 (33%)	44 refused (3.4%)	1301 (97%)	44 refused (3.3%)	1211 (90%)	415 (31%)	44 refused (3.4%)	727 (55%)	0 (0%)	812 (60%)	1331 (99%)	946 (70%)
Previous audit:	223	1336	408 (30%)	34 refused (2.5%)	1310 (98%)	30 refused (2.0%)	1177 (84%)	343 (26%)	30 (2%)	637 (49%)	0 (0%)	762 (57%)	1304 (98%)	956 (72%)

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

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

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

2<sup>nd</sup> BM reading – a majority of patients had left care of NIAS before a 2<sup>nd</sup> BM reading could be obtainedBM level improved – all patients that had 2<sup>nd</sup> reading had an improved BM level

Aug 2011

## RISK COMMENTARY

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

## RISK MANAGEMENT & LEARNING FROM ADVERSE INCIDENTS

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

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

### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

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

### *IMPROVEMENT PROPOSALS FOR 2011/12*

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

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

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

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

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

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

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

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

### *SUMMARY OF PERFORMANCE*

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

The Risk Manager and Emergency Planning Officer are currently undertaking a review of the recommendations contained within the Coroner's reports following the inquests into the London bombings and the Cumbria shooting incidents.

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

The recommendations from a Coroner's report relating to the use of carbon dioxide monitoring in intubated patients have been reviewed and will be circulated to all operational staff.

All regional Serious Adverse Incidents raised during the previous year involving NIAS have been closed with the exception of one relating to a road traffic collision involving an ambulance. Recommendations arising from the report into this incident have been submitted to the RHSCB and their response is now awaited.

During this year, NIAS has so far participated in the formal review of one Regional Serious Adverse Incident and the development of recommendations arising.

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

From August 2011 the Trust has been engaged with PHA in the development of regional and Trust-specific outbreak contingency plans in response to the recommendations from the public enquiry into the outbreak of C Difficile in the Northern Trust area.

A further audit of hand hygiene was completed in August 2011 but due to insufficient data this is currently being repeated and will be completed at the end of November 2011 with the results collated and presented to the Assurance Committee.

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

A new system for the management of GP Urgent Calls, where these are integrated with other emergency calls, has been agreed in principle and work is currently ongoing with the providers of the Control software systems to support implementation.

The process for the recruitment of a RPCC Manager on a temporary basis to undertake a review of the role of RPCC has commenced.

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

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

### *RISK COMMENTARY*

*PROVIDING ALTERNATIVES TO HOSPITAL A&E ATTENDANCE*

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

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

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

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

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

*ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

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

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

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

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

#### *IMPROVEMENT PROPOSALS FOR 2011/12*

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

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

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

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

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

#### *SUMMARY OF PERFORMANCE*

A number of condition-specific treat and leave protocols have been developed and circulated to the Training and Clinical Support Officers for review and comment. A number of amendments have been made in response to this process prior to the introduction of the protocols.

Discussions are ongoing with a GP Out of Hours provider to reintroduce a joint system of call triage and referral and NIAS continues to be engaged in the regional review of GP Out of Hours services.

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

Patients with acute myocardial infarction are being admitted directly to the cardiac catheterisation laboratory in the Royal Victoria Hospital and Craigavon Area Hospital wherever possible rather than being taken to A&E.

NIAS now participates in the Regional Acute Oncology Group regarding the direct admission of patients to Cancer Treatment Centres if complications arise following chemotherapy.

A patient database of relevant clinical information continues to be populated in Ambulance Control regarding the specific clinical needs and management of individual patients to facilitate their ongoing care in the community and direct referral to specialist hospital departments rather than transport to the A&E Department. Systems are now in place for the population of the database with oxygen alert information for patients with COPD and other conditions such as Addison's Disease, etc.

### *RISK COMMENTARY*

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

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

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

## IMPROVING THE PATIENT EXPERIENCE

### *CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD COMMISSIONING PLANS 2010/11 PfA 2.8*

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

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

### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

#### ***Personal and Public Involvement (PPI)***

NIAS continues to contribute to the regional approach of the implementation of PPI through involvement in the Public Health Agency (PHA) Regional PPI Forum. In addition the Trust is represented on the DHSSPS PPI Guidance Review Committee. The Trust has published its Consultation Scheme and in line with commitments set out within this is working towards development of a NIAS PPI Strategy. Progress reports around this agenda are provided internally to the Trusts Equality and PPI Steering Group and externally to the PHA.

#### ***Patient and Client Experience Standards***

In line with the HSCB Commissioning Plan, NIAS continues to contribute to the regional working group established to develop and implement methodologies to monitor compliance with the Minister's Patient and Client Experience Standards (Respect, Privacy, Dignity, Behaviour and Communication). Questions in respect of experience of ambulance services are now included in surveys related to the standards undertaken across HSC Acute Trusts. Results of these surveys provided to NIAS.

### *IMPROVEMENT PROPOSALS FOR 2011/12*

Development of a PPI Strategy for NIAS.

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

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

Participation in PPI initiatives with other statutory and voluntary agencies and development of Ambulance Service membership scheme, reference panel and service user groups.

### *SUMMARY OF PERFORMANCE*

The development of a PPI Strategy for NIAS is ongoing and is on track for achievement.

Additional methodologies to monitor compliance with the standards and identification of areas for improvement have been introduced.

NIAS continues to be involved in regional workstreams to influence and ensure a collaborative approach to the PPI and Patient and Client Experience standards agendas within the HSC.

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Work to enhance participation in PPI initiatives with other statutory and voluntary agencies and development of Ambulance Service membership scheme, reference panel and service user groups is ongoing.

### ***PPI***

An outline strategy has been produced to inform involvement processes with service users in order to develop a draft Strategy for the Trust. NIAS engages with service users on a number of local and regional fora including BHSCT PPI Steering Group, PHA PPI Forum and DHSSPS Review Group and is working to mainstream involvement processes within the Trust.

### ***Patient and Client Experience Standards***

The use of surveys as a monitoring tool has been supplemented by Observations of Practice related to the standards, carried out by NIAS Officers. A nine month pilot of these in the Belfast Area is continuing and will be due to be reviewed January 2012. In addition Patient Stories undertaken within Acute Trusts which include elements relating to ambulance experience are also shared with NIAS.

The Trust continues to provide quarterly reports in respect of this work to the Health and Social Care Board.

### ***RISK COMMENTARY***

## OPERATIONS DIRECTORATE

### TIMELY RESPONSE

The provision of a timely ambulance response to patients is the very core of what we do. There will always be a need for prompt ambulance response and transportation of patients to and from healthcare settings, and we will continue to prioritise and provide rapid response based on clinical need. The vast majority of patients requiring transportation however, do not require rapid or emergency transportation by highly qualified paramedics. Patients require timely and dependable transportation with dignity and respect in a caring environment by suitably trained and qualified healthcare professionals. Increasingly the emphasis will be on providing timely dependable transportation on a non-urgent, non-emergency basis to create and maintain emergency ambulance capacity to support sole paramedic response to emergency patients with prompt transportation by emergency ambulance as required.

### OBJECTIVES

NIAS will seek to ensure that an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes, and not less than 67.5 % in any LCG area.

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

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

### SUMMARY OF PERFORMANCE

NIAS is achieving the 72.5% Regional PfA category A performance target with an actual of 73.6%.

The 67.5% target is being achieved in all areas with the exception of the Northern Division where 64.6% was achieved.

NIAS is providing 92% of category A patients with a conveying ambulance within 21 minutes of receipt of call.

Non conveying Ambulances, the majority of which are RRVs contribute 22% of CatA8 response, during day regionally.

There has been a slight improvement in turnaround times at hospitals. Delays at Emergency Departments on handing patients over along with Hospital diverts continue to put pressure on levels of cover and response capacity.

### RISK COMMENTARY

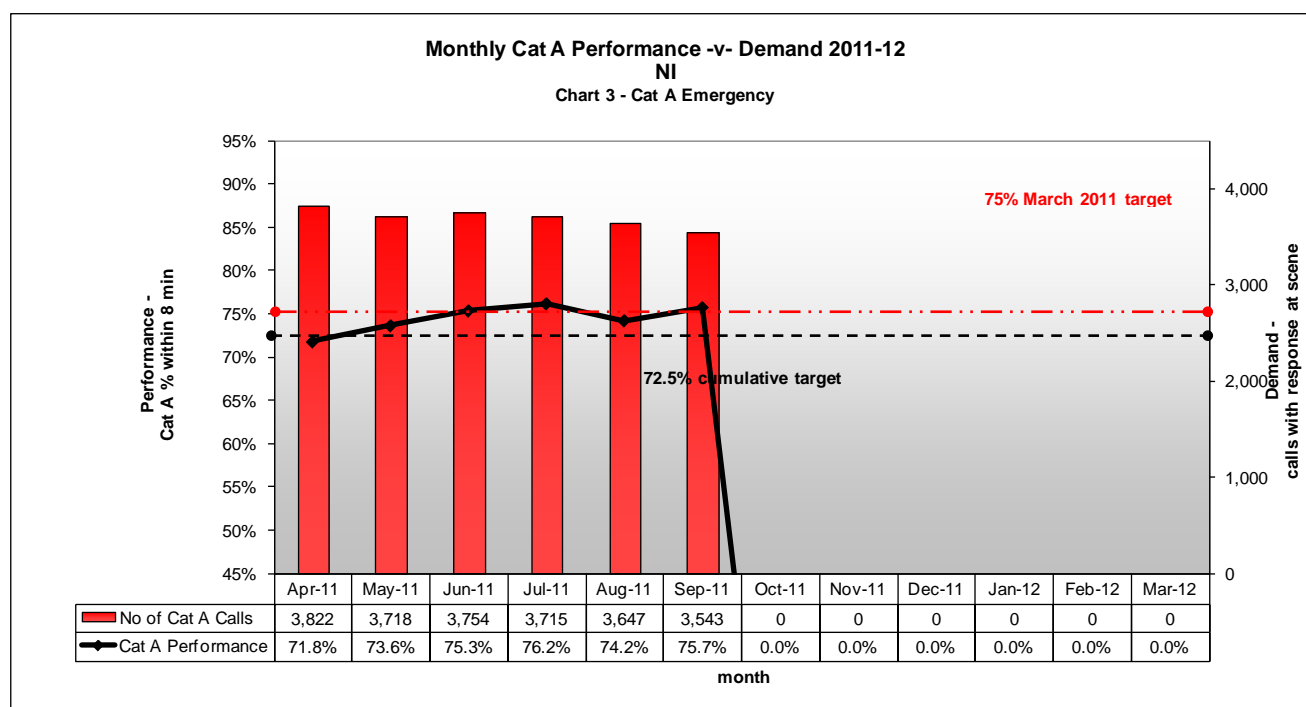
There is a potential risk to achieving the targets if:

1. NIAS experiences an increase in activity:
2. There are continued delays in Emergency Departments relating to patient handover.

3. There are continued requests for diverts away from Emergency Departments resulting in longer journey times and ambulances being out of area.
4. Lack of stakeholder support for proposed changes to the management of GP urgent call.
5. Significant changes in the configuration of Acute Services without assessing the need for or commissioning off additional resources as appropriate.
6. Loss of production hours due to factors beyond the Organisations control e.g. severe weather, pandemic flu

## Performance Reports

### Category A : % Response within 8 minutes



### PERFORMANCE COMMENTARY

Category A: % response within 8 minutes.

Regional target: 72.5%

LCG target 65%

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	71.8	73.6	75.3	76.2	74.2	75.7							74.4
Belfast	88.3	90.3	91.5	91.1	89.6	89.0							90.0
Sth East	70.1	67.6	70.2	70.0	70.5	70.9							69.9
North	61.7	65.0	67.0	67.1	66.1	69.2							66.0
South	63.0	69.3	70.7	75.1	69.1	69.1							69.3
West	69.3	68.4	71.0	73.2	69.5	74.1							70.9

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

The PFA Cat A Target, was achieved Regionally for months of June and July and cumulatively achieved in full across all LCGs except North., Key trends can be summarised as follows:

- 2.6%% reduction in overall activity compared to June 2010 across the region
- 5% increase in 999 activity compared to previous year
- 10% reduction in Urgent activity compared to previous year across the region
- 6.1% decrease in Non-Urgent activity across the region
- Regionally. CAT A responses still make up over 40% of all emergency calls across all LCG's with the exception of North (37.4%). The proportion is very high in the following LGD areas: Castlereagh (45.8%), Down (45.1%), Derry (46%), Antrim (48.6%), Omagh (45.5%),

Category A : % Conveyance Resource Response arriving within 21 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	92.1	93.4	93.1	93.5	92.6	92.6						
Belfast	95.7	96.1	97.4	95.6	96.5	93.7						
Sth East	90.4	91.2	92.5	92.0	90.5	90.1						
North	90.8	92.5	91.1	93.8	92.3	94.0						
South	89.0	92.1	93.5	91.1	90.4	90.4						
West	92.9	93.5	89.5	93.9	94.1	94.1						

*PERFORMANCE COMMENTARY*

This target is based on the % of calls where a conveying emergency response is at scene within 21 mins for 95% of Cat A calls. Achieved only in Belfast.

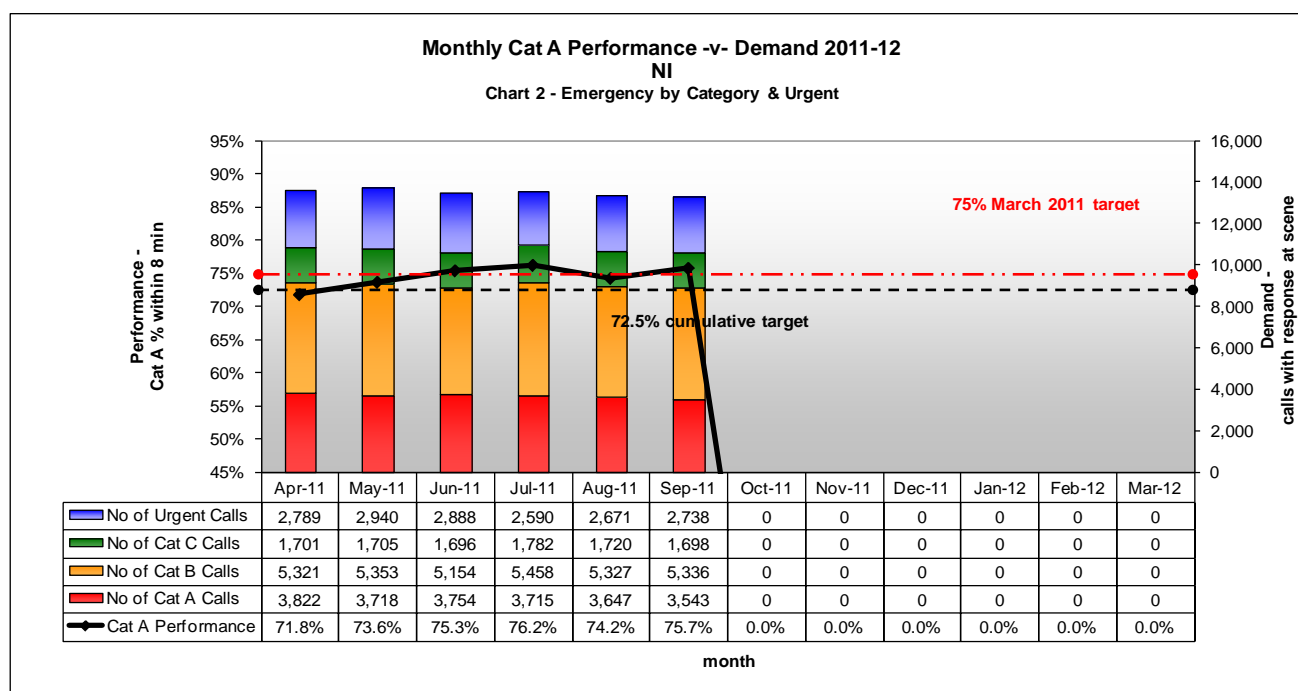
### UPDATE Category A : Non-Conveying Resource contribution to Response within 8 minutes (Day Shift)

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	18.7	18.1	20.9	21.9	20.1	19.8						
Belfast	34.1	31.8	33.5	31.5	29.9	37.3						
Sth East	22.9	19.1	21.9	24.6	22.0	27.1						
North	19.8	19.4	25.5	23.8	23.3	19.6						
South	22.6	19.7	19.9	23.8	18.5	20.0						
West	9.0	13.9	14.1	14.9	15.2	11.5						

#### PERFORMANCE COMMENTARY

Non conveying Ambulances (Response cars), continue to contribute to emergency response arriving first on scene for Cat A calls for June and July.

#### Review of Urgent Calls:



#### Urgent Admissions: within standard

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	1558	1655	1590	1443	1476	1480							
Belfast	381	421	372	342	371	360							
Sth East	310	340	322	263	266	219							
North	433	437	419	392	392	478							
South	245	258	299	247	248	241							
West	189	199	178	199	199	182							

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

*PERFORMANCE COMMENTARY*

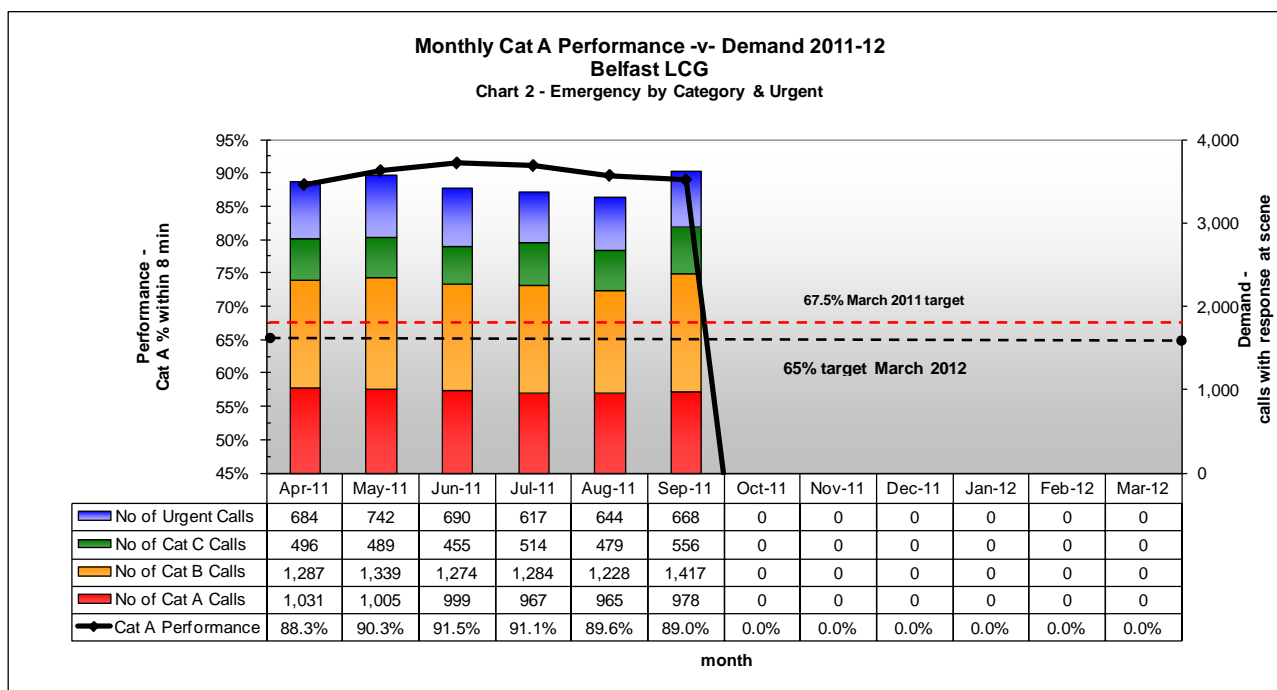
This continues to be an area for improvement within the Trust. Regionally we are only achieving 56.3% “not more than 15 minutes late of time specified.”

**Urgent Calls: undertaken by Non-Emergency Ambulance**

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	800	828	888	757	925	956						
Belfast	253	263	236	215	319	311						
Sth East	125	140	143	120	150	146						
North	248	224	284	278	300	324						
South	76	110	117	63	72	90						
West	98	91	108	81	84	85						

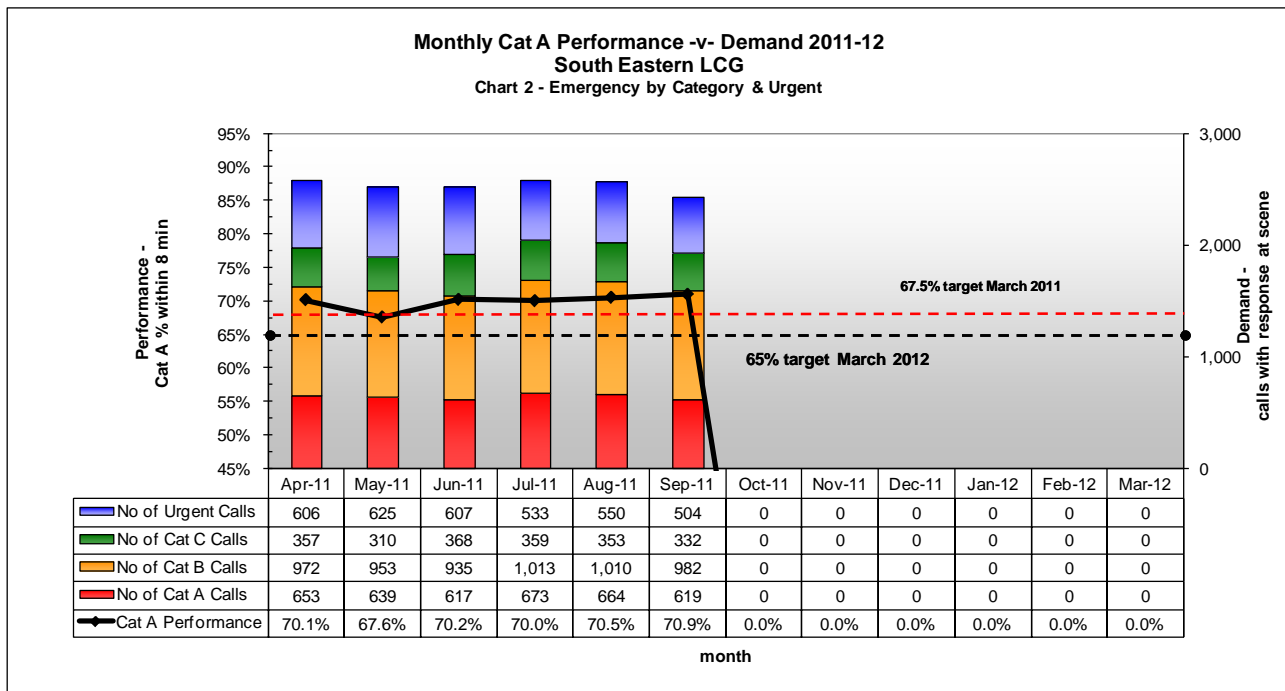
*PERFORMANCE COMMENTARY*

Non emergency Ambulance play a significant role in supporting the A&E tier by responding to urgent calls and conveying patients where clinically appropriate.

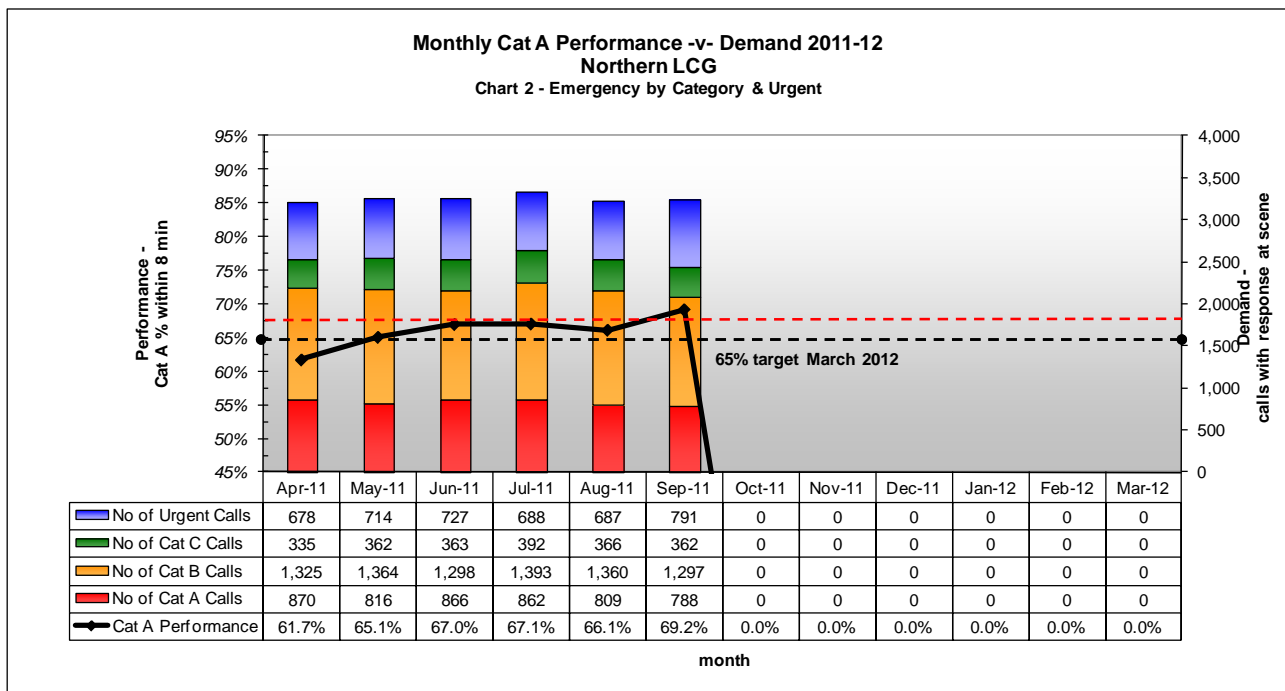
*PERFORMANCE REVIEW BY DIVISION***BELFAST DIVISION**

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## SOUTH EASTERN DIVISION

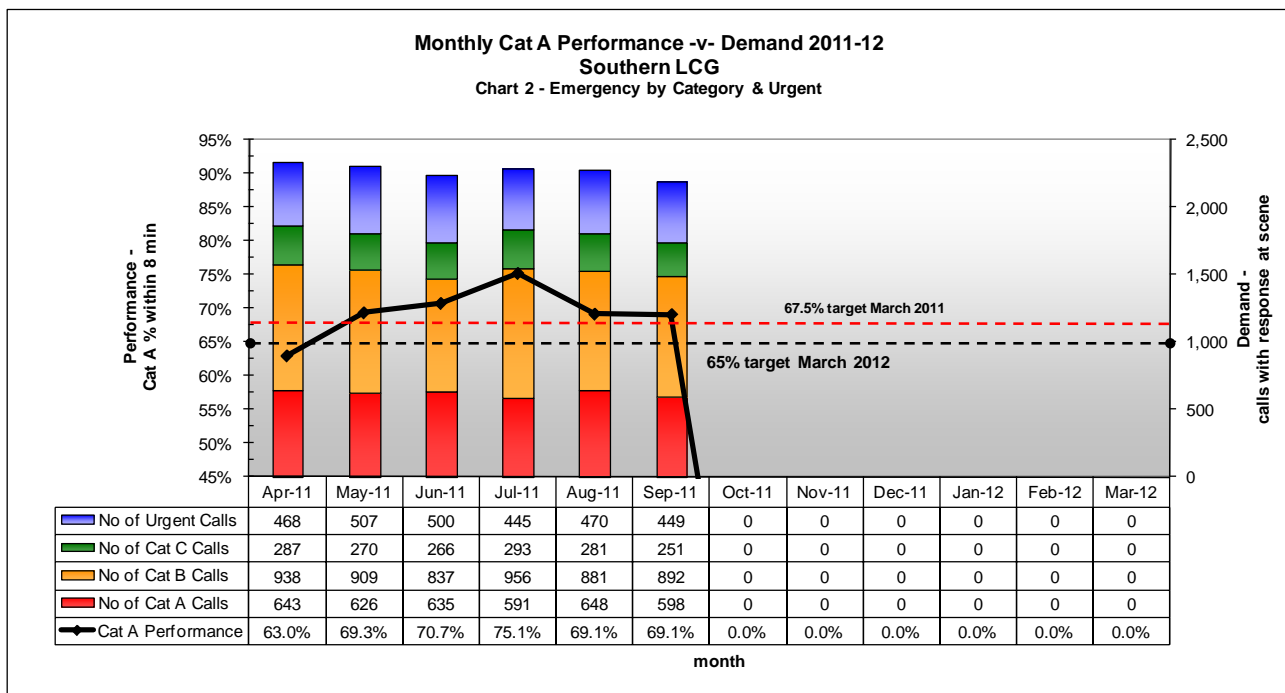


## NORTHERN DIVISION

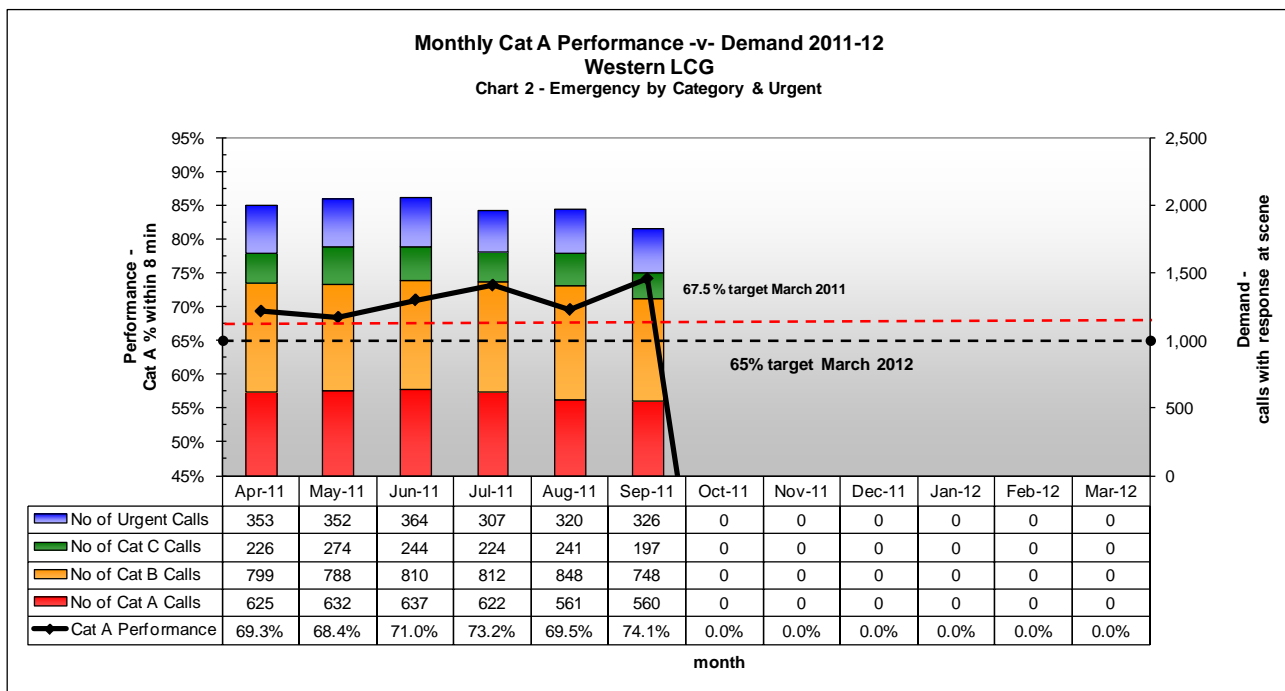


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## SOUTHERN DIVISION



## WESTERN DIVISION



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

## SECURING THE INFRASTRUCTURE – FLEET ESTATE

### OBJECTIVE:

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

### Controls Assurance

Progress report – October 2011

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

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

Work has been continuing on these Standards and they have all reached the substantive level of 75% expected at the last assessment. Quarterly reviews are carried out on the Standards and they will be reported on as necessary. Policies have been developed for a number of the standards and are due to be presented to the Trust Board in November. The table below summarises the current status of each Controls Assurance Standard.

	Score in March 2011	Rating (75% required)	Comment
Buildings & Land	79%	Substantive	Estate Strategy (under review)
Environmental Mgt	81%	Substantive	Env't Mgt Policy to Trust Board in Nov 2011
Fire Safety	90%	Substantive	Fire Manual and Policy (under review)
Fleet & Transport	79%	Substantive	Fleet Strategy (under review)
Security	86%	Substantive	Security Mgt Policy to Trust Board in Nov 2011
Waste Management	88%	Substantive	Clinical Waste Policy to Trust in Nov 2011 Waste Mgt Policy to Trust Board in Nov 2011 Sharps Procedure (distribute when Clinical Waste Policy has been approved)

The Controls Assurance files are continually updated with evidence and will be fully reviewed before March 2012.

#### FLEET

% Fleet Profile (less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	62.5	62.5	62.5	62.5	69.2	65.0						
Non-Emergency Ambulances	61.9	61.9	83.8	83.8	79.0	77.1						
Rapid Response Vehicles	70.0	72.5	72.5	72.5	72.5	72.5						
Support Vehicles	47.1	49.0	50.9	51.9	51.9	52.9						
<b>PERFORMANCE COMMENTARY</b> The majority of the Vehicles have been commissioned into the fleet. A&E was delayed due to installation of radio and satellite equipment. These however have begun to be fed into the fleet but there are 10 WAS vehicles not commissioned until training on the tail-lift has been completed.												

#### IMPROVEMENT PROPOSALS FOR 2011/12

##### Fleet

Investment in fleet on the initial Business Case has been approved for the year 2011/12. PCS vehicles have been delivered in September 2011. A&E vehicles have been ordered from three suppliers, pre-production meetings concluded and delivery should be December/January. Cars will be ordered in October.

Business case cover carries on into the year 2012/13 providing funding is available we should be able to continue the replacement cycle for fleet.

#### RISK COMMENTARY

## Fleet

Continual investment within fleet has enabled a replacement programme to continue. The replacement cycle has remained relatively constant. This is now becoming evident as the percentage of vehicles under five years old increases.

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

## Estate

### Capital Programme

Priorities identified for Capital investment are Ballymena, Enniskillen, Craigavon, Ards/Bangor and Belfast.

Ballymena - Business Case is in and going through query process with DHSSPS and DFP. Outline planning approval has been received.

Enniskillen – Funding has been approved for an additional feasibility study in Enniskillen which will be on an off-site solution due to the complications with existing Erne Hospital site. Feasibility to be completed by 31 October 2011. Business Case to be prepared and be with the Department as a priority.

Craigavon – Feasibility study has been completed. Evaluation is being negotiated with Southern Trust. No development on the Business Case.

Ards/Bangor – Feasibility study completed. No further advice obtained from Planning Department therefore submit for outline planning permission in order to determine whether the site is feasible.

Belfast – Additional funding has been received for feasibility studies within Belfast. Initial sites were scoped and alternatives have been identified in the Castlereagh/Montgomery Road area. This would appear to be preferable. High level feasibility study to be carried out on two sites and preferred site to be taken forward.

## Risk

Capital programme is dependent on feasibility study and Business Case preparation for future development. Resources are limited within NIAS and now that the funding for consultants has finished this has placed a large burden on NIAS and the Design Team, the support from HEIG which would need to be managed as the demand for Business Cases for the various projects need to be developed in parallel.

## FINANCE, INFORMATION & ICT DIRECTORATE

### FINANCE

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

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

Summary performance in each of these areas is as follows:

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

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

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

### ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

For 2010/11, the Trust has achieved substantive compliance in respect of the Financial Management Controls Assurance standard. Internal Audit have provided an opinion that there is a satisfactory system of internal control designed to meet the organisation's objectives. External audit have provided an unqualified financial and regularity opinion on the 2010/11 financial statements.

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

### IMPROVEMENT PROPOSALS FOR 2011/12

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

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## SUMMARY OF PERFORMANCE

<b>Financial Breakeven Assessment (£k)</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,643	11,562	15,412	19,253	23,178						
Other Expenditure		1,611	2,380	3,182	3,987	4,868						
Expenditure Total		9,254	13,942	18,594	23,240	28,046						
Income		255	383	510	638	827						
Net Expenditure		8,999	13,559	18,084	22,602	27,219						
Net Resource Outturn		8,999	13,559	18,084	22,602	27,219						
Revenue Resource Limit (RRL)		8,999	13,526	18,046	22,568	27,190						
Surplus/(Deficit) against RRL		0	(33)	(38)	(34)	(29)						

The position at the end of September 2011 (Month 6) is a small deficit of £29k. The Trust continues to forecast a breakeven position at year end, subject to and without prejudice, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed by HSC Board and NIAS and assessed on an ongoing basis to determine the impact which may significantly affect “break-even”.

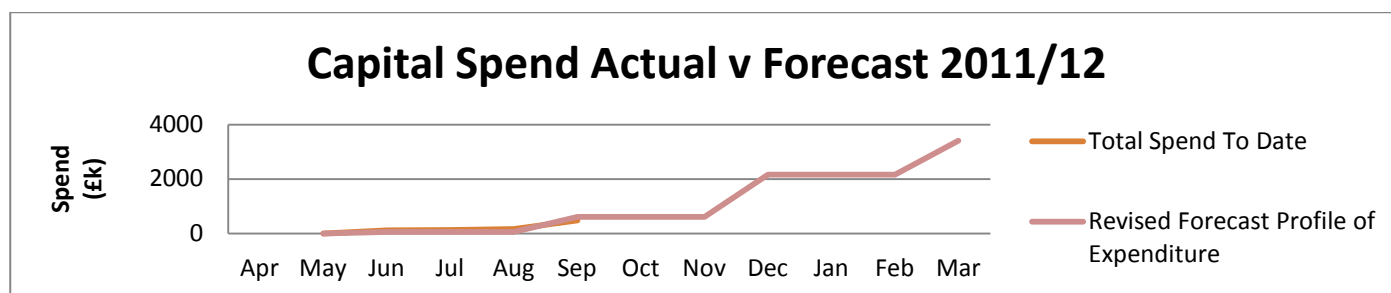
## RISK COMMENTARY

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

<b>Capital Spend Priority Areas (£k)</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0	111	131	158	480						
Estate	0	0	0	0	0	0						
Medical Equipment	0	0	0	0	0	0						
IT Equipment	0	0	0	0	0	0						
General Capital	0	0	0	0	0	0						
Total	0	0	111	131	158	480						
Original Forecast Profile of Expenditure	0	0	61	61	74	637	700	784	2,378	2,416	2,472	3,785

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

Funds are allocated based on priorities identified in Trust plans such as NIAS's Corporate Plan, annual Trust Delivery Plan and supporting Capital Investment Plans. The current approved Capital Resource Allocation (CRL) has been reduced by £374,000 to £3,411,000 (previously £3,785,000). The reduction is in respect of slippage on two schemes (Ardoyne and Headquarters) which will not be delivered in 2011/12 as planned due to a combination of capacity in NIAS and also a revised assessment of the requirements within HQ since the original plan was developed. The revised capital allocation of £3,411,000 has been broadly prioritised as Fleet £3,011,000; IT £100,000 and General Capital £300,000.



<b>Asset Disposals (£k)</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	0	0	0	0	0	17						
Actual Disposals	0	0	0	0	0	17						

<b>Invoices paid within 30 days (%)</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	98.8	95.8	95.3	95.3	96.8	98.6						
Cumulative	98.8	97.4	96.6	96.3	96.4	96.8						

A number of old vehicles were disposed of in September 2011 (Month 6) generating receipts of £17k. Performance in respect of prompt payment of invoices within 30 days or other agreed terms remains a challenge for the Trust, but performance continues just above the target of 95% of invoices by volume.

## RISK COMMENTARY

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

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	2.49	2.10	1.76	2.25	2.80	2.46						
Percentage of Products Supplied on First Request % (Target 95%)	98.1	98.7	97.4	98.7	99.1%	98.2%						
Number of Lines Issued (Stock and Non Stock Line)	716	704	807	655	717	776						
Value of Spend £k (Stock and Non Stock)	932	531	127	214	282,282	1,809						

The Business Services Organisation provides a range of services to the Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. These will be reviewed as part of an enhanced assurance re procurement for Trust Board.

### RISK COMMENTARY

The review and implementation of recommendations from a myriad of sources presents a challenge to a small management team.

## INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT)

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

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

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

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

### *STRATEGIC THEME 1: IMPROVE SYSTEM INTEGRATION*

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

Strategic Objectives:

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

### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

#### **INTEGRATION –Internal**

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

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

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

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

#### **INTEGRATION – External**

NIAS representatives are actively involved in collaborative forums such as:

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

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

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

### **Controls Assurance Standards**

Information, Communications and Technology as at 31/03/2011 was assessed as substantive 76%

Records Management as at 31/03/2011 was assessed as substantive 77%.

DHSSPS expected level of compliance was >70%. Both these standards met these expectations.

### **Internal Audits**

Fully reviewed by Audit Committee

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

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

### *IMPROVEMENT PROPOSALS*

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

### *SUMMARY OF PERFORMANCE*

#### **Core Work**

##### System Availability

Robust procedures are in place to confirm ongoing availability of Trust systems. Any system failures are reported in this section. There are no major system failures to report

On 3 September 2011 planned maintenance work on the BCH Data Center, which hosts NIAS finance & HR systems, took place without any disruption for NIAS users.

From 5-14 September 2011 the e-mail system was upgraded to a high availability solution with live stand-by servers at the Trust's disaster recovery site in Altnagelvin immediately available in the event of a system failure at HQ.

A feature of this upgrade is the automated e-mail archive which takes central control for archiving e-mail

##### System Security

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

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

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

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

### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

### *IMPROVEMENT PROPOSALS*

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

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

### *SUMMARY OF PERFORMANCE*

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

## Improvement Proposals

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

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

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

## Core Work

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

## THEME 3 – EMBEDDING AN INFORMATION GOVERNANCE ETHOS IN THE ORGANISATION

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

### Strategic Objectives

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

### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

#### **Internal Audits**

Fully reviewed by Audit Committee

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

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

#### **Governance Structures**

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

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

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

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

All contracts of employment clearly highlight responsibilities for staff in relation to information governance issues. Policies and procedures have been developed and disseminated to staff across the Trust. Awareness sessions have informed staff of their roles and responsibilities in the area of processing, use, storage, dissemination and retention of all records in particular those which contain personal and sensitive ie staff and patient information. Such policies, procedures and information bulletins are available on the Trust's intranet, internet and form part of the induction process for new recruits or training programme for existing staff.

### *IMPROVEMENT PROPOSALS*

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

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

### *SUMMARY OF PERFORMANCE*

## **Improvement Proposals**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### *THEME 4 – ENHANCING ICT SKILLS AND KNOWLEDGE*

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

##### **Strategic Objectives**

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

#### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

#### *IMPROVEMENT PROPOSALS*

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

#### *SUMMARY OF PERFORMANCE*

##### **Core Work**

New systems and upgrades of current systems are evaluated on the basis of business needs. Whilst the IT department implements and introduces new technologies, training needs are identified by Project Leads and end users in conjunction with the training department.

## THEME 5 – BUILDING AN E-INFORMATION CULTURE

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

### Strategic Objectives

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

### *ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

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

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

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

### *IMPROVEMENT PROPOSALS*

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

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

**2.2 Continue to develop the organisation's website**

### *SUMMARY OF PERFORMANCE*

## Improvement Proposals

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

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

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

## **2.2 Continue to develop the organisation's website**

In line with the Freedom of Information Act 2000, similar developments have taken place for the Trust's corporate website. In addition the Trust is currently using social networking tools, such as Twitter and Facebook as a communication tool. The NIAS Facebook page currently has 359 followers who receive information by means of a news feed. Twitter has over 20 followers and growing.

## **Core Work**

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

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

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

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

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

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

\*1 request not processed further as clarity on information request not provided

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

\*2 requests for September still being processed. Information will be updated when completed

<b>DHSSPS/AQ's/CORs/TOF's/INV's</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Assembly Questions (Oral)	E L E C T I O N	0	0	0	0	0						
Assembly Questions (Written)		0	3	0	0	9						
CORs Received		1	3	1	0	1						
TOFs Received		0	1	0	0	1						
INVs Received		0	0	0	0	1						

\*Stormont was in recess during period of July/August/Sept

## HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

### EXECUTIVE SUMMARY

#### Workforce

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

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

Industrial Relations during this reporting period continued to present a challenge to the Trust with work ongoing to finalise the review of the Trust's Trade Union Recognition Agreement and review structures for engagement with Trade Unions together with the Unison day of Strike Action on 5<sup>th</sup> October 2011 and the other Unions currently balloting for a potential day of industrial action on 30 November 2011.

Work continues on BTSP with NIAS participation in regional structures to support its introduction and work will continue throughout the reporting year on the implementation of BSTP within NIAS.

Knowledge & Skills Framework - NIAS has in place a KSF Action Plan for 2011/12, which was developed and agreed in partnership. The Action Plan is designed to ensure the full implementation of KSF within 2011-2012. Implementation of the Action Plan has been delayed since May 2011 due to Unison's withdrawal from some aspects of Trust business in relation to wider industrial relations issues, given the KSF Trade Union Lead is a Unison representative.

The Trust has taken the following steps in an attempt to find a workable solution to the KSF issue:

- Engaged with and continue to engage with Unison in attempts to resolve their issues;
- Wrote to the Branch Secretaries of the 4 recognised Trade Unions in September, asking for their recommendations for taking forward KSF in partnership within NIAS, ideally through a collectively-nominated KSF Lead, by 23 September 2011, and received no response;
- Asked at the JCNC in September 2011, for a collective nomination from one of the other 3 recognised Trade Unions (UNITE, NIPSA & GMB) by 31 October 2011, and received no response;
- Wrote to DHSSPS Director of Human Resources to seek advice in relation to escalating the issue to a regional level, if appropriate;
- Arranged an emergency, one-item agenda, HR Joint Consultative Group meeting for Tuesday 22 November 2011, to try to unlock this issue;
- Will raise the issue at the KSF Regional Group meeting on Monday, 7 November 2011;
- Will raise again at JCNC meeting on 24 November 2011.

Job Evaluation - Partnership Position of Trust Job Evaluation Leads: The Trust's Job Evaluation (JE) Leads continue to progress the job evaluation process for Paramedics, RRV Paramedics and Emergency Medical Technician jobs. The JE panel have met over a period of 10 days between November 2010 and May 2011. The panel were unable to meet in September as planned due to sickness. A further date has been scheduled for 25 November 2011.

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

However, the management-side JE Lead has written to the HSC Director of Human Resources for her opinion in this regard, in her role as Joint Chair (Management-side) of the Agenda for Change Joint Working Group.

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

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

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

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

During this reporting period the Trust received approval from the Equality Commission for Northern Ireland (ECNI) of its new Equality Scheme, submitted to ECNI in line with the Trusts duties under revised Section 75 guidance. The Trust has worked with other HSC Trusts to produce an Audit of Inequalities which informed the development of an action plan to address key inequalities within the Trust. This action plan will be implemented alongside implementation of the Trust's new Equality Scheme.

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

## **1 WORKFORCE**

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

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

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

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

#### ***ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE***

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

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

## Improvement Proposals for 2011/12

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

### Improvement proposals and performance assessment

1. To support excellent patient care, safety and quality.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Review and revise Recruitment & Selection policy and procedures to ensure safe recruitment practices.	A	A	A	A	A	A						
Develop and implement Annual Training Plan to prioritise training & education that supports excellent patient care & safety.	G	G	G	G	G	G						
Support professional regulation through training & education.	G	G	G	G	G	G						
Further develop the model of clinical supervision and support for front line staff to maximise, audit and improve patient care, safety and quality of care.	GA	GA	GA	GA	GA	GA						

2. To scope, agree and implement opportunities for workforce related modernisation and reform programmes.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ensure effective organisational development and workforce planning mechanisms are in place to support modernisation and reform programmes.	G	G	G	G	G	G						
Finalise NIAS Organisational Change Programme (Year 5)	GA	GA	GA	GA	GA	GA						
Ensure effective mechanisms are in place for Trade Union and staff engagement in periods of major change, reform and modernisation and manage the industrial relations implications.	GA	GA	GA	GA	GA	GA						

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### PERFORMANCE COMMENTARY

In the absence of a related PFA Target for Absence, NIAS has identified its own Absence Management Performance Indicator, in consultation with NIAS management team. The target set for NIAS is an absence level of 6.85%. This is based on HSC benchmarking with Nurses & Midwives and Support Services Staff Absence Trends. NIAS cumulative absence level, as at the end of September 2011, is 6.31%.

TOTAL YEAR TO DATE ABSENCE = 6.31%												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attendance Management												
Target absenteeism 2010/11 (%)	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
NIAS absenteeism 2010/11 (%)	6.78%	5.93%	6.78%	6.31%	5.86%	7.52%	7.59%	6.18%	7.27%	7.13%	6.11%	5.98%
Target absenteeism 2011/12 (6.85% - based on HSC benchmarking with N&M + Support Services)	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%	6.85%
NIAS monthly absenteeism 2011/12 (%)	5.84%	6.21%	6.03%	6.64%	5.89%	6.69%						
NIAS cumulative 2011/12 (%)	5.84%	6.12%	5.97%	6.22%	6.14%	6.31%						
Performance Assessment	G	G	G	G	G	G						
% short term absenteeism	2.81%	2.87%	2.39%	2.88%	2.46%	3.06%						
% long term absenteeism	3.03%	3.34%	3.64%	3.76%	3.43%	3.63%						
No. of employees on half pay	7	6	2	5	7	6						
No. of employees on no pay	3	5	3	2	1	1						

<b>COMPARATIVE ANALYSIS OF % REDUCTIONS BETWEEN NIAS AND HSC TRUSTS</b>							
	% Absence	% Absence	% Variance	% Absence	% Variance	% Absence	% Variance
	<b>07/08</b>	<b>08/09</b>		<b>09/10</b>		<b>10/11</b>	
REGIONAL	6.03%	5.65%	- 6.3%	5.49%	-2.8%	5.46%	-0.55%
NIAS	8.38%	6.99%	-16.6%	6.72%	-3.9%	6.87%	+2.23%
<b>PFA TARGET REDUCTION</b>			PFA TARGET 10% REDUCTION	PFA TARGET 5.5%		PFA TARGET 5.20%	

Staff Group	No. of staff in group as at Q1	Staff Group as % of W/force as at Q1	2009-10 Q3&4		2010-11 Q1&2		2010-11 Q3&4	
			NIAS	HSC	NIAS	HSC	NIAS	HSC
Admin & Clerical	123	10.77%	4.88%	4.83%	3.48%	4.16%	2.67%	4.26%
Paramedics	405	35.46%	8.23%	N/A	6.87%	N/A	6.76%	N/A
Station Supervisors & Clinical Support Officers	67	5.87%	6.36%	N/A	5.93%	N/A	4.67%	N/A
ACA's	233	20.40%	6.09%	N/A	5.10%	N/A	6.57%	N/A
EMT's	198	17.34%	11.16%	N/A	8.44%	N/A	8.91%	N/A
Control Staff	112	9.81%	8.48%	N/A	10.27%	N/A	13.81%	N/A
Works & Maintenance	4	0.35%	50.0%	5.06%	50.0%	4.89%	9.57%	6.25%
Nursing & Midwifery (formerly TC5)	N/A	N/A	N/A	6.25%	N/A	5.97%	N/A	6.26%
Social Services (formerly TC6)	N/A	N/A	N/A	6.57%	N/A	5.98%	N/A	6.42%
Support Services (formerly TC4)	N/A	N/A	N/A	7.78%	N/A	6.99%	N/A	7.16%

<b>Key Actions</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Develop Health & Wellbeing and Attendance Management Action Plan	A	A	A	A	G	G						
Agree Health & Wellbeing and Attendance Management Action Plan	NA	NA	A	A	G	G						
Implement Health & Wellbeing and Attendance Management Action Plan	NA	NA	A	A	A	A						

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

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

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

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

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

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

### **PERFORMANCE COMMENTARY**

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

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

<b>Key Actions</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b><u>Accredited Clinical Training Programmes</u></b>												
Paramedic-In-Training Programmes	A	A	A	A	G	G						
BTEC ACA FPOS Programme	G	G	G	G	G	G						
<b><u>Mandatory Refresher Training Programmes</u></b>												
Mandatory Refresher Training Workbook	A	A	A	A	A	A						
Annual Assessment – Paramedic & EMT	N/A	N/A	N/A	N/A	N/A	G						
Annual Assessment - PCS	N/A	N/A	N/A	N/A	N/A	G						
IHCD Driver Instructor Course	A	A	A	A	A	GA						
High Speed Competency Assessments	N/A	N/A	N/A	N/A	N/A	G						
High Speed Assessor Training CSO's	N/A	N/A	N/A	N/A	N/A	G						
C & R Instructor Training	A	A	A	A	A	A						
C & R Refresher 1 day Training	N/A	N/A	N/A	N/A	N/A	G						
C & R 2 day Training	A	A	A	A	A	G						
First Aid Refresher Control Staff	A	A	A	A	A	G						

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<b>Continuous Professional Development (CPD)</b>												
CSO Manual Handling Train the Trainer	N/A	N/A	N/A	N/A	N/A	N/A						
CSO -Supervision of Clinical Practice	GA	GA	GA	GA	G	G						
CSO -IHCD Instructional Methods Module	N/A	N/A	N/A	N/A	N/A	N/A						
<b>Management Training</b>												
Deliver Management Training Programme	N/A	A	A	A	A	G						
<b>Clinical Support Officer Workstreams</b>												
Paramedic-in-Training Support	A	A	A	A	G	G						
Ambulance Care Assistant BTEC FPOS Support	A	A	A	A	G	G						
FIT Testing	A	A	A	A	G	G						
Hand Hygiene Audit	A	GA	A	A	N/A	N/A						
Treat & Refer Protocols	N/A	N/A	N/A	N/A	N/A	N/A						
Clinical Performance Indicators (CPIs)	A	A	A	A	G	G						
High Speed Driving Competency Assessments	N/A	N/A	N/A	N/A	N/A	N/A						
Observational Assessments	A	A	A	A	G	G						
Patient Experience Audit	G	G	G	G	G	G						
CPD Events	G	G	G	G	G	G						
Vehicle Training	A	A	A	A	A	G						

### **Agenda for Change - Progress Assessment**

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

<b>Key Actions</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Trust Board Performance Assessment produced by Trust Job Evaluation Leads</b>												
<b>Job Evaluation for Paramedics, RRV Paramedics &amp; EMTs</b>												
Carry out Job Evaluation following due process	G	G	G	G	G	G						
Job Evaluation Panel meetings (met on 6 dates during Nov 2010 – Mar 2011)	1	3	N/A	N/A	N/A	N/A						
Outcome from Job Evaluation Panel	N/A	N/A	N/A	N/A	N/A	N/A						
Consistency Check Job Evaluation Outcome	N/A	N/A	N/A	N/A	N/A	N/A						
Notify post-holders of Job Evaluation Outcome	N/A	N/A	N/A	N/A	N/A	N/A						
Notify Payroll of Job Evaluation Outcome	N/A	N/A	N/A	N/A	N/A	N/A						

### **RISK COMMENTARY**

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

The likelihood of delay in implementing the KSF action plan is high at present. The consequence is low in that this will not directly impact on the delivery of an ambulance service to patients. The risk will be reflected in local HR&CS Risk Register.

## **2. ENGAGING WITH THE PUBLIC TO APPRECIATE, LEARN FROM AND IMPROVE THE PATIENT EXPERIENCE**

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

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

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

### ***ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE***

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

- Statutory returns;

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

Disability Discrimination Order Annual Report (implementation of Disability Duties)

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

- RQIA Report

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

**IMPROVEMENT PROPOSALS FOR 2011/12**

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

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

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

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

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

Media Responses	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Daily Media - Response within same day											
Number of enquiries received	1	18	17	10	37	37					
Number of responses issued on day of receipt	1	18	17	10	37	37					
Weekly Media - Response within three days											
Number of enquiries received	1	1	4	1	1	3					
Number of responses issued within three days of receipt	1	1	4	1	1	3					
Number of responses resulting in Media Coverage	2	19	19	9	38	36					

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<b>Community Education</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Number of visits delivered	8	18	24	5	5	6					

### CLAIMS AND LITIGATION

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

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Employers Liability</b>													
Cases Received	0	1	1	1	0	1							3
Cases Settled	0	0	0	0	1	0							5
<b>Cases Ongoing</b>													21
<b>Clinical Negligence</b>													
Cases Received	0	0	0	0	2	0							0
Cases Settled	0	0	0	0	0	0							0
<b>Cases Ongoing</b>													10
<b>Public Liability</b>													
Cases Received	0	0	0	0	0	0							0
Cases Settled	0	0	0	0	0	0							0
<b>Cases Ongoing</b>													4

**COMPLAINTS & COMPLIMENTS**

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Complaints Received	2	11	5	9	5	8							<b>40</b>
Acknowledge Complaints within 2 Working Days	2	11	5	9	5	8							<b>40</b>
Respond to Complaints with 20 Working Days	2	3	1	2	3	3							<b>14</b>
Cases Closed	0	5	2	5	8	7							<b>27</b>

	APR 2011- JUL 2012		2010-11 (total)	
<b>COMPLAINTS RECEIVED</b>	Count	%	Count	%
Total complaints received at 31/07/2011	40		85	
<b>HANDLING TIMES OF COMPLAINTS</b>				
Acknowledged within 2 working days	40	100%	81	95%
Acknowledged after 2 working days	0	0%	4	5%
Response within 20 working days	12	30%	14	16%
Response after 20 working days	15	38%	67	79%
<b>Average Response time (Working days)</b>	<b>28</b>		<b>46</b>	
Complaints Investigations ongoing	13	32%	4	5%
Cases referred to NI Ombudsman (ongoing)	2		3	
<b>SERVICE AREA OF COMPLAINTS</b>				
Accident & Emergency (plus RRV)	17	42%	34	43%
Patient Care Service	8	20%	16	19%
Control & Communications	13	33%	29	34%
Other	0	0%	3	4%
Voluntary Car Service	2	5%	0	0%
<b>NATURE OF COMPLAINTS RECEIVED</b>				
Staff Attitude	17	42%	26	31%
Ambulance Late/No Arrival	16	40%	28	33%
Clinical Incident	6	15%	19	22%
Suitability of Equipment/Vehicle	0	0%	4	5%
Other	1	3%	7	8%
Patient Property	0	0%	1	1%

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COMPLIMENTS RECEIVED				
COMPLIMENTS RECEIVED	67		112	
SERVICE AREA OF COMPLIMENTS RECEIVED				
Accident & Emergency (plus RRV)	60	89%	97	86%
Control & Communications	3	5%	4	4%
Patient Care Service	4	6%	11	10%
Voluntary Car Service	0	0%	0	0%
Other	0	0%	0	0%

## Appendix 1

## DHSSPS GUIDANCE ON ASSURANCE FRAMEWORKS

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

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

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

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

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

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

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

- Focusing on the organization's purpose and on outcomes for citizens and service users
- Performing effectively in clearly defined functions and roles
- Promoting values for the whole organization and demonstrating the values of good governance through behaviour
- Taking informed transparent decisions and managing risk
- Developing the capacity and capability of the governing body to be effective
- Engaging stakeholders and making accountability real

## Appendix 2

### Reporting Template

#### TITLE:

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

*ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE*

*IMPROVEMENT PROPOSALS FOR 2011/12*

*SUMMARY OF PERFORMANCE*

*RISK COMMENTARY*



Northern Ireland Ambulance Service  
Health and Social Care Trust



# ***EMERGENCY PLANNING REPORT***

Report for the September to October 2011 period

	<b>Total from April</b>
No of Potential Major Incidents	<b>9</b>
No of Declared Major Incidents	<b>1</b>
No of Airport alerts	
Belfast International Airport	<b>3</b>
Belfast city Airport	<b>3</b>
City of Derry Airport	
St Angelo Airport	
Newtownards Airfield	
Business Continuity	<b>6</b>
Hazardous Material Incidents	<b>7</b>
Exercises	
Live	<b>4+2 pod</b>
Tabletop	<b>9</b>
Observer	

### **Potential Major Incident**

On 7 September there was a Potential Major Incident alert on the Royal Victoria Hospital site for flooding in the area of the Coronary Care Unit with the potential for evacuation of patients. Some patients had been evacuated by the Bed Manager prior to ambulance resources arriving, the Bed Manager identified 13 patients at risk of needing to be evacuated 6 of which were currently being ventilated. The call was held as a potential and not escalated until clarification was sought on the power supply within the unit had been assessed. The incident was stood down following a telephone conversation with Dr Stephens, BHSC.

On 25 October NIAS received a report of a possible flooding of the Tyrone & Fermanagh (T&F) Hospital, Omagh. Six Officers en-route, 1 RRV managing the scene, 3 A&E crews and 4 PCS crews. Thirteen patients were moved to a safer location which then came under threat of flooding, the patients and some additional patients were moved to a new location. In total 42 patient movements took place.

### **Major Incidents**

There were no declared Major Incidents.

### **Airport Alerts**

On 25 September at 16:21 hours NIAS received a call to the Belfast International Airport (BIAL) for a Dash 8 aircraft coming into land with flap problems, the estimated time for landing 16.25 hours. There were 70 persons on board the aircraft. En-route to the scene was 3 North A&E, 3 East A&E, 3 Rapid Response Vehicles, 3 Delta call signs, 6 Oscar call signs, 2 ICV North vehicles, the Mobile Control Vehicle and the Emergency Equipment Vehicle. The plane landed safely and no one required treatment or transport to hospital. The incident was stood down at 16.38 hours.

On 30 September an Assistant Emergency Planning Officer (AEPO) was already at BIAL in an Emergency Planning meeting when first alert happened. He spoke to Emergency Ambulance Control (EAC) and went to the Rendezvous Point (RVP) to gather information.

The Aircraft was a Typhoon-type with 1 Passenger On Board (POB) and was leaking fuel. Information was passed to EAC. A Message came into RVP that the aircraft was returning to its departure airfield and the incident was formally stood down by BIAL.

Further information subsequently came into the RVP that the pilot was continuing to BIAL and would be landing at BIAL. A second alert was raised through the appropriate channels (i.e. ATC to NIAS) and this generated a second alert.

The information at the RVP was passed to EAC – a Typhoon that was leaking fuel with 1-2 POB and was approximately 4 minutes away. When the aircraft landed at BIAL at 13:32, all other resources were stood down, with the exception of 1 x A/E (N523) which continued to the RVP in case the pilot required medical attention.

A formal stand down was confirmed by the BIAL F&RS at 13:45 and the pilot had no medical needs.

### **BUSINESS CONTINUITY**

On 4 October there was a meeting chaired by Dr McManus to finalise the Business Continuity Strategy and Policy prior to presenting to the Trust Board.

On 24 October 1 Officer attended a Severe Weather Event held at Greenmount College, Antrim.

On 24 October there was a severe weather teleconference held in relation to the very heavy rainfall and the potential for flooding particularly in the West. There were 4 more regional teleconference calls and two local teleconference calls which NIAS participated in.

### **HAZMAT**

On 6 and 27 October there was a “POD deployment exercise” held in conjunction with a training day hosted by the BHSCT.

On 28 October 1 Officer attended a HAZMAT training day hosted by the Northern Ireland Fire and Rescue Service (NIFRS) at their training school Boucher Road, Belfast.

### **HAZARDOUS AREA RESPONSE TEAM (HART)**

On 7 September a number of HART staff took part in an exercise at the laboratories on Newforge Lane. This was a radiation exercise with a spill of Iodine in a lab. The HART paramedic entered the lab in full Gas Tight Suit with Breathing Apparatus.

On 30 September a number of HART staff took part in Operation Moyle Way Exercise. This was a search and rescue exercise involving all the emergency services.

On 9 October HART staff participated in an Eastern area command exercise in conjunction with NIFRS.

On 26 October the HART team was formally launched by the Chief Medical Officer, Dr McBride at the Waterfront Hall, Belfast.

**NIAS**

On 9 September NIAS hosted the Four Countries meeting in the Belfast City Hall Emergency Operations Room, followed by a tour of the City hall for visiting delegates.

Four officers attended a CBRN workshop co-hosted by the Public Health agency and the PSNI.



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**William Newton**  
**EMERGENCY PLANNING OFFICER**

COMPLAINTS CLOSED - 30 SEPTEMBER 2011

Ref	Closed	Description	Outcome	Action taken
COMP/270	9-Aug-2011	Complaint regarding the attitude of ambulance personnel during an emergency call.	Complaint upheld. Investigation found that discussions with the patient by the crew member were inappropriate.	Letter of apology issued. Staff member reminded of need to ensure appropriate discussions with patients and relatives. Staff member reminded of the need to remain with patient at all times. Memo issued to staff reminding of the requirement that sliding bulkhead doors should be locked when ambulance is in motion.
COMP/275	9-Aug-2011	Complaint regarding the attitude of ambulance personnel called on two occasions to attend to a patient.	Complaint upheld. Investigation concluded that the crew did not recall anything untoward occurring during these incidents. However, it did find that the patient should have had access to toileting facilities.	Letter of apology issued. Memo issued reminding staff to ensure that all ambulances are stocked with disposable urinals. Staff involved in this incident to receive additional training in communicating with patients.
COMP/282	9-Aug-2011	Complaint regarding attitude and behaviour of staff.	Complaint partly upheld. Investigation found no independent evidence to substantiate two differing versions.	Letter of apology and explanation issued. Both crew members reminded of the expected standards of conduct.
COMP/290	11-Aug-2011	Complaint regarding patient being late for treatment as non emergency transport is regularly late.	Complaint upheld. Investigation found that ongoing issue with the transport of renal patients in North Division due to an increase in demand.	Letter of explanation and apology issued. Review to commence of transport arrangements for all Renal Patients in North Division.
COMP/288	11-Aug-2011	Complaint regarding a regular delay in transporting patient on time for renal treatment at Antrim Area Hospital.	Complaint upheld. Investigation found that ongoing issue with the transport of renal patients in North Division due to an increase in demand.	Letter of explanation and apology issued. Review to commence of transport arrangements for all Renal Patients in North Division.
COMP/296	19-Aug-2011	Complaint regarding a delay in a responding to a GP Urgent call.	Complaint upheld. Investigation found that delay in providing ambulance transport was caused by the high volume of incoming emergency calls being received.	Letter of explanation and apology issued. Instruction to EAC staff to contact hospitals to update on progress of transport.
COMP/267	25-Aug-2011	Complaint regarding the non-provision of ambulance transport. Complainant alleges that crew refused to take patient to hospital as they were not ready to travel and they had no time to wait.	Complaint not upheld. Investigation found that patient was not ready to travel to hospital when the ambulance arrived and no evidence that the crew acted inappropriately during this call.	Letter of explanation issued. No further action required.

COMPLAINTS CLOSED - 30 SEPTEMBER 2011

Ref	Closed	Description	Outcome	Action taken
COMP/273	25-Aug-2011	Complaint regarding actions of non-emergency ambulance personnel. Complainant alleges that when transport brought him back home they said that they could not lift him out of his wheelchair to a chair.	Complaint not upheld. Investigation found that patient requested to be left in chair and that carers would be able to take him out of the chair.	Letter of explanation issued. No action identified.
COMP/287	1-Sep-2011	Complaint regarding the arrival time of an A&E ambulance for an elderly patient injured in a street.	Complaint upheld. Investigation found that Rapid Response Vehicle was on scene but that a delay in conveying patient to hospital was experienced and was due to high volume of emergency calls being dealt with at this time. The first available ambulance was dispatched to transfer patient to hospital.	Letter of apology issued. No action identified.
COMP/285	1-Sep-2011	Complaint regarding the transfer of a patient by non - emergency ambulance. Complaint regarding the length of time taken to undertake the transfer.	Complaint not upheld. Investigation found that hospital provided wrong home address for patient.	Letter of explanation issued. Issue of wrong information provided forwarded to the Southern HSC Trust.
COMP/292	1-Sep-2011	Complaint regarding communication with patients parents during an emergency call. Parents allege that crew should have provided more information on how serious the patient's condition was. Patient died later at hospital and family was not present.	Complaint not upheld. Investigation found that crew acted appropriately in treating the patient. Patient's condition deteriorated rapidly enroute to hospital.	Letter of explanation issued. No action identified.
COMP/298	6-Sep-2011	Complainant stated he required an ambulance due to pain in his leg. Patient alleged that when the crew arrived they proceeded to ransack his home and went upstairs without his permission.	Complaint not upheld. Investigation found that crew were asked by the patient to locate his boots and asked them to go upstairs and find them. Crew did not act inappropriately during this call.	Letter of explanation issued. No action identified.
COMP/268	19-Sep-2011	Complaint regarding the conduct of a voluntary car service driver.	Complaint upheld. Investigation found that the actions of the voluntary car service driver were inappropriate.	Letter of apology issued. VCS driver service immediately terminated.

COMPLAINTS CLOSED - 30 SEPTEMBER 2011

Ref	Closed	Description	Outcome	Action taken
COMP/283	26-Sep-2011	Complaint regarding the actions of ambulance personnel during a 999 call and delay in ambulance attendance. Patient died on arrival at hospital.	Investigation found that crew responded as quickly as possible and that crew provided appropriate treatment during the call.	No action identified. Letter of explanation issued.
COMP/294	26-Sep-2011	Complaint regarding a delay in the discharge of a patient from hospital.	Complaint partly upheld. Investigation found that delay in transporting patient was due to the time the patient was booked ready to travel (5pm) and workload at the time.	Letter of apology issued. Area Manager to meet with Southern HSC Trust to discuss discharge times of patients to ensure the timely provision of transport.

# COMPLIMENTS RECEIVED AUGUST - SEPTEMBER 2011

Date Received	Date of Incident	Description
02/08/2011	14/04/2011	Thanks to the two gentlemen who very kindly assisted a member of our family.
02/08/2011	07/06/2011	Thank you to all the ambulance crew who attended a member of my family. Thank you so much for all your help.
03/08/2011	13/07/2011	I really want to say a big thank you to the 2 paramedics that came to 'rescue' me and took me to A&E at BCH. I would be very grateful if you could pass on my sincere thanks.
04/08/2011		On behalf of my family I wish to express our very sincere appreciation to the Ambulance Crew. They were very professional and sympathetic in all that they did and this was greatly appreciated by all of the family. Words will never be enough to express just how much we appreciate all that you did. Thank you again.
05/08/2011	03/07/2011	Rang to compliment two members of the PCS staff for their care and attention when they took my father from hospital to home.
16/08/2011	11/08/2011	I would like to pass on a message of sincere thanks to the ambulance crew who came to help me. They arrived quickly and were able to assess the situation very quickly and take me to hospital. The crew stayed with me until the hospital staff were free to take me and they ensured my pain was as well managed as possible. I cannot speak highly enough of them for their care, professionalism and courtesy - to my family as well.
07/09/2011	14/08/2011	I wish to convey my sincerest appreciation to the NIAS personnel who recently conveyed a member of my family to hospital in what I perceived to be an emergency. The crew immediately displayed a high degree of professionalism and thoroughness and instantly eased the situation. They displayed a very caring attitude and a meticulous devotion to duty. We can never explain how grateful we are that both these paramedics attended to us. We can never repay them for their kindness or intervention but it is our ardent desire that you convey to them on our behalf our sincerest thanks. Too often the press highlight the negatives about the NHS. I believe that by apprising these two professionals of our appreciation that it can only help maintain the highest personal standards and that of NIAS. Again I cannot emphasise how important we believe these two caring professionals should be thanked and that their superiors be informed of the hard work that these individuals carry out daily and under extreme pressure.
07/09/2011	11/04/2011	I am deeply indebted to the ambulance crew for their prompt arrival and the subsequent treatment and care when I had need to call upon your service. I do believe if they hadn't responded in the way they did I would have died. I will never forget those men so will you please pass on to them my most warm and sincere heartfelt apologies for not contacting them sooner. Please tell them both that what they did for me that day will never be forgotten.
07/09/2011	29/08/2011	Thank you to all the staff who helped us when they attended a member of our family. From the lady on the other end of the 999 call who had to make sense of my panicked sentences to the ambulance crew.
07/09/2011	30/08/2011	I write on behalf of my family to pass on out thanks to the staff that treated a member of my family. Both gentlemen were excellent, acting efficiently and professionally whilst being attentive and responsible in their duty of care. Both were a credit to their profession and to the NIAS. I would appreciate you passing on our thanks and would strongly recommend both individuals for any reward or recognition scheme which you have in place to recognise exceptional public service in the line of duty.
08/09/2011	04/09/2011	I would like to thank the ambulance crew who attended a member of my family. They were brilliant, very patient and professional. If possible can you forward our thanks. The family greatly appreciate the care given.
08/09/2011	12/03/2011	Thanks for all the hard work you did for our mother.
08/09/2011	29/05/2011	Please will you say a big thank you to the gentlemen in the Ambulance who were so kind to me and not forgetting the lady driver who go us to hospital on time.
08/09/2011	07/08/2011	Many thanks for all you help
08/09/2011	06/08/2011	I would like to commend the staff in the ambulance who took me to hospital.

# COMPLIMENTS RECEIVED AUGUST - SEPTEMBER 2011

Date Received	Date of Incident	Description
08/09/2011	26/05/2011	I owe a debt of gratitude to everyone concerned not forgetting the ambulance driver and his courtesy getting me back for recalls.
12/09/2011	08/09/2011	Thanks for all your help today. You went well above the call of duty. We can never thank you enough.
16/09/2011	06/05/2011	Not often do you witness such care and attention to someone and the complete professionalism shown by the ambulance crew. I am writing to yourself in the hope that your department has some way of expressing our thanks to these excellent people.
22/09/2011	20/08/2011	Would like to thank the crew who attended a member of our family.
26/09/2011	22/09/2011	On behalf of my family I would just like you to pass on our thanks and gratitude to all the emergency crews involved, what a great job they all do, with thanks and gratitude.
26/09/2011	15/09/2011	Thank you for attending to a member of my family. Your help was much appreciated.
29/09/2011	17/09/2011	I wanted to personally thank you for your calm, professional support and assistance when you took a call for a member of my family who is well now, thanks in no small part to the clear, confident advice and instruction you provided.

**TB/3/17/11/11**

# ***NORTHERN IRELAND AMBULANCE SERVICE***

## **TRUST BOARD MEETING**

**DATE: 17 NOVEMBER 2011**

<b>Title:</b>	NIAS Response to the HSC Review
<b>Purpose:</b>	To inform and influence HSC Review
<b>Content:</b>	NIAS response to the Review of Health and Social Care in Northern Ireland
<b>Recommendation:</b>	For noting.
<b>Previous Forum:</b>	n/a
<b>Prepared by:</b>	Mr Liam McIvor, Chief Executive
<b>Presented by:</b>	Mr Liam McIvor, Chief Executive

**NORTHERN IRELAND AMBULANCE SERVICE**  
**RESPONSE TO HEALTH & SOCIAL CARE REVIEW 2011**



**Purpose**

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

**Mission**

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

**Vision**

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

## OVERVIEW

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NIAS welcomes the Review of Health and Social Care in Northern Ireland and in particular the focus on implementation and the signals for early action. We also welcome the engagement with NIAS through the review process. Our participation in the various workshops and meetings has provided a platform for exploring the contribution ambulance services can make in the context of whole system review and the extent to which we impact upon and support the delivery of care in all settings.

We believe that in future health and social care should be more concerned with prevention of ill health and that resources should be targeted “up-stream” to reduce the current reliance on acute health care. This necessitates a greater focus on primary and community care along with a much greater emphasis on the effective management of existing and new resources in this area to deliver better outcomes and improved health and well-being. The ambulance service is a key element and partner in the delivery of effective pre-hospital and out-of-hospital care, currently providing an effective, well-regarded service to the whole of Northern Ireland. We already have in place the structures and processes which provide effective and efficient management of a highly mobile workforce delivery quality care in the heart of the community.

Health & Social Care faces a future with both challenges and opportunities and we believe that NIAS has a pivotal role to play in the delivery of safe, high quality care in Northern Ireland in that future.

We believe that the ambulance workforce should be more closely aligned with other healthcare clinicians operating in the community. Ambulance personnel interact with patients as independent clinical professionals, and can also deliver care as the eyes, ears and hands of specialist clinicians based in hospitals, urgent care centres and other healthcare facilities. This will make greater use of specialist clinicians and enable them to more readily and efficiently influence, direct and provide care to patients in their own homes or local community settings. Patient confidence is increased in this new model of care by their immediate and ongoing contact with ambulance paramedics, trained and equipped to administer care and treatment, but also crucially ready and able to respond to any situation arising and provide immediate emergency response and care. The information, education and communication platforms necessary for this are already established and can be developed further to meet need/demand.

There will always be a need for ambulance transportation of patients to and from healthcare settings, and we will continue to prioritise and provide rapid response and transportation based on clinical need. The vast majority of patients requiring transportation however, do not require rapid or emergency transportation by highly qualified paramedics. They require timely and dependable transportation with dignity

and respect in a caring environment by suitably trained and qualified healthcare professionals. Increasingly the emphasis will be on providing timely dependable transportation on a non-urgent, non-emergency basis to create and maintain emergency ambulance capacity to support sole paramedic response to emergency patients with prompt transportation by emergency ambulance as required.

NIAS currently provides a robust and reliable call management service for emergency, urgent and non-emergency health related calls. We look to expand our role in this regard in the future by providing call taking and call management, including clinical triage, for other urgent and non-emergency health related calls such as those currently made to GP Out-of-Hours centres. The technology and call management platform is already in place and well established in NIAS for this role and we believe we can offer improvements to the existing arrangements.

In the near future, the ambulance service would expect to play a pivotal role in managing scheduled and unscheduled care better. Callers seeking help can assess their own needs in the first instance and potentially call 999 for an emergency or 111 for non-emergency help. Ambulance personnel can assess calls from either setting and determine clinical urgency consistently, assigning ambulance and non-ambulance response based on clinical need to ensure the fastest most effective response to those in greatest clinical need and a timely, appropriate response to those whose need is not time-critical. Alternatives to ambulance response and hospital attendance will be offered to suitable patients by trained clinical professionals with the time to listen and determine what is needed and access services throughout Northern Ireland and across the whole primary and secondary healthcare system to meet that individual patient need. Operating as the only regional HSC Trust in NI enables NIAS to manage and access services and clinical professionals throughout NI, across Local Commissioning Group and HSC Trust boundaries to leverage economies of scale and establish and maintain regional consistency from locally based resources. Patients will have greater control of their continuing emerging care needs and will be supported in more effectively managing their healthcare at home. Critically, the patient will be in direct contact with clinical professionals who are an integral part of the ambulance emergency response system and able to assign an emergency response immediately should the patient require it. In the area of scheduled care, increasing dependability of service provision would reduce the burden on unscheduled care and enable patients to plan their care around their lives, rather than plan their lives around their care.

Better, more effective, more co-ordinated management and delivery of unscheduled care offers immediate benefits in reducing pressure on the acute sector and releasing expensive hospital resources from providing unnecessary/inappropriate intervention while also supporting safer hospital services. However, in the medium to long term, significant benefit can be secured by managing all unscheduled care consistently on a 24/7 basis across NI to reduce the variability and unplanned pressure in primary care, particularly in “normal 9-5 working hours”. This would

support efforts to more effectively manage long term conditions and maintain patients at home by providing primary care professionals with the time and space to manage patients more proactively within a performance management structure for unscheduled care which prioritises workload regionally, and differentiates on the basis of clinical priority and other key measures of success.

A common theme throughout all of this is a need to establish and maintain resilience and robust service continuity in the delivery of scheduled and unscheduled healthcare services on a 24/7 basis. This will require robust financial and workforce planning and management and information systems and work practices which support timely decisive decision-making. Similarly strong governance arrangements for the management of risk and the assurance of financial probity need to be maintained and further developed. Engagement with the public, our staff and other key stakeholders and interest groups will continue to grow in importance as we develop as a healthcare system seeking to fully understand and meet both needs and expectations of the community for care inside and outside the hospital setting.

This submission focuses upon those areas where we believe we can have the greatest impact in a reconfigured healthcare system, stressing especially the contribution of an ambulance service itself already considerably transformed from a patient transportation service into a safe, high quality, professional healthcare organisation. The submission and our engagement with the review team highlights NIAS as an organisation which provides assessment, care, support and treatment in a pre-hospital setting to enable our community to maintain healthy independence in their home including patient transportation, where necessary and appropriate.

## FUTURE CHALLENGES AND OPPORTUNITIES

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It is clear that the healthcare system in Northern Ireland requires change, and that maintaining the status quo is not a viable option given the pressures and drivers for change. Patient, client and societal expectations are changing and we need to refashion the delivery of healthcare to both manage and meet expectations.

There are a number of key whole-system themes/issues which we believe the Review should consider and address:

- Promote, support and commission a change of emphasis in healthcare to promote wellness and thereby prevent illness and reduce the burden of managing illness
- Relate all commissioning decisions to a whole population base to establish and maintain regional consistency and standards
- Promote, support and commission self-management by the informed and empowered patient/client
- Promote, support and commission independence over dependence
- Promote, support and commission care as close to home as possible, as soon and as often as possible
- Recognise, promote, support and commission the continuing care of patients by generalists in a local setting with ready and timely access to specialist knowledge and advice
- Develop and communicate a clear and unambiguous model of hospital and sub-hospital service provision for Northern Ireland
- Promote, support and commission the development and application of care pathways for patients/clients in both scheduled and unscheduled care settings which are regionally consistent and locally sensitive
- Focus on effective communication which leverages the full value of the simplest and most straightforward systems before we invest in complex and expensive technology
- Planning and funding must be longer-term (align with lifetime of Assembly rather than year-on-year)
- Use existing relevant measures of performance as the springboard to develop relevant, appropriate and meaningful outcome measures

- Invest in leadership to support decisive and effective decision-making throughout the patient/client/clinician interaction – with a particular emphasis on making definitive decisions promptly
- Promote, support and commission partnership arrangements involving non-healthcare bodies from statutory/private/voluntary sectors

## **THE AMBULANCE CONTRIBUTION TO A RECONFIGURED HEALTHCARE SYSTEM**

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The Northern Ireland Ambulance Service has achieved a great deal in recent years which provides a strong stable platform on which to build the Service to meet the challenges we face. NIAS has changed greatly from the organisation of five or ten years ago.

### **A modern ambulance service providing high quality pre-hospital care**

We have invested heavily in our ambulance personnel by bringing in new staff, increasing the number of paramedics we employ and training them in new clinical skills and interventions. Ambulance vehicles are equipped with the best clinical and technology systems to improve the care we provide to patients. We now offer pre-hospital cardiac thrombolysis to the whole of Northern Ireland for the first time as every paramedic is trained and equipped to provide this life saving intervention.

### **Effective and efficient use of key capabilities**

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

The speed of response is a key measure of performance for any organisation, particularly so for an emergency ambulance service. We are getting to more patients more quickly than ever before. We have improved the speed of response to life threatening 999 calls throughout Northern Ireland, (not just in the major cities) year after year. We average a sub 8 minute response to these life threatening calls in more than 72.5 per cent of cases throughout Northern Ireland. We are absolutely committed to continuing to improve the speed of our response to the most clinically

urgent patients while providing timely and appropriate services, including alternatives to hospital attendance, to those whose need is less immediate.

### **Creative and cost-effective solutions**

The whole healthcare system has changed greatly in recent times, particularly the configuration of hospitals and acute services. The Ambulance Service has engaged directly and positively with other providers, commissioners and the Department of Health to ensure that the consequences of these changes have been recognised and taken account of. This has resulted in investment which has increased ambulance cover in affected areas and we have also increased our ambulance response bases. We have moved ambulances and ambulance stations further into local communities by developing additional response bases in key locations such as Lurgan, Lisnaskea, Shantallow, Ballyclare, Derriaghy and Comber.

We have grown as an organisation over this period and this is reflected in expenditure on ambulance services which now exceeds £50m per annum. The additional funds have supported change and consolidated service delivery. We have also reduced expenditure in key areas over the period to create greater efficiency and secure value for money. We will continue to critically review our expenditure to drive further efficiencies which we hope will continue to be used to improve patient care.

Ambulance services have a vital role to play in addressing these challenges and ensuring all patients get the right care, in the right place, at the right time. Ambulance services care for patients of all ages and with all types of conditions: from mothers in labour and newborn babies to those at the end of their lives, and from the critically ill and injured to those suffering from chronic diseases and minor conditions. The overriding challenge is for the commissioners and providers of health and social care to work effectively together to deliver our shared goals of saving lives, reducing inequalities and improving health and well being.

### **Developing alternative approaches**

Ambulance services are one of the most important gateways into the health and social care system. 136,000 people called 999 in Northern Ireland in 2010/11 and 126,000 of these calls resulted in attendance by the ambulance service. This includes patients with life threatening conditions such as stroke and heart attacks and those suffering from major trauma, as well as patients with non-life threatening conditions, such as older people who have had a fall, patients with exacerbated problems from long-term conditions, and those with minor injuries or illnesses.

It is this latter group – those with urgent rather than life threatening conditions – that is placing some of the greatest pressure on ambulance services and the whole healthcare system. Over the last decade the number of people calling 999 has increased by between 5 and 7 per cent each year. The role of the ambulance service

is to deal with all of these callers in the most clinically appropriate and cost-effective way. We are already improving our ability to assess and diagnose patients, both over the telephone and face to face. We are also developing a wider range of responses to the health and social needs of our callers. This includes delivering even faster responses to the most serious conditions and transporting patients to the most appropriate specialist unit, providing more and better care for patients in their local community or at home, and solving patients' problems over the telephone.

However, it is only by working more closely with all our partners in health and social care that we can transform the experiences and outcomes of all the people we serve, and deliver better value for money for taxpayers. Together, we need to develop services that deliver world-class outcomes for those patients with critical, life threatening conditions such as stroke, trauma and coronary heart disease. We also need to simplify access and improve services for patients with non-life threatening conditions, who will often be better cared for outside hospital, in local communities and at home.

### **Delivering effective early interventions**

For some of the most critical, serious cases healthcare providers in the UK do not do as well as we should for patients. Examples include stroke, trauma and coronary heart disease (CHD) – heart attacks and cardiac arrests. Each of these conditions is life threatening, time critical and occurs in the community. No one goes to hospital to have a cardiac arrest or stroke: these emergencies occur at home, in the local neighbourhood or in the workplace.

To improve outcomes for patients suffering from these conditions, treatment needs to start rapidly after symptoms begin. The ambulance service needs to get to the patient quickly, commence treatment and continue treating the patient whilst transporting them to the best place for their care, which will often be in a specialist centre. We know that early treatment saves lives and increases the chance of making a recovery, with better outcomes in specialist centres. Ambulance services are helping to develop these new care pathways and ensure patients are taken to the best place, in the best possible time, with the best treatment along the way.

NIAS will continue to work with the commissioners and other healthcare providers to develop appropriate local care pathways for patients with life threatening conditions. We will also ensure the right protocols are in place for the rapid transfer of people to appropriate centres of care, and that our staff have the skills and training they need to treat patients prior to arrival at hospital.

### **Developing alternatives for unscheduled care**

Most patients seen by the ambulance service on a daily basis have non-life threatening conditions. This includes patients who may have fallen in the home or workplace, people who have exacerbated long-term physical and mental health

problems, and those with minor illnesses and injuries. Poor access to primary and community services, particularly in deprived areas, may be linked to greater use of ambulance services. This demand for unscheduled care and clinical intervention in the community disrupts planned elective care for GPs and others in community settings and acute hospital settings. Better management of unscheduled care in its totality with stronger links to the ambulance service managing pre-hospital emergency care offers great potential for improving care, patient flows efficiency and patient satisfaction.

Providing care in the local community or at home, so patients don't have to go into hospital unnecessarily, will often deliver the best outcomes and experiences for patients. This will also help deliver better value for money for taxpayers.

We need to ensure patients get the most appropriate and cost-effective care whenever possible. Ambulance services are already improving their ability to assess and diagnose patients, both over the telephone and face to face. For example, during 2009 NIAS recruited GPs to work in the ambulance control centre to offer patients who do not have a serious or life-threatening condition clinical telephone advice. Around 40 per cent of the calls that are referred to the GP are resolved without sending an emergency ambulance to the patient.

Ambulance service staff are developing new skills and roles so they can take care to the patient, rather than taking the patient to hospital. For example, paramedics can assess, diagnose and treat minor illnesses and injuries in the community or in people's homes. Paramedics can take care to the patient, instead of taking the patient to hospital, and support wider public health strategies by providing health information and advice. There is significant scope for further development in this area, but it will be most effective if it is planned and delivered in a whole-system context.

### **Service re-design**

NIAS can contribute to the further development of services such as minor injuries units and urgent care centres and will seek to develop our role in these areas. In some parts of the UK ambulance services can also refer patients to other health and social care providers, including in- and out-of-hours GP services, intermediate care and falls teams where this is appropriate. While NIAS has made some progress in this area, the full potential needs to be recognised by the healthcare system and care commissioned and delivered with a view to maximising the potential gains for patients.

Whilst significant improvements are being made, there is still a long way to go before patients get the seamless and integrated urgent care services they need. NIAS will work with the whole health and social care system and our partners outside the health and social care organisations in Northern Ireland to develop the most

appropriate care pathways so all patients get the right care, in the right place, at the right time.

### **Preventing ill-health**

Our goal must ultimately be to prevent people from becoming ill or injured in the first place. The ambulance service, working in partnership with others, has a key role to play in improving public health. This is already happening in a very limited way, through community education programmes aimed primarily at schools and youth groups, and also through our contribution to clinical networks in areas such as cancer, stroke, cardiac and respiratory illness.

However, ambulance services could play a much greater role in improving health and well-being. For example, ambulance services can work with local councils, the police and the wider health service to develop strategies to reduce alcohol consumption, providing data to identify geographical areas of concern, and groups of patients with particular needs, and to develop the appropriate response. We can also contribute to joint strategic needs assessments, local strategic partnerships and local area agreements to improve public health and tackle inequalities.

NIAS will also continue to develop our scheduled care service to provide consistent and reliable delivery of non-emergency transportation of patients to care centres to support them and clinicians in effectively managing care and treatment in a non-emergency setting. We will work with our partners, policy-makers, commissioners, and public, private and voluntary providers, to provide clinically appropriate, dependable non-emergency transport services so that patients' expectations are met fully and care and treatment can be planned with confidence and surety.

### **Information, communication and knowledge management**

NIAS will seek to improve care through sharing the wealth of untapped information we and others have on patients whose needs are not currently being met, and provide a picture of where different problems are occurring. New technology means we can now identify patients who have frequent falls or repeated heart or mental health problems, and whose lives could be transformed through early intervention and better support from primary and community services and social care. Whilst the potential of this information to improve the commissioning and delivery of services and support a range of other multi-agency strategies is beginning to be recognised, there is still a long way to go.

This technology is also key to the further development of our patient-centred tactical deployment plan which provides direction on the deployment and allocation of ambulances. Providing a timely response in rural areas is a challenge for all emergency services, and NIAS has improved performance in this respect in recent years. NIAS will continue to focus on providing effective and appropriate rural

response using all resources, both statutory and voluntary within rural communities to provide safe, effective, high-quality care in emergencies.

### **Simplifying access**

Patients and the public say that accessing healthcare services can be confusing, complex and extremely difficult at times, especially out of hours. Patients often don't know who to contact for help – their GP, Out of Hours Services, A&E Department or 999 Ambulance. Instead of regarding some calls to 999 as 'inappropriate', commissioners and providers of health and social care need to better understand how people are accessing services. We need to use this information to ensure the right mix of care is available at the right time in the right place – we need to guide, support and direct patients to the best care.

A key goal should be to develop a single, seamless, point of telephone access for unscheduled care on a 24/7 basis, so that all patients are assessed and prioritised in the same way, however they access the healthcare system. The single point of access should be coordinated regionally and linked to the appropriate service response irrespective of time or location of call.

### **Securing economies of scale**

This would be supported by the establishment and maintenance of a dynamic Directory of Services for the whole of Northern Ireland with real-time information. This would show the availability of appropriate scheduled and unscheduled care services near to the patient including GPs (in- and out-of-hours), minor injury units, urgent care centres, district and other community nursing teams, and emergency care practitioners and paramedics. Patients requiring help would be directed to the most effective and appropriate part of the healthcare system through a regionally consistent and locally sensitive healthcare system.

At the core of an effective, real-time, N.I. Directory of Services is the authority to assign work to the relevant clinical professionals providing the intervention. We need to move from the current model which is based on requests and negotiation between clinical professionals to a model more akin to pre-hospital emergency care, where the clinician attending the patient will assess their need and request the appropriate intervention from the organisation managing the Directory of Services. That organisation then assumes responsibility for delivering the intervention to the patient in safe, appropriate, timely, quality, manner by directing the relevant clinician to provide the service. This requires that the requesting organisation is given the authority to direct the clinician to provide the service.

Potential abuse and misuse of the service or poor performance can be addressed through the performance management regimes in place between HSC Trusts and HSC board, and clinical audit arrangements existing. An incremental approach to the development of the model would be entirely appropriate facilitating early adoption.

## **Supporting care closer to home**

An integrated unscheduled care system would in turn help identify unmet patient needs and gaps in service provision. This data would be shared with healthcare commissioners such as Local Commissioning Groups and Primary Care Partnerships to help drive improvements in care and develop an appropriate and responsive range of primary, community and other urgent care services available 24 hours a day, seven days a week.

NIAS will work with partners to deliver an integrated unscheduled care system which will direct the patient to the appropriate service and alert the service in advance of the patient's attendance and requirement. Where appropriate, NIAS can direct the urgent healthcare provider to the patient's home to provide care and intervention in the home to support the patient to remain in the community rather than an acute hospital setting. Close integration with the ambulance service would enable emergency and non-emergency calls requiring immediate ambulance attendance to be dealt with without delay and support effective, consistent clinical triage and planned response to non-emergency calls.

Playing a leading role in the delivery of this model of unscheduled care would signal a strategic shift for NIAS as a lead partner in simplifying access and providing an integrated, cohesive approach for unscheduled care in Northern Ireland. NIAS will work with key partners and stakeholders to secure this strategic aim.

## **FURTHER READING**

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NIAS Corporate Plan 2011-2014

[http://www.niamb.co.uk/docs/documents/strategic\\_documents/NIAS%20Corporate%20Plan%202011%20-%202014.pdf](http://www.niamb.co.uk/docs/documents/strategic_documents/NIAS%20Corporate%20Plan%202011%20-%202014.pdf)

NHS Confederation Ambulance Service Network

<http://www.nhsconfed.org/Networks/AmbulanceService/Pages/home.aspx/>

**TB/4/17/11/11**

# ***NORTHERN IRELAND AMBULANCE SERVICE***

## **TRUST BOARD MEETING**

**DATE: 17 NOVEMBER 2011**

<b>Title:</b>	Waste Management Policy
<b>Purpose:</b>	To set out NIAS Policy on Waste Management across the Trust in all its Activities
<b>Content:</b>	Plan for the Management of Waste
<b>Recommendation:</b>	For Approval
<b>Previous Forum:</b>	n/a
<b>Prepared by:</b>	Mr Bryan Snoddy, Asst Director of Operations
<b>Presented by:</b>	Mr Brian McNeill, Director of Operations



Northern Ireland Ambulance Service  
Health and Social Care Trust



# **Waste Management Policy**

**July 2011**

**Version 1.0**



Title:	<b>Waste Management Policy</b>		
Purpose of Policy:	To set out NIAS policy on Waste Management across the trust in all its activities.		
Directorate Responsible for Policy:	Operations Directorate		
Name and Title of Author:	Bryan Snoddy, Assistant Director of Operations		
Staff Side Consultation			
Equality Screened:	22 July 2011		
Date Presented to:	SEMT	13 Sept 2011 & 18 Oct 2011	
	Assurance Committee		
	Trust Board		
Publication Date:		Review Due:	Review completed:
Version:	<b>Version 1.0</b>		
(01)			
(02)			

### Circulation List:

This Policy was circulated to the following groups for consultation.

- Staffside
- Executive Directors and Senior Managers

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

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## 1.0 Introduction

- 1.1 This policy sets out the Northern Ireland Ambulance Service Health and Social Care Trust's (hereafter referred to as 'The Trust') plan for the management of waste.
- 1.2 The Policy identifies the Trust's commitment to the management of waste in all its activities.
- 1.3 This Policy gives guidance on reporting and managing waste including: incident investigation, minimising risk and promoting a culture of continuous improvement.
- 1.4 The Policy should be read in conjunction with the Trust's procedural arrangements for Waste Management.
- 1.5 This Policy has been developed in consultation with internal stakeholders.

## **2.0 Policy Statement**

- 2.1 The Trust promotes a pro-active approach to the Management of Waste.
- 2.2 The Trust will maximise benefits, and minimise risks to patients, clients, staff, visitors, contractors and others, through the effective Management of Waste.
- 2.3 The waste management policy is a declaration of the NIAS's overall aims and principles with respect to the safe handling and disposal of waste. It includes a commitment to the continual improvement of the management of waste and to compliance with environmental, legal and other requirements.

### **3.0 Definitions**

For the purposes of this policy the following definitions will apply:

#### **3.1 Clinical Waste**

The definition of Clinical Waste used in this guidance is as defined in “The Controlled Waste Regulations (NI) 2002.

Clinical Waste Includes:

- a.** any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and
- b.** any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

#### **3.2 Controlled Waste**

These are healthcare, household, industrial and commercial wastes as defined in the Controlled Waste Regulations (NI) 2002 and regulated by the duty of care and waste management licensing regime made under the Environmental Protection Act 1990 (sections apply to NI).

This waste must be managed and disposed of in line with waste management regulations. It includes municipal, commercial and industrial waste and can come from private homes, schools, hospitals, shops, offices, factories or other businesses. It can be solid or liquid and include a range of materials such as scrap metal, old newspapers, used glass or plastic bottles, aluminium cans, kitchen and garden waste.

#### **3.3 General Waste**

Any waste that consists of a mixture of paper, packaging and similar materials with a proportion of decaying waste incorporated within them. This general refuse includes food, kitchen waste, waste paper, packaging, glass, cans, aerosols, plastic, wood etc. It can also include non hazardous industrial and commercial waste.

#### **4.0 Scope of the Policy**

- 4.1 This Policy must be applied to all sites across the Trust.
- 4.2 This policy should be read in conjunction with the procedure covering waste management.
- 4.3 It must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of managing waste and to compliance with environmental, legal and other requirements.

#### **5.0 Policy Objectives**

- 5.1 To ensure that the Trust has in place suitable and robust governance arrangements to support the management of waste.
- 5.2 To define Board level responsibility for waste management and show that there are clear lines of accountability throughout the Trust leading to the Board.
- 5.3 To ensure there are resources to support the management and the development of processes and systems associated with waste management.
- 5.4 To show that the Trust is committed to the safe segregation, handling, storage, transport, disposal and treatment of waste.
- 5.5 To support the development of appropriate systems and processes to monitor and review waste management.

## **6.0 Roles and Responsibilities**

- 6.1 The Chief Executive has overall responsibility for waste management within the Trust. Together with the Trust Board the Chief Executive ensures that the objectives of this policy are met.

The Chief Executive delegates the day to day responsibility for establishing and monitoring the implementation of this policy to Directors.

The Chief Executive is responsible for ensuring periodic review of the Trust's Waste Management Policy.

- 6.2 The Director of Operations is the designated Executive Director with lead responsibility for waste management. He/she will report to the Trust's Assurance Committee and Trust Board on matters relating to waste management.

- 6.3 The Assistant Director of Operations or his nominee will Chair the Trust's Environmental Group, and will ensure the group deals with policy, controls assurance and operational issues.

- 6.4 All Trust Directors, Assistant Directors, and Senior Managers have responsibility for waste management within their remit and for ensuring that procedures are fully implemented and monitored as part of the Trust's governance requirements.

Senior managers are responsible for developing and implementing local arrangements to facilitate the effective management of waste. They also have responsibility to ensure that information required in relation to this policy is provided in an accurate and timely manner.

- 6.5 The Trust's Assurance Committee will provide strategic direction, information and advice on all aspects of risk management in relation to waste management. (See Appendix 2 for Committee Structure)

- 6.6 The Environmental Group is responsible to the Facilities & Support group for the implementation of the Waste Management Policy and establishment of supporting procedures, guidelines and arrangements.

- 6.7 The Environmental Group will carry out the following duties with regard to the management of waste on behalf of the Trust:-

- Ensure the Waste Management Policy is implemented. Establish and implement supporting procedures and guidelines.
- Monitor and review the Waste Management Risk Management Process.
- Monitor Waste Management related incidents, identifying trends and developing action plans to reduce risks.
- Review compliance with the Waste Management Controls Assurance Standard.

- Liaise with other organisations, as necessary, to develop a common understanding of how best to deal with Waste Management.
- 6.8 All Trust staff have a responsibility to adhere to this policy and ensure that they operate in accordance with its supporting procedural arrangements. Staff should participate in any waste management training.
- 6.9 Trust appointed contractors must comply with this policy and meet legal and statutory requirements. They will also make provision for the safe and correct disposal of all waste to an appropriate licensed facility.
- 6.10 NIAS will work with trusted partners and appropriate organisations in the management of waste.

## **7.0 Risk Management**

- 7.1 Significant Waste Management risks within the Trust will be assessed in accordance with the Management of Health and Safety at Work (Regulations) Northern Ireland 2006 and the Trust Risk Management Strategy.
- 7.2 Sensitive or high risk issues will be managed by the risk owner and monitored by the Facilities and Support Group.
- 7.3 The Untoward Incident reporting system will be used to report any waste related incidents. This will allow the Trust to be informed of the risks facing the organisation and to take appropriate action to avoid, minimise or significantly reduce the occurrence or repetition of these incidents.
- 7.4 The Facilities and Support Group will monitor and review Untoward Incidents.
- 7.5 The Clinical Training Manager will ensure the provision of any necessary training with regard to this Policy.
- 7.6 All Managers must ensure that their staff have access to this policy, have reviewed its content, and are aware of its aims and purpose immediately upon its release.
- 7.7 All Trust staff must comply with this Policy.

## **8.0 Equality and Human Rights Considerations**

- 8.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.
- 8.2 This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
- 8.3 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form.
- 8.4 Using the Equality Commission's screening criteria; no significant equality implications have been identified. This Policy will therefore not be subject to an equality impact assessment.
- 8.5 This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.
- 8.6 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

## **9.0 Policy Review**

- 9.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.
- 9.2 This policy will be reviewed by the Assistant Director of Operations at two yearly intervals or following a high risk incident. It will also be reviewed subject to any relevant European directives or legislation. Any review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

## **10.0 Legal**

- 10.1 Legislative compliance, relevant policies, procedures, statutes, guidance, circulars and other publications relevant to this Policy are listed in the HPSS Controls Assurance Standard (CAS) for waste Management, and is located on the DHSSPSNI website under 'Governance in the HPSS' at the current link below:-

<http://www.dhsspsni.gov.uk/index/hss/governance/governance-controls.htm>

NIAS policies and procedures can be found using the NIAS intranet link below: -

[http://nias-sharepoint:81/policies\\_procedures/policy.htm](http://nias-sharepoint:81/policies_procedures/policy.htm)

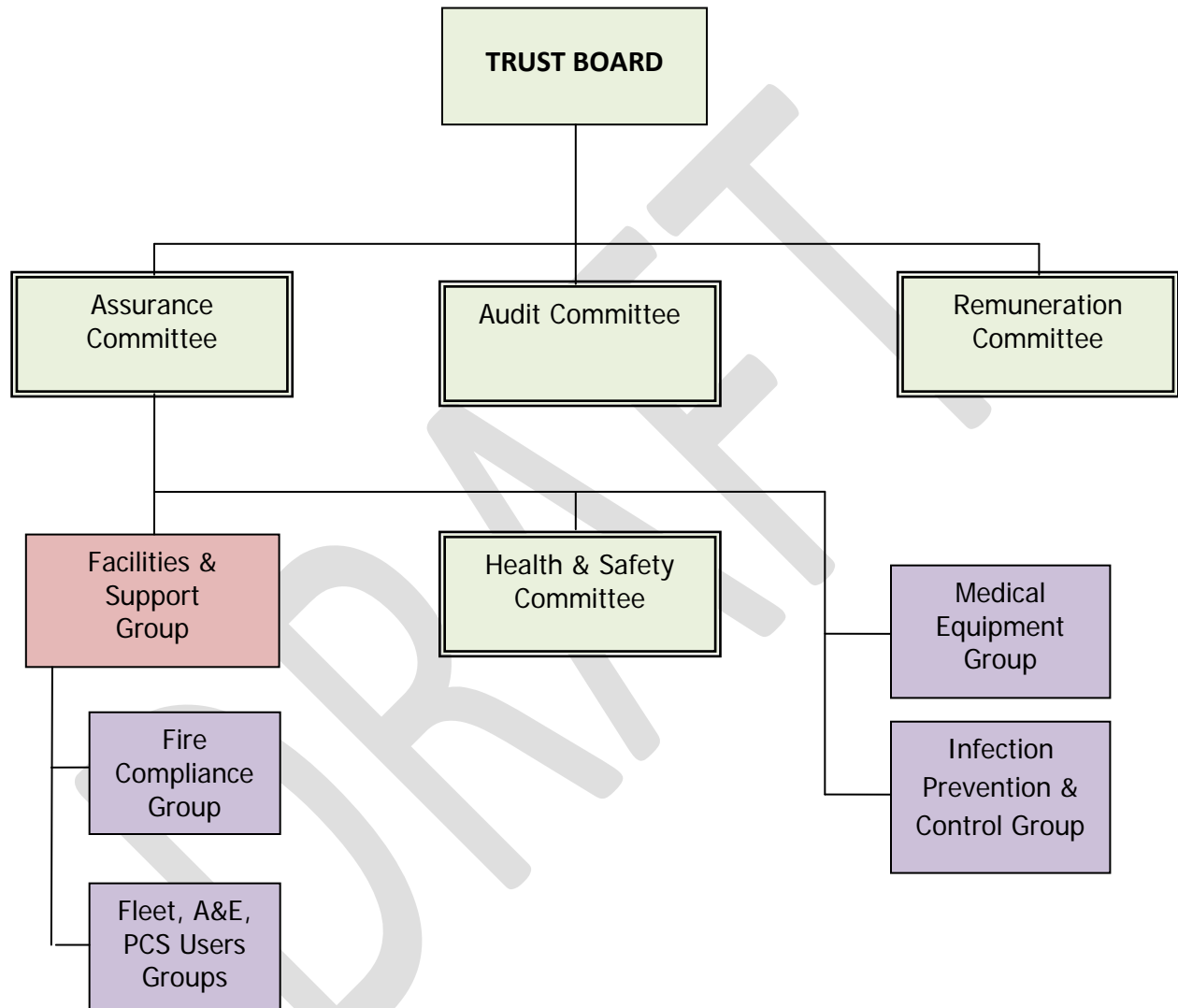
- 10.2 Other relevant documents, legislation, statute and guidance can be found at Appendix 1. Relevant related documents can also be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

**Related relevant documents**

List of Wastes Regulations (NI) 2005  
Controlled Waste Regulations (NI) 2002  
Controlled Waste (Duty of Care) Regulations (NI) 2002  
Environmental Protection Act 1990 (Sections apply to NI – see legislation)  
Health Technical Memorandum (HTM) 07-01 Healthcare Waste  
HTM 2065, Technical Guidance WM2 (second edition)  
Health and Safety at Work (Regulations) Northern Ireland 2006  
Section 75, Schedule 9, of the Northern Ireland Act, 1998  
Human Rights Act, 1998

This list is not exhaustive and other documents can be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

Committee and Group Structure



**TB/5/17/11/11**

# ***NORTHERN IRELAND AMBULANCE SERVICE***

## **TRUST BOARD MEETING**

**DATE: 17 NOVEMBER 2011**

<b>Title:</b>	Security Policy
<b>Purpose:</b>	To set out NIAS policy on Security across the Trust in all its Activities
<b>Content:</b>	Plan for the Management of Security
<b>Recommendation:</b>	For Approval
<b>Previous Forum:</b>	n/a
<b>Prepared by:</b>	Mr Bryan Snoddy, Asst Director of Operations
<b>Presented by:</b>	Mr Brian McNeill, Director of Operations



Northern Ireland Ambulance Service  
Health and Social Care Trust



# Security Policy

July 2011

Version 1.3



Title:	<b>Security Policy</b>		
Purpose of Policy:	To set out NIAS policy on Security across the Trust in all its activities.		
Directorate Responsible for Policy:	Operations		
Name and Title of Author:	Bryan Snoddy, Assistant Director of Operations		
Staff Side Consultation			
Equality Screened:	21/07/11		
Date Presented to:	SEMT	13 Sept 2011 & 18 Oct 2011	
	Assurance Committee		
	Trust Board		
Publication Date:		Review Due:	Review completed:
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(01)			
(02)			

### Circulation List:

This Policy was circulated to the following groups for consultation.

- Staffside
- Executive Directors and Senior Managers

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

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## **1.0 Introduction**

- 1.1 This policy sets out the Northern Ireland Ambulance Service Health and Social Care Trust's (hereafter referred to as 'The Trust') plan for the management of Security.
- 1.2 The policy identifies the Trust's commitment to the management of Security in all its activities.
- 1.3 This policy gives guidance on reporting and managing security including: incident investigation, minimising risk and promoting a culture of continuous improvement.
- 1.4 The policy should be read in conjunction with the Trust's procedural arrangements for Security.
- 1.5 This policy has been developed in consultation with internal stakeholders.

## **2.0 Policy Statement**

- 2.1 The Trust promotes a pro-active approach to the management of Security.
- 2.2 The Trust will endeavour to minimise risks to patients, service users, clients, staff, visitors, contractors and others through the effective management of Security.
- 2.3 The Trust recognises that breaches of security in any of its forms could have a significant impact, not only on its staff and physical assets, but also on public confidence and the morale of staff and patients.
- 2.4 The Trust is committed to providing a safe and secure environment for its staff, patients and visitors as outlined by National and European Health and Safety Legislation and directives, by DHSSPSNI Policy and by common law duty of care.

### 3.0 **Definitions**

- 3.1 This Security policy will cover any event which has given or may give rise to actual or possible personal injury or to property loss or damage.
- 3.2 The term “security” will apply to the elimination or reduction of the risk of crime in all its forms within the Trust and will, for example, apply to:
- Crimes against individuals – violence and abuse;
  - Crimes to and theft from premises or vehicles;
  - Theft or misappropriation of drugs;
  - Security of IT hardware and peripherals;

### 4.0 **Scope of the Policy**

- 4.1 This Policy applies to all sites and vehicles across the Trust.
- 4.2 This policy should be read in conjunction with any strategies, other policies and procedures covering any aspect of security in the Trust.
- 4.3 It must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of security and to comply with legal and other requirements.
- 4.4 A number of specific policies and procedures exist, within the Trust, which relate to the security of Trust premises, staff, vehicles, equipment. In addition there are specific policies and procedures in place relating to fraud and information. All issues in relation to fraud falling under the Fraud Policy must be reported to the Trust Fraud Officer and through to the Audit Committee.

The Trust’s ICT Security Policy (2009) and Data Protection 1998 Policy (2009) outline staff responsibilities and processes for reporting breaches of information security. (See Appendix 1 for list of relevant policies and documents)

## **5.0 Policy Objectives**

- 5.1 To ensure that the Trust has in place suitable and robust governance arrangements to support the management of Security.
- 5.2 To define Board level responsibility for security management and show that there are clear lines of accountability throughout the Trust leading to the Board.
- 5.3 To ensure there are resources to support the management and the development of processes and systems associated with security management.
- 5.4 To ensure compliance with relevant legislation and that the Trust has access to up-to-date security related legislation and guidance.
- 5.5 To support the development of appropriate systems and processes to monitor and review security management.

## **6.0 Roles and Responsibilities**

- 6.1 The Chief Executive has overall responsibility for Security Management within the Trust. Together with the Trust Board, the Chief Executive ensures that the objectives of this policy are met.

The Chief Executive delegates the day to day responsibility for establishing and monitoring the implementation of this policy to Directors.

The Chief Executive is responsible for ensuring periodic review of the Trust's Security Policy.

- 6.2 The Director of Finance is responsible for finance, fraud and information security. There are specific policies and procedures for dealing with these issues and staff should refer to these for further detailed guidance. Security issues relating to finance, fraud and information will be dealt with through the Audit Committee.
- 6.3 The Director of Operations is the designated Executive Director with lead responsibility for general Security Management. He/she will report to the Assurance Committee on matters relating to general Security Management.
- 6.4 The Assistant Director of Operations has responsibility for reviewing this Security Policy and procedures and for providing advice to the Trust on security matters within this remit.

- 6.5 All NIAS Trust Directors, Assistant Directors and Senior Managers have a responsibility for ensuring they have a comprehensive understanding of their own remit within the Trust's Security Policies and any associated procedures and that:
- Security risks within their area are identified, reported and documented using a risk assessment approach in line with the Trust's Risk Management Strategy, i.e. Untoward Incident Reporting system.
  - Adequate and suitable security measures are implemented to maintain the security of their area of responsibility including the safety of patients, staff, visitors and the safeguarding of Trust assets i.e. equipment and supplies.
- 6.6 All Trust staff have a responsibility to adhere to this policy and ensure that they operate in accordance with its supporting procedural arrangements.
- 6.7 It is the duty of all staff to be vigilant and promptly report any security incidents or suspicious circumstances to their line managers. All employees have a responsibility to safeguard themselves and the security of Trust assets.
- 6.8 Trust appointed contractors must comply with this policy and meet legal and statutory requirements.

## **7.0 Risk Management**

- 7.1 Significant security risks within the Trust will be assessed in accordance with the Management of Health and Safety at Work (Regulations) Northern Ireland 2006 and the Trust Risk Management Strategy.
- 7.2 Sensitive or high risk issues will be managed by the risk owner and monitored by the Facilities and Support Group.
- 7.3 The Untoward Incident reporting procedure will be used to report any security related events. This will allow the Trust to be informed of the risks facing the organisation and to take appropriate action to avoid, minimise or significantly reduce the occurrence or repetition of these incidents.
- 7.4 These incidents will be monitored and reviewed by the Facilities & Support Group and reported through to the Assurance Committee. (See Appendix 2 for the Committee Structure)
- 7.5 Staff should participate in any security related training and should be able to respond in an appropriate manner.

- 7.6 Security arrangements and the effectiveness of policy and procedures will be reported to the Assurance Committee and monitored through the Facilities & Support Group.

## **8.0 Equality and Human Rights Considerations**

- 8.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.
- 8.2 This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
- 8.3 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form.
- 8.4 Using the Equality Commission's screening criteria; no significant equality implications have been identified. This Policy will therefore not be subject to an equality impact assessment.
- 8.5 This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.
- 8.6 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

## **9.0 Policy Review**

- 9.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.
- 9.2 This policy will be reviewed by the Assistant Director of Operations at two yearly intervals or following a high risk incident. It will also be reviewed subject to any relevant European directives or legislation. Any review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

## **10.0 Legal, Statutory etc**

- 10.1 Legislative compliance, relevant policies, procedures, statutes, guidance, circulars and other publications relevant to this policy are listed in the HPSS Controls Assurance Standard (CAS) for Security management. The relevant CAS can be located at the DHSSPSNI website under 'Governance in the HPSS' at the current link below: -

<http://www.dhsspsni.gov.uk/index/hss/governance/governance-controls.htm>

NIAS policies and procedures can be found using the NIAS intranet link below: -

[http://nias-sharepoint:81/policies\\_procedures/policy.htm](http://nias-sharepoint:81/policies_procedures/policy.htm)

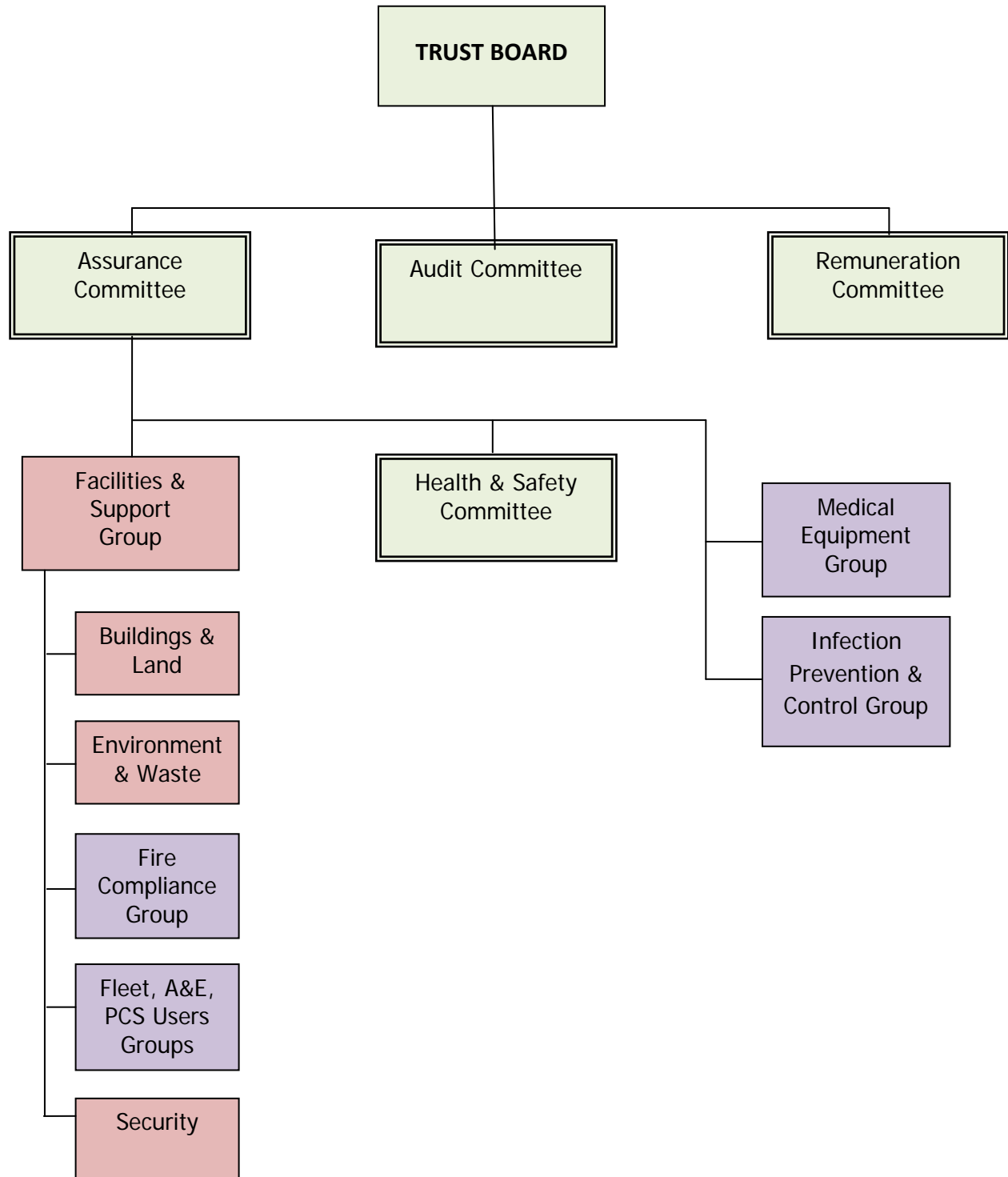
- 10.2 Other relevant documents, legislation, statute and guidance can be found at Appendix 1. Relevant related documents can also be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

### Related relevant documents

- Health and Safety at Work (Regulations) Northern Ireland 2006
- ICT Security Policy 2009
- Data Protection Act 1998 Policy (2009)
- Records Management Policy (2009) and associated guidance
- Trust Risk Management Strategy (An Assurance Framework) 2009-2013
- Untoward Incident Reporting Procedure 2009
- Fraud Policy 2010
- Lone Workers Policy (Annual Report)

This list is not exhaustive and other documents can be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

Committee and Group Structure



**TB/6/17/11/11**

# ***NORTHERN IRELAND AMBULANCE SERVICE***

## **TRUST BOARD MEETING**

**DATE: 17 NOVEMBER 2011**

<b>Title:</b>	Environmental Management Policy
<b>Purpose:</b>	To Set out NIAS Policy on Environmental Management across the Trust in all its Activities
<b>Content:</b>	Plan for the Management of the Environment
<b>Recommendation:</b>	For Approval
<b>Previous Forum:</b>	n/a
<b>Prepared by:</b>	Mr Bryan Snoddy, Asst Director of Operations
<b>Presented by:</b>	Mr Brian McNeill, Director of Operations



Northern Ireland Ambulance Service  
Health and Social Care Trust



**Northern Ireland Ambulance Service**

# **Environmental Management Policy**

March 2011

Version 1.0



Title:	<b>Environmental Management Policy</b>		
Purpose of Policy:	To set out NIAS policy on Environmental Management across the trust in all its activities.		
Directorate Responsible for Policy:	Operations Directorate		
Name and Title of Author:	Bryan Snoddy, Assistant Director of Operations		
Staff Side Consultation			
Equality Screened:	May 2011		
Date Presented to:	<b>No</b> Comm		
	SEMT	13 Sept 2011 & 18 Oct 2011	
	Assurance Comm		
	Trust Board		
Publication Date:		Review:	
Version:	<b>Version 1.0</b>		
(01)			
(02)			

### Circulation List:

This Policy was circulated to the following groups for consultation.

- Staffside
- Executive Directors and Senior Managers

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

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## **1.0 Introduction**

- 1.1 This policy sets out the Northern Ireland Ambulance Service Trust's (hereafter referred to as 'The Trust') plan for the management of the environment.
- 1.2 This policy identifies the Trust commitment to environmental issues in all its activities.
- 1.3 This policy gives guidance on managing the environment, including: incident investigation, minimising risk and promoting a culture of continuous improvement.
- 1.4 The policy should be read in conjunction with the Trust's procedural arrangements for environmental management.
- 1.5 This policy has been developed in consultation with internal stakeholders.

## **2.0 Policy Statement**

- 2.1 The Trust promotes a pro-active approach to the management of the environment.
- 2.2 The Trust will endeavour to minimise risks to patients, clients, staff, visitors, contractors and others through the effective environmental management.
- 2.3 The environmental management policy is a declaration of the NIAS's overall aims and principles with respect to avoiding environmental harm, managing utilities and resources to reduce NIAS impact and to preserve and enhance the environment in line with best practice. It includes a commitment to the continual improvement of the management of the environment and to compliance with environmental, legal and other requirements.

### 3.0 **Definition**

The term “Environmental Management” will encompass the following actions within the Trust:

- Avoiding or minimising activities that cause, or could cause environmental harm through contamination of air, watercourses, sewers or land.
- The management of utilities, transport and waste in order to reduce the environmental impact of the Trusts activities.
- The management of staff, suppliers, contractors and others in a manner that reduces or minimises their environmental impact, or the environmental impact of the products / services.
- The management of land use and ecology at our properties in a manner that preserves or enhances natural ecological features or heritage features.
- Ensuring that protection of the environment is considered under all circumstances.

### 4.0 **Scope of the Policy**

- 4.1 This Policy must be applied to all sites across the Trust. It applies to all activities related to the use of energy, water, chemicals, or other processes that result in emissions or discharges to the atmosphere, land or water. It will also apply to transport and procurement, including sustainable new buildings and the reduction and disposal of waste.
- 4.2 Where practicable Trust land will be used and maintained to encourage biodiversity. Natural habitats will be protected to support a wide range of flora and fauna. This policy shall apply to all premises and land under the control of the Trust and will be applied by all Trust staff.
- 4.3 This Policy must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of environmental performance and to compliance with environmental, legal and other requirements.

## **5.0 Policy Objectives**

- 5.1 To ensure that the Trust has in place suitable and robust governance arrangements to support the management of the environment.
- 5.2 To ensure that environmental targets and goals are set to enable monitoring of progress and to assist in improving environmental performance.
- 5.3 To ensure that environmental performance is reported annually to the Trust.
- 5.4 To support the development and management of processes associated with Trust-wide environmental issues and ensure the development of procedures affecting Environmental Management.
- 5.5 To seek independent assurance that an appropriate and effective system of managing environmental risks is in place and that the necessary level of controls and monitoring are being implemented.

## **6.0 Roles and Responsibilities**

- 6.1 The Trust's Chief Executive, as "Accountable Officer" has overall responsibility for ensuring the objectives of this policy are met and resources are made available to implement the policy.

The Chief Executive will delegate responsibility for establishing and monitoring the implementation of this policy to the Directors.

The Chief Executive is responsible for ensuring a periodic review of the Trust's Environmental Management policy.

- 6.2 The Director of Operations is the designated Executive Director with lead responsibility for the management of the environment.
- 6.3 The Director of Operations will report to the Trust's Assurance Committee and Trust Board on matters relating to environmental management.
- 6.4 The Assistant Director or his nominee will Chair the Trust's Environmental Group, which will be responsible for policy operational issues.
- 6.5 All NIAS Trust Directors, Assistant Directors, and Senior Managers have responsibility for environmental management issues within the areas of their remit and control. They need to ensure that procedures are fully implemented and monitored as part of the Trust's integrated governance requirements.

- 6.6 The Trust have responsibility to ensure that information required in relation to this policy is provided in an accurate and timely manner.
- 6.7 All Directors are responsible for developing and implementing local arrangements and for monitoring those arrangements to ensure effective management of the environment.
- 6.8 The Environmental Group is responsible for the implementation of the Environmental Management Policy and the establishment of supporting procedures, guidelines and arrangements.
- 6.9 The Group is responsible for recommending that there are appropriate and sufficient resources to implement environmental issues throughout the Trust.
- 6.10 The Group is responsible for ensuring the periodic review of the Controls Assurance Standards for Environmental Management and Waste Management.
- 6.11 The Infection Prevention and Control Group is responsible for the prevention, surveillance, investigation, management and control of infection across the Trust.
- 6.12 The Infection Prevention and Control Committee will provide guidance to the group on the infection risk of all environmental procedural arrangements.
- 6.13 The Assurance Committee will provide strategic direction, information and advice on all aspects of risk management in relation to Environmental Management.
- 6.14 All Trust staff have a responsibility to adhere to the principles and aims of this policy and ensure that they operate in accordance with its supporting procedural arrangements.

## **7.0 Context of Environmental Management in NIAS**

- 7.1 Energy use: the Trust will seek to promote the efficient use of energy with energy saving technology and management. The Trust will inform and encourage staff to reduce energy consumption. It will continue to invest in improving the energy performance of its assets.
- 7.2 Premises: the Trust will provide a safe and environmentally friendly environment for staff and will employ an environmentally sustainable approach to all new developments and refurbishments.
- 7.3 Resource consumption: the Trust will minimise its impact on the environment by adopting a sustainable procurement policy.
- 7.4 Targets and objectives: the Trust will develop environmental targets and goals to monitor progress and to assist in improving environmental performance.
- 7.5 Training and awareness: the Trust will use appropriate training and provide guidance to ensure that all staff understand the environmental impact of their actions. The Trust's environmental policy and associated guidance will be made available to staff via the Trust intranet site.
- 7.6 Travel: the Trust will seek to minimise the effects of operational travel by the management of logistics and where possible through journey efficiencies. It will seek to develop and further implement its green transport plan. It will also support staff in making use of environmentally sound travel opportunities where appropriate.
- 7.7 Vehicles: the Trust will investigate the use of environmentally friendly fuels and the use of sustainable vehicle energy sources. All new vehicles will comply with current environmental standards and will be properly maintained to ensure optimum performance and minimise environmental impact.
- 7.8 Waste management: the Trust will put in place comprehensive arrangements for reducing waste and for reusing and recycling of waste material.
- 7.9 Environment: The Trust will seek, where practicable, to reduce pollution to air, land and water by surveying existing emissions and taking appropriate action to control them.

## **8.0 Risk Management**

- 8.1 Significant environmental management matters within the Trust will be risk assessed in accordance with the Management of Health and Safety at Work (Regulations) Northern Ireland 2006 and the Trust Risk Management Strategy.
- 8.2 Sensitive or high risk issues will be managed by the risk owner and monitored by the Facilities and Support Group.
- 8.3 The Untoward Incident reporting system will be used to report on environmental incidents. This will allow the Trust to be informed of the risks facing the organisation and to take appropriate action to avoid, minimise or significantly reduce the occurrence or repetition of these incidents.
- 8.4 These incidents will be monitored and reviewed by the Facilities & Support Group and reported through to the Assurance Committee. (See Appendix 2 for the Committee Structure)
- 8.5 Staff should participate in any environmental management related training and should be able to respond in an appropriate manner.
- 8.6 All Managers must ensure that their staff have access to this policy, have reviewed its content, and are aware of its aims and purpose immediately upon its release.
- 8.7 All Trust staff must comply with this Policy.

## **9.0 Equality and Human Rights Considerations**

- 9.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.
- 9.2 This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
- 9.3 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form.
- 9.4 Using the Equality Commission's screening criteria; no significant equality implications have been identified. This Policy will therefore not be subject to an equality impact assessment.
- 9.5 This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.
- 9.6 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

## 10.0 **Policy Review**

- 10.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.
- 10.2 This Policy will be reviewed by the Assistant Director of Operations annually, or earlier if relevant guidance is issued. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

## 11.0 **Legal and Statutory requirements**

- 11.1 Legislative compliance, relevant policies, procedures, statutes, guidance, circulars and other publications relevant to this Policy are listed in the HPSS Controls Assurance Standard (CAS) for Environmental Management, and is located on the DHSSPSNI website under 'Governance in the HPSS' at the current link below:-

<http://www.dhsspsni.gov.uk/index/hss/governance/governance-controls.htm>

NIAS policies and procedures can be found using the NIAS Intranet link below:-

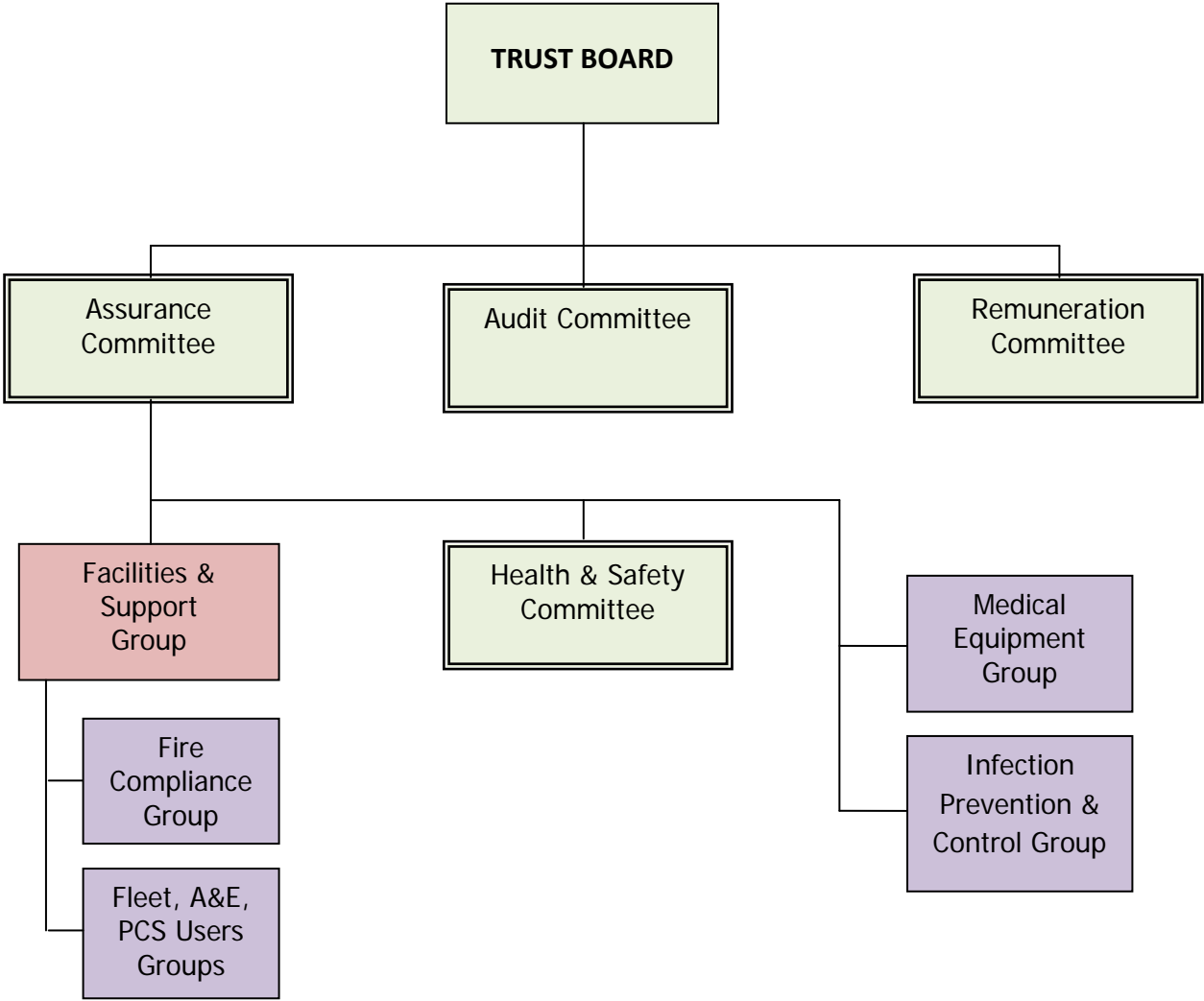
[http://nias-sharepoint:81/policies\\_procedures/policy.htm](http://nias-sharepoint:81/policies_procedures/policy.htm)

- 11.2 Other relevant documents, legislation, statute and guidance can be found at Appendix 1. Relevant related documents can also be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

### Related relevant documents

- Management of Health and Safety at Work (Regulations) Northern Ireland 2006
- Section 75, Schedule 9, of the Northern Ireland Act, 1998
- Human Rights Act, 1998
- [www.netregs.gov.uk/netregs/legislation/current/63546.aspx](http://www.netregs.gov.uk/netregs/legislation/current/63546.aspx)
- HTM07-02 EnCO2de

Committee and Group Structure



**TB/7/17/11/11**



Northern Ireland Ambulance Service  
Health and Social Care Trust



# ***NORTHERN IRELAND AMBULANCE SERVICE***

## ***CLINICAL WASTE AND SHARPS POLICY***

**June 2011**

**Version 1.0**



Title:	<b>Clinical Waste and Sharps Policy</b>		
Purpose of Policy:	To set out NIAS policy on the management of Clinical Waste and Sharps. To promote their safe handling and disposal.		
Directorate Responsible for Policy:	The Medical Directorate		
Name and Title of Author:	Bryan Snoddy, Assistant Director of Operations		
Staff Side Consultation	Distributed to the Infect Prevent & Control Group and the H & S Committee for consultation in March 2011		
Equality Screened:	June 2011		
Date Presented to:	IPC Committee	9 March 2011	
	SEMT	26 July 2011	
	Assurance Comm		
	Trust Board		
Publication Date:		Review date:	Review completed:
Version:	<b>Version 1.0</b>		
(01)			
(02)			

### Circulation List:

This Policy was circulated to the following groups for consultation.

- Staffside
- Executive Directors and Senior Managers

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet Site/ Intranet Site

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## **1.0 Introduction**

- 1.1 This policy sets out the Northern Ireland Ambulance Service Trust's (hereafter referred to as 'The Trust') plan for the management of clinical waste and sharps.
- 1.2 This policy identifies the Trust's commitment to the management of clinical waste and sharps in all its activities.
- 1.3 The Policy gives guidance on minimising risk, investigating incidents and promoting a culture of continuous improvement.
- 1.4 The Policy should be read in conjunction with the Trust's procedural arrangements for management of clinical waste and sharps.
- 1.5 This Policy has been developed in consultation with internal stakeholders.

## **2.0 Policy Statement**

- 2.1 The Trust promotes a pro-active approach to the management of clinical waste and sharps.
- 2.2 The Trust will endeavour to minimise risks to patients, staff, clients, visitors, contractors and others through the effective management of clinical waste and sharps.
- 2.3 The clinical waste management policy is a declaration of the NIAS's overall aims and principles with respect to the safe handling and disposal of clinical waste and sharps. It includes a commitment to the continual improvement of the management of clinical waste and sharps and to compliance with environmental, legal and other requirements.

### **3.0 Definitions**

- 3.1 Clinical waste is any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it.
- 3.2 A 'sharp' is an article that can cut or puncture the skin by having a fine edge or point. For example:
- Needles
  - Cannulae
  - Drug Ampoules/containers
  - Razors
  - Scalpels/blades
  - Sharp bones
- 3.3 Staff should be aware of other clinical waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, care, treatment, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

### **4.0 Scope of the Policy**

- 4.1 This policy applies to all sites across the Trust.
- 4.2 This policy provides guidance and assistance to NIAS staff who have to deal with clinical waste and the use, risk associated with and disposal of sharps arising from the provision of service to patients who require clinical care.
- 4.3 This policy should be read in conjunction with the procedure covering sharps.
- 4.4 This Policy must be adhered to by all Trust employees. It will also apply to those who carry out work for the Trust such as contractors and agency staff. It includes a commitment to the continual improvement of managing clinical waste and to compliance with environmental, legal and other requirements.

## **5.0 Policy Objectives**

- 5.1 The Trust will ensure that it has in place suitable and robust governance arrangements to support the management of clinical waste and sharps.
- 5.2 The Infection Prevention and Control Group will review, monitor and report on clinical waste and sharps issues and to fulfil the requirements of this Policy.
- 5.3 To reduce the risks associated with clinical and other healthcare related wastes, particularly the risks from infection and injury from sharps.
- 5.4 To encourage the setting of clinical waste targets and goals to enable monitoring of progress and to assist in improving performance.
- 5.5 To establish the reporting of clinical waste performance annually to the Board.
- 5.6 The Trust will seek independent assurance that an appropriate and effective system of managing clinical waste risks is in place and that the necessary level of controls and monitoring are being implemented.

## **6.0 Roles and Responsibilities**

- 6.1 The Chief Executive has overall responsibility for clinical waste and sharps management, ensuring that the objectives of this policy are met and resources are made available to implement the policy.

The Chief Executive will delegate responsibility for establishing and monitoring the implementation of this policy to the Medical Director.

The Chief Executive will report to the Trust Board on a regular basis regarding clinical waste and sharps management through the Assurance Committee.

- 6.2 The Medical Director is the designated Executive Director with lead responsibility for the management of clinical waste and sharps.

The Medical Director will report to the Trust's Assurance Committee and Trust Board on matters relating to clinical waste and sharps management.

The Medical Director will Chair the Trust's Infection Prevention and Control Group and through it will address the requirements of this policy.

- 6.3 All Trust Directors, Assistant Directors and Senior Managers have responsibility for any clinical waste and sharps management within their areas of remit and control. They will ensure that procedures are fully implemented and monitored as part of the Trust's governance requirements.

They will ensure that information required in relation to this policy is reported.

They will develop and implement local arrangements and monitor them to ensure that those under their control adhere to the policy.

- 6.4 The Infection Prevention and Control Group is responsible for the surveillance, prevention, investigation, management and control of infection across the Trust.

The Group is responsible for the implementation of the Clinical Waste and Sharps Policy and ensuring there are supporting procedures, guidelines and arrangements.

The Group is responsible for advising on appropriate resources to facilitate the implementation of clinical waste issues throughout the Trust.

The Group is responsible for ensuring periodic review of the Controls Assurance Standards for Clinical Waste Management including sharps. See Appendix 2 for the Committee Structure

- 6.5 All Trust staff have a responsibility to adhere to this Policy and ensure that they operate in accordance with its supporting procedural arrangements. All staff have a responsibility to protect themselves as well as making all reasonable efforts to safeguard the welfare of patients and all other persons encountered in their daily duties.

## 7.0 Context and detail of Clinical Waste in NIAS

### 7.1 Introduction

Significant quantities of Clinical Waste and sharps are produced every day by the staff of the Northern Ireland Ambulance Service. Unless its segregation, handling and disposal are properly managed, such waste can present a risk to the Health & Safety of people at work, members of the public and the environment.

Recent regulatory changes in the Landfill Regulations (NI) 2003, the Hazardous Waste Regulations (NI) 2005 and the List of Wastes Regulations (NI) 2005 require NIAS to adequately describe and to use the appropriate European Waste Catalogue (EWC) Code for certain types of waste. This will require staff to segregate and appropriately label waste for disposal.

**Responsibility for proper clinical waste and sharps management rests with EACH individual within the organisation. Remember misconduct in relation to the safe disposal of clinical waste could lead to disciplinary action.**

### 7.2 Clinical Waste

The definition of Clinical Waste used in this guidance is as defined in “The Controlled Waste Regulations (N I) 2002.

Clinical Waste Includes:

**a.** any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and

**b.** any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

NIAS will not have to deal with all of these types of clinical waste in undertaking their duties. Nevertheless it is important that all staff are aware of the range and complexity of clinical waste material which does exist.

### 7.3 Infectious Waste

A portion of the clinical waste encountered by NIAS staff will be infectious waste. Infectious Waste is defined in the Hazardous Waste Regulations NI (2005) as 'substances containing viable microorganisms or their toxins which are known or reliably believed to cause disease in man or other living organisms.'

NIAS will take account of local circumstances and advice from their Clinical, Infection Prevention and Control, Health and Safety and Risk Management Specialists.

### 7.4 Medicinal Waste

Medicinal waste includes expired, unused, spilt, and contaminated pharmaceutical products, drugs, vaccines, and sera that are no longer required and need to be disposed of appropriately. The category also includes discarded items used in the handling of pharmaceuticals, such as packaging contaminated with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

### 7.5 Hazardous Waste

These are dangerous wastes which display hazardous or toxic properties. They are listed in the List of Wastes Regulations (Northern Ireland) 2005.

### 7.6 Disposal of Clinical Waste

Clinical Waste may be disposed of in a variety of containers. It will then proceed to incineration, treatment or landfill. NIAS procedure will detail the correct container and route for clinical waste produced as a result of the application of clinical care.

Staff need to be aware of their responsibilities with regard to the risks posed to themselves and others and their duty to handle, segregate, label and dispose of clinical waste using the appropriate stream.

## **8.0 Risk Management**

- 8.1 Significant clinical waste and sharps management risks within the Trust will be assessed in accordance with the Management of Health and Safety at Work (Regulations) Northern Ireland 2006 and Trust Risk Management Strategy.
- 8.2 Sensitive or high risk issues will be managed by the risk owner and monitored by the Infection Prevention and control group.
- 8.3 Clinical Waste management arrangements and the effectiveness of policies and procedures will be monitored through the Infection Prevention and Control group which reports to the Assurance Committee.
- 8.4 The Untoward Incident reporting system will be used to report clinical waste and sharps incidents. This will allow the Trust to be informed of the risks facing the organisation and to take appropriate action to avoid, minimise or significantly reduce the occurrence or repetition of these incidents.
- 8.5 The Infection Prevention and control group will monitor and review Untoward Incidents.
- 8.6 The Clinical Training Manager will ensure the provision of any necessary training with regard to this Policy.
- 8.7 All Managers must ensure that their staff have access to this policy, have reviewed its content, and are aware of its aims and purpose immediately upon its release.
- 8.8 All Trust staff must comply with this Policy.

## **9.0 Equality and Human Rights Considerations**

- 9.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.
- 9.2 This policy has also been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
- 9.3 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. We recognise, acknowledge and value difference across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form.
- 9.4 Using the Equality Commission's screening criteria; no significant equality implications have been identified. This Policy will therefore not be subject to an equality impact assessment.
- 9.5 This Policy will be included in the Trust's register of screening documentation and maintained for inspection whilst it remains in force.
- 9.6 This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

## 10.0 **Policy Review**

- 10.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.
- 10.2 This Policy will be reviewed by the Infection Prevention and Control group bi-annually, or earlier if changes to legislation, work practices or a significant incident require it. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

## 11.0 **Legal**

- 11.1 Legislative compliance, relevant policies, procedures, statutes, guidance, circulars and other publications relevant to this Policy are listed in the HPSS Controls Assurance Standard (CAS) for Environmental Management. The relevant CAS can be located at the DHSSPSNI website under 'Governance in the HPSS' at the current link below:-

<http://www.dhsspsni.gov.uk/index/hss/governance/governance-controls.htm>

NIAS policies and procedures can be found using the NIAS Intranet link below:-

[http://nias-sharepoint:81/policies\\_procedures/policy.htm](http://nias-sharepoint:81/policies_procedures/policy.htm)

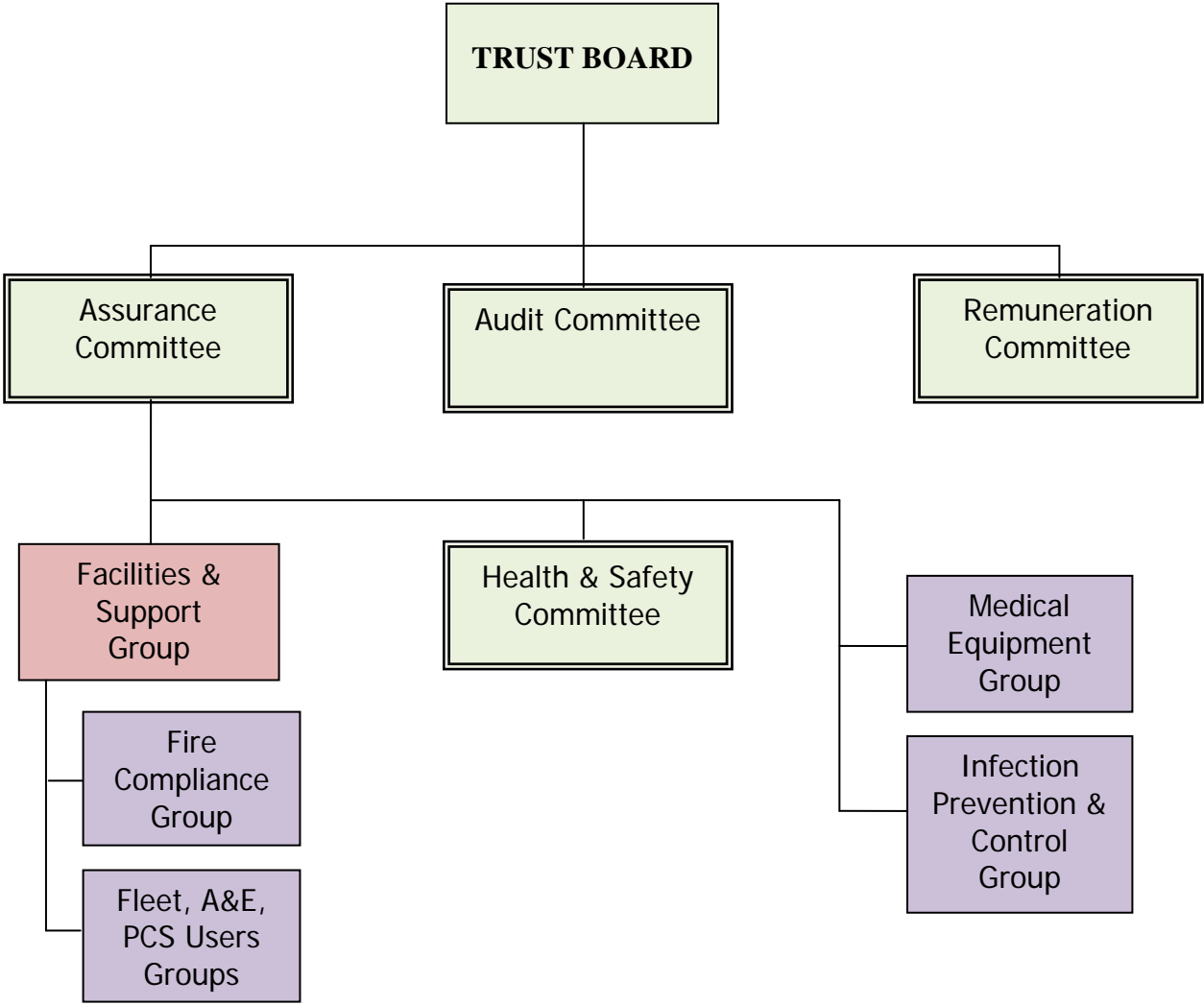
- 11.2 Other relevant documents, legislation, statute and guidance can be found at Appendix 1

### Related relevant documents

- Procedure for the safe use and disposal of sharps and the management of sharps injuries and blood exposure incidents, NIAS, 2011
- Waste Collection and Disposal Regulations (NI) 1992, SR No 254, Article 2.
- Special Waste Regulations (NI) 1998
- List of Wastes Regulations (NI) 2005
- Controlled Waste Regulations 2002
- Hazardous Waste Regulations (NI) 2005
- Environmental Protection Act 1990
- Health Technical Memorandum (HTM) 07-01 Healthcare Waste
- HTM 2065, Technical Guidance WM2 (second edition)
- Health and Safety at Work (Regulations) Northern Ireland 2006
- Section 75, Schedule 9, of the Northern Ireland Act, 1998
- Human Rights Act, 1998

This list is not exhaustive and other documents can be found by following the links supplied above to the DHSSPSNI and NIAS websites and intranet.

Committee and Group Structure



# ***NORTHERN IRELAND AMBULANCE SERVICE***

## **TRUST BOARD MEETING**

**DATE: 17 NOVEMBER 2011**

<b>Title:</b>	Clinical Waste & Sharps Policy
<b>Purpose:</b>	To Set out NIAS Policy on the Management of Clinical Waste and Sharps
<b>Content:</b>	Plan for the Management of Clinical Waste & Sharps
<b>Recommendation:</b>	For Approval
<b>Previous Forum:</b>	n/a
<b>Prepared by:</b>	Mr Bryan Snoddy, Asst Director of Operations
<b>Presented by:</b>	Mr Brian McNeill, Director of Operations

**TB/8/17/11/11**

# ***NORTHERN IRELAND AMBULANCE SERVICE***

## **TRUST BOARD MEETING**

**DATE: 17 NOVEMBER 2011**

<b>Title:</b>	Revised Major Incident Plan 2011
<b>Purpose:</b>	The Major Incident Plan forms the basis of the Trust's response to a major incident occurring anywhere in Northern Ireland or in support of our neighbouring services in RoI. In keeping with best practice and government recommendations, this plan is reviewed and revised every two years and if necessary following a significant incident debrief.
<b>Content:</b>	The document presented is the outcome of the planned revision of the Trust's Major Incident Plan that commenced in July 2011 as part of the cycle of regular review.
<b>Recommendation:</b>	For consideration and approval.
<b>Previous Forum:</b>	
<b>Prepared by:</b>	Mr Billy Newton, Emergency Planning Officer
<b>Presented by:</b>	Dr David McManus, Medical Director



Northern Ireland Ambulance Service  
Health and Social Care Trust



# **REVISED MAJOR** **INCIDENT PLAN**

***2011***

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## Section 1 - Foreword

The Northern Ireland Ambulance Service (NIAS) has an obligation to the Northern Ireland Health Boards to take responsibility for co-ordinating the on-site, acute health service response to a Major Incident where casualties have been sustained.

The aims of the NIAS, in conjunction with medical personnel are:

- to save life and relieve suffering, and
- to prevent the situation becoming worse.

This will be accomplished by:-

- prioritizing casualties
- providing appropriate treatment at the scene and en route to hospital
- managing the scene
- liaison with other agencies
- determining the priority for transport of patients, and
- providing appropriate forms of transport

The arrangements in this document form the basis of the NIAS Trust's response to an incident occurring anywhere in Northern Ireland, or in support of our neighbouring Services in the Republic of Ireland. It should be emphasised that within Northern Ireland there are a wide variety of hazards and no two incidents will produce the same scenario. **It is important, therefore, to remember that it will be necessary to fit the plan to the incident.**

The introduction of a hazardous area response team (HART) capability has enhanced the services ability to deliver clinical care inside the inner cordon.

It is essential that all staff take the time to familiarise themselves with their own role or possible roles within the overall plan, before an incident occurs.

The Major Incident Procedures have been reviewed and will continue to be reviewed on a regular basis and validated through exercise, and actual use. Training needs will be identified and training provided as appropriate. These are all essential elements of the planning which will allow our Plan to be effectively employed and well understood by all staff.

Liam McIvor  
Chief Executive  
October 2011

## Version Control

### Controlled Document

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No	Date	Amendment	Initial
1	August 03	Updated	WGN
2	May 05	Introduction 2	WGN
3	May 05	Introduction 4, 5, 6, 7	WGN
4	May 05	Appendix 1, 2, 3, 4, 5, 30, 31, 32, 33	WGN
5	May 05	Section 11 ERC	WGN
6	Jan 09	Complete updated reprint	WGN
7	October 11	Complete updated reprint	WGN

Emergency Planning Officer  
Northern Ireland Ambulance Service

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54	Ambulance Station Ballyowen	75	Non Emergency Amb. Control
55	Ambulance Station Altnagelvin	76	St. John Ambulance
56	Ambulance Station Limavady	77	Red Cross Society
57	Ambulance Station Strabane	78	Order of Malta
58	Ambulance Station Castlederg	79	NEH&SSB
59	Ambulance Station Enniskillen	80	NWH&SSB
60	Ambulance Station Omagh	81	Station Officer South East 2
61	Ambulance Station W'abbey	82	Station Officer South 2

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<b>85</b>	Station Officer North 3		Station Officer West 3
<b>86</b>	Project Manager RRV		Station Officer South–East 3
<b>87</b>	RVH (Mary Carey)		Ambulance Station Kennedy Way
<b>88</b>	PSNI BRC		

# Major Incident

## Definition

A Major Incident for NIAS is defined as one in which:

**The number and severity of live casualties, or the location, requires special operational procedures necessitating the large scale mobilisation of the Ambulance Service**

It must be remembered that the declaration of a Major Incident by NIAS does not mean that the Police or Fire Service will automatically activate their plans. However, it is normal practice that each service will make an appropriate response even if this is only in a stand-by capacity.

NIAS has a role in site-specific plans designed to deal with specific risks within each of its four Divisions. Major Incidents at these sites should be dealt with in accordance with those plans and the principles set out in this document.

## **Section 2 - Role of NIAS**

### **Ambulance Service**

The Ambulance Service has the responsibility for co-ordinating the on-site acute health service response and establishing the hospital(s) to which injured persons should be taken.

The objectives of the NIAS will be;

- to save life
- to provide the best possible care for the injured at the scene, and
- to arrange expeditious transport of the right patient to the right hospital

In order to achieve these objectives, the NIAS will be required to;

- provide sufficient ambulances, suitably qualified staff and equipment
- establish on-site communications between NIAS personnel and other services
- utilize HART(NI), Medical Commanders, BASICS Doctors, medical/surgical teams and provide transport for their staff and equipment
- ensure adequate emergency cover for areas other than the major incident site
- maintain an accurate log of information relating to the incident
- provide necessary counselling for all ambulance personnel involved, and
- undertake a debrief to analyse performance and recommend improvements as necessary

### **Support**

#### **HART**

The NIAS hazardous area response capability enables the deployment of specially trained personnel in hazardous environments, HART deployment is coordinated by EAC using agreed protocols.

#### **Training School**

The NIAS Regional Training School may have additional resources in terms of manpower, vehicles and equipment, which could be deployed to assist in a response to a major incident. The Head of Training should inform the Control Centre dealing with the incident of the specific resources available for deployment and any restriction on their use. If the use of recruits is required, they must work in groups supervised by Training Officers. There may be other courses on-going that contain qualified staff and these should be declared and used as directed by control or requested by the Ambulance Commander.

#### **Mobile Control Vehicles**

A Mobile Control Vehicle will be mobilised by Control in accordance with Major Incident Paging Protocol (Appendix 2).

On arrival at the scene the vehicle will be the responsibility of the on-site Communications Officer, who may be a Control Officer from the Control Room dealing with the incident. He/she may be assisted by a Control Assistant.

The Mobile Control Vehicle should be sited at a suitable location i.e. a safe distance from the incident site near to the other Emergency Control Vehicles, subject to operating constraints. It is recommended that control vehicles are 15 metres apart to avoid radio interference.

The Mobile Control Vehicle will act as a focal point for all ambulance and medical personnel. All information pertaining to the incident will be channeled through this vehicle and therefore an accurate log must be maintained (Appendix 8 Communication Officer Action Card).

### **Emergency Equipment Vehicles (Appendix 5)**

An Emergency Equipment Vehicle will be mobilised by Control in accordance with the Major Incident Paging Protocol (Appendix 2).

These vehicles carry an extensive range of equipment (Appendix 5) ranging from disposable items to additional equipment e.g. inflatable tent. When deployed, this vehicle and its equipment will be the responsibility of the Equipment Officer.

## Section 3 - Role of Health Services

### Health and Social Care

Health and Social Care in Northern Ireland are provided as an integrated service. There are a number of organisations who work together to plan, deliver and monitor Health and Social Care across Northern Ireland. Under the terms of the DHSSPS Policy Circular of April 2010, “Emergency Preparedness for Health & Social Care Organisations” the roles & responsibilities of the PHA, HSCB, BSO and HSC Trusts were set out as follows.

### Public Health Agency (PHA)

The PHA’s responsibility for the statutory health protection function includes emergency preparedness, the development of public health emergency plans and support to Trusts and other HSC and non-HSC organisations as required.

In a CBRN / HAZMAT incident as in all other public health emergencies the role of the PHA is to assess the risk to the public and to provide public health advice to manage the risk. More specifically the PHA responsibilities include:

- Responding to public health emergencies (including CBRN/HAZMAT) through the provision of robust local arrangements 24/7
- Providing an early risk assessment of the actual or likely impact the incident may have on public health or public safety
- Providing public health advice which includes where appropriate public health advice on:
  - ~ The health effects of exposure to the hazard
  - ~ The need for decontamination (humans and the environment)
  - ~ The use and level of PPE worn by healthcare staff
  - ~ The risk to vulnerable people
  - ~ The clean-up (in relation to on-going risk to the public)
  - ~ Post mortem and disposal of the body
- Establishing, running and contributing to a Scientific and Technical Advice Cell (STAC) as and when required
- Participating in multi-agency emergency preparedness and response as set out within the Civil Contingencies Framework for Northern Ireland
- Working within the resources available to provide HSC organisations with emergency preparedness guidance, advice and training as required
- Providing representatives at elements of the incident Command and Control structure as appropriate
- Along with HSCB and BSO jointly lead the co-ordination of the HSC response when an incident involves more than one Trust but does not require cross-government co-ordination. This includes the setting up and running of an Emergency Operations Centre (EOC) where necessary

**NB:** The PHA/HSCB/ BSO balance of the decision-making team and chair will be dependent on the specifics of the incident.

## **Health and Social Care Board (HSCB)**

As part of its overarching responsibilities for HSC commissioning; finance; performance management and service improvement, in an emergency the HSCB will:

- Along with PHA and BSO jointly lead the co-ordination of the HSC response when an incident involves more than one Trust but does not require cross-government co-ordination. This includes the setting up and running of an Emergency Operations Centre (EOC) where necessary
- Take the lead in co-ordinating emergency preparedness in primary care.
- Liaise closely with PHA in reviewing performance in emergency planning,
- Ensure SBAs with Trusts and other front line service providers specify requirements in respect of emergency preparedness
- Within the context of available resources give due regard as to the resources Trusts require for emergency planning as the HSCB and PHA develop commissioning plans and service and budget agreements with Trusts
- Working with the PHA as part of performance management processes ensure Trusts and other front line service providers maintain emergency plans and that they are reviewed, validated and tested
- Ensure effective business continuity measures and plans are in place
- HSCB will also work with DHSSPS and the PHA to secure funding and resources required to deliver health protection services to required standards

## **Business Services Organisation (BSO)**

The BSO will work along with PHA and HSCB to jointly lead the co-ordination of the HSC response when an incident involves more than one Trust but does not require cross-government co-ordination. This includes the setting up and running of an Emergency Operations Centre (EOC) where necessary.

Information technology services within BSO will support IT infrastructure and specialist software programmes, including web based surveillance programmes, will aid the management of data flows during an emergency.

Through provision of its business support functions, such as procurement, logistics and human resources, across the HSC sector, the BSO will contribute to an integrated approach to ensuring an effective emergency response.

## **Major Incident Joint Coordination – HSC Silver**

As well as the above roles the PHA; the HSCB and the BSO, will jointly lead the coordination of the HSC response when an incident or emergency involves more than one Trust, but does not require cross-department or cross-government coordination i.e. when an emergency is categorised as significant. This includes the setting up and running of an Emergency Operations Centre (EOC) where necessary. The PHA/HSCB/ BSO balance of the decision-making team and chair will be dependent on the specifics of the incident.

**A Joint PHA/HSCB/BSO Emergency Plan (Silver) was approved by the three regional HSC organisations in March 2011. This joint plan outlines the main roles of the Public Health Agency (PHA), the Health & Social Care Board (HSCB) and the Business Services Organisation (BSO) when responding to a major incident.**

**The Joint Response Emergency Plan (HSC Silver) helps to ensure that the 3 regional HSC organisations can respond to an emergency in a coordinated and effective manner.**

**The objectives of the Joint Response Emergency Plan (HSC Silver) are to:-**

- Rapidly mobilise sufficient staff and resources to deal with the emergency;
- Establish and maintain good communications internal and external to the organisations;
- Ensure good coordination exists within the HSC in the event of an emergency occurring;
- Ensure expert advice and guidance is available in a timely manner in the event of an emergency.

The Joint Response Emergency Plan (HSC Silver) is intended as a guideline to aid an effective response to an incident irrespective of its cause. It has also been designed to comply with the requirements set out in the Northern Ireland Civil Contingencies Framework and to have interoperability with other HSC emergency plans.

### **Contact and Activation of Joint Response Emergency Plan (HSC Silver)**

To inform the PHA/HSCB/BSO of an on-going incident, responding agencies and HSC partners should contact:-

PHA Duty room during normal office hours on **028 9055 3994 or 9055 3997**.

Out of hours this can be done via NIAS switchboard on **028 9040 4021** and requesting to speak to the Public Health Doctor on call.

On notification of an unfolding incident an assessment will be made as to the potential or actual public health and service continuity implications. Based on this assessment the level of Joint Response required and the level of activation of the Joint Response Plan will be agreed. It is important to note that as per the DHSSPS Policy circular Trusts should contact the PHA:HSCB:BSO if they have activated their Major Incident Plan.

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## **Hospitals**

In major incident terms, any hospitals involved will be alerted by the Ambulance Service. They, if considered appropriate, will activate their own Major Incident Plans.

Requests may also be made by the Ambulance Service for Medical/Surgical Teams to attend the incident site. The location from which these teams are drawn will preferably be the main hospital(s), but this will be influenced by the staffing levels required by that hospital(s) to deal with casualties from the incident. Consideration must therefore be given to drawing such teams from the Support hospitals. The Ambulance Service will be responsible for transporting these teams to and from the scene.

## **Community / Social Services**

Following a major incident many people will not need hospital care, but they may need help from primary care and community health services either immediately or in the long term. The role of Community/Social Services includes;

- support for general practice

- health service support for social and psychological services
- support for acute hospitals, and
- health care services at emergency support centres set up by police with the support of local authorities.

HPSS Trusts, provide Community and Social Services, which contribute to the whole health service response by supporting the acute sector.

## Other Health Care Professionals

Doctors, nurses and other health care professionals will invariably be involved at the scene of a Major Incident. This may occur for many reasons e.g. as members of voluntary societies, living near to the incident. It is vital that these personnel, with their experience and skills, are used in an appropriate fashion, but their deployment will be limited by several factors;

- lack of medical equipment,
- lack of appropriate ID
- lack of personal protective equipment (PPE).

This last factor is of particular relevance, as this will expose the individual to considerable additional personal risk. It would therefore be advisable that any health care professionals incidentally involved at the scene should be deployed to areas of relative safety e.g. the Casualty Clearing Station where their expertise would be of great benefit. It will be the responsibility of the Medical Commander to ensure that all medical personnel use the necessary PPE according to the requirements of the incident. The Ambulance Safety Officer will retain overall control for the safety of medical personnel attending the incident.

## Medical Commander (MC)

The Doctor in charge of the medical resources at the scene is referred to as the **Medical Commander (MC)**. The MC is involved at the Silver level of the command structure and must not become involved with the treatment of individual casualties. Ideally, the MC should be MIMMS trained and have a close link with, and an understanding of, the Ambulance Service. This role would ideally lend itself to a BASICS doctor.

The role of the MC is similar to that of the Ambulance Commander in relation to medical staff. He should establish command of the services under his responsibility and ensure the safety of those personnel. He should also establish communication links with other liaison officers and the receiving hospitals. The scene should be assessed in conjunction with the AC (although the AC has overall responsibility) and triage, treatment and transport should be delegated to other staff. **Similar to the AC, the MC should not be involved in patient treatment.** It is vital that the MC and AC function as a team. This will ensure that efforts will not be duplicated, orders will not be contradictory and difficult decisions will be shared.

## Mobile Medical/Surgical Teams

The Medical Commander in consultation with the Ambulance Commander may request the deployment of mobile medical/surgical team(s). Due to anticipated pressure on staffing at the main hospitals the origin of such teams should be flexible. Dispatching staff from the main receiving hospital would deplete their resources. Therefore consideration should be given to drawing these teams from support hospitals.

## **BASICS Doctors**

The NIAS has access to a number of Doctors who are specifically trained and equipped to deal with incidents involving trauma, on both a large and small scale. Emergency Ambulance Control can call upon BASICS doctors via their telephone and pager numbers. The BASICS doctors will often be the first medical service on scene, and will generally adopt the role of MC.

## Section 4 - Role of Emergency Services

As part of a joint response to a Major Incident, each discipline involved has clearly defined areas of responsibility. Each will contribute, as appropriate, to the overall management and resourcing of an incident. The role of each Agency is defined below.

### Police Service

The duties and responsibilities of the Police at the scene of a Major Incident include:

- The saving of life in conjunction with the other Emergency Services
- Co-ordination of the Emergency Services and other support organizations (land based incident)
- Protection and preservation of the scene
- The investigation of the incident, in conjunction with other investigative bodies where applicable
- The collation and dissemination of casualty information
- Identification of victims on behalf of HM coroner who is the principal investigator when fatalities are involved
- Restoration of normality at the earliest opportunity, and

The Police can, on request, provide specialist Search and Rescue teams and Underwater Search.

The NIAS currently has an arrangement with the Police to provide ration packs for ambulance staff at the scene of a prolonged Major Incident.

NIAS has an MOU with the PSNI regarding helicopter support.

*Ref. PSNI Major Incident Plan, held in EP Dept. NIAS HQ*

*Ref. MOU with PSNI, Helicopter support.*

### Fire and Rescue Service

The duties and responsibilities of the Fire & Rescue Service at the scene of a Major Incident include:

- saving and protecting those in danger
- protecting property and the environment
- management of risks
- establishing an inner cordon and controlling access to this potentially hazardous area
- liaison with other services and agencies, and
- consideration of post incident issues-
  - fire investigation;
  - accident investigation;
  - enquiries;
  - criminal investigations;
  - incident debriefing and performance review

In addition, the Fire & Rescue Service can provide specialist equipment for the rescue and transportation of casualties e.g. paraguard stretcher, line rescue equipment, heavy lifting and cutting equipment etc.

*Ref. NIFRS Major Incident Plan, held in EP Dept. NIAS HQ*

## **Hazardous Materials (Hazmat)**

In the presence of a specific hazard e.g. fire or chemical spillage, the Fire & Rescue Service will be in control of the Operational (Bronze) Area. Where the incident involves exposure to radiation, chemicals or other hazardous substances, the Fire & Rescue Service will provide:

- advice on safe working practice
- decontamination facilities (see Memorandum of Understanding)
- Responder decontamination (see Memorandum of Understanding)

## **HM Coastguard**

The Coastguard Agency has a primary responsibility to initiate and co-ordinate civil maritime search and rescue on all coastal waters and will assume the principal role at all such incidents. This includes mobilising, organising and dispatching resources to assist people in distress at sea or in danger on cliffs or the shoreline.

HM Coastguard also has delegated responsibility (from PSNI) for co-ordinating Search and Rescue on the inland waters of Lough Neagh and Lough Erne.

HM Coastguard have locally declared assets such as Foyle Search and Rescue and Lough Neagh Rescue who can undertake/assist with Search and Rescue operations.

The coastguard will arrange for Helicopter transport for Medi-Vac and Cas-e-vac patients. This will be co-ordinated with Emergency Ambulance Control. All communications with the aircraft will be coordinated by HM Coastguard.

*Ref MOU with MCA, provision of Helicopters.*

## **Helicopter Support**

The Ambulance Commander may wish to consider the use of helicopters for either the conveyance of extra medical resources to the site, or for the evacuation of casualties. This decision will be taken in consultation with the other Emergency Services but factors which should be taken into account are;

- type of injury
- type and number of aircraft available
- location and nature of incident
- weather conditions
- flying time to and from incident
- potential and actual hazards
- suitable landing sites
- provision of NIAS escorts
- staff resources at receiving hospital to assist with transfer of patients

Having considered the above, and if the use of a helicopter is considered viable, the AC should direct the request through Control to contact the appropriate facility (Coastguard).

## Section 5 - Role of Other Services

### HSE National Ambulance Service (ROI)

The Northern Ireland Ambulance Service borders onto the Republic of Ireland. The HSE National Ambulance Service can be contacted via their controls at Navan and Ballyshannon depending on the geography of the incident. This Service is similar in formation to the Northern Ireland Ambulance Service and will have resources available.

In order to provide full information a METHANE report should be given to the, nearest to the scene, Ambulance Control Centre from the Republic of Ireland. Rendezvous points should be set up in the North and consideration should be given to the type of work that they can carry out in order to support a Major Incident either directly at the scene or indirectly by providing cover in parts of Northern Ireland. HSE Ambulance Service vehicles attending a scene in Northern Ireland should report to the NIAS Mobile Control Vehicle (MCV) when appropriate to be issued with a hand portable radio.

Requests can initially be made through contact with the relevant Controls but should be confirmed by a Senior Officer/ Director/ Chief Executive as soon as possible.

The radio frequencies used in the Republic are not compatible with NIAS. Contact numbers are contained in Appendix 1.

A specific framework for response to major emergencies exists in the Republic of Ireland, this document and its appendices outline the incident management structure that will be set up at an incident in the ROI.

*Ref [http://www.dohc.ie/publications/major\\_emergency.html](http://www.dohc.ie/publications/major_emergency.html)*

### Voluntary Societies

There are several organisations which operate Ambulance Services on a voluntary basis, for example

- St John Ambulance Brigade
- Order of Malta
- British Red Cross

When considering the use of one or more of these organisations, it should be recognised that the response will be from volunteers and may be slower than normally expected from a full time Ambulance Service. It may also be appropriate, in the interests of Health & Safety, to use such volunteers away from the front-line, engaging them in the transportation of patients from hospital to hospital. However, circumstances may not always allow this.

*Ref. MOU with the Voluntary Ambulance Societies*

Other organisations offer welfare services on a voluntary basis. These include:

- The Salvation Army
- The Red Cross

Access to these organisations will be via the Health and Social Care Trust.

## **Military**

The Armed Services in Northern Ireland may be in a position to offer assistance to the civil authorities in time of a major emergency. Potentially a source of large numbers of organised, well trained and equipped personnel, the units based in Northern Ireland are focused upon supporting operations overseas. The military are neither an emergency service nor a first responder. It will take time to mobilise a widespread response, but if required to save life, protect property and alleviate distress, local commanders may mobilise all available assets to assist.

Military personnel may be tasked to assist the Northern Ireland Ambulance Service in the following areas:

- Transportation – helicopters, HGVs, plant and military ambulances
- Trained medical personnel including doctors, nurses and paramedics
- Infrastructure including TA Centres, barracks and hospital facilities
- Tentage, bedding, communications and field catering

Personnel arrive with the ability to sustain themselves in inclement weather for long periods. They will have a command structure, communications, logistic support, vehicles and equipment appropriate to the task.

For protracted operations, the use of the military will usually require the authorisation of a Defence Minister and charges may be raised.

## **Local Councils**

The local council may co-operate with other service providers to support the Emergency Services in the immediate response to a Major Incident. In addition Councils will, in conjunction with the police, facilitate co-ordination of the local emergency response. It is likely that Councils will undertake the co-ordination function in the recovery phase of an incident.

## **British Telecom**

Like every other Service, the NIAS relies heavily on telephone networks to relay vital information and contacting staff. During a Major Incident the demand on this network is often so great that the system becomes over-loaded rendering it useless to the Emergency Services. British Telecom have addressed this problem by establishing a National Emergency Linkline (Appendix 1) to give nominated customers a quick and easy method of contacting BT for assistance during emergency situations.

**It must be stressed that this is a confidential number for use only by the Emergency Services and other essential services that play a significant role in an emergency.**

## **Radio Amateurs Network**

Communications to, from and at the scene of a Major Incident are of vital importance, and it is this area which can often create the most problems for Emergency Services Personnel. This can be due to:

- the location of the incident, or
- the large volume of traffic using the system

The radio amateurs network (RAYNET) may provide staff with equipment to supplement the communications system at the scene. However, if employed by the NIAS, it must be closely supervised to ensure that all important messages are fed through and logged at Ambulance Control.

## **Regional Supplies Stockpile**

There are some supplies held for regional emergencies within Northern Ireland. They can be accessed by contacting the Business Services Organisation on-call Stores Manager (Appendix 1).

## **Interpretive Services**

The trust makes use of various interpretive services to enable Trust staff to communicate with people whose first language is not English. These services include health specific multi language phrase books used by front line staff and a contracted interpretive service sourced from “The Big Word NHS Telephone Interpreting Services”.

## Section 6 – Initiation of Incident,

### Alerting Procedure, Notification of a Major Incident

The Ambulance Service may receive the initial call to a Major Incident from a number of sources:

- Police
- Fire Service
- Coastguard
- Major acute hospital, or
- Members of the public

Control staff will activate the plan if, from their assessment of the available information, they suspect a potential or actual Major Incident.

Where the incident is not confirmed, it is essential that all Ambulance Service staff report back to Ambulance Control immediately, if they consider that an incident, to which they have been sent in the ordinary way, is of major proportions.

Factors which staff should consider include:

- number of live casualties
- types of injury
- location of incident
- available resources
- accessibility
- risk of further incidents
- impact on the continued provision of normal ambulance services.

The report should be given in this format:-

**M    Major Incident Declared**  
**E    Exact location of the incident**  
**T    Type of incident e.g. RTA, explosion,**  
**H    Hazards e.g. power lines, gas, petrol, chemicals**  
**A    Access and Egress routes**  
**N    Number of casualties**  
**E    Emergency service at the scene and those required**

### Initiation of Major Incident Plan

Ambulance Control will, on receipt of information, which indicates a Potential or Declared Major Incident has occurred, follow the instructions set out in the **Major Incident Action Cards** (Appendix 8), the Major Incident Paging Protocol (Appendix 2) and the major incident checklists. This should be done in conjunction with any specific plan already drawn up for the Incident site.

### Stand Down of an Incident

It is the responsibility of the Ambulance Commander to close a Major Incident in respect of the Ambulance and Medical services attending.

# Control Responsibilities

## Control Officer

The Control Officer will initiate the plan for a Declared or Potential Major Incident. He will be responsible for deploying resources to the scene and managing the Control Room during the incident. All relevant information should be logged and recorded.

## Radio

The incident should be managed on an appropriate talk group. The Control Officer will usually move other radio traffic to other talk groups; this is the recommended course of action.

In certain circumstances it is possible to manage the incident using a separate radio talk groups for command communications NIAS have five event talk groups (Event 1-5) for this purpose. This decision will be taken by the on scene Ambulance Commander in consultation with Emergency Ambulance Control.

## Control Room Assistant

The Control Room Assistant will act as directed by the Control Officer in order to manage the incident. However, the main duties will include calling in Officers and staff, and alerting hospitals and other services as necessary.

## Duty Control Manager

The Duty Control Manager has a co-ordinating function in the event of a Major Incident. He should oversee the management of the control room and provide assistance as necessary. Collation of information to and from the incident site and for Gold command will be the main duty of the Control Manager.

## Staff Call - In

It is important that the call-in of additional staff is initiated in the event of a Major Incident being declared. It may be necessary to increase the number of staff available to deal with the incident both at Control and Operations.

**During the operating hours of the Resource Management Centre (RMC)** it will be responsible for calling in of duty staff. The Senior Control Officer on duty must rapidly evaluate the situation to ensure that the Resource Management Manager is alerted to the requirement for additional staff for either Operational or Control or in very large incidents both.

The RMC manager should consider the effects of a protected incident and where necessary make plans for the longer term disruption to staffing levels.

**Out of office hours** most staff will be off duty and few people will be available to assist with the call-in of staff. The Senior Control Officer on duty must rapidly evaluate the situation to ensure that the Key Personnel are alerted, resources are increased in the Control Room and that the call-in of Operational Staff is in the first instance.

## Control Room Call-In

Additional resources may be required to carry out the control functions such as;

- Duty Control Manager
- Control Officer to assist in Control Room or act as On Site Communications Officer

- Additional Control Assistants to assist in Control Room or Mobile Control Vehicle

### **Operational Staff Call-In**

Additional resources may be required to both assist the Major Incident or for the normal provision service to the public such as:

- Officers both Bronze and Silver level
- RRV Staff
- HART Staff (if specialist skills required)
- A&E Staff
- ICV Staff
- PCS Staff
- RMC Staff

Careful record should be kept of all staff telephoned to ensure that resources have been maximised and to avoid duplication of effort. It should be remembered that staff may be required for duty on subsequent shifts over a prolonged period.

### **Please note:**

### **Radio**

The Digital Trunk Radio system allows full interoperability between Agencies and extra talk group provisions.

All NIAS radios are pre-programmed with five interoperability talk groups, however these are not active and can only be activated by the Network Management Centre.

### **Activating an Interoperability Talk Group:**

- Ambulance Commander on scene requests talk group set up with REMDC
- REMDC contact PSNI Belfast Regional Control giving the call signs and if possible ISSI numbers of the Officers to be included in talk group

The Belfast Regional Control will contact the Network Management Centre, who will set up and monitor talk groups and will close the interoperability talk groups when the incident has been stood down.

*Ref MOU regarding Interoperability*

## **Section 7 - Incident Management**

### **Command**

#### **Introduction**

It is imperative that all staff familiarize themselves with the Command Structure so that, if they are designated a particular role, they are able to take command of their specific tasks or areas of responsibility.

All Operational Staff should be aware of the Chain of Command in order that proper control of the incident can be maintained. (Diagram 1)

### **COMMAND AND CONTROL ARE THE CORNERSTONES OF MAJOR INCIDENT MANAGEMENT**

For a Major Incident to be successfully and effectively managed, there is a fundamental need for a uniform command and control structure, whereby each of the Services involved can liaise and support each other. This requires a recognized and easily understood management structure, based on three levels of command, and applicable to each emergency service. These are defined as:

- Operational - Bronze
- Tactical - Silver,
- Strategic - Gold

The need to implement one or more of these levels will depend on the nature and size of the incident, but normally the need will be determined by starting at the operational (bronze) level, only moving on to the tactical (silver) or strategic (gold) levels should this prove necessary.

These are levels of management and the actual rank of persons at different levels is not prescriptive. The person in charge at any level should be competent to act at that level, or be the most experienced person available.

#### **Operational Level (Bronze)**

The first Officer at the scene will assess the incident from an Ambulance Service perspective. At some incidents the Officer may decide that he can manage the situation alone, in which case he will assume the role of Ambulance Commander and the Operational Level (Bronze) will be the only one deployed.

The Bronze level therefore encompasses all those Officers who are controlling activity at the incident site. This will normally lie within the inner cordon and may extend to more than one area.

If, however, it is found necessary to deploy other Officers to undertake specific tasks e.g. Casualty Clearing Officer, Parking Point Officer, it will be necessary to introduce the Tactical level (Silver). The Ambulance Commander will then operate at this level.

There will also be occasions when, due to the extent of the incident site and/or dispersal of casualties, it will be necessary to create more than one Operational Bronze areas.

## **Tactical Level (Silver)**

This level is introduced for the most extensive incidents. Its prime objectives are to:

- determine priorities for allocating resources
- plan and co-ordinate the overall response, and
- obtain other resources, as required

The Ambulance Commander (AC) is a Tactical (Silver) Commander and must interact with the other Emergency Services Incident Officers. The Tactical Level of command will encompass the outer and inner cordons and all the structures associated with this level e.g. communications on-site, casualty clearing and ambulance parking.

## **Strategic Level (Gold)**

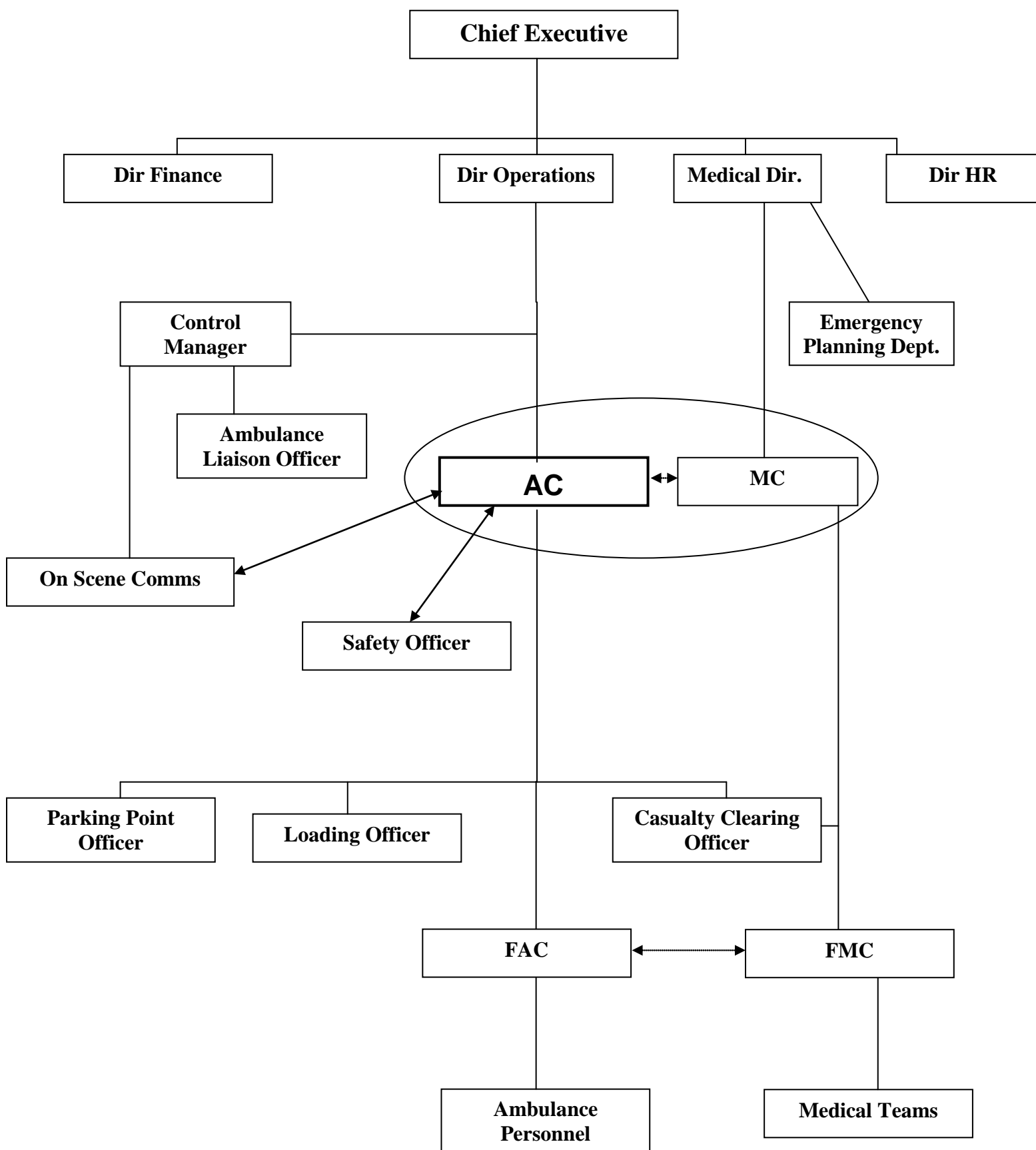
This level is implemented when it becomes apparent that resources or experience beyond that of the Tactical command are required. Its purpose is to formulate the overall policy within which the response to a Major Incident will be made. The NIAS may operate their own Gold Command and/or they be asked to join a multi-disciplinary Gold at Police Headquarters, the Senior Co-ordination Group.

It is at this level that requests from Tactical Commanders are assessed and acted on, and plans for a return to normality at the close of the incident are formulated. This level will normally operate at a distance from the incident and will not visit the site itself.

## **Recovery**

Any incident will have an impact on service delivery and will require a strategy for recovery which will include debriefing, asset recovery and replenishment and staff welfare issues.

# Chain of Command



# Operational and Tactical Management

## Introduction

The first NIAS resource at the scene of a Major Incident must declare an actual or potential Major Incident and give as much information as possible to Control. This will enable appropriate resources to be deployed to the scene at an early stage. The roles of the Officers are in line with MIMMS guidance and are included on individual action cards (Appendix 8).

### Remember – Use Your Action Card – and that:

- Health and Safety should be the priority of all staff
- all ambulance personnel attending the incident will wear appropriate high visibility clothing, helmets and footwear
- personnel delegated specific jobs should also wear appropriately marked tabards
- discipline must be maintained at all times, and
- casualty rescue should not be attempted unless under the direction of trained rescuers i.e. the Fire Service

## First Ambulance Crew

**The first Ambulance Crew on scene will be required to undertake the role of Ambulance Commander (AC) and On Site Communications Officer, organize the scene and report back to Control. This crew must not become actively involved with the treatment of casualties.**

### Attendant

The attendant should act as AC until relieved. A quick reconnaissance of the scene should be carried out so that information can be passed to Control. A report should be made using the mnemonic METHANE, which will allow control to activate the required resources to the scene.

<b>M</b>	<b>Major Incident Declared</b>
<b>E</b>	<b>Exact location of the incident</b>
<b>T</b>	<b>Type of incident e.g. RTA, explosion,</b>
<b>H</b>	<b>Hazards e.g. power lines, gas, petrol, chemicals</b>
<b>A</b>	<b>Access and Egress routes</b>
<b>N</b>	<b>Number of casualties</b>
<b>E</b>	<b>Emergency service at the scene and those required</b>

Locations should be identified for key points e.g. Parking, Casualty Clearing and Loading points. Access and egress to these points should also be identified.

## **FIRST RESPONSE ON SCENE - SCHEMATIC**

- Approach
- Observe likely Parking Point
- Access/Egress points
- Overall Scene

### **Read Actions Cards**

Are other Emergency  
Services Present?

YES

NO

YES		NO	
<b>ATTENDANT</b>	<b>DRIVER</b>	<b>DRIVER</b>	<b>ATTENDANT</b>
Liaise with other services and gather information	Park with other services, leave beacons on and stay with vehicle	Park uphill / upwind Leave beacons on Stay with vehicle	Move forward Assess scene
Move forward Assess scene	SitRep to Control location, access other services	SitRep to Control location, access services required scene from vehicle	SitRep to Control METHANE
SitRep to Control Use METHANE	Act as RT Ops Maintain Comms	Act as RT Ops Maintain Comms	Declare Major Incident Act as AC
Declare Major Incident Act as AC	Switch to Talkgroup as directed	Switch to Talkgroup as directed	Liaise with other services Refer to Action Cards AC/FAC
Liaise with other services Refer to Action Cards AC/FAC	Comply with Action Card	Comply with Action Card	

## Driver

The main role of the driver is to act as Communications Officer until relieved. The Ambulance Control Point should be identified and marked by the position of the first ambulance with its blue beacons illuminated. A preliminary METHANE report can be given to Control based on the visible scene.

## Subsequent Crews

Crews should report to the Ambulance Parking Point Officer (or AC) and remain until directed by staff managing the scene. The AC will delegate duties to personnel as necessary. Crews may be tasked to carry out triage, treatment or other duties as appropriate.

All vehicles at the Parking Point should have their warning lights off and the keys left in the ignition.

## Ambulance Commander (AC)

The AC has overall command of acute health services on scene including medical and ambulance personnel. The AC is the pivotal manager at the incident and will co-ordinate activity to ensure that the most effective use is made of all health service resources at the scene.

This role will be carried out by the first Ambulance Officer to reach the incident (Initially it will be undertaken by the attendant of the first ambulance on scene). The AC will be identified by a high visibility tabard marked "Ambulance Incident Officer". **Under no circumstances should more than one person perform this role at any time.**

- **Command**  
The AC should ensure that critical roles are delegated to appropriate personnel for management of the scene (Diagram 1). Locations should also be identified for the key points (Diagram 2).
- **Safety**  
PPE must be worn by all staff. Risks to staff should be identified and minimized wherever possible. In prolonged incidents staff rotation and rest periods must be considered. A Safety Officer should be appointed, if resources allow. Post-incident debrief should be considered.
- **Communications**  
All Health& Social Care comms. on site are the responsibility of the NIAS. Officer communications will normally be on a separate talk group from mobile staff and can be managed via Mobile Control, which will also act as a link to Ambulance Control. Consideration should be given to the use of Mobile Telecommunications Privileged Access Scheme (MTPAS), if appropriate (Appendix 3). Liaison with other services is vital to provide the best management of the incident.
- **Assessment**  
Based on his assessment of the scene the AC must consider requesting appropriate resources to the scene. These may include NIAS support units, medical teams, VAS.
- **Triage**  
Triage, sieve and sort must be carried out at the incident site and at casualty clearing.
- **Treatment**  
Treatment appropriate to the casualty's condition, and sufficient to allow removal from the scene, should be initiated.
- **Transport**  
Consideration should be given to the capacity, availability and suitability of the various

modes of transport. The selection of the most appropriate receiving hospitals for casualty types can be done in association with the Medical Incident Commander.

### **Post Incident**

- Advise other Incident Officers of Ambulance Service **Stand-Down**
- Consider providing safety cover for those still on scene
- Consider post incident debriefing
- Prepare a report on the incident for the Chief Executive

### **Forward Ambulance Commander(s)**

The Forward Ambulance Commander, under the direction of the Ambulance Commander will directly manage, in close liaison with medical staff, the activities of ambulance personnel in the bronze area. Where there is more than one Bronze area, additional FAC's may be required. The FAC will be identified by a high visibility tabard marked "Forward Incident Officer".

### **Ambulance Parking Officer**

The Ambulance Parking Officer will ensure that there is adequate access and egress from the site. He will also supervise the parking of ambulances and direct their movement to the Ambulance Loading Point as required. This officer will be identified by a high visibility tabard marked "Parking Officer".

### **Ambulance Loading Officer**

The Loading Officer will be responsible for the establishment and management of the Ambulance Loading Point. He/She will maintain control of resources at this point and ensure casualties are correctly documented, evacuated in order of priority, and accompanied by appropriate personnel. Patient details gathered at the Loading Point will be communicated to the Mobile Control Vehicle. This Officer will be identified by a high visibility tabard marked "Loading Officer".

### **Casualty Clearing Officer**

The Casualty Clearing Officer will work under the direction of the AC and in close liaison with medical staff. He/she will be responsible for ensuring that adequate facilities are maintained for the efficient triage, treatment and evacuation of casualties. This Officer will be identified by a high visibility tabard marked "Casualty Station Officer".

### **Ambulance Equipment Officer**

This Officer should be responsible for the issue and return of all patient care equipment. He will monitor stock levels on site and arrange for replenishment, if required. The Officer will be identified by a high visibility tabard marked "Ambulance Equipment Officer".

### **On Site Communication Officer**

This Officer will be based at the Mobile Control Vehicle and will assume responsibility for the local control of ambulances resources. He will establish and maintain ambulance/medical communications links, and be identified by a high visibility tabard marked "Communications Officer".

### **Ambulance Liaison Officer**

The Hospital Ambulance Liaison Officer will be based at a hospital casualty department and is the link between the Hospital, Ambulance Control and the Mobile Control Vehicle. This Officer will

be identified by a high visibility tabard marked "Liaison Officer". Other Liaison Officers may be dispatched to command centres e.g. at the Health & Social Care Trusts, Health & Social Care Board, Public Health Agency, Regional Health Command Centre or PSNI Silver Command Rooms.

### **Ambulance Safety Officer**

This Officer will be responsible for the overall safety of all acute health service personnel at the site of a Major Incident. He will ensure that all ambulance staff wear the correct high visibility and protective clothing, identify any risks and hazards present in the operational area in conjunction with other Emergency Services, and ensure safe working practices are adopted. The NIAS Health and Safety Officer is the officer ideally suited to this post. The Safety Officer will be identified by a high visibility tabard marked "Safety Officer".

### **Ambulance Press Officer**

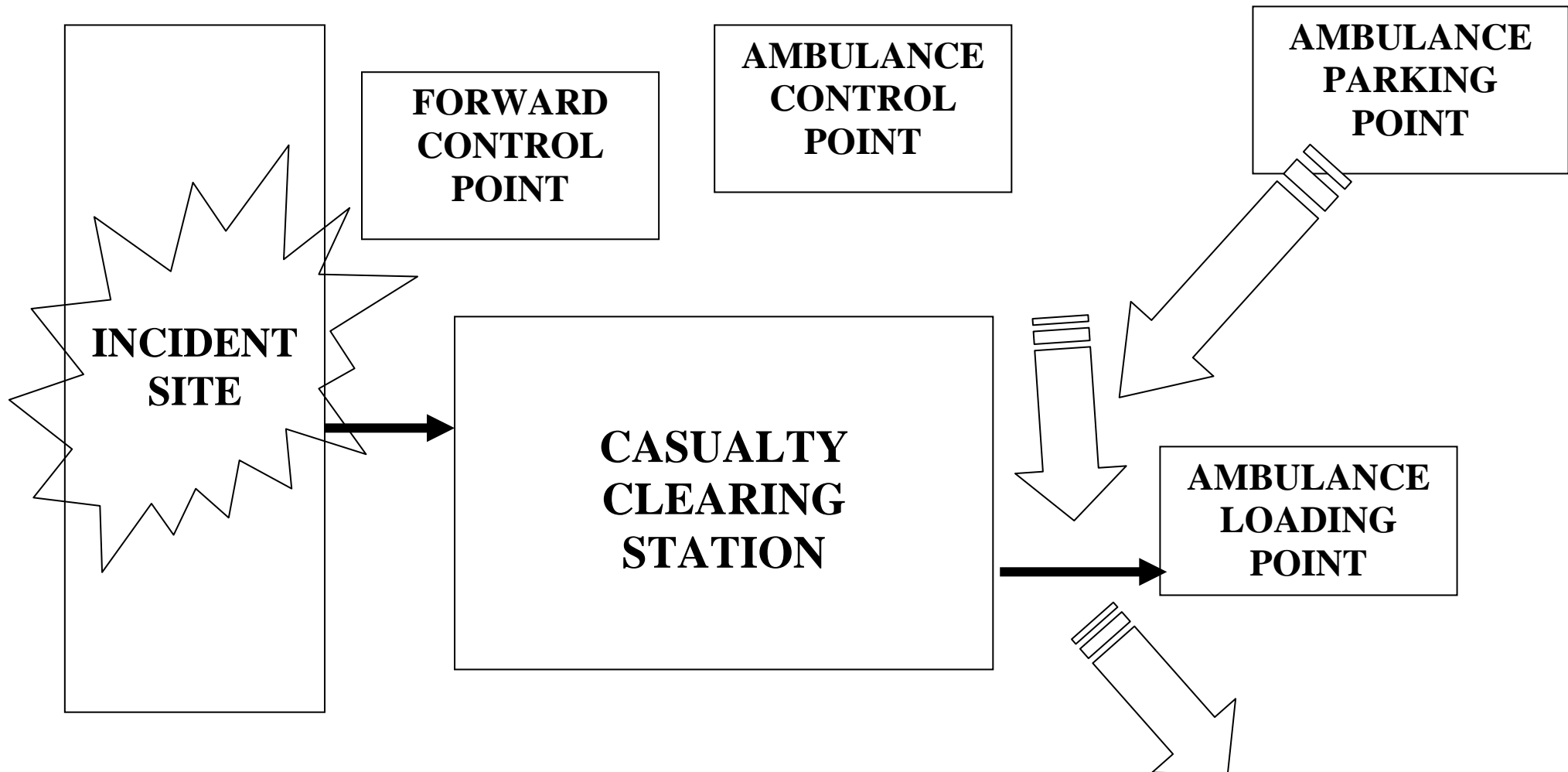
The Ambulance Press Officer will be responsible, in liaison with the AC, for the collation of information regarding Ambulance Service activity at the incident. This Officer will liaise with the Press Officers of the other Services present, and the Health & Social Care Boards, to co-ordinate release of information to the media.

***NB.** It may be necessary for the Press Officer to be based at Gold Control. If so, all enquiries from the media should be directed to this level*

### **Ambulance Triage Officer**

The Ambulance Triage Officer may be appointed at large incidents to ensure that the triage sieve of patients is carried out. In large incidents where there are a large number of casualties or several bronze areas then the appointment of a person specifically to carry out triage may be necessary. A paramedic would be ideally suited to this post. The Forward Ambulance Commander will ensure that triage is carried out, if no Triage Officer has been appointed. The Triage Officer will be identified by a high visibility tabard marked "Triage Officer".

## AMBULANCE AND MEDICAL SERVICES' SITE PLAN



## Casualty Clearing

### Casualty Clearing and Documentation

It is essential that all casualties are labelled with a **nationally recognised casualty triage label**. Without such, the triaging of patients will become unmanageable and may result in lesser-injured patients being transported in preference to those requiring more urgent treatment. The NIAS will use the Cruciform triage label, this is a dynamic, folding card system, which allows the casualty priority to be changed without changing the label.

The standard labelling of patients covers four categories as follows:

PRIORITY	COLOUR	TIMING	DESCRIPTION
<b>P ONE</b>	Red	Immediate	Requires immediate resuscitation/treatment, and transport to hospital
<b>P TWO</b>	Yellow	Urgent	Requiring urgent treatment and transport to hospital
<b>P THREE</b>	Green	Delayed	Requiring treatment but transport to hospital may be delayed
<b>DEAD</b>	White		

Additionally, a further "EXPECTANT" category can be used to describe those casualties who are so seriously injured that treating them may compromise the survival of other injured. The decision to employ this category can only be taken by the Medical Incident Officer and can only be assigned by Medical Officers. Casualties in this category will be given a green label with the top corners folded back to show a red background.

It is essential to remember that Triage is a dynamic process. For example, a patient designated Priority Two at the incident site may have changed to a Priority One by the time they reach the Casualty Clearing Station. Staff involved with triaging must therefore be alert to the ever-changing condition of their patients, and react accordingly.

In a Major Incident situation it may not always be possible to gather the usual information, and ambulances should not be delayed at the scene to obtain personal details of individual casualties.

### Primary Triage (Sieve)

The Primary Triage of casualties will be carried out, in situ, at the site of the incident. It is referred to as the Triage Sieve. Casualties will then be evacuated to the Casualty Clearing Station in priority order, where a secondary triage will be carried out.

The casualties classified as dead should, if possible, be certified by a Doctor at the scene and left in situ, as this will assist Police with their investigations into the cause of the incident. They should be clearly labeled to avoid repeated inspections by medical and ambulance personnel. Only where a body impedes the rescue or treatment of other casualties should it be moved and, if possible, its location marked.

### Secondary Triage (Sort)

A secondary triage should take place immediately a casualty arrives at the Casualty Clearing Station and should be preferably carried out by a doctor. The triage category should be amended, if

necessary. This process should be repeated at regular intervals until the casualty is removed to hospital.

### **Survivor Reception Centre**

Casualties who are apparently uninjured, should be directed to a place of safety termed a Survivor Reception Centre, which will normally be set up by the Police. **It should be noted that the Survivor Reception Center is not a holding area for P3 casualties.** An Officer should be assigned to this centre as casualties can deteriorate or injuries become apparent after leaving the scene. All persons involved should preferably be examined by a doctor before being allowed home. It is important that those involved in the incident, who have no injuries, be directed to this centre as they may be witnesses to what may become a criminal investigation.

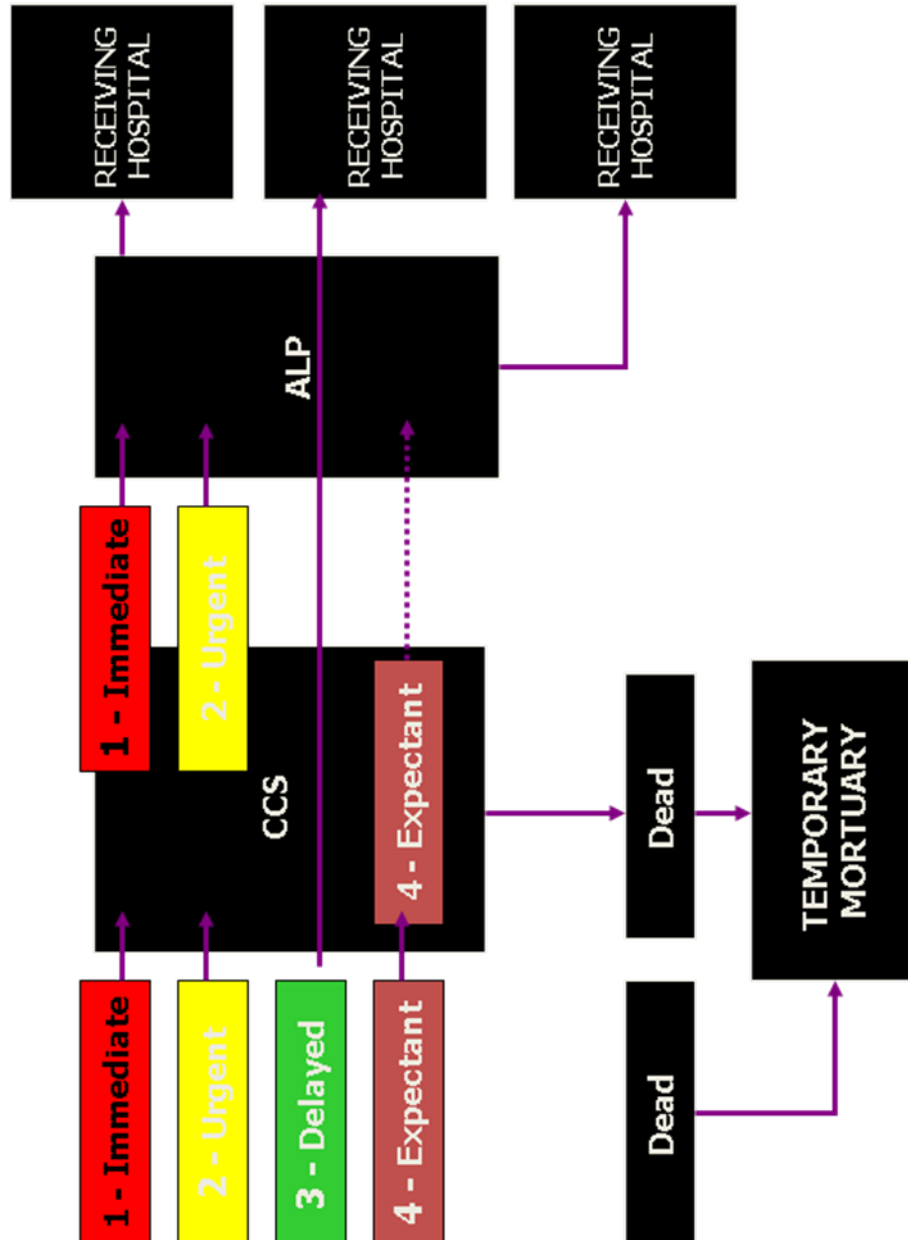
### **Casualty Clearing Station**

A Casualty Clearing Station should be established in a safe area, with the choice of site being the responsibility of the AC in consultation with the MC. The site should ideally have shelter, lighting, heating and water, but an open air site can be used initially.

This site must also have vehicular access for the Ambulance Loading Point, preferably hard standing. Where an inner cordon exists, the Station should be set up outside this for logistical and safety reasons.

The Casualty Clearing Station should be marked into separate areas, according to Triage Categories. Following secondary triage, casualties should be relocated to the appropriate area within the Station. Priority One casualties should be located nearest to the Ambulance Loading Point. The Casualty Clearing Officer will be in charge of the Casualty Clearing Station. (Diagram 3)

## TREATMENT AND EVACUATION SCHEMATIC



## **The Deceased**

HM Coroner is responsible for all matters concerning deceased casualties, and, on his behalf, the Police will take temporary charge of all bodies whilst they seek to establish identity and cause of death.

Bodies at the scene of a Major Incident should only be moved to gain access to live casualties or to preserve them as evidence. The incident site will be treated as a crime scene and the position of bodies may provide useful evidence. The Police will use the National Body Label to identify bodies or body fragments and their original location.

The Ambulance Service may be asked to assist with the removal of the deceased from public view. This should be undertaken in a tactful manner, affording as much dignity as circumstances permit. Where possible, care should also be taken to respect the different traditions of Ethnic minorities. Under no circumstances should the deployment of resources to this activity interfere with the care of living casualties.

The NIAS may encounter fatalities at the following locations:

### **The Incident Site**

Following a primary triage, it is likely that some patients will be identified as being deceased. These casualties should be clearly labelled with the appropriate triage card and certified by a Doctor as soon as possible. If a body, or fragment thereof, needs to be moved to access or treat the living, the location in which it was originally found should be marked and recorded on the triage label.

### **Casualty Clearing Station**

Patients found to be dead at this location should be pronounced dead by a Doctor and the triage label changed appropriately. The body should be removed as soon as possible to the Body Holding Area and then the Temporary Mortuary.

### **Receiving Hospital**

Patients found to be dead on arrival at hospital will be dealt with in accordance with the hospital's own procedures.

### **Temporary Mortuary**

Temporary mortuary arrangements in NI are addressed by the Mass Fatalities Plan and will be put into operation by the Police. The Ambulance Service should only become involved in transporting bodies to this site on the request of the Police, and only with the express permission of Senior Officers at Gold Control.

*Ref Belfast Mass Fatalities Plan*

## Strategic Management

It may be necessary to invoke the Gold tier of command to ensure that strategic issues are addressed. These could include:

- regional co-ordination of widespread emergency
- ensuring adequate resources to manage the incident
- ensuring adequate resources to maintain normal operations
- ensure adequate resources to resume normal operations
- requests for assistance from other services, and
- liaison with emergency services, Health Boards, Government Departments

The strategic management may be invoked at the request of the Silver Commander or, more commonly, by a Senior Officer or Director of Operations.

## Gold Command

Gold Command will normally operate from NIAS HQ. Gold control will be attended by the Director of Operations and/or other Directors with their necessary support staff. Their role is to process strategic issues to ensure the incident is adequately resourced and that normal operations are maintained/resumed as soon as possible. Additionally, they will establish liaison with other Gold Commands that are operating and participate, as necessary, with regional co-ordination. Other contacts will include the DHSSPS NI, Health and Social Care Board, Health and Social Care Trusts and other Emergency Services.

Gold Command must ensure that the strategic issues are addressed and resourced. The long term handling of the wider impact of the incident on the NIAS must be considered and mitigated. Decisions of Gold Command will be to secure resources, ensure they are financed and made available as required. The general role will be to:

- quantify resources required, staff, equipment, vehicles for incident
- ensure that essential normal operations continue
- liaise with other Gold Commands and Lead Government Departments
- issue NIAS press releases, media messages
- secure funding for additional resources required for incident and normal operations, and
- ensure necessary arrangements for staff welfare e.g. Health and Safety, welfare, rotas

Information for Gold Command will be provided from the Ambulance Commander via Ambulance Control. Gold Command are not involved in the management of the incident, except to provide for it in the strategic context of the Service's operations. It will be necessary to ensure that relevant information is channelled to the Gold Command about the resources being used at the incident and any additional requirements. The Control Manager/Senior Control Officer at the Ambulance Control Centre managing the incident should be the main channel for information to and from Gold and, therefore, the link into the incident management command structure.

## Working with the Media

During any Major Incident demand from the public for information, regarding details of casualties and fatalities will be high. As such media outlets can prove to be a useful means of disseminating this information and broadcasting requests for off duty staff to return to work. However, it is important that operational staff do not become distracted from their roles by the presence of journalists. Media handling is an integral part of the Major Incident Plan and as such should be left to those Officers who are dedicated to this task. Any Operational Officer required to make a statement or provide interviews will be approached by the Ambulance Commander or his/her representative.

*Staff must not speak to the media unless authorized to do so.*

Where more than the NIAS are involved, dealing with the media will be the responsibility of the Police Media Liaison Officer. This nominated Officer will, in conjunction with each of the Incident Officers, brief the media on the situation as it develops.

Ambulance and Medical Commanders are advised, initially, to deliver a prepared statement. Any subsequent participation in question and answer sessions should be undertaken to provide clarification on the contents of the statement. The factual information which can be provided by NIAS includes:

- Number of casualties
- Types of injuries
- Treatment provided
- NIAS response
- Hospital destinations

IT IS THE RESPONSIBILITY OF THE PSNI TO CONFIRM NUMBER OF FATALITIES, IF ANY.

NIAS staff must not engage in speculation as to causes of, or responsibility for, the incident.

Where the incident primarily involves the NIAS, approaches from the media should be directed to Ambulance Headquarters where a designated Officer will be assigned to deal with all enquiries.

Media numbers are contained in Appendix 10

# Recovery

## Post Incident Debriefing

NIAS will hold a 'Hot Debrief' as soon as possible after the close of the incident, involving the widest cross section of staff involved. This will be the responsibility of the AC. A further debrief of those involved in the principal roles will also be held, and these Officers will be required to submit written reports at the earliest opportunity. This will be the responsibility of the EPO. Subsequent to these debriefs, arrangements should be made for a multi-agency debrief to review the overall response.

The final report on the Incident should be prepared by the EPO. The Medical Director will present this to GME. The report should inform any revision of the Major Incident Plan (by the Emergency Planning Officer) and help identify any training needs that may exist.

## Post Incident Counselling

Personnel who are involved in major incidents are susceptible to emotional trauma and may potentially develop **“Post Traumatic Stress Disorder”**. Symptoms are common and indeed can be a normal reaction in otherwise quite normal individuals to what is a very abnormal experience and can affect up to 70% of those involved in an incident during the subsequent month.

However a smaller number (up to 20%) may experience symptoms for longer than this and even for several years afterwards. These long-term effects can cause an increase in physical and psychiatric illness and even an increased death rate. Such problems can present as anger, anxiety, depression, tiredness, loss of interest or enthusiasm, poor concentration and performance, marital and family problems, anger, irritability, drug (including prescription medication) or alcohol abuse or the individual becoming apathetic or withdrawn. It must also be remembered that it can also take several months after the causative incident for such symptoms to develop.

There is no doubt that the outlook is much better if such problems are identified and treatment is commenced as early as possible. All of those involved in Major Incident Management should therefore be aware of the need for counselling for such emotional effects following an incident. However, whilst formal counselling may be desirable it does not necessarily need to be provided by trained counsellors but can be provided informally by colleagues by discussing the event amongst themselves or at informal or formal debriefing sessions held for the purpose. Such debriefing sessions must be non-threatening, supportive, constructive, encouraging and non-judgemental. The involvement of others in debriefing sessions that were present at the same incident is particularly helpful as relevant experiences and emotions can be shared. Ideally they should be held as soon after the incident as possible. However, counselling whether it is formal or informal should never be forced on those involved in traumatic incidents but there should be an understanding that it may be required and is available and that no-one need feel embarrassed or awkward in seeking such counselling.

Managers should therefore monitor staff, both at the scene and after their involvement with a Major Incident, and encourage them to talk it through informally. Monitoring of staff following exposure to a Major Incident will enable help to be offered to staff at the earliest opportunity. The AC and/or Safety Officer will need to decide at the scene whether any staff are unfit for continued duty and consider redeployment or medical assessment.

Managers can seek advice from Carecall via the Human Resources Department when dealing with emotional and physical problems or suspected PTSD following an incident. Individual members of staff may also contact a trained counsellor confidentially (Appendix 1).

## Section 8 - Glossary

<b>Accident and Emergency Department</b>	Hospital department which receives patients from 999 calls, sudden illness and emergency referrals.
<b>Mobile Telecommunications Privileged Access Scheme (MTPAS)</b>	System to allow priority use of mobile phones for registered users.
<b>Ambulance Control Point</b>	The point, which may be at a distance from the incident, to which all health & social care and medical resources should report. Ideally, the point should be in close proximity to the Police and Fire Service Control Points. This may be the first ambulance to arrive or a Mobile Control Vehicle.
<b>Ambulance Control Manager</b>	A Senior Control Officer who manages the functions of the Control Centre.
<b>Ambulance Commander (AC) (Tactical/Silver) Call Sign: India Oscar</b>	The Officer with overall responsibility for the work of the Ambulance Service at the scene of a major incident. He liaises closely with the Medical Commander and incident officers from other services to ensure an effective response to the Major Incident.
<b>Ambulance Liaison Officer (ALO) Call Sign: Liaison (place)</b>	An Ambulance Officer responsible for the supervision of Ambulance Service activity and liaison at a hospital which is receiving casualties from a Major Incident.
<b>Ambulance Loading Point</b>	An area, preferably hard standing and in close proximity to the Casualty Clearing Station, where ambulances can manoeuvre and load patients.
<b>Ambulance Loading Officer Call Sign: India Lima</b>	The Officer responsible for ensuring that suitable access and egress is available to the area, for organizing patient movement in priority order with documentation, and maintaining a supply of appropriate transportation.
<b>Ambulance Parking Point</b>	The place designated at the scene of a Major Incident where arriving ambulances can park, thus avoiding congestion at the entrance to the site or at the Ambulance Loading Point. This area is also suitable for staff briefings, procurement of refreshments and restocking of equipment.
<b>Ambulance Parking Officer Call Sign: India Papa</b>	This Officer is responsible for marshalling both staff and vehicles arriving at the parking area and, in liaison with the Ambulance Incident Officer, ensures the most appropriate use of such resources.
<b>Ambulance Safety Officer Call Sign: Safety</b>	An Officer responsible for ensuring the overall safety of Ambulance, health & social care personnel and other support staff involved at the incident.
<b>BASICS Doctors</b>	Medical practitioners, with special training, equipment and cars, who are able to respond to incidents.
<b>Body Bag</b>	A heavy duty bag used for bodies or remains.
<b>Body Holding Area</b>	An area close to the scene of an incident where the dead can be temporarily held until transfer to a mortuary.
<b>Casualty</b>	A person killed, physically or mentally injured in war, accident or civil emergency.

<b>Casualty Clearing Station</b>	An area set up at a Major Incident by the Ambulance Service, in liaison with the Medical Commander, to assess, treat and triage casualties and direct their evacuation.
<b>Casualty Clearing Officer</b> <b>Call Sign: India Charlie</b>	The Officer who, in liaison with the Medical Commander, ensures efficient patient management at the Casualty Clearing Station.
<b>Command Structure</b>	A nationally agreed framework based on a tiered system of control i.e. Bronze (operational); Silver (tactical); and Gold (strategic). The higher tiers are only initiated where a need is demonstrated.
<b>Communications Officer On Site</b> <b>Call Sign: India Control</b>	The Officer responsible for managing ambulance communications at the incident from the Control Point or Emergency Mobile Control.
<b>Controlled Area</b>	The area contained, if practical, by the outer cordon
<b>Cordon: Inner</b>	Surrounds and provides security for the immediate scene.
<b>Cordon: Outer</b>	Seals off the controlled area to which access is restricted
<b>Emergency Equipment Vehicle</b>	Vehicle that carries additional supplies and a tent for deployment at a major incident.
<b>EAC</b>	Emergency Ambulance Control.
<b>Forward Ambulance Commander (Operational/Bronze)</b> <b>Call Sign: India Foxtrot 1, 2.</b>	An Officer appointed by the Ambulance Commander who manages the Ambulance resources at the point of contact within the site. The number of FAC's will be governed by the extent of the incident area.
<b>Forward Control Point</b>	A selected area, near to or at the scene, where the AC or FAC can direct the operation with mobile communications. The Forward Control Point will also act as a focal point for health & social care and medical resources at the initial point of patient contact on the scene. There may be a requirement for more than one Forward Control Point.
<b>HSCB</b>	Health and Social Care Board.
<b>HSCT</b>	Health and Social Care Trust.
<b>HART</b>	Hazardous Area Response Team, formed by RRV Paramedics with additional specialist training.
<b>Lead Government Department</b>	The Department, which in the event of a major disaster or emergency, co-ordinates central government activity.
<b>Listed Hospitals</b>	Hospitals listed by the Department of Health as being adequately equipped to receive casualties on a 24-hour basis and able to provide, when required, the Medical Commander and Medical Teams.
<b>Major Incident</b>	An incident where the number and severity of live casualties, or the location, requires special operational procedures necessitating the large scale mobilisation of the Ambulance Service.
<b>Medical Commander (MC)</b> <b>Call Sign: India Mike</b>	The Medical Officer with overall responsibility for medical staff at the scene of a major incident. <b>He/She should not be a member of any mobile team.</b>
<b>METHANE</b>	Acronym to enable a standard report to be given of a major incident scene.

<b>MIMMS</b>	Major Incident Medical Management and Support. A system for Major Incident management used by medical and ambulance resources.
<b>Mobile Medical Team Call Sign: X-ray 1, 2</b>	Nominated hospital personnel that provide on-site treatment at the request of the Ambulance Service.
<b>Mobile Surgical Team Call Sign: X-ray 1, 2</b>	Nominated hospital personnel who carry out surgical procedures on-site at the request of the Ambulance Service.
<b>NEAC</b>	Non-Emergency Ambulance Control
<b>Paramedic</b>	A person who is currently registered with The Health Professions Council as a paramedic.
<b>Personal Protective Equipment (PPE)</b>	Equipment provided to protect the wearer from hazards e.g. chemicals, injury.
<b>Police Casualty Bureau</b>	Central contact and information point for all records and data relating to persons involved (including deceased, injured persons, survivors and evacuees).
<b>Post-Traumatic Stress Disorder (PTSD)</b>	Emotional trauma that may develop and produce long term affects after an abnormal event.
<b>PHA</b>	Public health Agency.
<b>Primary Triage Officer Call Sign: India Tango</b>	An Ambulance Officer, or nominated Doctor at the site, prioritising patient treatment and removal to the Casualty Clearing Station.
<b>Receiving Hospital</b>	The hospital(s) selected by the Ambulance Service to receive casualties from a major incident
<b>RHCC</b>	Regional Health Command Centre
<b>Secondary Triage Officer</b>	A nominated Doctor, Nurse, or Ambulance Officer who prioritises patients at the Casualty Clearing Station.
<b>SitRep</b>	Situation Report.
<b>Temporary Mortuary</b>	A building adapted for temporary use as a mortuary in which post mortem examinations can take place.
<b>Triage</b>	The process by which casualties are assessed and prioritised, according to their condition.
<b>Triage Label/Card</b>	Colour coded labels used by the Ambulance Service and medical teams to identify the priority of a casualty and record patient details.



**TB/9/17/11/11**

## NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Friday, 2 September 2011 at 2.00pm  
in the Board Room, Ambulance Headquarters,  
Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

**PRESENT:** Mr N McKinley Non Executive Director (Chair)  
Prof M Hanratty Non Executive Director  
Mr S McKeever 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  
Mr R McCambridge NIAO External Audit  
Mr M Magill KPMG, External Audit  
Mr D Charles BSO Internal Audit  
Mrs C McKeown BSO Internal Audit  
Mrs E Hamilton Personal Assistant

### **Welcome and Introduction to the Meeting**

Mr McKinley welcomed everyone and introductions were made around the table to familiarise everyone.

#### **1.0 Apologies**

Mr Seamus Shields, Non Executive Director.

It was noted that papers had been provided, but no reply or apology had been received from the DHSSPS.

#### **2.0 Declaration of Potential Conflict of Interest**

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

#### **3.0 Minutes of Previous Meeting of the Audit Committee held on Friday 17 June 2011 (for noting)**

Minutes had been previously agreed and presented to Trust Board on 21 July 2011. A hard copy was duly signed for the record.

#### **4.0 Matters Arising**

- 4.1** Final Accounts - Mrs McCue advised the Committee that there had been a change to the Annual Accounts that had previously been agreed at Trust Board on 26 May 2011 to accommodate a post balance sheet evaluation. This change was such that the NIAO had requested that the Annual Accounts, Annual Report and Letter of Representation are considered again and, if approved, signed by the Chairman, Chief executive and Director of Finance. Following discussions with the Chair of the Trust and the Chairs of the Audit and Assurance Committees, it was agreed under Chairman's Action that the revised documents are approved and signed. This action was subsequently approved by Trust Board at the meeting of 21 July 2011. The full revised Annual Accounts and Annual Report would also be made available to members ahead of formal public presentation at the Annual General Meeting on 15 September 2011.

## **5.0 Chairman's Business**

- 5.1** Mid Year Assurance Statement 2011/12 - Mr Nicholson advised that the formal notification from the DHSSPS in respect of the format and timetable for the Mid Year Assurance Statement had not yet been received. It was anticipated that there would be no significant changes for the current year by the date of completion. Mr McKeever requested that if this was received in electronic format it be circulated to the Committee. Mr Nicholson reminded the Committee that there may, as previously advised, be a need to bring forward the date of the November meeting of the Audit Committee. Professor Hanratty expressed her preference for the November meeting date for The Assurance Committee to stand and a single item Audit Committee meeting to be called to deal specifically with the Mid Year Assurance Statement.
- 5.2** The Chairman advised that he was unable to attend the next Audit Committee Chairs' Event that was planned for 20 September 2011. Professor Hanratty agreed to attend on behalf of NIAS. The DHSSPS are to be advised accordingly.

## **6.0 Internal Audit**

### **Progress Report**

Mrs McKeown referred members to page 3 of the report which provides a brief summary of progress against the internal audit plan. She advised that work was well underway and that two reports have been completed. Fieldwork for the Non Pay Expenditure had commenced and the fieldwork in respect of Payroll was due to begin on 19 September 2011. 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 one Priority 3 finding. It was noted that bank and cash was considered every year and had consistently achieved substantial assurance. Mrs McKeown was asked to consider whether the frequency of this audit should be reviewed.

Income – Satisfactory Assurance – There were no Priority 1 findings, but two Priority 2 and one Priority 3 finding.

There followed a discussion on elements contained within the audit reports. In respect of Service and Budget Agreements (SBAs) between the Trust and the HSC Board, Mr McKeever asked if other HSC Trusts had agreements in place. It was confirmed that NIAS had not yet received an SBA from HSC Board. It was also confirmed that NIAS was not the only HSC Trust without current formal Service and Budget Agreements with the HSC Board in place.

## **7.0 External Audit**

Mr Magill highlighted that the Trust's financial statements are summarised into a reporting pack which is duly incorporated with others into the Whole of Government Accounts (WGA). This paper, showing the sign-off had been included in the audit committee papers to highlight the resource time dedicated by staff to the completion of this piece of work. Mr McKeever inquired about a note at the bottom of Page 1 alluding to "uncorrected misstatements" and was assured that this related only to a very small reclassification of codes. Mr McKeever requested that appreciation of the effort of the staff team over and above the normal work of a finance department be recorded.

Prof Hanratty stressed her dissatisfaction with the quality of the printed document in terms of element within it being illegible. Mr Nicholson advised that the difficulties in presentation were a result of the formatting contained within the original WGA workbooks and also that the timetable and requirement for signatures meant that the document had been scanned a number of times. Mr Magill advised that he had no specific issues within the report to highlight to the Committee. Given that the format and timetable of the WGA pack and documentation arise from a central government template, which cannot be edited by the Trust to enhance presentation, it was agreed that Professor Hanratty would raise this issue at the Audit Committee Chairpersons' event on 20 September.

## **8.0 For Approval**

### **8.1- Charitable Funds – Papers 5-7**

#### **8.3**

Mrs McCue noted that papers AC/5, AC/6, AC/7 and AC8 all relate to the annual accounts for the charitable funds held by the Trust.

#### **Charitable Trust Fund Accounts 2019/11 (Audited, Uncertified) & Charitable Trust Funds Trustee's Annual Report Report to Those Charged with Governance 2010/11 (Charitable Funds)**

##### **Draft Letter of representation**

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.

Mrs McCue drew the Committee's attention to the Review of Finances, Achievements and Performance and highlighted efforts made to encourage staff awareness of the fund and proposals for appropriate spend.

Mr Magill introduced the Report to Those Charged with Governance (RTCWG) in respect of Charitable Trust Fund Accounts. He confirmed that, subject to the completion of outstanding audit matters, it was the intention to issue an unqualified opinion on the truth and fairness of the Trust's Charitable Trust Fund Statements. He referred to the outcomes against the key risks identified as part of the audit planning process which covered the receipt of donations, regularity of expenditure, governance and the valuation of investments. There were no specific audit findings in relation to these identified key risks. He highlighted a significant observation identified during the audit in respect of the implementation of the UK Bribery Act that came into effect on 1 July 2011. All public sector organisations are required to ensure that there are adequate anti bribery processes and controls in place. Mr McKinley asked for opinions as to how this should be dealt with and Mrs McKeown advised that carrying out a Risk Assessment would be the first vital step to ensuring adequate procedures are in place. It was also agreed that Prof Hanratty would raise this at the 20 September meeting to ascertain if there would be a regional training pack or other arrangements covering various bodies likely to benefit from a similar approach.

##### **Draft Letter of Representation**

A minor amendment to the penultimate paragraph to read "No unadjusted errors **have been** brought to my attention" was noted.

## **Resolution to the Trust Board**

Mr McKinley called for the formal adoption of the Charitable Trust Fund Accounts for 2010/11 and the recommendation that the Board approve the Accounts and the associated statement on internal control set out on pages 3 to 7 and that the Director of Finance, Chairman of the Trust and Chief Executive sign the Accounts, the associated Statement on Internal Control, Trustee's Annual Report and the Letter of representation. This was seconded by Professor Hanratty. The Chairman of the Audit Committee and the Director of Finance signed a resolution to the Trust Board to this effect.

### **9.0 For Noting**

#### **9.1 NI Health & Personal Social Services Charities Common Investment Fund Annual Report for the year ended 31 March 2011**

Mrs McCue drew attention to the small sum held by NIAS in contrast to the balance in the overall fund. She advised that the Trust Board acts as a Corporate Trustee for the NIAS Trust Funds and is responsible for ensuring that the funds are held and managed separately from public funds and also for the investment policy of any fund balances. She advised that the current investment policy was that the balance of Trust Funds are pooled and invested in the Common Investment Fund.

There followed a discussion on the advantages and disadvantages of the Common Investment Fund and other potential investment policies that the Trust may consider, for example a NIAS specific Investment Account. Given the value in participation in the larger fund in terms of better return on investment and minimisation of risk, the Audit Committee endorsed the continuation of the current Investment Policy and pooling of funds in the Common Investment Fund.

#### **9.2 Report to Those Charged With Governance (Exchequer Funds)**

Mr McCambridge indicated that this paper was being included as the formal issue of the document as already seen by the Committee at an earlier date.

#### **9.3 Fraud Update**

Mrs McCue reminded the Committee of the Data matching exercise carried out currently every two years as part of the National Fraud Initiative. Mr Phillips provided a detailed update on the matches made this year and progress against other matches.

#### **9.4 Controls Assurance Standards**

Mrs McCue drew the Committee's attention to the tables outlining performance against Assurance Standards across all ALBs. While the percentage required until now to achieve substantive compliance has been 70-99%, this is due to rise to 75-99%, which has already been achieved by NIAS as shown in the second table.

### **10.0 Any Other Business**

#### **10.1 Procurement Working Group (PWG)**

The group, chaired by the Director of Finance, has been set up to embed all guidance and cascade it across the Trust. It has had one meeting to date and intends to further involve the Centre for Procurement Excellence in future.

## **10.2 Health Estates Investment Group (HEIG) Procurement Policy & Compliance Unit (PPCU)**

Mr Nicholson informed the Committee that this is part of the DHSSPS' demonstration that they are exercising oversight. Information from this forum feeds into the NIAS PWG mentioned above. He invited thought to be given to how the PWG would best report to Audit and Assurance Committees.

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

The next meeting of the Audit Committee is to be confirmed in light of the Mid Year Assurance Statement timetable and will be held in the Boardroom, NIAS Headquarters.

Dates for 2012 meetings for noting:

All meetings scheduled to be held in the Boardroom, NIAS at 2pm

Thursday 23 February 2012

Thursday 7 June 2012

Thursday 6 September 2012

Thursday 6 December 2012

**Signed  
(Chairman)**



**Date**

**17 October 2011**

## NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Monday 17 October 2011 at 2.00pm  
in the Board Room, Ambulance Headquarters,  
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

<b>PRESENT:</b>	Mr N McKinley	Non Executive Director (Chair)
	Prof M Hanratty	Non Executive Director
	Mr S McKeever	Non Executive Director

<b>IN ATTENDANCE:</b>	Mr P Archer	NIAS Chairman
	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Dr D McManus	Medical Director
	Mr D Lynn	NIAO External Audit
	Mr M Magill	KPMG External Audit
	Mrs C McKeown	BSO Internal Audit
	Mrs E Hamilton	Personal Assistant

### **Welcome and Introduction to the Meeting**

The Chairman welcomed everyone to the meeting, especially the Chairman of the Trust Board, Mr Paul Archer. He invited Mr Archer to say a few words explaining his attendance in the role of observer. Mr Archer gave a brief outline of the role he has had within NIAS since 2008 and the development of the Committee structure. He further informed the Committee that it is his intention to attend at least one meeting of each committee per year.

#### **1.0 Apologies**

Mr S Shields, Non Executive Director.

It was noted that papers had been provided, but no apology or reply had been received from the DHSSPS.

#### **2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum**

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

#### **3.0 Minutes of Previous Meeting of the Audit Committee held on 2 September 2011 (for noting)**

Minutes had been previously circulated and agreed. They were duly signed and are to be presented to Trust Board on 17 November 2011.

#### **4.0 Matters Arising**

##### **4.1 Procurement Working Group (PWG)**

Mrs McCue asked for consideration by the Audit Committee on the most appropriate reporting mechanism for this group. Prof Hanratty indicated that she felt it most appropriate that PWG report to the Audit Committee and it was agreed it would become a standing agenda item.

##### **4.2 Audit Committee Chairs Event**

The Chairman updated the committee that the meeting scheduled for 20 September 2011 at which Prof Hanratty had agreed to represent NIAS Audit Committee had been cancelled. It is hoped it will be reconvened at a later date.

## **5.0 Chairman's Business**

### **5.1 Mid Year Assurance Statement 2011/12**

The Chairman indicated that this statement is due to be signed by the Chief Executive and submitted to the Department by Friday 21 October 2011. This meeting represented an opportunity for the Audit Committee, and also the Assurance Committee through Professor Hanratty as the Chair of the Assurance Committee, to highlight any emerging issues or risks, attest to the continuing robustness of the organisations system of internal control and also review progress against performance objectives and implementation of recommendations from, for example, Internal Audit at this midway point of the year. Mrs McCue agreed to take the committee through the completed statement, which is based on the Departmental template format, after presentation of Internal and External Audit reports which would inform the committee.

## **6.0 Internal Audit**

### **Progress Report**

Mrs McKeown referred members to page three of the report which provides a summary of progress against the Internal Audit Plan. She advised that three reports have been completed and that field work for three reports had also been completed. She advised that she was content with the progress on delivery of the audit plan at this point of the year and thanked the Trust staff for the work involved in reaching this stage.

### **Follow Up Report**

In respect of follow up on previous Internal Audit recommendations, Mrs McKeown advised that, of the 59 recommendations that should now be implemented, 45 (76%) had been fully implemented and 14 (24%) had been partially implemented. Professor Hanratty asked how this position would compare with other HSC Trusts. Mrs McKeown advised that she was content with the progression of audit recommendations at this point of the year and highlighted that there were no recommendations not implemented to some degree, which compares favourably with other Trusts.

At the request of the Committee, Mrs McKeown provided detail against each of the audit findings and recommendations contained in the report. There followed detailed discussion on various elements within the report.

In respect of the implementation of the Knowledge and Skills Framework (KSF), Professor Hanratty expressed concern about the automatic progression of staff through gateway points in the pay band in the absence of a review. It was noted that this was in keeping with all HSC Trusts and that the regional approach was to ensure that these gateways remained open for automatic progression until such a time as arrangements were in place to support the process. The regional and local difficulties in implementing these arrangements were also noted. Mr McKeever noted the potential financial impact that automatic progression may have on the Trust. It was requested that the matters be considered further with the potential for inclusion on the Trust Risk Register. Mrs McCue agreed to take this matter to the Senior management Executive Team (SEMT) and with a view to accurately reflecting the committee's concern and a potential entry on the Risk Register. Mrs McKeown assured the committee that the matter will remain subject to review by Internal Audit until it is satisfactorily resolved.

In respect of Station Visits and the issue of guidance to Station Officers on the process for informing Finance of the receipt or disposal of assets, clarification was given that, although Station Officers do not have responsibility for receipt or disposal of fleet assets, it is appropriate to issue guidance to them as they do have a role to play in the management of Trust assets generally. It was also noted that, while the review of the processes for updating the asset register remained partially implemented, the reasons for movements of assets between locations were readily available to account for all assets held.

In respect of Service and Budget Agreements (SBA) with the Health and Social Care Board (HSCB) and formal agreements in respect of Patient Care Services provided to the Belfast and South Eastern HSC Trusts, it was acknowledged that work is ongoing in conjunction with the HSCB to secure a conclusion in both these areas. It was also noted that the position in respect of SBA's was the same across all HSC trusts

In respect of Payroll, it was noted that the position in respect of Agenda for Change had been mentioned in the report, but that previous findings had not been duplicated and that substantial assurance had been provided, with no Priority 1 or 2 issues identified. Progress in achieving compliance with the prompt payment target was also noted.

## **8.0 For Approval - Mid Year Assurance Statement**

Mrs McCue highlighted that the reports provided by Internal Audit set the context for the Mid Year Assurance Statement. The statement would also be the basis for mid year accountability meeting held between the Trust and the DHSSPS. Mrs McCue provided an overview of the assurance structures in operation within the Trust and guided the Committee through the statement. The progress against objectives and previous audit recommendations was also noted by External Audit.

Professor Hanratty asked that reference to the continuing delivery of the paramedic training programme as approved by the Health Professions Council is included in the statement.

With a number of other minor amendments, the Director of Finance, the Medical Director and the Chairs of the Audit and Assurance Committee signed a resolution to the Trust Board that the Mid Year Assurance Statement should be approved by the Trust Board and signed by the Chief Executive.

## **7.0 External Audit – Charitable Trust Fund Accounts 2010/11**

Mr Lynn confirmed that the Charitable Trust Fund Accounts for 2010/11 had been certified by the Comptroller and Auditor General on 12 October 2011. The certificate and final Report to Those Charged with Governance would be issued to the Trust in due course. There followed a discussion as to the scale of the accounts in proportion to the work required to complete and audit them. Mr Lynn undertook to explore potential avenues for future years that would continue to ensure that the accounts are dealt with appropriately, but perhaps more proportionately. It was recognised that any changes would require the approval of the Trust Board which act as Corporate Trustee to the Charitable Trust Fund, but this approach was welcomed by the Committee. The Committee requested that the Trust be kept informed of any developments and potential changes in this area.

## **9.0 For Noting**

There were no specific items for noting.

## **9.1 Fraud Reporting Arrangements for HSC Breaches**

Mr Nicholson drew the committee's attention to Circular HSC(F) 44/2011 outlining the revised arrangements for the reporting of fraud across Health and Social Care. This was welcome advancement and effective use of technology in this area of work.

## **9.2 Fraud Update**

Mr McKeever enquired as to the number of suspected cases of fraud in NIAS each year. Mr Nicholson advised that, with the exception of the data matches provided as part of the National Fraud Initiative (NFI), cases of reported suspected or confirmed fraud would be in low single figures. Mr Nicholson also provided an update on the data matches provided by the NFI. Mr Lynn commented on the assurance that can be taken from the exercise and the number of matches within NIAS and the progress on the investigation and resolution of matches identified.

He also provided an overview of the findings from the NFI for across Northern Ireland public sector bodies.

**10.0 Any Other Business**

There being no other business the meeting was closed.

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

The next meeting of the Audit Committee is scheduled for Thursday 23 February 2012 at 2.00pm in the Boardroom, NIAS Headquarters.

**Signed**

A handwritten signature in blue ink, appearing to read 'Norman McKinnon', written over a horizontal line.

**(Chairman)**

**Date    7 November 2011**

**TB/10/17/11/11**



***Minutes of a Meeting of the Assurance Committee held on Friday 2 September 2011 at 11.00am, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

<b>PRESENT</b>	Prof M Hanratty	Non-Executive Director (Chair)
	Mr N McKinley	Non-Executive Director
	Miss A Paisley	Non-Executive Director
	Mr S McKeever	Non-Executive Director
<b>IN ATTENDANCE</b>	Dr D McManus	Medical Director
	Mr B McNeill	Director of Operations
	Mrs S McCue	Finance Director
	Ms R O'Hara	Director of Human Resources and Corporate Services
	Ms L Gregg	Assistant Director of HR, Education, Learning and Development
	Ms L Gardner	Assistant Director of HR, Employee Relations and Corporate Services
	Dr N Ruddell	Assistant Medical Director
	Mr B Snoddy	Assistant Director of Operations
	Mr P Nicholson	Assistant Director of Finance
	Mr T McGarey	Risk Manager
	Mrs J McSwiggan	Senior Secretary

## **1.0 Apologies**

There were no apologies.

## **2.0 Procedure**

### **2.1 Declaration of Potential Conflicts of Interest**

No potential conflicts of interest were declared.

### **2.2 Quorum**

The Assurance Committee was confirmed as quorate.

### **2.3 Confidentiality of Information**

Noted. While it was accepted that some information, such as that relating to specific patients, required confidentiality, the Committee noted that meetings should be otherwise open and transparent.

**Action: to be considered further at the Trust Board Workshop on 7 October 2011.**

### **3.0 Minutes of the Assurance Committee Meeting held on 17 June 2011**

The Minutes had been previously circulated, agreed and signed by Professor Hanratty (Chair). These Minutes were presented to Trust Board on 21 July 2011 and were presented for noting by the Assurance Committee.

### **4.0 Matters Arising**

The RQIA Action Plan (Item 9.0 in the Minutes of the previous Assurance Committee meeting) was highlighted. The Committee asked that this item be added to the agenda as a standing item until all issues arising have been resolved.

**Action: the RQIA Action Plan will become a standing item on the Agenda for Assurance Committee meetings.**

The onerous work involved in preparing the Assurance Committee papers was noted and an opportunity to review the structure of the Assurance Committee Agenda would be welcomed.

**Action: to be considered further at the Trust Board Workshop on 7 October 2011.**

Any further matters arising are dealt with as agenda items.

### **5.0 Chairman's Business**

No items were raised.

### **6.0 Standing Items**

#### **6.1 Risk Register as at 31 July 2011**

The Risk Register was presented to the Committee and discussed.

Risks that had been managed, reviewed and subsequently moved to local risk registers following the Assurance Committee meeting on 21 July 2011 were noted.

Three new risks were identified:

**ID No. 218 – Achieving Financial Balance 2011/12**

**ID No. 221 – AfC Banding outcomes for RRV/Paramedic/EMT**

**ID No. 220 – UNISON “Notice to Employer” of an official ballot commencing 22 August**

The Committee noted that the UNISON ballot for industrial action was not specific to NIAS but is part of a national ballot of all UNISON Health Service members.

**6.2 Untoward Incidents Report as at 31 July 2011**

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

It was noted that the number of untoward incident reports relating to equipment malfunction had decreased significantly following recent software upgrades.

The Committee noted a number of incidents relating to apparent differences in protocols between NIAS and receiving hospitals. The Committee was assured that NIAS is increasingly involved in a number of regional frameworks, networks and project boards that should improve this situation. It was acknowledged that this work was ongoing.

Concern was expressed regarding the wording of some of the incident reports and its potential implication. While it was accepted that there is a need to present the reports without alteration as far as possible, it was agreed that the reports must be factual and evidence-based. The Committee was assured that this is included in information governance training being delivered to staff.

It was confirmed that Serious Adverse Incidents involving NIAS are referred to the Regional Health Board and would also be highlighted in this report but that none had arisen in the reporting period.

**6.3 Controls Assurance Standards**

Compliance with the Controls Assurance Standards were presented to the Committee and discussed. It was noted that the Trust is substantively compliant with all Controls Assurance Standards.

The Committee noted that the minimum score required to achieve substantive compliance has been raised for 2011/12 to 75%. Current assessment indicated substantive compliance is likely to continue to be achieved even with this raised target.

**6.4 Assurance Framework**

The Assurance Framework was presented to the Committee for their comments in relation to its format and presentation, as this had changed since the previous year.

The Committee agreed that this is a very useful document. The amount of work involved in the production of such an extensive report was noted, and it was suggested that the format could be changed to make the compilation of

the report less onerous. It was suggested that an alternative would be to provide a short summary with exception reporting to the Committee, but with further detail being available for review should it be required.

**Action: to be considered further at the Trust Board Workshop on 7 October 2011.**

## **6.5 Reports from Groups and Committees**

### **6.5.1 Health and Safety Committee – Management Summary and draft Minutes of Meeting 9 May 2011**

Noted.

### **6.5.2 Fire Compliance Sub Committee – Minutes of Meeting 24 February 2011**

Noted.

### **6.5.3 Fire Compliance Sub Committee – draft Minutes of Meeting 13 July 2011**

Noted.

A change in the fire safety legislation was highlighted, requiring organisations to now produce their own risk assessments. NIAS has already commenced this and is compliant with the relevant Controls Assurance Standard.

**Action: Key Performance Indicators for fire compliance will be provided to the Committee at the next meeting through the Minutes of the Fire Compliance Sub Committee.**

### **6.5.4 Infection Prevention & Control Group – Notes of Meeting 6 May 2011**

Noted.

### **6.5.5 Infection Prevention & Control Group – Notes of Meeting 15 July 2011**

Noted.

It was confirmed that the Infection Prevention & Control Annual Report had been agreed at a recent subsequent meeting of the Infection Prevention & Control Group, for which agreed Notes were not yet available.

**Action: the Infection Prevention & Control Annual Report will be presented to the Committee at the next meeting.**

It was also confirmed that apparent discrepancies in the figures relating to fit testing had now been resolved and demonstrated a high level of completion.

The Committee was advised that the Regional Healthcare and Hygiene Cleanliness Standard and Audit Tool was currently being assessed regarding relevance to and implications for NIAS.

**Action: A report will be presented to the Committee at the next meeting.**

**6.5.6 Medical Equipment Group – Notes of Meeting 3 June 2011**  
Noted.

The Committee was advised that while standardisation of equipment and vehicles had largely been achieved, there are differences in the specification of some older vehicles due to developments and improvements in the design for their newer replacements.

**6.6 Training Update**

**6.6.1 Training Update**

The Management Summary report was noted, in particular the introduction of Mandatory Refresher Training Workbooks.

Clarification of terminology within the report was provided.

A number of quality assurance measures were discussed and more formal assessment will be considered for inclusion in future editions of the workbook.

It was noted that the theory and learning in the workbook is supplemented by practical training which has already commenced.

The Committee was reassured to note that a significant induction period including care and responsibility training is completed before staff commence frontline duties.

**6.6.2 Training in Management of Aggression and Violence**

A Report on the Management of Violence and Aggression was presented and noted.

The Committee acknowledged that this document was very useful and informative and provided the appropriate assurance, and accepted that the bespoke training model currently in place is appropriate.

The Committee was informed of a regional group that is currently reviewing the management of violence and aggression throughout the entire HSC. The Committee agreed that it would be very beneficial for NIAS to participate.

**Action: Director of HR to contact The Beeches regarding NIAS representation on the regional group.**

#### **6.7 Clinical Audit Update**

The Clinical Performance Indicators for Hypoglycaemia and Acute Stroke were presented and discussed, with improvements being noted. The Committee acknowledged the amount of work required to produce this data and its value in focusing attention on particular aspects of clinical practice.

### **7.0 Pharmacy and Medicines Management Update**

#### **7.1 DHSSPS Drugs Inspection Unit Station Visits**

The Committee was informed that as part of the licensing conditions for controlled drugs, there is a requirement for NIAS to be subject to regular, unannounced inspections by the DHSSPS Pharmacy Inspection Team. Reports of the inspections that have now taken place were presented to the Committee. It was noted that the results have been very positive with no significant issues being identified. The staff in the stations were commended for their adherence to the relevant procedures.

The risks associated with the security of controlled drugs and the measures in place to mitigate these were discussed.

#### **7.2 Changes to Drug Presentations**

The Committee was advised of changes to drug presentations that had become necessary due to manufacturing issues and new clinical guidelines, but was assured that current issues with the supply of drugs have been resolved in collaboration with the local pharmacy supplier and appropriate alternative presentations have been agreed.

### **8.0 Ministerial Statement to NI Assembly 28 June 2011**

The relevant recommendations arising from the Dental Enquiry Report highlighted in the Ministerial Statement were noted. An Action Plan is being developed by the DHSSPS and its publication awaited.

**Action: the Action Plan will be presented to the Committee.**

### **9.0 Policy for Approval**

#### **9.1 Clinical Waste Policy**

The policy was considered by the Committee and it was agreed that the Committee would recommend its approval by Trust Board.

### **10.0 Any Other Business**

The Committee noted that while the Trust does not have a corporate and social responsibility policy as such, a corporate and social responsibility action plan is agreed on an annual basis and is available on the NIAS intranet and website.

**Action: this will be added to the Agenda for the next meeting and an update will be provided to the Committee.**

It was noted that environmental issues are considered in the Controls Assurance Standard on Environmental Management.

No further business to be discussed.

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

The next meeting will take place on **Friday 4 November 2011 at 11.00am** at NIAS.

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

Date: 26 September 2011

**TB/11/17/11/11**

# NORTHERN IRELAND AMBULANCE SERVICE

## TRUST BOARD MEETING

**17 November 2011**

<b>Title:</b>	Corporate Responsibility Action Plan
<b>Purpose:</b>	The purpose of this document is to set out a clear Corporate Responsibility (CR) Action Plan for NIAS with supporting activities, targets and timescales.
<b>Content:</b>	Outline of key actions targets and timescales to discharge the Trust's commitments around Corporate Responsibility.
<b>Recommendation:</b>	For noting
<b>Previous Forum:</b>	N/A
<b>Prepared by:</b>	Mrs Michelle Lemon, Assistant Director; Equality, PPI and Patient Experience
<b>Presented by:</b>	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

Northern Ireland Ambulance Service

Corporate Responsibility (CR)

Action Plan 2011 - 2012

June 2011



## 1.0 Introduction & Overview

### 1.1 Mission

The aim of the Northern Ireland Ambulance Service is:

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

### 1.2 Introduction

The Northern Ireland Ambulance Service (NIAS) was established in 1995 and operates a single Northern Ireland wide Ambulance Trust with operational divisions reflecting the areas covered by the four Health and Social Services Boards serving a population of approximately 1.7 million. The Trust is one of the six Health and Social Care (HSC) Trusts and operates regionally across Northern Ireland.

NIAS has an operational area of approximately 14,100sq kilometres (5,600 square miles) serviced by a fleet of over 300 ambulances (Accident and Emergency and Patient Care Service), employs in excess of 1,100 staff operating throughout the Trust and operates from over 46 ambulance stations, deployment points throughout 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;
- Stand-by at special events;
- Community Education;
- Out-of-hospital care research

The purpose of this document is to set out a clear Corporate Responsibility (CR) Action Plan for NIAS and Business in the Community with supporting activities, targets and timescales. It is anticipated that this action plan will build on the success and commitment of the NIAS activity in terms of Environment, Workplace, Community and the local Economy. This CR Action plan will be an organic, evolving picture of NIAS's CR programme and will evolve and develop going forward.



## 2.0 Northern Ireland Ambulance Service's Action Plan 2010/2011 CR Framework

The following objectives are linked to the Northern Ireland Ambulance Service Trust's Corporate Plan

Domain	Objective
Corporate	Improving the health and wellbeing of people living within the Trusts catchment area
Sustainability (Estates)	Minimising waste, maximising efficiencies and leading by example
Workplace	Valuing individuals and developing people to their full potential and to position the Trust as an employer of choice
Community (Community Development)	Supporting and enriching the wider community
Communications	Promote public confidence in the Trust and promote as Employer of Choice



## 2.1 2011/2012 CR Framework – Overview

Domain	Corporate Objective	Actions to 2011	
<b>Corporate</b>	To provide high quality patient care and client focused health & social care services through well trained staff with high morale		
<b>Sustainability</b>	To manage resources effectively and efficiently in order to achieve best outcomes, demonstrate value for money and ensure financial viability	Minimising waste and maximising efficiencies and leading by example	
		To maintain the Trust's reputation as an environmentally aware employer in the services we provide.	
		To create an environmentally aware culture within the Trust and encourage employees to behave in a responsible manner.	
<b>Workplace</b>	To create a culture and an environment which will attract and retain high quality staff	To position NIAS as an employer of choice	
		To develop the skills and competencies of NIAS staff and foster an environment which builds morale through team building.	
		To develop a culture of staff engagement and involvement through looking at the key areas of diversity and health and wellbeing.	
<b>Community</b>	To build effective relationships with service users, communities and strategic partners	To position NIAS as a socially responsible employer	
		To value and develop our staff and impact positively in the community	
		To promote and develop equality, diversity and good relations	



**Business** in the

**Community**

Domain	Corporate Objective	Actions to 2011
<b>Communications</b>	Promote public confidence in the services NIAS provides	To undertake a range of campaigns containing key NIAS messages for employees and patients.

### 3.0 Action Plan 2011-2012

#### CORPORATE

**Corporate Theme: Partnerships to Improve Health and Wellbeing through Partnerships with Users, Communities and Partners**

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Associate Medical Director /Con Development Service Groups	External Stakeholders	Outcome measures detailed in Framework.	By When



## ESTATES DEPARTMENT: SUSTAINABILITY

June 2011



**Business** in the

**Community**

<b>Sustainable Service Deliveries</b>	Promoting positive environmental awareness and good practice	NIAS to engage with BITC to consider participation in ARENA network work streams to promote environmental agenda	Operations	Other Health Trusts, Public Sector Bodies and Private Sector. NIAS employees, customers, suppliers and wider community	Ensuring environmental agenda is high on NIAS's agenda. Measurement of the extent to which NIAS is managing environmental issues and performance.  Work with ARENA team to improve to Quintile 1 for 13 <sup>th</sup> Survey (opens May 2011)	Oct 2011
	Communication	Awareness Raising	Operations	NIAS employees, wider community	Raising awareness of key environmental issues to employees  Attend free ARENA/NI Environment Agency Seminars on legislation – invites will be sent out to key contact at NIAS (Brian Snoddy)	Ongoing

## WORKPLACE



**Business** in the

**Community**

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Directorate	External Stakeholders	Outcome measures detailed in Framework.	By When
<b>Promoting Diversity</b>	Employment, Equality and Diversity	Equality Action Plan	Human Resources and Corporate Services	NIAS Trust Employees	Production of Equality Action Plan to reflect revised S75 guidance and ensure proactive approach to promotion of equality of opportunity and respect for diversity	July 2011 and ongoing
	Equal Opportunities	BITC - Opportunity Now	Human Resources and Corporate Services	NIAS employees	<p>Review and benchmarking of the current equality and diversity policies, procedures and culture within NIAS</p> <p>Completion of the Opportunity Now benchmarking</p> <p>Attendance at events to update on current issues and changes relating to equality and diversity</p> <p>Equality training for managers reflected in training plan</p> <p>Engagement with other emergency services and 24/7 organisations to discuss shared issues</p>	<p>Dec 2011</p> <p>January 2012</p> <p>Ongoing</p> <p>September 2011</p> <p>Ongoing</p>



**Business** in the

**Community**

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Directorate	External Stakeholders	Outcome measures detailed in Framework.	By When
		Migrant Workers	HR and Corporate Services	NIAS employees	Engagement with the BITC working group to review the code of practice  Consider commitment to Voluntary Code of Practice on employing overseas staff which promotes the use of best practice in employing migrant workers.	Sep 2011  October 2011
		CARES NI, BITC	Management Tiers 3 and 4 through Leadership Development work	Local community projects	Promoting employee volunteering through tailored team challenges, corporate action days and individual volunteering opportunities.  It will enable NIAS to develop: <ul style="list-style-type: none"> <li>• A structured, planned and evaluated volunteering programme</li> <li>• Skills development and networking opportunities for employees</li> <li>• PR and increased profile</li> </ul>	Sep/Oct 2011



**Business** in the

**Community**

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Directorate	External Stakeholders	Outcome measures detailed in Framework.	By When
					<ul style="list-style-type: none"> <li>Stronger and more vibrant local community</li> </ul>	
		Charitable Fundraising	HR and CS	Community & Voluntary sector organisations and charities	Development of a process around the management of requests for support for charity activity within NIAS	30 September 2011
<b>Staff Development (TEAM)</b>		Consider involvement in Campaigns such as Silver Surfers	As appropriate across Directorates	local community projects that support marginalised groups and environmental organisations.	<p>Cares Action Days include:</p> <p>Be a Saint Province wide volunteering in conjunction with VSB</p> <p>Silver Surfers Volunteers provide support and guidance to over 50's in IT</p> <p>World Environment Day Province wide action day for environmental assistance</p>	Consider during the life of the plan



**Business** in the

**Community**

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Directorate	External Stakeholders	Outcome measures detailed in Framework.	By When
<b>Staff Development (Individual)</b>	Volunteering	Consider involvement in Building on Talent development opportunities	HR and Trust Line managers	Unique practical support for community groups over a specific timeframe (i.e. a day a week over 13 wks)	Much needed business intervention for a community group combined with excellent development opportunity for staff members usually pitched at middle management level. One place available to NIAS as a membership benefit.	October 2011

## COMMUNITY

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Directorate	External Stakeholders	Outcome measures detailed in Framework.	By When
<b>Deprived Areas / Enterprise</b>	Leadership & Development	Consider involvement in BITC - ProHelp	Various sites/HR contacts TBC	Local community and voluntary groups	Agreed number of hours of professional assistance given to community/voluntary organisations are on specific area of expertise	March 2012
		Consider	Trust Managers	Groups/young	Potential involvement in	Ongoing as



**Business** in the

**Community**

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Directorate	External Stakeholders	Outcome measures detailed in Framework.	By When
		involvement in BITC - Mentoring	across directorates as appropriate	people/community	projects such as: <ul style="list-style-type: none"> <li>• Sustaining the sector - Community Leaders</li> <li>• Restorative Justice - Young offenders</li> <li>• Managing Change – PSNI</li> <li>• Sustainability - Healthy Living Centres</li> </ul>	appropriate



Business in the

Community

Theme	Links to Strategic Objectives, Corporate Plan	Activity	Associate Medical Director /Con Development Service Groups	External Stakeholders	Outcome measures detailed in Framework.	By When
	Employment Opportunities	Youth Justice Agency /BITC - Youth Conferencing	Trust Managers	Young offenders	Y.C. Provides a business perspective and a reality to the world of work to young offenders. Identifying and training Trust Managers to take on the role of business mentor for the young offender. This is a unique and significant opportunity for The Trust to make a positive impact on young people and in turn to develop and challenge their employees	Ongoing throughout life of the plan, as appropriate

**TB/12/17/11/11**

# ***NORTHERN IRELAND AMBULANCE SERVICE***

## **TRUST BOARD MEETING**

**DATE: 17 NOVEMBER 2011**

<b>Title:</b>	Mid Year Assurance Statement
<b>Purpose:</b>	To Attest to the Continuing Effectiveness of the System of Internal Control
<b>Content:</b>	Accountability Arrangements
<b>Recommendation:</b>	For noting.
<b>Previous Forum:</b>	n/a
<b>Prepared by:</b>	Mr Liam McIvor, Chief Executive
<b>Presented by:</b>	Mr Liam McIvor, Chief Executive



**From: Liam McIvor**

**To: Fergal Bradley, Director of Planning & Performance Management**

**THE NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST  
MID-YEAR ASSURANCE STATEMENT**

This statement concerns the condition of the system of internal control in The Northern Ireland Ambulance Service (NIAS) HSC Trust as at 30 September 2011.

The scope of my responsibilities as Accounting Officer for NIAS, the overall accountability arrangements surrounding my Accounting Officer role, the organisation's capacity to handle risk, and the risk and control framework, remain as set out in the Statement on Internal Control which I signed on 27 June 2011. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal control. In accordance with Departmental guidance, I do this under the following headings.

**1. Governance**

The system of governance as described in the most recent Statement on Internal Control continues in operation. The Assurance Committee, Audit Committee, and Remuneration Committee continue to meet to discharge their assigned business. Minutes of meetings, together with board meeting minutes containing the Committees' reports, have been provided to and are available for Departmental inspection to further attest to this.

**2. Assurance Framework**

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of, the effectiveness of controls, has been approved and is reviewed by the board. Minutes of board meetings are available to further attest to this.

**3. Risk Register**

I confirm that the Corporate Risk Register has been regularly reviewed by the board of the organisation and that risk management systems/processes are in place throughout the organisation. As part of the board-led system of risk management, the Register is presented to the Assurance Committee (a sub-committee of Trust Board) for discussion and approval and all significant risks are reported to the Board – most recently on 2 September 2011.

#### **4. Controls Assurance**

I confirm implementation of action plans arising from the year-end self-assessments of compliance with Controls Assurance Standards has commenced. Progress on delivery of the action plans is in line with mid-year expectations.

The Trust continues to work to progress all Controls Assurance action plans.

#### **5. External audit reports**

I confirm implementation of the external auditor's accepted recommendations has commenced. Progress on delivery of the recommendations is in line with mid-year expectations.

There are a number of recommendations that have been partially implemented, for example the Trust continues to work to implement all aspects of Agenda for Change within national and regional processes and timescales. There remains, however, a significant number of staff that continues to be paid on account, without prejudice and subject to the outcome of the evaluation process. Given that the final outcome of the process remains uncertain, the risk to financial breakeven and stability remains as previously reported by external audit.

Attendance Management remains a priority for the Trust, particularly in the light of regional and national industrial relations and the potential for additional service pressures over the winter period.

The Trust continues to work to progress all of the external auditor's accepted recommendations.

#### **6. Internal audit**

I confirm implementation of the accepted recommendations made by internal audit has commenced. Progress on delivery of the recommendations is in line with mid-year expectations. Of the recommendations examined, 76% had been fully implemented and a further 24% had been partially implemented.

For example, in respect of the recommendations that remain to be implemented, the formal Service Level Agreement with the Health & Social Care Board for 2011/12 has yet to be finalised. Also, there is currently no formalised agreement in place for the provision of Patient Care Services (PCS) with the Belfast & South Eastern Trust. These matters have been raised in prior years and the Trust has referred this issue to the Health & Social Care Board to bring this to a conclusion.

In respect of the recommendations that have been partially implemented, for example, significant progress has been made in relation to the arrangements for the maintenance of the Asset Register, specifically recognising the dynamic nature of ambulance service provision and the fact that assets, such as vehicles, will rarely remain at the location to which they are allocated and recorded. Systems and processes continue to be updated to improve control in this area.

The monitoring of performance of contracts remains a challenge, particularly recognising that there may not be staff present at ambulance locations when work is carried out. This area remains a focus for the Trust for the remainder of the year.

The Trust continues to work to progress all of the internal auditor's accepted recommendations.

## **7. RQIA and other reports**

I confirm that implementation of the accepted recommendations made by external bodies has commenced. The RQIA Report covering Hygiene and Cleanliness, Medicine Management and Clinical and Social Care Governance has been received and the Action Plan from this report is now a standing item on the Assurance Committee agenda.

The Trust continues to work to progress all of the accepted recommendations made by external agencies.

## **8. Performance against Departmental Objectives**

I confirm satisfactory progress towards the achievement of the objectives and targets set by the Department, including PfA targets, however, the following issues need to be recognised.

For the year to date, the Trust is responding to an average of 74.4% of Category A (life threatening) calls within eight minutes against a target of 72.5% across Northern Ireland. The 67.5% target by Local Commissioning Group area is also largely being achieved. This has been achieved through the delivery of planned hours in line with the Comprehensive Spending Review efficiency savings requirements and investment plan. Planned reductions in accident and emergency hours of cover have been implemented and the impact of this on the delivery of safe, high-quality care and measures of operational performance continues to be monitored. The Trust has received confirmation from the Health and Social Care Board about the levels of CSR investment income for 2011/12. NIAS continues to work with HSC colleagues, in particular to identify planned changes in the provision of acute services which have an impact on the ambulance service.

The current industrial relations environment across the public sector continues to represent a risk to all aspects of service delivery, including the risk to delivery of patient care. The Trust has taken and will continue to take steps to mitigate against risks in this area.

Increases in activity, delays in patient handover at emergency departments and acute service changes, in particular those to be implemented in the Belfast area, continue to create a challenge for the Trust, which we continue to address while engaging with other key stakeholders.

The Trust continues to work with the DHSSPS and Commissioners to achieve financial balance and maintain operational performance. However there remain uncertainties in the current economic climate that may impact on the ability of the Trust to continue to deliver in these areas.

The Trust continues to deliver the paramedic training programme as approved by the Health Professions Council.

**9. Significant Internal Control Problems**

There are no other significant internal control problems that have been identified to me.

**10. Mid-year assurance report from Chief Internal Auditor**

I confirm that I have referred to the Mid-Year Assurance report from the Head of Internal Audit which details the organisation's implementation of accepted audit recommendations and internal audit assignments completed and reported on by mid year.

Mr Liam McIvor  
CHIEF EXECUTIVE & ACCOUNTING OFFICER

21 October 2011