NORTHERN IRELAND AMBULANCE SERVICE

A Meeting of Trust Board/AGM to be held on Thursday, 15 September 2011 at 1.30pm, in the Boardroom at NIAS Headquarters, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

A G E N D A

		Paper Enclosed
Welcome, Introduction and Format of Meeting		
1.0	**Apologies**	
2.0	**Procedure: Declaration of potential Conflict of Interest:** **Quorum:**	
	Suspension of Standing Orders	
3.0	**ANNUAL GENERAL MEETING**	
	i. Presentation of Annual Report 2010/11	TB/1/15/09/11 (tabled at meeting)
	ii. Presentation of Annual Accounts 2010/11	TB/2/15/09/11 (under separate cover)
	iii. Question and Answer Session	
	FINISH	
	Re-instate Standing Orders	
4.0	**Minutes of the previous meeting of the Trust Board held 21 July 2011** (for approval and signature)	TB/3/15/09/11
5.0	**Matters Arising**	
	5.1 Financial Stability 2010/11	
6.0	**Chairman's Business**	
	6.1 Chairman's Update 6.2 HART Launch – 26 October 2011	
7.0	**Chief Executive's Business**	
	7.1 Chief Executive's Update	
8.0	**Assurance Framework as at 31 July 2011**	TB/4/15/09/11
9.0	**Items for Approval**	
	9.1 Trust Delivery Plan 2011/12 (Draft)	TB/5/15/09/11
	9.2 Business Continuity Policy & Strategy	TB/6/15/09/11

10.0 Items for Noting

10.1	Management Statement/Financial Memorandum	TB/7/15/09/11
10.2	NIAS Response to Consultations	TB/8/15/09/11
10.3	Section 75 and Disability Discrimination Order - Annual Progress Report	TB/9/15/09/11
10.4	CSR Phase 1 & 2	TB/10/15/09/11
10.5	Health and Wellbeing and Attendance Management Action Plan 2011/12	TB/11/15/09/11

11.0 Application of Trust Seal

12.0 Forum for Questions

13.0 Any Other Business

Next meeting of Trust Board will be held on Thursday, 17 November 2011 in the Eastern 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, 15 September 2011 at NIAS Headquarters, Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG

TB/1/15/09/11

Northern Ireland Ambulance Service
Health and Social Care Trust

ANNUAL REPORT

(to be tabled at meeting)

TB/2/15/09/11

Northern Ireland Ambulance Service
Health and Social Care Trust

ANNUAL ACCOUNTS

(under separate cover)

TB/3/15/09/11

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 21 July 2011at 1.30pm, The Rural College & Derrynoid Centre, Derrynoid, Draperstown. BT45 7DW

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
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
Mr B McNeill	Director of Operations
Ms R O'Hara	Director of Human Resources & Corporate Services
Dr D McManus	Medical Director

In Attendance:

Mrs M Crawford	Executive Administrator
Ms K Baxter	Senior Secretary

1.0 Apologies

Mr S McKeever, Non-Executive Director
Mr S Shields, Non-Executive Director

2.0 Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board and explained the arrangements for receiving questions from the public attending.

3.0 Minutes of the Previous Meeting of the Trust Board held on 24 March 2011

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

4.0 Matters Arising

4.1 Draft Corporate Plan 2011 - 2014

The Chief Executive advised that the Trust is required by the DHSSPS to develop strategic direction which should then be reflected in a Corporate Plan. The document outlines the background to the delivery of ambulance services and the purpose, mission, vision and values. It looks to the future identifying the challenges to be faced and outlines the Trust's assessment of the necessary response and identifying opportunities to delivery of safe high quality care.

During further discussion the Board raised the following issues:

- Will the document be available in other formats?
- The document will be available on request in various forms eg Braille or larger fonts.
- The Board acknowledged that the Executive Team have worked hard to refine the document and found the list of strategic objectives very useful and asked whether there had been any reaction to the proposals.
- The Trust is expected to develop proposals within the context of change within the wider HSC. The document was conceived and developed during the previous Assembly administration and there will be an opportunity in the covering letter to the Commissioners to reference the Minister's priorities.
- The Chairman added that the document shows that the Trust is taking a proactive role in the delivery of unscheduled care which is a positive message.

Trust Board approved issue of the draft Corporate Plan to DHSSPS.

4.2 **Sharing of Minutes with DHSSPS**

In response to a request from DHSSPS for minutes of NIAS Trust Board and Committees to be shared in draft form, the Chief Executive advised that he had advised them of NIAS's process for sharing and agreeing minutes. The DHSSPS were content with this process.

5.0 Chairman's Business

5.1 Visit to Magherafelt Ambulance Station

The Board commented that the station visit this morning was very impressive and clearly indicated a well run station. The new premises that had become available have resolved the previous cramped situation. Staff welcomed and communicated openly with Board members who wished to pass on their thanks to the staff.

5.2 Chairman's Update

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

5.3 Re-appointment of Prof Hanratty to the Board

The Chairman congratulated Prof Hanratty on behalf of the Board on her re-appointment to the Board for a further 4 years.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

Chief Executive briefed members as follows:

Met with the Minister on the 1 June 2011 where he outlined his priorities. The issues of unscheduled care and the introduction of Thrombolysis in relation to cardiac care were also discussed. The Minister also visited the Emergency Ambulance Control on 15 June 2011 and travelled with an RRV paramedic on an emergency call.

Met with the Northern Ireland Fire and Rescue Service. This is an ongoing engagement and bi-monthly meetings have been arranged. The Chairs of each organisation will be invited to attend two meetings per year.

Attended a HART Conference and met with colleagues who were in attendance at the New York and London bombings and the earthquake in New Zealand. Three HART Paramedics from NIAS also attended the event which was an opportunity for them to engage with colleagues.

6.2 Health & Social Care Board/Public Health Agency Commissioning Plan (Draft)

The Chief Executive advised that there are four specific references to NIAS within the draft Commissioning Plan. The theme of the document is to deliver, safe, high quality care within resources available. There is to be further investment in ambulance services given the probability of acute reconfiguration and the impact this will have on NIAS.

The Chief Executive further advised that the review of Healthcare which the previous Minister had indicated was to be undertaken by William McKee will now be undertaken by John Compton, Chief Executive of the Regional HSC Board. NIAS Corporate Plan will be presented to HSC Board for consideration in the context of the Review.

7.0 Assurance Framework as at 31 May 2011

The Chief Executive advised that the document has been revised for 2011/12 and gives a holistic view which includes 'priorities for action'. He welcomed any comments or suggested amendments.

Medical Report

The Medical Director advised that there were no exceptions to report and was happy to take any questions from the Board.

- The Board asked if the Electronic Care Record allowed staff to be more prompt in clinical interventions.
- It was explained that the Electronic Care Record is different from the Patient Report Form used by NIAS staff as it allows electronic access to elements of a patient's medical history by GP out of hours and Emergency Departments.
- The Board were pleased to see a review of GP urgent calls being undertaken.
- Changes are required to the current system of managing these calls and the plan would be to dove tail these calls into the current prioritisation system within Control
- The re-introduction of a 'call triage pilot' being explored with a GP out of hours organisation.

- The pilot of Cat C call triage by GPs in Control has been successful and a call triage pilot with one of the regional GP out of hours is being explored with a view to extending it regionally.

Operations Report

Members were given a summary of the report and advised that Cat A cumulative performance at the end of May was 72.7%. There are still pressures within the Northern area and work is ongoing to improve the flow of patients. The delay in turnaround times at acute hospitals is another pressure and the Trust is working hard to find a solution with key stakeholders.

- It was noted by the Board that there has been a slight decrease in Cat A activity.
- Director of Operations advised that overall activity has increased by 3%.

Finance & ICT Report

Director of Finance provided a summary of the report advising that there are 3 key areas within the Finance report, Resource Utilisation, Information Governance and Provision of Trust wide IT. The following questions were raised.

- Capital budget and capital spend was raised and the concern regarding back loading at the end of the financial year.
- It was advised that the Trust is working to reduce this risk and late spend last year was largely due to resources becoming available late in year. As funds are in place this year it is anticipated that expenditure should take place earlier in the year.
- It was commented that the operational area of the Trust is dependent on robust IT systems and whether any 'down time' impacts on performance. The question of whether the emergency control would switch to the non emergency control in Derry was also raised.
- The Director of Finance advised that the telephony system had recently been unavailable in the Emergency Control. This represented a "live" test of the Trust's backup systems and contingency arrangements which operated as planned. It was added that all other contingencies would be exhausted before emergency control would be switched to non-emergency control in Derry. The Director of Finance agreed to provide information on any such incidents in future within her report to Trust Board.
- The Board is aware of the 'Business Services Transformation Programme' and requested an update.
- Director of Finance advised that she is a member of the Project Board for HR, Payroll and Travel Expenses systems along with representatives across all Trusts. She added that a significant amount of work is being carried out and engagement is ongoing with suppliers. It is hoped to have contracts signed by 2012.
- The capital expenditure profile was raised and the Director of Finance was asked to include a projected capital expenditure in year on a monthly or quarterly basis.
- Director of Finance agreed to review and include projected spend.
- The business case for Ballymena was raised.
- It was advised that the capital environment was more constrained and discussions are still ongoing. Regular meetings are being held and priorities will be realigned as appropriate.

Action: Director of Finance to indicate in her report any downtime of the IT system and to illustrate projected capital spend for the year ahead.

Human Resources & Corporate Services Report

Director of HR gave a summary of her report highlighting that attendance management and the current lack of a specific target, alongside current performance at 6.21%. A detailed analysis was provided of measures to support attendance management highlighting integration with operational performance management.

- o The Board noted the 'Care & Responsibility' training and queried whether this should be re-clarified as 'Therapeutic Management of Violence'
- ➢ The Clinical Training Manager has looked at all related training and is satisfied that the current training is fit for purpose. Director of HR agreed to check the title of the training. It was suggested that a briefing paper be presented to Assurance Committee addressing the issues raised.
- o The high percentage of absence for control staff was noted and the Board queried whether this has been investigated.
- ➢ It was advised that a Duty Performance Manager has been tasked with addressing this issue and the focus has been on intervention; the absence figure for May is down by 2.87%. It was noted that long term illness and changes to shift patterns have had an effect on the figures.

Action: Director of HR to check on the title of 'Care & Responsibility' training and to present a briefing paper to the Assurance Committee.

8.0 Approval to Policies/Procedures

8.1 Amendment to Contact Details – Whistle Blowing Policy

It was advised that the contact details have been amended to reflect Ms Paisley as the contact for this matter.

9.0 HR Annual Report

Director of HR presented the report and the followings issues were raised.

- o The Board considered the report to be very useful as it shows the workload of the HR department which appears to be very substantial.
- o Carers leave was noted with 141 applications received, however it was considered that this shows the Trust in a positive light where consideration of the work, life balance is acknowledged.
- o It was noted that 9 staff were referred to the Health Professions Council (HPC) and the Board wished to know at what point this is done.
- ➢ The Director of HR advised that the HPC are advised at an early stage.
- o The staff survey was noted and the Board questioned whether this reflected low staff morale.
- ➢ The Director of HR advised that the questions were set differently in this survey and that a number of conclusions could be made with low morale being one.

The Director of HR and her team were congratulated for a very comprehensive report.

10.0 For Noting

10.1 Minutes of Audit Committee held on the 26 May & 17 June 2011

Noted.

10.2 Minutes of Assurance Committee held 17 June 2011

Noted.

10.3 2010/11 Year End Performance

Noted.

11.0 Application of Trust Seal

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

12.0 Forum for Questions

No questions received.

13.0 Any Other Business

13.1 Board Workshop

The Chairman advised that dates are presently being canvassed for a workshop to be held in the autumn and some of the topics to be considered are:

- progressing the Corporate Plan
- Review of the new governance arrangements which were implemented in 2010.

The Chairman requested that Board members inform him on a suitable topic or topics for the workshop.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board & AGM will be held on Thursday, 15 September 2011, at NIAS Headquarters.

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

Signed: _____

(Chairman)

Date: _____

TB/4/15/09/11

Northern Ireland Ambulance Service
Health and Social Care Trust

ASSURANCE FRAMEWORK

(AS AT 31 JULY 2011)

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD

THURSDAY 15 SEPTEMBER 2011

Title:	Assurance Framework.
Purpose:	To secure confirmation that the form, structure and content of the revised Assurance Framework provides 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.
Content:	Assurance reports from all Directorates.
Recommendation:	Approve form, structure and content of current Assurance Framework.
Previous Forum:	Trust Board, Assurance Committee
Prepared by:	Senior Executive Management Team.
Presented by:	Executive Directors.

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2011-2012

MISSION

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

INTRODUCTION

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

MINISTERIAL PRIORITIES

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

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

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

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

Having considered the health priorities and key challenges within the context of the ambulance services' purpose, mission, vision, principles and values, NIAS has developed a set of strategic aims and objectives to shape the delivery of ambulance services over the coming years. These aims and objectives seek to align delivery of health priorities for the whole healthcare system with the specific priorities, challenges and opportunities presenting to the ambulance service.
Each of the strategic aims has been reviewed by Trust Board and a series of key strategic objectives identified which support and enable progress in delivery of the strategic aim. In

order to deliver the strategic aims, to secure the future of the organization and delivery of healthcare consistent with our purpose, mission and values, specific objectives will be developed and taken forward by the responsible managers.

The Strategic Aims are as follows:

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

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

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

The Key Objectives are as follows:

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

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

NIAS PERFORMANCE MANAGEMENT PROCESS

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

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

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

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

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

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

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

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

Assurance Report

MEDICAL DIRECTORATE

Key Objective Areas	Performance to 31 July 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, and a workshop to present and implement the findings has been arranged.

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.

A review of the Trust's Major Incident Plan commenced in July 2011 as part of the planned biannual review and will be incorporated into an overarching incident response framework and strategy to include specialist incident responses and responses to exceptional circumstances.

A Trust Business Continuity Strategy and Policy has been developed and submitted to Trust Board in September 2011 for consideration and ratification. Individual function and directorate-specific Business Continuity Plans have been identified and will be reviewed, updated and tested in the next phase of this process, following agreement of the strategy and policy.

A log of the implementation of any local or regional contingency plans has been established and is actively reviewed.

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

Since April 2011 the Trust has participated in eight planning exercises with other services and organisations, seven potential major incident responses including one declared major incident, and seven multi-agency responses to incidents involving hazardous materials (HAZMAT) as presented in the 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 forty-two 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. A formal launch of HART by the Health Minister has been arranged for 26 October 2011.

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

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

NIAS HART SOPs and deployment procedures have been agreed.

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.

NIAS has a capability in all aspects of HART since April 2011.

A programme of training to multi-skill all team members 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 now been undertaken and completed and forwarded to DHSSPS and PHA for consideration.

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

While a HART capability has been available from end March 2011, a formal launch has been arranged for 26 October 2011 by the Health Minister.

Forty-four paramedics have now participated in HART training.

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 clinical performance indicator for the management of acute stroke has been developed and is subject to regular audit. NIAS is currently achieving a high level of compliance with current stroke guidelines and protocols.

Regarding healthcare acquired infection, while this is an Acute Trust-led target, NIAS continues to work with Commissioners, the Public Health Agency (PHA) and the Regulation Quality and Improvement Authority (RQIA) to identify and deliver relevant requirements from an ambulance perspective. The Trust's Infection Prevention and Control (IPC) Group continue to meet on a bi-monthly basis with regular reports provided to relevant sub-committees of Trust Board. The Trust's revised IPC Policy and Procedures have been issued to all staff within the previous year and continue to be updated on the basis of emerging national and regional guidelines. NIAS continues to participate in the National UK Ambulance Services Infection Prevention and Control Group and benchmarking with other UK Ambulance Services. A sub-group of the Trust's IPC Group has reviewed arrangements for the reporting and monitoring of vehicle cleaning and a new reporting system has been introduced in September 2011. This sub-group is comprised of members from all Divisions and all grades of operational staff including representation from Ambulance Control. Following the outcome of this work, further workshops will be arranged for Station Officers. The Trust's Clinical Waste Policy has been reviewed in association with other HSC Trusts and submitted to the Assurance Committee in September 2011.

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

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

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

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

New pharmacy arrangements have now been introduced throughout the Trust including the introduction of controlled drugs. These arrangements have been reviewed and approved by RQIA, DHSSPS and the Home Office. Annual reports in relation to medicines management for 2010 have been submitted and approved by DHSSPS since the introduction of the new arrangements. NIAS participates in regional pharmacy review and monitoring arrangements and is 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

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).

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

A further audit of hand hygiene has now been completed and the results collated and will be presented to the Assurance Committee.

A number of IPC performance indicators have been agreed and are being monitored by the IPC Group 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 has been introduced in September 2011.

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

The Trust's Clinical Waste Policy has been reviewed in association with other HSC Trusts and submitted to the Assurance Committee in September 2011.

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.

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 Auditors which have all now been actioned and will be reviewed and reassessed in September 2011.

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

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 is participating 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 will be 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 and submitted to the Assurance Committee in June 2011.

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

NIAS has commenced engagement with a further three community responder schemes in Fermanagh and Tyrone.

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%								
Belfast	95.80%	100.00%	100.00%	100.00%								
North	97.30%	97.56%	97.92%	97.87%								
Sth East	94.30%	95.45%	97.83%	95.92%								
South	100.00%	97.14%	100.00%	93.94%								
West	94.70%	96.97%	100.00%	100.00%								

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	Glucagon administered	Patient refusal	BM level increased to normal – increased Level of consciousness	
		HYP5	2nd 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	2nd Blood Glucose reading taken	2nd BM reading exceptions	Blood Glucose level improved	GCS observed	Transport to hospital
All divisions	225	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%)	345 (26%)	30 (2%)	657 (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
2nd BM reading – a majority of patients had left care of NIAS before a 2nd BM reading could be obtained
BM level improved – all patients that had 2nd reading had an improved BM level

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.

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

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

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.

An action plan from the report of the RQIA inspection undertaken in 2010 has been developed and submitted to the Assurance Committee in June 2011.

The recommendations from the Report of the Public Inquiry into the Outbreak of Clostridium Difficile in Northern Trust Hospitals and actions arising from correspondence following this report are currently being actioned and a meeting took place with the PHA lead for this in August 2011. Specific actions for NIAS have now been identified and agreed and are currently being implemented.

A further audit of compliance with infection prevention and control procedures was completed in August 2011, the results collated and will be presented to the Assurance Committee.

A new procedure to ensure the accurate reporting of vehicle cleaning has been agreed from September 2011.

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.

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.

Discussions have commenced involving the Regional Board 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.

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.

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.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

Personal and Public Involvement (PPI)

The Trust continues to participate in regional workstreams in respect of PPI in Health and Social Care. Specifically the Trust is involved in the DHSSPS review of PPI Guidance and is represented on the Public Health Agency Regional PPI Forum. Through this Forum the Trust has provided reports of progress in respect of the PPI agenda within NIAS.

Within NIAS the Trust is committed to engaging with key stakeholders including those who access our services to seek to improve those services as set out in its Consultation Scheme. In particular the Trust has engaged with the Patient Client Council in this regard.

Patient and Client Experience Standards

The Trust has continued to work to ensure compliance with PfA targets in this area. In line with previous targets, the Trust has formally adopted the Minister's standards which relate to dignity, respect, privacy, attitude, behaviour and communications. Following on from this the Trust has continued to work within regional work streams to develop additional methodologies to monitor the standards within service delivery. By March 2011 within NIAS this included use of patient surveys (undertaken within Acute Trusts with ambulance related results shared with NIAS), audits of complaints and compliments and preparation for the introduction of Observations of Practice.

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

PPI

An action plan has been produced to ensure the development of a PPI Strategy for the Trust during 2011-12 and a related programme of engagement.

The Trust has contributed to regional work around reviewing DHSSPS PPI guidance and to the implementation of the PPI agenda for Health and Social Care through the PHA Regional PPI Forum.

Patient and Client Experience Standards

The Trust began a pilot of Observations of Practice within the Belfast Area in April 2011. Analysis of the results of observations is included, along with the analysis of survey results and complaints and compliments, in respect of the standards in a quarterly report submitted to the Health and Social Care Board (HSCB). A copy of the report provided to HSCB for the period April-June 2011 is provided as an appendix.

The Trust continues to participate in the regional working group and Patient and Client Experience Standards Steering Group lead by the Public Health Agency.

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.

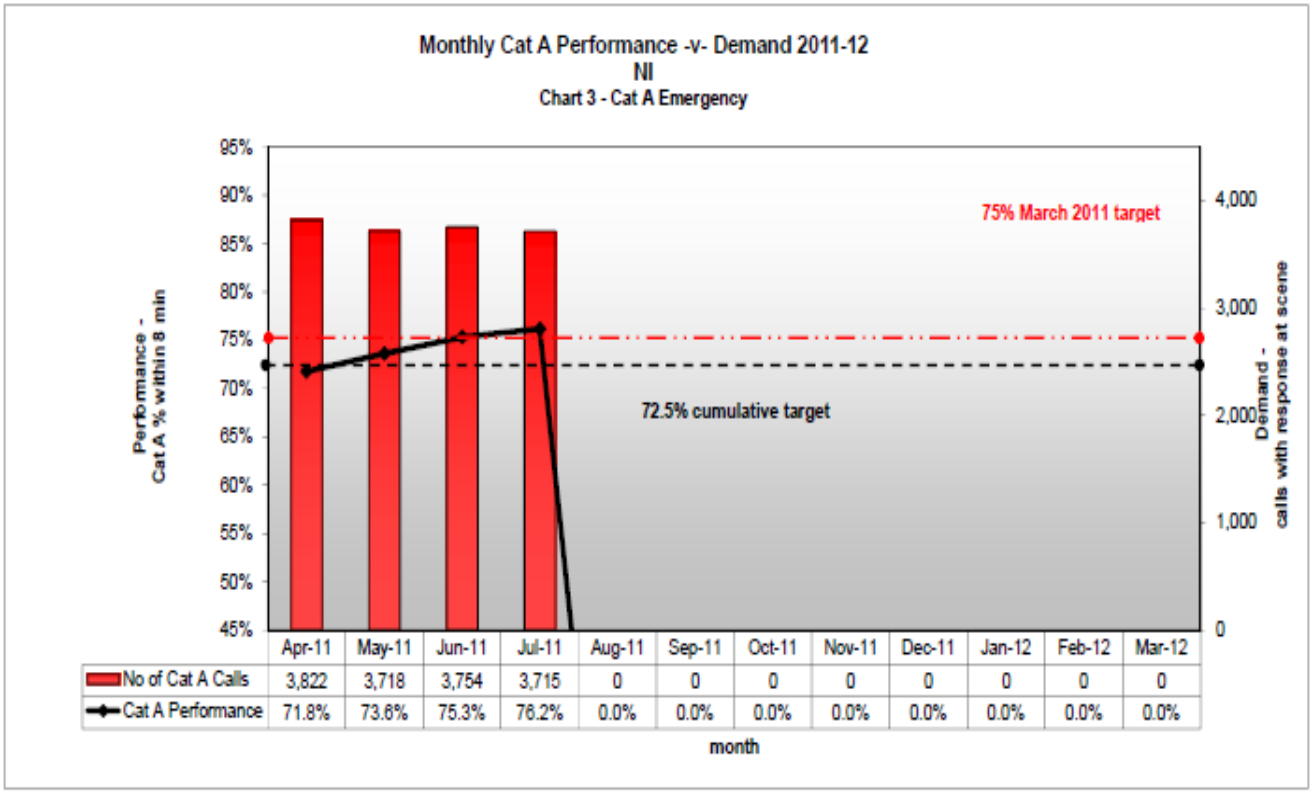
RISK COMMENTARY

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



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Cat A Calls	3,822	3,718	3,754	3,715	0	0	0	0	0	0	0	0
Cat A Performance	71.8%	73.6%	75.3%	76.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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

PERFORMANCE COMMENTARY

Category A: % response within 8 minutes.

Regional target: 72.5% LCG target 67.5%

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	71.8	73.6	75.3	76.2									73.6
Belfast	88.3	90.3	91.5	91.1									90.0
Sth East	70.1	67.6	70.2	70.0									69.3
North	61.7	65.0	67.0	67.1									64.6
South	63.0	69.3	70.7	75.1									67.6
West	69.3	68.4	71.0	73.2									69.5

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								
Belfast	95.7	96.1	97.4	95.6								
Sth East	90.4	91.2	92.5	92.0								
North	90.8	92.5	91.1	93.8								
South	89.0	92.1	93.5	91.1								
West	92.9	93.5	89.5	93.9								

PERFORMANCE COMMENTARY

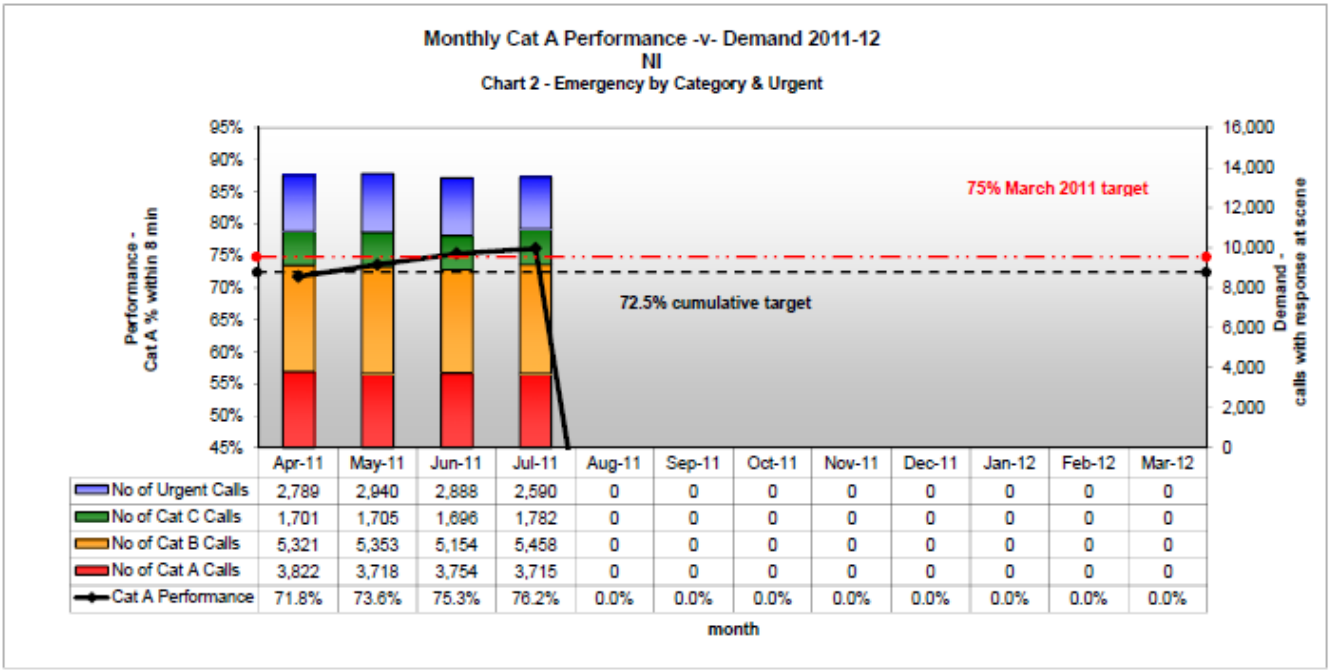
This target is based on the % of calls where a conveying emergency response is at scene within 21 mins for 95% of Cat A calls. Achieved only in Belfast.

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								
Belfast	34.1	31.8	33.5	31.5								
Sth East	22.9	19.1	21.9	24.6								
North	19.8	19.4	25.5	23.8								
South	22.6	19.7	19.9	23.8								
West	9.0	13.9	14.1	14.9								

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:



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	2,789	2,940	2,888	2,590	0	0	0	0	0	0	0	0
No of Cat C Calls	1,701	1,705	1,696	1,782	0	0	0	0	0	0	0	0
No of Cat B Calls	5,321	5,353	5,154	5,458	0	0	0	0	0	0	0	0
No of Cat A Calls	3,822	3,718	3,754	3,715	0	0	0	0	0	0	0	0
Cat A Performance	71.8%	73.6%	75.3%	76.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Urgent Admissions: within standard													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	1558	1655	1590	1443									
Belfast	381	421	372	342									
Sth East	310	340	322	263									
North	433	437	419	392									
South	245	258	299	247									
West	189	199	178	199									

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."

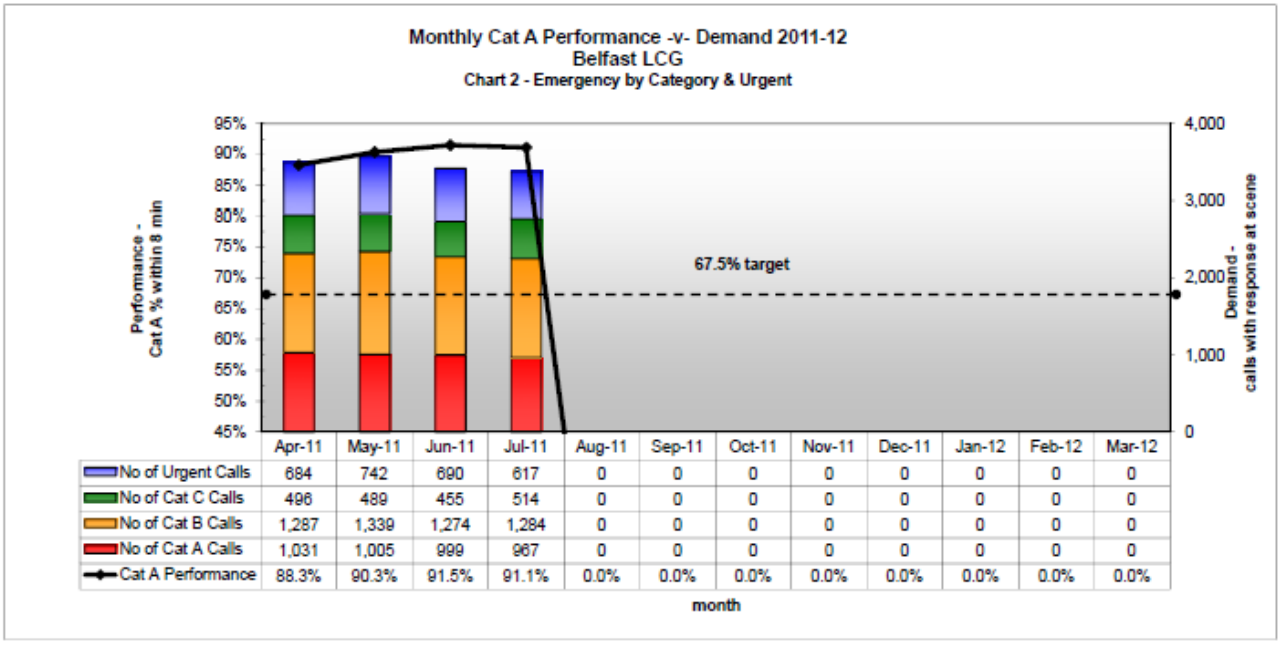
Urgent Calls: undertaken by Non-Emergency Ambulance												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	800	828	888	757								
Belfast	253	263	236	215								
Sth East	125	140	143	120								
North	248	224	284	278								
South	76	110	117	63								
West	98	91	108	81								

PERFORMANCE COMMENTARY

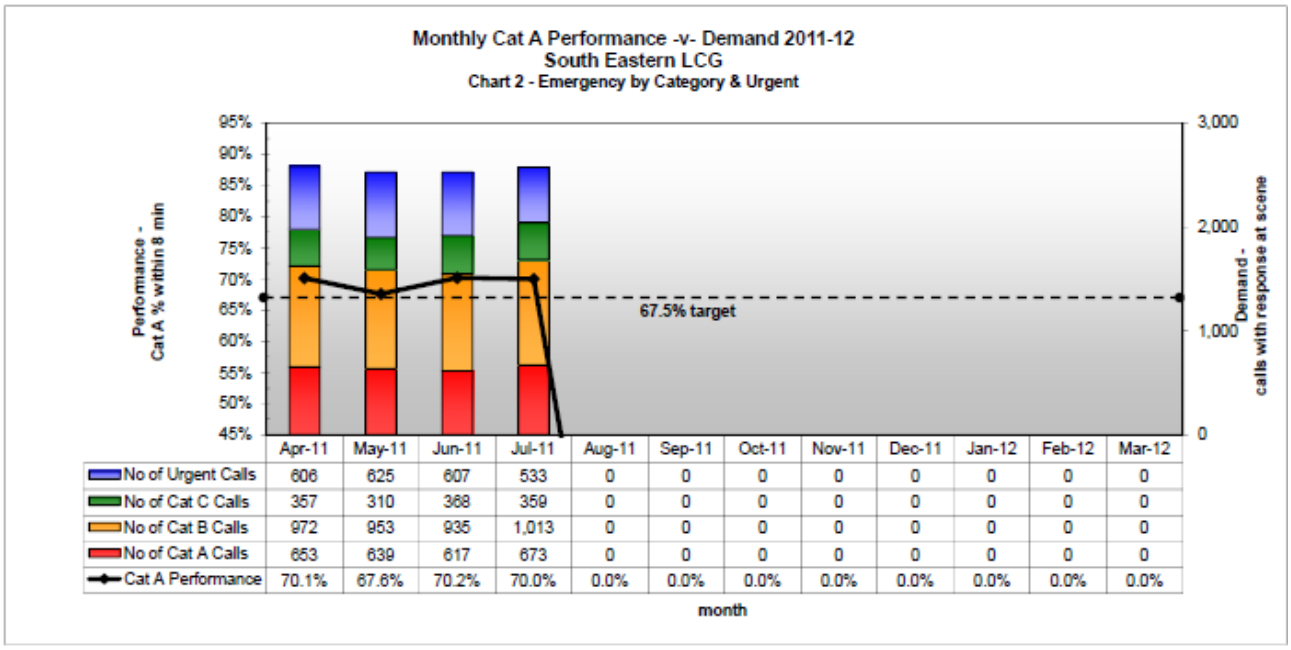
Non emergency Ambulance play a significant role in supporting the A&E tier by responding to urgent calls and conveying patients where clinically appropriate.

PERFORMANCE REVIEW BY DIVISION

BELFAST DIVISION

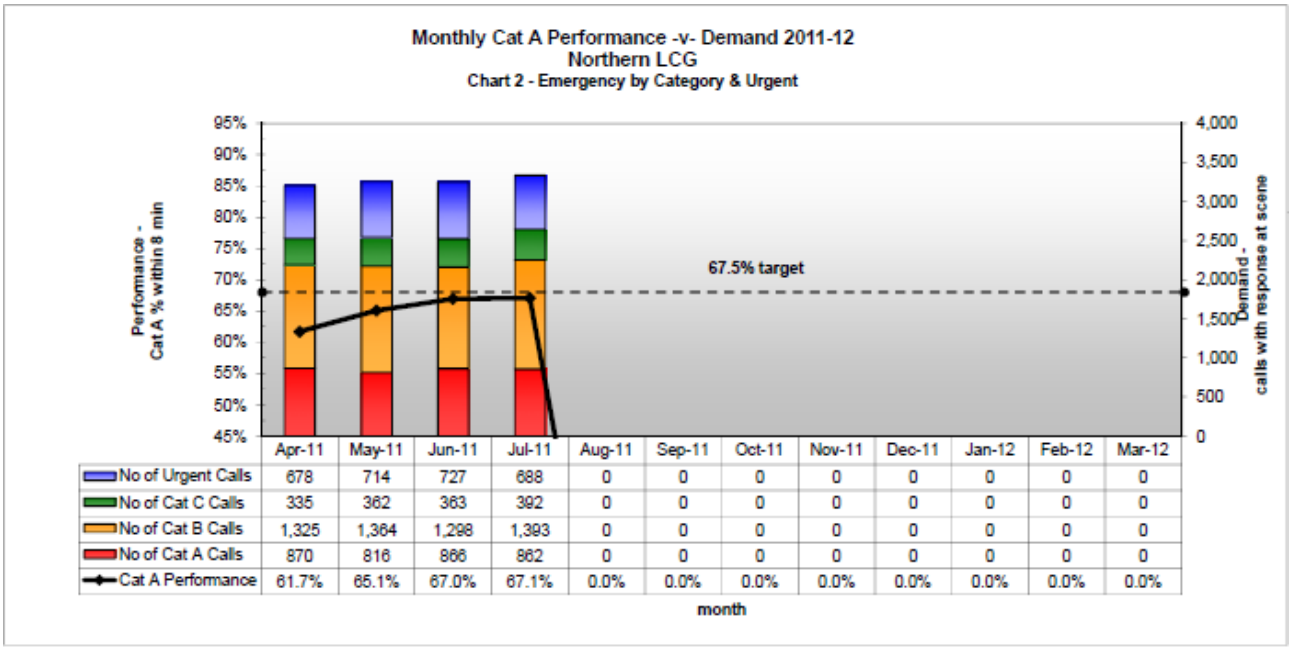


SOUTH EASTERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	606	625	607	533	0	0	0	0	0	0	0	0
No of Cat C Calls	357	310	368	359	0	0	0	0	0	0	0	0
No of Cat B Calls	972	953	935	1,013	0	0	0	0	0	0	0	0
No of Cat A Calls	653	639	617	673	0	0	0	0	0	0	0	0
Cat A Performance	70.1%	67.6%	70.2%	70.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

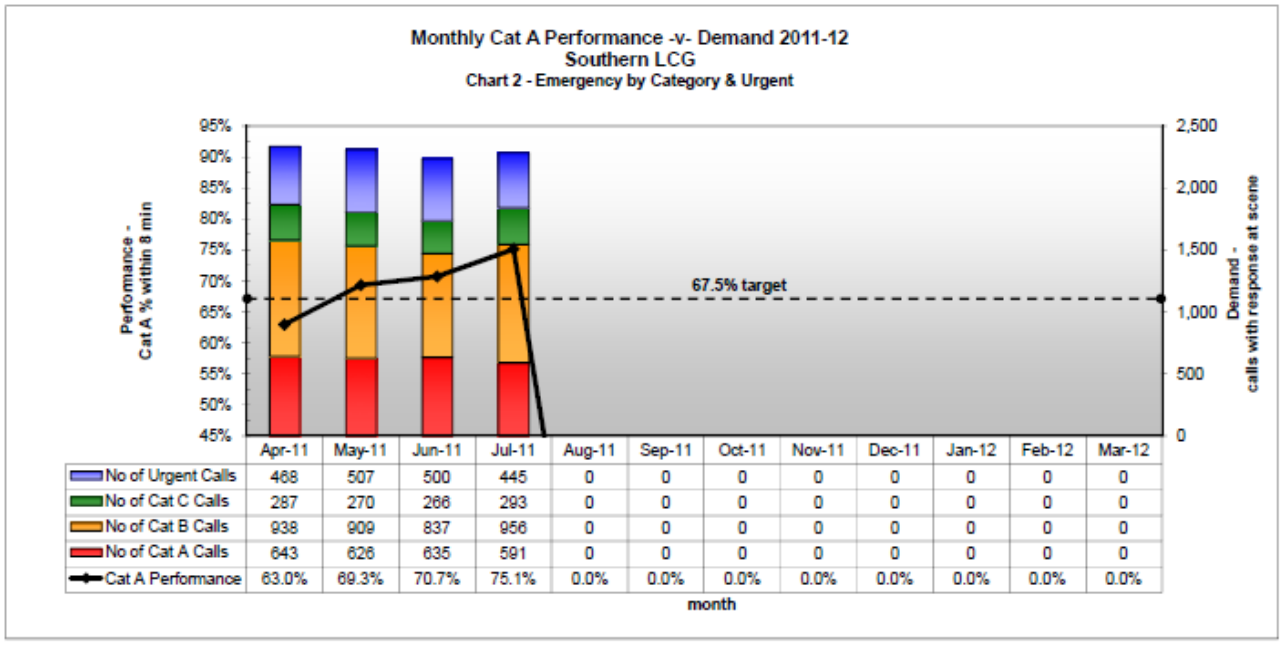
NORTHERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	678	714	727	688	0	0	0	0	0	0	0	0
No of Cat C Calls	335	362	363	392	0	0	0	0	0	0	0	0
No of Cat B Calls	1,325	1,364	1,298	1,393	0	0	0	0	0	0	0	0
No of Cat A Calls	870	816	866	862	0	0	0	0	0	0	0	0
Cat A Performance	61.7%	65.1%	67.0%	67.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

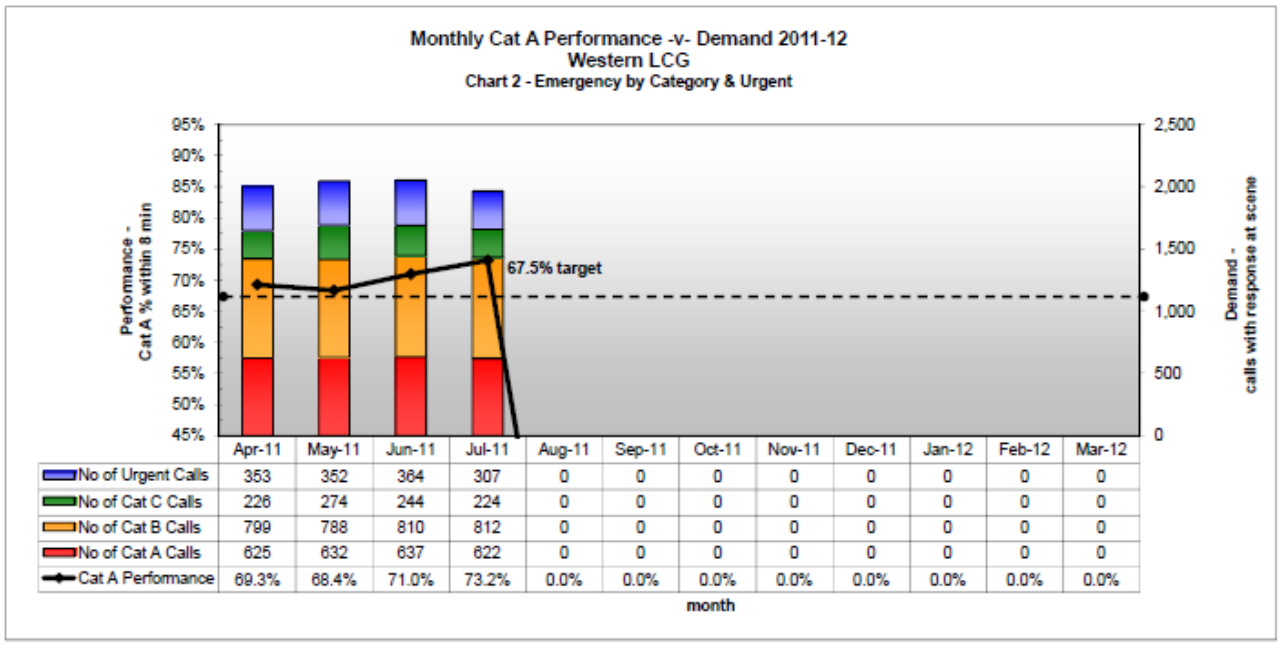
Legend for Performance Reporting: Green(G) = Fully Achieved : Green-Amber(GA)= Substantially Achieved : Amber(A)= On Target to Achieve ; Amber-Red(AR)Under-Achieving - Monitoring Required : Red(R) Failing to Achieve – Action Required

SOUTHERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	468	507	500	445	0	0	0	0	0	0	0	0
No of Cat C Calls	287	270	266	293	0	0	0	0	0	0	0	0
No of Cat B Calls	938	909	837	956	0	0	0	0	0	0	0	0
No of Cat A Calls	643	626	635	591	0	0	0	0	0	0	0	0
Cat A Performance	63.0%	69.3%	70.7%	75.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

WESTERN DIVISION



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
No of Urgent Calls	353	352	364	307	0	0	0	0	0	0	0	0
No of Cat C Calls	226	274	244	224	0	0	0	0	0	0	0	0
No of Cat B Calls	799	788	810	812	0	0	0	0	0	0	0	0
No of Cat A Calls	625	632	637	622	0	0	0	0	0	0	0	0
Cat A Performance	69.3%	68.4%	71.0%	73.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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

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.

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								
Non-Emergency Ambulances	61.9	61.9	83.8	83.8								
Rapid Response Vehicles	70.0	72.5	72.5	72.5								
Support Vehicles	47.1	49.0	50.9	51.9								

PERFORMANCE COMMENTARY

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 do not show in the figures for the end of July but will be evident in August/September report.

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 purchased and converted and will begin to be delivered in September 2011. A&E vehicles are out for quote and tender and should be delivered in December/January 2011/12 and cars will be ordered for delivery by 31 March 2012.

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. 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

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.

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

IMPROVEMENT PROPOSALS FOR 2011/12

Ensure that the service lives within available resources	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Review and develop reporting of financial performance	A	A	A	A								
Review of Authorisation Frameworks	A	A	A	A								
Prepare NIAS for Business Service Transformation Programme changes.	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								

SUMMARY OF PERFORMANCE

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,643	11,562	15,412								
Other Expenditure		1,611	2,380	3,182								
Expenditure Total		9,254	13,942	18,594								
Income		255	383	510								
Net Expenditure		8,999	13,559	18,084								
Net Resource Outturn		8,999	13,559	18,084								
Revenue Resource Limit (RRL)		8,999	13,526	18,046								
Surplus/(Deficit) against RRL		0	(33)	(38)								

The position at the end of July 2011 (Month 4) is a small deficit of £38k. The Trust continues to forecast a breakeven position at year end, subject to and without prejudice, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed by HSC Board and NIAS and assessed on an ongoing basis to determine the impact which may significantly affect "break-even".

RISK COMMENTARY

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

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

Funds are allocated based on priorities identified in Trust plans such as NIAS's Corporate Plan, annual Trust Delivery Plan and supporting Capital Investment Plans. The current approved Capital Resource Allocation (CRL) is £3,785,000. Allocations can be reduced or increased during the year dependent on the availability of funds. At this stage the capital allocation of £3,785,000 has been broadly prioritised as Fleet £3,011,000; Estates £374,000; IT £100,000; General Capital £300,000.

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

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

There have been no disposals to July 2011 (Month 4). 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								
Percentage of Products Supplied on First Request % (Target 95%)	98.1	98.7	97.4	98.7								
Number of Lines Issued (Stock and Non Stock Line)	716	704	807	655								
Value of Spend £k (Stock and Non Stock)	932	531	127	214								

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 as follows:

Theme 1: **Improving System Integration;**

Theme 2: **Enabling Improvement In Performance Management throughout NIAS using ICT**

Theme 3: **Embedding an Information Governance Ethos in the Organisation;**

Theme 4: **Enhancing ICT Skills and Knowledge across NIAS;**

Theme 5: **Building an E-Information Culture; and**

Theme 6: **Developing ICT Staff (dealt with at an operational level)**

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.

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

Integration of systems both within organizations and throughout the HSC system is seen as a priority

"More electronic links are needed between existing systems in order to improve workflow, improve patient safety, and reduce the time taken to pass information between different departments and organizations. BSO will continue to develop and improve links between existing systems ……

Action: Trusts should work collaboratively to exploit underused features and functionality in systems that are already in use.

BSO will continue to improve electronic links between existing systems."

HSC ICT Strategy

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
	Electronic Care Record Project 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, which will support the new approaches to creating a modern, more efficient, health service for the 21st century.

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

2008/9 Data Protection Audit carried out. One priority 1 finding re an Information audit to be completed

2009/10 ICT Audit carried out. No outstanding recommendations

2010/11 Ambulance Visits Audit carried out. There were a series of priority 2 recommendations.

- Remind staff of records management policies for safeguarding of records
- Remind staff of responsibilities re physical security at stations
- Formalise mechanism for transfer of patient report forms
- Review and dispose of records at stations
- Introduce a process for changing key pad codes at stations

IMPROVEMENT PROPOSALS

1.1 Complete a data systems audit.

1.2 Develop a data warehouse linking key systems.

1.3 Aim to enter each single piece of information once, thereby reducing data duplication and opportunity for errors.

2.1 Liaise closely with stakeholders to ensure the consistency, accuracy and relevance of data.

2.2 Create and develop standardised e-reporting tools.

2.3 Store data in an easily accessible area tailored to meet user needs - using dashboards etc.

3.1 Interface NIAS clinical database with Command and Control C3 systems.

3.2 Liaise with HPSS systems development teams to implement a common unique patient identifier such as Health and Care number.

3.3 Develop links with Hospital Trusts PAS systems and GP clinical database systems for bi-directional clinical information flows.

SUMMARY OF PERFORMANCE

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

Core Work

System Availability

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

On 17 June 2011 there was a telephony failure in the Emergency Control Room. IT on-call arrangements were activated and contingency plans were implemented without loss of any 999 calls.

On 4 August 2011, following a review of the network infrastructure, which supports corporate systems and links to the Trust's Disaster Recovery site, a planned upgrade was actioned. This was managed by the IT team to minimise disruption to users.

On 3 September 2011 planned maintenance work on the BCH Data Center, which hosts NIAS finance & HR systems, is scheduled to take place. Contingency arrangements to minimise disruption to NIAS end users have been coordinated by the NIAS IT department.

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.

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. All improvement proposals set out above within this theme 1 are described as priorities 2 and 3.

RISK COMMENTARY

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

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

"The strategy also recognises the importance of providing relevant information to service users in an appropriate form.

The Strategy has two major interlocking themes for ICT development: Electronic Care Records and Electronic Care Communications. While the emphasis is on these two main themes, the importance of ICT as a means of access to other information and the need to sustain and modernise ICT in other areas is recognised as a key enabler for change and business improvement. Building and improving the technical infrastructure to provide effective ICT services is an important underlying theme as is the need to ensure that staff are appropriately trained to use the ICT services and have ready access to these services"

HSC ICT Strategy

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

1.1 Enable access to relevant information systems anywhere anytime for key users

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

2.1 Enable access to systems via Browser technology

2.2 Develop reporting tools with a drill down capability

2.3 Develop standard reporting suite

3.1 Provide standard reports and ad hoc analysis when required.

3.2 Develop flexible reporting structure to fit with changing demands

SUMMARY OF PERFORMANCE

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

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.

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.

1.1 Enable access to relevant information systems anywhere anytime for key users

Area Manager, Station Officers have been provided with secure access to centralised operational systems. This enables them to monitor the performance of front line staff and associated patient flows in their own geographic area.

A pilot scheme has been introduced to allow access by specified hospital staff to request patient transport using a NIAS on-line booking system

The Trust has implemented a Global Rostering System, which manages staff shift patterns. The browser based front-end enables senior management and staff to access and update this information in a timely and accurate manner. This ensures that manpower levels are optimised and that resources are available to meet patient-centred demand.

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.

RISK COMMENTARY

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

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

"It is widely accepted that sharing relevant service user information appropriately with staff delivering care is a prerequisite for safe effective care. The 'computerisation' of an increasing range of records greatly increases the potential for sharing information but the fundamental question of who should get access to what information and under what circumstances poses a huge dilemma. Inappropriate access to service user information can be as serious as not having access to information when it is most needed"

HSC ICT Strategy

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

Internal Audits

Fully reviewed by Audit Committee

2008/9 Data Protection Audit carried out. One priority 1 finding re an Information audit to be completed

2009/10 ICT Audit carried out. No outstanding recommendations

2010/11 Ambulance Visits Audit carried out. There were a series of priority 2 recommendations.

- Remind staff of records management policies for safeguarding of records
- Remind staff of responsibilities re physical security at stations
- Formalise mechanism for transfer of patient report forms
- Review and dispose of records at stations
- Introduce a process for changing key pad codes at stations

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

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

1.2 Establish and maintain policies, procedures and processes in compliance with current legislation and guidance

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.

4.1 Implement and review the corporate records management strategy.

4.2 Ensure ongoing compliance with best practice standards.

4.3 Establish and initiate a project to implement an Electronic Patient Report Form System

SUMMARY OF PERFORMANCE

Core Work

Internal Audit carried out a review of their recommendations in the area of Records Management. It was confirmed 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.

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 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.

RISK COMMENTARY

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

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

"All ICT application software related projects will be led by senior staff from the relevant business or care area with appropriate levels of project management and technical support. Proposals, business cases and specifications must focus on service need, processes, outputs and benefits. Identification and resourcing of education and training requirements will be essential."

HSC ICT Strategy

The HSC ICT Strategy also emphasises the importance of "making innovative use of systems to improve processes" with access to appropriate skills.

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

1.1 Design, deliver, evaluate and review a programme of training as appropriate and within available resources

2.1 Design, deliver, evaluate and review a programme of ICT training on an annual basis within available resources and develop e-learning systems where appropriate.

2.2 Develop and implement an e-KSF system and training database.

2.3 Deploy e-learning resources for the delivery of clinical based training

2.4 Develop an ICT training strategy

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.

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. All improvement proposals set out above within this theme 4 are described as priorities 2 and 3.

RISK COMMENTARY

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.

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

"Secondly, the confidence of the public in that care is dependent on a culture of openness and transparency. I want to see the culture of all trusts, including all parts of the HSC and my Department, to be one of openness and transparency. That means accepting and embracing accountability, which should be fundamental to any public service. The public expects this, and I, as Minister, require it..."

Ministerial Statement by Health Minister Edwin Poots, 28 June 2011

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 in currently under way and will further explore the effective use of electronic and paper-based systems.

IMPROVEMENT PROPOSALS

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

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

Core Work

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 Northern Ireland in relation to emergency medical and surgical admissions, medical outliners, trolley waits, ICU/HDU/PICU beds.

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

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

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

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Assembly Questions (Oral)	ELECTION	0	0	0								
Assembly Questions (Written)		0	3	0								
CORs Received		1	3	1								
TOFs Received		0	1	0								
INVs Received		0										

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 considering the use of social networking tools, such as Twitter and Facebook.

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 COMMENTARY

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

EXECUTIVE SUMMARY

Workforce

The Trust continues to work to ensure Complaints, Disciplinary, Grievance and Harasssment issues are managed within Trust Policies & Procedures and legislative frameworks surrounding these. During this reporting period work also remained ongoing on reviewing policy 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.

Progress in implementing the KSF Action Plan 2011/12 has been delayed due to Unison's withdrawal from some aspects of Trust business in relation to wider industrial relations issues. The KSF Staff Side Lead is a Unison representative. The KSF Management Lead will attend HR JCG to explore options for progressing.

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

The key priorities for the 2011-2012 Training Plan were agreed during this reporting period, and the Trust's Learning & Development Strategy remains under development.

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								
Develop and implement Annual Training Plan to prioritise training & education that supports excellent patient care & safety.	G	G	G	G								
Support professional regulation through training & education.	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								

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								
Finalise NIAS Organisational Change Programme (Year 5)	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								

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

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

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

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								
Ensure management training and development programmes reflect and promote Trust values.	GA	GA	GA	GA								

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

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								
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								
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								

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								
Continue to develop and implement opportunities for experiential learning and assessment.	GA	GA	GA	GA								

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

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

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

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

14. To pro-actively manage employee relations to deliver enhanced working practices and environment.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
To ensure effective mechanisms are in place for engagement with managers, staff and Trade Unions to facilitate identification of priority areas for improvement.	GA	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
NIAS have engaged with DHSSPS in relation to the appropriateness of the target for NIAS and the Department have indicated that having discussed this with the statisticians, a target of 6.4% would be a more reasonable target for NIAS however it now appears that there will not be a PFA target for Absence.	G	G	G	G								

PERFORMANCE COMMENTARY

In the likely absence of a related PFA Target for Absence, NIAS will identify its own Absence Management Performance Indicator. It is probable that, following initial discussions with DHSSPS, NIAS's own Performance Indicator will mirror the DHSSPS proposed target of 6.4%. This remains to be confirmed following consultation with NIAS management team. NIAS cumulative absence level, as at the end of July 2011, is 6.12%.

TOTAL YEAR TO DATE ABSENCE = 6.22%												
Attendance Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target absenteeism 2010/11 (%)	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
NIAS 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 (%)	-	-	-	-	-	-	-	-	-	-	-	-
NIAS monthly absenteeism 2011/12 (%)	5.84%	6.21%	6.03%	6.64%								
NIAS cumulative 2011/12 (%)	5.84%	6.12%	5.97%	6.22%								
Performance Assessment	GA	GA	GA	GA								
% short term absenteeism	2.81%	2.87%	2.39%	2.88%								
% long term absenteeism	3.03%	3.34%	3.64%	3.76%								
No. of employees on half pay	7	6	2	5								
No. of employees on no pay	3	5	3	2								

COMPARATIVE ANALYSIS OF % REDUCTIONS BETWEEN NIAS AND HSC TRUSTS							
	% Absence	% Absence	% Variance	% Absence	% Variance	% Absence	% Variance
	07/08	**08/09**		**09/10**		**10/11**	
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%
PFA TARGET REDUCTION			PFA TARGET 10% REDUCTION	PFA TARGET 5.5**%**		PFA TARGET 5.20**%**	

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

Staff Group	No. of staff in group as at Q1	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%

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

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

Stage 1 outcome conveyed within 7 working days of hearing	0	0	N/A	N/A								
Stage II hearing arranged within 15 working days of notification	0	0	N/A	N/A								
Stage II outcome conveyed within 7 working days of hearing	0	0	N/A	N/A								
Grievance Cases Closed	0	1	N/A	N/A								

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

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

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

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accredited Clinical Training Programmes												
Paramedic-In-Training Programmes	A	A	A	A								
BTEC ACA FPOS Programme	G	G	G	G								
Mandatory Refresher Training Programmes												
Mandatory Refresher Training Workbook	A	A	A	A								
Annual Assessment – Paramedic & EMT	N/A	N/A	N/A	N/A								
Annual Assessment - PCS	N/A	N/A	N/A	N/A								
IHCD Driver Instructor Course	A	A	A	A								
High speed competency assessments	N/A	N/A	N/A	N/A								
High Speed assessor training CSO's	N/A	N/A	N/A	N/A								
C & R Instructor Training	A	A	A	A								
C & R refresher 1 day training	N/A	N/A	N/A	N/A								
C & R 2 day training	A	A	A	A								
First Aid Refresher control staff	GA	GA	G	G								
Continuous Professional Development (CPD)												
CSO manual handling Train the trainer	N/A	N/A	N/A	N/A								
CSO -Supervision of Clinical Practice	GA	GA	GA	GA								
CSO -IHCD Instructional Methods Module	N/A	N/A	N/A	N/A								
Management Training												
Deliver Management Training Programme	N/A	A	A	A								

Knowledge and Skills Framework	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Implement Action Plan 2011/12 agreed in partnership	GA	AR	AR	AR								
Implement NI position on gateway progression	G	G	G	G								

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RISK COMMENTARY

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.

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

2. To ensure HR and CS practice supports the delivery of the Trust Corporate Plan and Trust Delivery Plan and is flexible to the needs of the organisation.	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
To develop and implement an action plan for the Trust's Communications Strategy	**G**	**G**	**G**	**G**								
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.	**A**	**A**	**A**	**A**								
To develop and implement of a programme of Community Education.	**G**	**G**	**G**	**G**								
Develop a Corporate Responsibility Action Plan for the Trust.	**G**	**G**	**G**	**G**								

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To review claims and litigation processes and make recommendations for improvement and learning.	**A**											

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**								
Review and implement Complaints Guidance and Procedure.	**A**											
Develop Action Plan for implementation of performance management framework to monitor application of the Procedure and learning outcomes.	**GA**											
Provide training to Officers on investigating complaints.	**G**											

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

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							
Number of responses issued on day of receipt	1	18	17	10							
Weekly Media - Response within three days											
Number of enquiries received	1	1	4	1							
Number of responses issued within three days of receipt	1	1	4	1							

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Number of responses resulting in Media Coverage	2	19	19	9							

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

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								
Undertake a review of claims and litigation received and identify learning	A	A	A	A								

Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability													
Cases Received	0	1	1	1									**3**
Cases Settled	0	0	0	0									**5**
Cases Ongoing													**20**
Clinical Negligence													
Cases Received	0	0	0	0									**0**
Cases Settled	0	0	0	0									**0**
Cases Ongoing													**8**
Public Liability													
Cases Received	0	0	0	0									**0**
Cases Settled	0	0	0	0									**0**
Cases Ongoing													**5**

COMPLAINTS & COMPLIMENTS

Key Actions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Complaints Received	2	11	5	9									**27**
Acknowledge Complaints within 2 Working Days	2	11	5	9									**27**
Respond to Complaints with 20 Working Days	2	3	1	2									**8**

	APR 2011- JUL 2012		**2010-11 (total)**	
COMPLAINTS RECEIVED	Count	%	Count	%
Total complaints received at 31/07/2011	27		85	
HANDLING TIMES OF COMPLAINTS				
Acknowledged within 2 working days	27	100%	81	95%
Acknowledged after 2 working days	0	0%	4	5%
Response within 20 working days	8	30%	14	16%
Response after 20 working days	8	30%	67	79%
Average Response time (Working days)	***24***		***46***	
Complaints Investigations ongoing	11	40%	4	5%
Cases referred to NI Ombudsman (ongoing)	1 (3)		3	
SERVICE AREA OF COMPLAINTS				
Accident & Emergency (plus RRV)	13	48%	34	43%
Patient Care Service	5	18%	16	19%
Control & Communications	8	30%	29	34%
Other	0	0%	3	4%
Voluntary Car Service	1	4%	0	0%
NATURE OF COMPLAINTS RECEIVED				
Staff Attitude	13	48%	26	31%
Ambulance Late/No Arrival	8	30%	28	33%
Clinical Incident	5	18%	19	22%
Suitability of Equipment/Vehicle	0	0%	4	5%
Other	1	4%	7	8%
Patient Property	0	0%	1	1%
COMPLIMENTS RECEIVED				
COMPLIMENTS RECEIVED	41		112	

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SERVICE AREA OF COMPLIMENTS RECEIVED				
Accident & Emergency (plus RRV)	39	95%	97	86%
Control & Communications	2	5%	4	4%
Patient Care Service	0	0%	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

July to August 2011

	Total from April
No of Potential Major Incidents	**7**
No of Declared Major Incidents	**1**
No of Airport alerts	
Belfast International Airport	**1**
Belfast city Airport	**3**
City of Derry Airport	
St Angelo Airport	
Newtownards Airfield	
Business Continuity	**6**
Hazardous Material Incidents	**7**
Exercises	
Live	**3**
Tabletop	**5**
Observer	

Potential Major Incidents

On 13 July 2011 there was a potential major incident alert for a road traffic collision (RTC). The initial call was received at 15:34 reporting that 5 cars were involved and at least 10 people injured. Subsequent to this a Major Incident page was transmitted at 15:37.

A further pager message was transmitted at 15:42 to all On Call Officers to respond to this incident. The following call signs were on scene: 6 A&E crews, 1 Intermediate Care Service (ICS) crew, 1 Rapid Response Vehicle (RRV), 4 Oscar call signs and 1 Delta call sign. The Emergency Equipment Vehicle (EEV) and Mobile Control Vehicle (MCV) were en route but stood down prior to arriving.

On 25 July 2011 at 23:12 NIAS received a report of a gas explosion at a private dwelling in Cloughglass, Londonderry. There was a report that 1 elderly male lived in the house, dispatched to the scene: 3 A&E crews, 2 officers and a Hazardous Area Response Team (HART) Manager. The incident was stood down by the first crew at scene when it was discovered that no one was in the house at the time.

On 21 August 2011 there was a potential major incident alert to a private nursing home which had a smell of chemical fumes. The initial call was received at 11:31 hours reporting that 2 patients were suffering from the effects of the fumes. Tasked to the scene were 2 A&E crews, 1 Intermediate Care Vehicle (ICV) crew, 1 RRV, 2 Oscar call signs and the EEV. The fumes were found to be from a fridge, the fridge was removed from the Private Nursing Home (PNH) and the incident was stood down.

Major Incidents

On 14 August 2011 a Major Incident was declared for a road traffic collision involving a Metro double-decker bus which had ended up on its side. There were 36 persons on board including the driver. All passengers were triaged at scene and 31 transported to hospital with 5 being discharged at the scene. Tasked to the scene were 9 A&E East crews, 2 A&E North crews, 3 PCS crews, 3 RRVs, 6 Oscar call signs, 1 Delta call sign and the EEV. All Belfast hospitals received patients from the scene and one patient was taken to the Ulster Hospital, Dundonald. A full debrief is planned for 2 September 2011.

Airport Alerts

On 5 July 2011 at 22:08 hours NIAS received a call to the Belfast International Airport for an aircraft coming into land with severe vibration, the estimated time for landing was 22:12 hours. There were 142 persons on board the aircraft. En route to the scene were 4 North A&E, 3 East A&E, 1 South A&E, 3 RRV, 1 Delta call sign, 10 Oscar call signs, 1 Hart vehicle, the MCV and the EEV. The plane land safely and no-one required treatment or transport to hospital. The incident was stood down at 22:22.

On 19 July 2011 at 09:20 an Airport alert was called for a plane landing at the George Best Belfast City Airport (GBBCA) with a report of smoke in the cab. At scene 2 RRVs, 6 A&E crews, 5 officers, 1 Delta call sign, the MCV and the EEV. Paramedics were placed on airport vehicles to meet the passengers on arrival. No patients required hospital treatment and the incident was stood down.

On 21 July 2011 at 07:50 NIAS received an alert to the GBBCA for an aircraft landing with an engine oil alert warning light. Tasked to the scene: 2 A&E crews, 2 RRVs, 6 officers, the MCV and EEV. The incident was stood down after 6 minutes when the plane had landed safely. No patients required triage or treatment.

On 9 August 2011 at 18:46 NIAS received a call to the GBBCA for an aircraft landing with a warning light for landing gear. Tasked to scene: 3 A&E, 3 ICV (stood down prior to arrival), 1 Delta call sign, 1 Oscar, MCV and EEV, 4 officers were tasked to all the Belfast hospitals. No passengers required medical assistance and the incident was stood down.

BUSINESS CONTINUITY

On the 7 July 2011 there was a power failure in Broadway Ambulance Station, contingency plans were put in place, the need to evacuate the station was considered but the decision was taken that there was no need due to the timeframe for repairs to be completed.

On 7 July 2011 the PSNI informed Newry Ambulance Station staff of a suspect device and the area the station is in, was being evacuated. Further advice from the police “the station did not need to be evacuated”.

On 16 August 2011 a test of switching to the back-up server was held from 10:00 to 16:30 during the working day. This was a controlled failover from C3-Cad1 primary server to C3-Cad2 secondary server. The secondary server was in operation for 4 hours with no issues identified.

HAZMAT

On 1 July 2011 there was a “white powder incident” at the Mallusk postal sorting office. One casualty was assessed at scene but did not require treatment or transport to hospital. One chemical trained officer tasked to scene (Oscar 48).

On 4 July 2011 at 4.00am NIAS received a call from the PSNI for a person assaulted. Patient found in the street after being assaulted in his own home. Patient was taken to Craigavon hospital no mention of white powder to crew at scene. The following day PSNI contacted NIAS to say that white powder had been placed over the person at his home and that one of their personnel had an issue with his gloves melting when in contact with the powder. Crew contacted at home to ascertain no health issues following call. Emergency Planning Officer (EPO) contacted Public Health Agency (PHA).

On 18 August 2011 at 09:00 there was a “HAZMAT incident” at a private address in Castlereagh for a person not breathing. This turned out to be a chemical suicide (chloroform), one 68-year-old male committed suicide using a home-made device to administer chloroform. A HART paramedic was deployed in Breathing Apparatus (BA) and Gas tight suit for the first time.

Also on 18 August 2011 at 19:28 there was a call received from the PSNI for 2 patients in a private house in Portstewart believed to be overcome by carbon monoxide. Tasked to scene: 2 A&E crews, Oscar 48 and Oscar 6. The incident was stood down by the first crew when they arrived and discovered it was a “domestic”.

On 26 of August 2011 at 18:42 an emergency call was received following an RTC where a vehicle struck the front of a fast food outlet in Belfast. There were reports of persons trapped. HART Paramedic S Graham (Romeo17) was dispatched to scene following contact with the HART Advisor (Oscar 47), Romeo 17 acted as the incident officer until relieved, scene assessment indicated Urban Search and Rescue (USAR) skills were not required.

HAZARDOUS AREA RESPONSE TEAM (HART)

On 6 July 2011 a HART introduction presentation was given to the new recruits to RRV.

On 20 July 2011 a meeting with PSNI re: Quick-don kits.

On 27-28 July 2011 the HART manager attended the Vehicle/equipment, Operations and the National Co-ordination Group Meeting in England.

On 10 August 2011 the HART Manager gave a presentation to Fire Officers on the role of HART.

On 11 August a HART introduction presentation was given to the new recruits to RRV.

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

NIAS

On 16 May 2011 the Welsh Ambulance Service carried out an audit of NIAS Powered Respirator Protective Suit (PRPS) and decontamination preparedness.

William Newton
EMERGENCY PLANNING OFFICER

Northern Ireland Ambulance Service
Health and Social Care Trust

Patient Client Experience Standards

Monitoring Report

Quarter Ending 30 June 2011

1. Background.

In April 2009, the DHSSPS published the 'Improving the Patient & Client Experience' document. The document set out the following five core standards:

- Respect
- Attitude
- Behaviour
- Communication
- Privacy and Dignity

All Trusts adopted these standards during 2009/10 and arrangements were put in place to develop methodologies through a regional working group to allow the standards to be monitored.

Priorities for Action 2010/11 includes the following target:

'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, ensure appropriate reporting and follow up consistent with direction from the Public Health Agency'

2. Development of monitoring tools and extension of monitoring to additional clinical areas.

The use of patient satisfaction surveys was tested during the third and fourth quarters of 2009/10. The surveys were tested in acute medical wards, non acute rehabilitation wards and acute mental health inpatient wards. Questionnaires have been revised to reflect the learning from the surveys undertaken.

During 2011/12, the surveys will continue to be carried out in other wards within these areas and will also be extended to other clinical areas including acute surgical wards and learning disability services.

The Regional Patient Client Experience Working Group has developed a work plan in agreement with the Public Health Agency and HSC Board to further develop the methodologies for monitoring the compliance against the five core standards. The additional monitoring tools to be developed and tested include the following:

- Patient/Client stories
- Review of compliments and complaints
- Observations of practice
- Staff Feedback
- Audit of organisational arrangements

Trusts will provide a monitoring report to the HSC Board on the activities undertaken each quarter. In the current quarter a further three wards have been surveyed and the results relevant to the ambulance service provided to NIAS. A regional

methodology was agreed by the Patient Experience Working Group and a reporting template for ambulance results was developed by NIAS and agreed by the regional group. Each Trust agreed to complete this template and submit results to NIAS. - NIAS then analysed results from each Trust and aggregated the results to present a regional picture of patient experience in respect of the ambulance service for the quarter.

NOTE
Due to technical problems, Belfast Trust has not been able to provide NIAS with results for this quarter. This report therefore includes survey results for Northern, Western, Southern and South Eastern Trusts.

PATIENT SATISFACTION SURVEYS

Trust: Northern Ireland Ambulance Service HSC Trust

Ward: Variety of wards across HSC Trusts including medical, surgical and rehab

Quarter Ending: 30 June 2011

Return of Questionnaire:	Two options for return of questionnaires were provided: • Via freepost return envelope to the Safe &Effective Care Department • Placed in a sealed envelope on the ward on day of discharge and then forwarded to the Safe &Effective Care Department
Response Rate:	Of the 501 questionnaires issued across the 4 Trusts (Northern, Western, Southern and South Eastern), 234 were returned. This equates to a response rate of 46.7% compared with 43.1% in quarter 4 20010/11. However, the overall number of questionnaires distributed in quarter 1 2011/12 (501) was lower than the number distributed in quarter 4 2010/11 (731). Of those who responded to the survey, 46.4% (104/224) travelled to hospital by ambulance compared with 39.7% in quarter 4 2010/11.

The following table outlines the level of patient satisfaction against each of the five Patient and Client Standards.

RAG assessment of Patient Client Experience Standards

Did you feel the ambulance staff?

Respect	**100% (102/102)** treated you as an individual	**100% (95/95)** considered and respected your wishes	**100% (93/93)** made you feel safe and secure
Attitude	**100% (102/102)** were polite and courteous		
Behaviour	were caring and compassionate **100% (101/101)**	behaved in a professional manner **100% (102/102)**	
Communication	**97.8% (88/90)** Did the ambulance staff introduce themselves?	**100% (99/99)** spoke to you in a way which you could easily understand	**93.5% (86/92)** Explained what was happening in relation to your care and treatment
Privacy & Dignity	**100% (101/101)** maintained your privacy and dignity		

Issues identified

Issues around accessibility of questionnaires and adjustments needed in order to ensure equality of access and participation were dealt with at the distribution stage of surveys within each of the Trusts.

Comments received from patients/carers in respect of the ambulance service element of questionnaires:

"The ambulance crew were fantastic and reassured my mum."
Carer – Ulster Hospital Ward 5

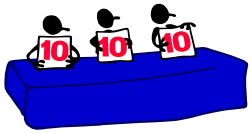
"Improve Ambulance Service – unable to take me home because I wasn't ready at 3pm."
Patient – Male Medical/Coronary Care Unit, Daisy Hill Hospital

"Not satisfied regarding length of wait of ambulance, waited 4 hours."
Patient – Male Medical/Coronary Care Unit, Daisy Hill Hospital

COMPLIMENTS AND COMPLAINTS

Figures for compliments and complaints have been collected for the quarter and are presented in the table below. A total of 24 compliments and 18 complaints were received by the Trust during the period compared with 35 and 26 respectively in the previous quarter. Compliments and complaints have been mapped from DATIX categories to the five patient experience standards. All compliments are dealt with via the Chief Executive's Office.

COMPLIMENTS and COMPLAINTS FOR PERIOD: 1 April – 30 June 2011
Total number of compliments received: 24
Total number of complaints received: 18

COMPLIMENTS received at ward / department level (cards, thank you letters)	**THEMATIC ANALYSIS** *Illustrative extracts (up to a maximum of 5 for each standard)*	**NUMBER**
 Recorded over same timespan that questionnaires are being distributed and themed as per Standards	**RESPECT** All members of staff display a person-centred approach to their care and treatment or in their contact with patients and clients	**10**
	ATTITUDE	
	BEHAVIOUR	**14**
	COMMUNICATION All staff members engage in effective verbal and non verbal communication, leading to clear information being exchanged between staff and patients / clients	
	PRIVACY and DIGNITY	
COMPLIMENTS received through the Chief Executive's office	**RESPECT**	**3**
 Recorded over same timespan that questionnaires are being distributed and themed as per Standards	**ATTITUDE** Personal approaches and responses to patients and clients by all members of staff show care and compassion	
	BEHAVIOUR	**15**
	COMMUNICATION	
	PRIVACY and DIGNITY Staff members ensure that all environments where care is provided protect the privacy and dignity of patients and clients	
COMPLAINTS received	**RESPECT**	**N/A**
  Previous 3 months to commencement of PSQ distribution and themed as per Datix categories (refer to Complaints Mapping Proforma)	**ATTITUDE**	**N/A**
	BEHAVIOUR All members of staff involve patients and clients in their care, respecting their wishes and showing professional and appropriate behaviour	**N/A**
	COMMUNICATION	**N/A**
	PRIVACY and DIGNITY	**N/A**

PATIENT STORIES

The Hospital Trusts started collecting patient stories during quarter 1 2011/12. Comments and experiences which related to the Ambulance Service have been forwarded to NIAS.

Transcriptions from Patient Stories regarding Ambulance Service:

Ulster Hospital Ward 5:

"The two guys were really, really nice and I was in such pain and I was nearly sick, physically sick, I felt so sick, and at one stage I said "I have to lie down" and he stopped the ambulance and he settled me, the poor fella, and a couple of seconds later I had to sit up so they stopped the ambulance again and got me sitting up and he put the blue lights on and got me here quickly, they were really good.

REGARDING AMBULANCE CALL OUT (patient expressed satisfaction that she was kept informed) "They phoned to say 'we're running half an hour late but we'll be there. But if you need anybody else dial 999'"

REGARDING AMBULANCE CREW (patient was grateful for speed of response and transfer) "It was a bit scary….He says, 'We'll not be long getting you there'."

Lagan Valley Hospital Ward 18:

'It was very good. I can't really remember much about it but what I can remember – everything was fine'.

NOTE:

NIAS has also given consideration to the potential for collection of patient stories directly. This poses particular challenges in an ambulance service. The Trust has engaged with Tanya McCance from Belfast Trust for advice in this regard and will discuss proposed approaches with the regional working group.

OBSERVATION OF PRACTICE

A pilot of observations of practice within NIAS commenced initially in one division, the Belfast Area in April 2011. A collaborative approach to this pilot of observation of practice has been adopted involving Operations and Training staff. During the pilot, observations have been undertaken by a Station Officer, Divisional Training Officer and Clinical Support Officer, each carrying out observations one day per month over a 9 month period.

Observations of practice provide further evidence of positive patient experience as well as identifying areas for improvement.

Given this is the first quarter during which NIAS has undertaken observations, feedback is largely centred on the methodology.

However to provide some feedback on the detail of observations undertaken, results for the Ambulance Service have so far been very positive. Observers have reported that patients are being treated in a way which is in keeping with the patient and client experience standards. They specifically outlined patients were treated with dignity and respect and in one example explained how a crew provided information to support a patient in making an informed decision about their care.

Some feedback from the observations relates to operational matters which will be taken on board internally. In addition there have been some learning points, for example, an observer reported an incident where staff did not introduce themselves immediately and where the observer believed there to be an opportunity for a more detailed explanation of care being provided. In this circumstance the crew were directly counselled about this following the observation.

This methodology poses particular challenges in an ambulance environment. These include issues around the time taken to undertake an observation as it requires the observer travelling with a crew to locations and for journey times unknown at the time the observer joins the crew.

The Trust will review the results of this first quarter's observations and consider comments made by those involved in undertaking the observations. This will include consideration of the role best suited to carry out observations and the time commitment involved. The pilot will continue in the Belfast area to gain more evidence of how best to implement the methodology in an ambulance environment.

Comments below have been provided by those involved in undertaking the observations and will help inform the Trust's discussions about taking this work forward.

Feedback From Observations of Practice Methodology

Issues for consideration	Observers: Station Officer, Training Officer & Clinical Support Officer. Total of 9 observations carried out April – June 2011 with crews in Belfast area including RRV paramedic.
How easy it was to engage staff in the process	- No problem engaging staff, however some concerned about reasons for a Station Officer observing them. - Quite easy although it would be beneficial to have more time to explain the process to staff. Not always possible. - Purpose of observation and role of observer were explained. Crew were happy to participate. - RRV Paramedic felt more under scrutiny than crew from previous observation. Was very keen to participate and wanted honest and constructive feedback. Roles and purpose explained. Agreed what would happen if call needed assistance that would otherwise need additional resources - observation would stop and clinical care of patient would become priority.
Usefulness of the tool and potentially new questions that might be added for future (ensuring they can relate to the original standards)	- The main indicator for each standard is fine. However, the "what is being observed" section in the template is perhaps too generic and not ambulance specific enough. - Useful tool but could be expanded to take account of Ambulance Service perceptions in emergency care. - A tool reflecting more ambulance specific questions and a range of agreed outcomes would make the process more efficient. - Attempted to relate some ambulance specific terminology in previous observations. An example question could be for Communication: "Was the patient provided with enough information in order for them to be able to make an informed decision?" - The form is perfect if you are conducting a semi structured interview with a patient. It does not lend itself to

	observation of practice. New form needs developed. - Difficult to complete in real time - more aligned with the gathering of rich narrative driven by patient stories.
Any issues relating to response from patients	- No issues raised by patients - When crews introduce themselves and gain consent they introduce observer and state role. Very informal – a more formal process would need a lot more time and could be unethical in an emergency situation.
Experience of providing feedback to teams	- Explained that observations are anonymous and that observations carried out have been positive. Information on feedback published in e.g. NIAS News would be of benefit to staff. Feedback should be at Divisional/Regional level. - Feedback was given verbally to staff and they acknowledged all comments raised as valid. - Paramedic keen to receive feedback on all aspects of calls not just those relating to Patient Client standards. - Observation results shared with crews and they have an opportunity to comment on their views on calls.
Usefulness of reporting template	- Not useful/average – could be improved over time with dialogue. - Drop down menus with agreed ambulance specific outcomes would simplify process. - It is ok - maybe more useful to use analogue type scale for some of the areas (e.g. how well on a scale of 1 to 10). This would make the results more quantitative. -
Time spent on activities	- 3 – 4 Hours including report for each observation. - 3 hours including admin. - Time with crews can average from one to three or four hours. 30 mins to 1 hour to write up. - 8 hours including admin(once on with RRV it was difficult to get dropped off at base station).
Other comments from Observers: “As a first observation this was an interesting exercise. I found it difficult to separate the observation of the standards from the overall clinical care being given. I feel that	

this time could be used more effectively by amalgamating clinical observation with patient client observation."

"I took this opportunity to amalgamate the patient client and clinical observation. This allowed me to formally feedback to the staff on the complete call and not solely focus on the patient client experience. By doing this I believe that I made more effective use of the time spent on RRV."

"Whilst it had to be done it seemed end of month was approaching fast and other activities had more priority. This activity I believe lies well within the remit of CSO* role and would be easier conducted with better results through them. As the CSO has regular contact with staff and crews I believe there would be less of a Hawthorne effect with staff reacting to 'white shirts'. The CSO would be able to report on staff as they have become widely accepted in their role and staff by now would have regressed to their normal daily behaviours."

*CSO relates to the role of Clinical Support Officer which is based within the Trust's Training Department. This role includes undertaking observations of clinical practice.

LEARNING AND TAKING ACTION

The results from implementation of the range of methodologies for this quarter, in terms of experiences of ambulance services, are generally very positive. NIAS is keen to learn from the experiences of all those who use our services. The Trust continues to reaffirm the importance of the standards to staff. NIAS has used internal communication vehicles such as its internal newsletter, NIAS NEWS, and its website to promote the standards.

NIAS has established a system to ensure action is taken in respect of issues identified within complaints received. Regular reports outline the detail of the complaint, the outcome following investigation and actions taken to demonstrate learning from this feedback. These reports are provided to the Executive Directors within the Trust and are subsequently monitored by Trust Board.

In addition the Trust has developed a 'Work Book' for frontline staff which is intended to provide guidance to staff on key areas of responsibility, in support of Trust policies and procedures and ongoing training. This includes a section on the Patient and Client Experience Standards.

The Trust also recognises the importance of recognising good practice and ensuring feedback in this respect. As noted within the section on Observations of Practice, feedback in these circumstances is provided directly to the ambulance crew.

Progress in respect of the standards is reported to Trust Board. Those involved in implementing the Patient and Client Experience Standards methodologies within

NIAS have engaged with colleagues involved in Operations and Training in order to ensure shared ownership and transfer of learning from this work. As the range of methodologies develops in respect of the standards, the Trust is considering further means of communicating results and sharing learning from monitoring activity.

NIAS COMPLAINTS CLOSED JUNE - JULY 2011

Ref	Description	Outcome	Action taken
COMP/278	Complaint regarding the attitude and behaviour of ambulance personnel. Complainant alleges that a staff member in a car stopped on the road and swore at him after the complainant had beeped his horn as the ambulance car had pulled out in front of him.	Complaint not upheld. Member of staff denies the allegations of inappropriate behaviour. Investigation found no independent account to verify what occurred.	Response issued. Member of staff reminded of the standards of conducted expected from NIAS employees.
COMP/265	Complaint regarding the conduct of ambulance personnel during an emergency call.	Complaint not upheld. Investigation found that ambulance personnel acted appropriately during this incident.	Letter of explanation issued. No action identified.
COMP/274	Patient alleges he was verbally abused by ambulance crew.	Complaint partly upheld. Investigation found that crew acted appropriately in providing treatment and transport to hospital. The investigation also found that the crew did make some comments regarding the condition of patients home.	Letter of explanation provided. No further action identified.
COMP/269	Complaint regarding the attitude and behaviour of ambulance personnel and treatment provided during an emergency call.	Complaint not upheld. Investigation found that crew acted appropriately and patient refused to travel to hospital.	Response issued. NIAS officer to visit complainant to discuss the appropriate use of ambulance services for this patient.
COMP/263	Complaint regarding the care and treatment provided by Ambulance personnel.	Complaint partly upheld. Investigation found that crew treated patient in accordance with training and protocols, however there was evidence of a difficulty in communicating with the patients relatives.	Response issued. Staff reminded of the need to ensure proper communication with patients and relatives.
COMP/251	Complaint regarding the attitude and behaviour of ambulance personnel during an emergency call.	Complaint not upheld. Crew deny acting inappropriately during this call. Investigation found no evidence to substantiate complaint.	Response letter issued. Staff reminded of the standards of conduct expected from NIAS employees.
COMP/244	Complaint regarding the attitude of ambulance personnel during a 999 call.	Complaint partly upheld. Member of staff involved in this incident is off on long term sick and was unavailable for interview. Investigation concluded that there were issues regarding the treatment provided by the crew.	Letter of apology and explanation issued. Paramedic involved to receive remedial training to prevent reoccurrence.

NIAS COMPLAINTS CLOSED JUNE - JULY 2011

Ref	Description	Outcome	Action taken
COMP/254	Complaint regarding the attitude of ambulance personnel during transfer to hospital.	Complaint not upheld. Investigation found that crew acted appropriately during this call.	No action identified.
COMP/276	An ambulance had been booked for patient to attend appointment on 2 June 2011. Ambulance arrived on 1 June 2011.	Complaint upheld. Investigation found that the wrong date for transport was inputted into the Ambulance Booking System in Ambulance Control.	Letter of explanation and apology issued. Staff member reminded of need to input details accurately.

COMPLIMENTS RECEIVED JUNE - JULY 2011

Date Received	Date of Incident	Description
02/06/2011	14/05/2011	I contacted the Duty Doctor who called an ambulance. The crew immediately displayed an air of confidence, kindness and efficiency which helped me greatly. I am very grateful for their help.
02/06/2011	07/03/2011	On behalf of all our family it is belatedly that I write to say a very big thank-you to your paramedical team. When I had reason to call for an ambulance the relief I felt on seeing the lights of the paramedic car which had been only 3 minutes away was beyond price. The paramedic was definitely our "Hovering Angel" on that day and took a very professional and reassuring command of our extremely stressful situation. Thank you and God Bless you all.
02/06/2011	06/12/2010	I am writing to offer my thanks and appreciation of the sterling work of the crew on the night of 6 December 2010 when they brought me from home to Hospital in atrocious weather conditions. Again many thanks and every good wish to all the staff.
02/06/2011	26/05/2011	Last evening we contacted the Ambulance Service. The response by telephone was immediate and then the arrival of the paramedics was most reassuring. The care given was quick and effective. They also carried out a number of tests to satisfy themselves and us that we could confidently retire to bed relaxed and relieved. We now have a greatest respect for the co-ordinated actions of the crew who were both well trained members of your Service.
03/06/2011	28/05/2011	An ambulance crew was summoned to a patient in a restaurant. They arrived quickly and dealt with the patient and family in a very professional manner. They were calm, courteous and completely reassuring. Please pass on my thanks and appreciation to them for a job well done. The crew were excellent ambassadors, not only for NIAS, but for the HSC in general.
06/06/2011	30/05/2011	Last night I had reason to call for assistance from your service. Thanks to the efforts of your staff the patient was transported to hospital by another team who were taking over. I am sorry I do not have names, if it is feasible for you to indentify the crews involved please convey to them my sincere thanks. There were very considerate and their efforts were greatly appreciated. Furthermore, when waiting in A&E other members of your staff offered help. My thanks to all your staff and best regards to the Ambulance Service.
06/06/2011	08/04/2011	I wish to convey my sincere gratitude and thanks to the ambulance crew who attend to me on 8 April 2011. They showed utter professionalism and knew exactly what to do and when to do it. I realise the importance of teamwork and effective communication, the team that attended to me certainly crystallized well together and each member knowing what to do and not have any duplication of effort. Without the sheer dedication, professionalism and commitment of these people I would not be here today. Please pass on my heartfelt thanks to them.
07/06/2011	13/04/2011	Thank you to the paramedics who attended my wife for your efficient and professional handling of the situation.
08/06/2011	02/06/2011	An ambulance was called to my home. The crew who attended were excellent and their professionalism shone through in a difficult and unpleasant situation. May I take this opportunity to thank them. They are a credit to the Ambulance Service.
20/06/2011	17/06/2011	Would like to thank the crew who attend to one of our patients. They were hugely professional and did a fantastic job.
21/06/2011	19/01/2010	Thank you very much for the excellent care your gave back in January 2010 and for the transfer to Hospital.
23/06/2011	26/10/2010	To the ambulance crew who saved my life a very very belated thank you for all you did for me and your expertise and kindness.

COMPLIMENTS RECEIVED JUNE - JULY 2011

23/06/2011	10/06/2011	I would like to write a letter of appreciation in relation to the service provided by your control office and your ambulance crew. The female operator gave me immediate advice as to what action to take and stayed on the line with me until the crew arrived within 3-4 minutes. The crew took immediate control and were confident and professional. They kept me informed at all stages. There is no doubt in my mind that if it had not been for their professionalism the patient could have died. I would appreciate if you could pass on our sincere thanks to all concerned and this letter also passed to their superiors.
27/06/2011	14/05/2011	I feel that I must write to tell you that from the Paramedics to the nursing and medical staff of the A&E Department I received the highest standard of care.
29/06/2011	24/06/2044	Thank you so much for your kindness and patience when showing our playgroup some of your working practices. We found it most helpful and reassuring when the children can experience the inside of an ambulance without fear
01/07/2011	06/06/2011	Just a token of appreciation for the help given to us by the Ambulance Crew who attend our home on 6 June 2011 when we needed them. Their kindness and compassion was greatly appreciated.
04/07/2011	23/06/2011	I cannot stress enough how professional the crew of the Ambulance Service when I had need to call upon them. They kept me informed of everything that was happening, have a remarkable level of skill and made everything seem smooth and calm in what was a very stressful and scary situation for me. Could you please pass my deepest thanks to this crew and advise them that they are credit to their service and their professionalism and level of empathy and support during my ordeal will never be forgotten.
06/07/2011	11/06/2011	Please pass on the enclosed note to the ambulance crew who attend a member of my family. The crew were very good and were extremely supportive. We appreciated their expertise and compassion at such a difficult time. Your service is very fortunate to have such committed staff. Their job is certainly not easy.
13/07/2011	16/05/2011	I am writing this letter as a token of my appreciation that was shown by your officers last night for looking after my son. Your staff went out of their way to make his feel welcome. Again I would just like you to pass on our appreciation to the staff involved.
15/07/2011	03/07/0211	I like to thank the NIAS crew who tended to members of my family involved in a RTC. The two ambulance men were extremely professional, courteous, caring, patient and very attentive to all. They took time to reassure me. All in all they are a credit to the Ambulance Service.
18/07/2011	31/05/2011	With thanks. All the staff were fantastic.
28/07/2011	12/07/2011	I would be grateful if you would pass on to the crew my sincere appreciation for the care that they gave me. They were the ultimate professionals giving me good pain relief and explaining the procedures as we went along. With grateful thanks
29/07/2011	28/07/2011	II would like to thank the ambulance crew that attended my husband after his all. I have no doubt whatsoever that their quick professional care has contributed to his steady recovery. Please pass on our heartfelt gratitude to all involved.
29/07/2011	29/05/2011	I would like to take this opportunity to acknowledge the paramedics who saved my son's life. I will be forever indebted to them.

TB/5/15/09/11

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 September 2011

Title:	Trust Delivery Plan 2011-2012 (Draft)
Purpose:	To Set out a Programme of Action for 2011-2012
Content:	Key Challenges & Priorities
Recommendation:	For Approval
Previous Forum:	Senior Executive Management Team
Prepared by:	Mr Liam McIvor, Chief Executive
Presented by:	Mr Liam McIvor, Chief Executive

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST DELIVERY PLAN
2011 - 2012
DRAFT

Purpose

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

Mission

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

Vision

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

CONTENTS

Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2011-12, which takes full account of and recognises the direction set by the Minister through his stated priorities and the Health and Social Care Commissioning Plan (draft). It builds on our efforts to date to improve and modernize the service. At its core is a desire to provide safe, effective, high-quality care to the people of Northern Ireland, and to secure improved health and well being for the whole community as a result. It is designed to be of value and use to those who commission and provide ambulance services as well as those who receive them and, indeed, the whole community which relies on these services being there when they are needed. Progress in the delivery of this work will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system, and success will be dependent upon our working together in an integrated healthcare system.

Local Context

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

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

NIAS has experienced significant growth and demand for emergency 999 response calls over recent years and 999 activity has increased by approximately 80% since 1999-2000. In addition to the 126,447 emergency calls responded to in 2010-11, ambulance staff also transported 35,320 patients for GP's and other clinical professionals and undertook 205,721 non-emergency patient transports. In total the ambulance service undertook in excess of 347,000 patient transports during the course of 201-11.

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

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

We have invested heavily in our ambulance personnel by bringing in new staff, increasing the number of paramedics we employ and training them in new clinical skills and interventions.

Ambulance vehicles are equipped with the best clinical and technology systems to improve the care we provide to patients. We now offer pre-hospital cardiac thrombolysis to the whole of Northern Ireland for first time as every paramedic is trained and equipped to provide this life saving intervention. People are walking the streets of cities, towns and villages in Northern Ireland today because of this development and its provision by the Northern Ireland Ambulance Service.

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 averaged a sub 8 minute response to these life threatening calls in more than 70 per cent of cases throughout Northern Ireland in the last financial year. We are absolutely committed to continuing to improve the speed of our response to the most clinically urgent patients while providing timely and appropriate services, including alternatives to hospital attendance, to those whose need is less immediate.

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

We have grown as an organisation over this period and this is reflected in expenditure on ambulance services which now exceeds £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. In an uncertain and volatile economic environment the need to choose wisely is greater than ever.

Review of 2010-2011

2010/11 was a very difficult year for the Ambulance Service, the wider HSC system in Northern Ireland and the whole NHS.

Financial pressures contributed to uncertainty in the healthcare system and an intense nervousness and aversion to change in an environment where change was unavoidable. This difficult operating environment was compounded by other pressures including the coldest winter we have had in generations, and more specifically for ourselves in the ambulance service further acute service changes with A&E reconfiguration necessitating rapid change to mitigate against impact.

It was in this context that NIAS implemented the final phase of our publicly consulted proposals for service moderation and reform incorporating the delivery of challenging efficiency savings. We have achieved financial breakeven in year and have delivered a sound foundation for maintaining this in the future. We have improved our clinical performance and introduced clinical developments which have improved patient care and outcomes.

We have dealt with and absorbed further increases in demand for ambulance services while also improving the speed of our response to potentially life-threatening incidents throughout Northern Ireland. We have worked with colleagues, in particular DHSSPS and Health Boards, to introduce proposals jointly agreed as being necessary to further improve ambulance services including response and clinical quality, thereby contributing to improved health and well-being and saving lives. We have, through the Comprehensive Spending Review (CSR) process, secured additional investment funds to support service improvement and modernization.

We have achieved all of this without recourse to redundancy and have sought to manage and minimise the impact on our staff through meaningful engagement with them and their representatives and the appropriate application of investment funds.

Priorities & Objectives 2011-12

The ambulance service is faced with a number of challenges that must be addressed in order to provide safe, high-quality services for patients.

The overall aim of the Department of Health, Social Services and Public Safety is to improve the health and well being of the people of Northern Ireland. In pursuing this aim through the health and social care (HSC) system, the key objective of the Department is to improve outcomes through a reduction in preventable disease and ill health by providing effective and high quality interventions and services, equitably and efficiently, to the whole population. NIAS, in common with other health service providers in Northern Ireland is directed by the DHSSPS Ministerial priorities for health and the Commissioning Plan of the Health and Social Care Board/Public Health Agency. These priorities are reflected in our strategic and operational plans and activities.

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 over-riding 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.

Ambulance services are one of the most important gateways into the health and social care system. Over 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. 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.

There are four key areas where particular attention is required.

Patients with life threatening conditions

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: they have them 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 right place, in the best possible time, with the best treatment along the way.

For every minute that a person in cardiac arrest does not receive basic life support (CPR) their chance of survival reduces by 20 per cent.

Ontario Pre-hospital Advanced Life Support (OPALS) Study, Ottawa

All NIAS 999 call-takers are trained to provide telephone instruction to bystanders in the provision of basic life support to maximise chance of survival.

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.

Patients with urgent, long-term and other conditions

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.

For the first three hours after onset of symptoms, every minute of delay in receiving clot-busting drugs for heart attack patients costs on average 11 days of life.

Rawles J: "The GREAT study from Grampian, Scotland" J. Amer.Coll.Cardiol.1 Nov 1997

All NIAS Paramedics are trained and equipped to administer clot-busting drugs to patients.

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, and who are not in a public place, 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 always 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.

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.

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.

Improving health, tackling inequalities

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 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.

Every five minutes someone in the UK has a stroke. Early treatment saves lives and increases the chance of making a better recovery. For 80 per cent of strokes, treatment being received within three hours of symptom onset is critical. Stroke is the third biggest killer and a leading cause of severe adult disability in the UK.

Stroke Association, 2008

NIAS uses the FAST test to identify stroke patients and expedite their transport to the appropriate treatment centre. Typically 95% of potential stroke patient s attended by ambulance are at hospital within 90 minutes of calling 999.

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.

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.

Simplifying access for patients, delivering care 24/7

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.

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

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 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.

Commissioning Plan Priorities and Ambulance-Specific Priorities

Summary of Priority Issues in 2011/12 (HSCB)	**NIAS Response**
1. Reconfigure A&E and emergency surgery services	NIAS welcomes engagement to date in the reconfiguration process and is fully committed to support acute sector change. We recognise and welcome the reference within the Commissioning Plan which identifies the key role to be played by the ambulance service in service reconfiguration and gives an undertaking to support and develop ambulance service provision accordingly. Alongside this we are keen to develop and introduce alternative pathways to accident and emergency attendance with the support of HSC and the wider system. See also response to (4)
2. Improve hospital efficiency creating additional capacity for future demand	NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. We are keen to also explore with HSC on how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.
3. Maintain reasonable waiting times for planned services	NIAS welcomes the review of PCS services referenced in the Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.
4. Expand diagnostics capacity ensuring full use of NIPAC	NIAS is keen to explore the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.

5. Establish single site provision of elective care specialities in all Trusts	NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned.
6. Increase capacity of radiotherapy services in Belfast and prepare for the opening of the new unit in Londonderry	N/A
7. Review arrangements for the provision of patient transport services	NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. We are keen to also explore with HSC on how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.
8. Implement the recommendations of the DHSSPS maternity services review	NIAS will support the implementation and recommendations and ensure ambulance issues are considered.
9. Undertake evaluations of the stand-alone midwifery units in Downpatrick (2011) and Lisburn (2012)	NIAS will support the implementation and recommendations and ensure ambulance issues are considered.
10. Introduce new community-based teams for long term condition management	NIAS would be keen to explore with HSCB, LCG, Primary Care Partnerships and Local Trusts the opportunities offered by paramedics in this setting in the delivery of near patient testing and assessment along with the capacity for emergency intervention. See also response to (4)
11. Reshape social care services with the introduction of the Re-ablement model	NIAS would be keen to explore opportunities for continuity of service provision particularly in relation to Out of Hours cover and contact management and regional resource utilisation. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary for a regionally consistent service.

12. Improve value from social care services though a mixed economy of service provision, the introduction of new contractual arrangements and greater use of direct payments	NIAS would be keen to explore opportunities for continuity of service provision particularly in relation to Out of Hours cover and contact management and regional resource utilisation. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to a regionally consistent service.
13. Fully establish 17 Primary Care Partnerships	NIAS would be keen to explore with HSCB, LCG, Primary Care Partnerships and Local Trusts the opportunities offered by paramedics in this setting in the delivery of near patient testing and assessment along with the capacity for emergency intervention. See also response to (4)
14. Establish integrated multi-professional teams attached to GP practices	NIAS would be keen to explore with HSCB, LCG, Primary Care Partnerships and Local Trusts the opportunities offered by paramedics in this setting in the delivery of near patient testing and assessment along with the capacity for emergency intervention. See also response to (4)
15. To bring prescribing expenditure in line with other comparable parts of the UK	NIAS already uses generic drugs but will continue to monitor usage patterns with a view to maximising value for money.
16. To modernize reimbursement arrangements for the pharmacy industry	N/A
17. Reconfigure inpatient mental health services	NIAS welcomes engagement to date in the reconfiguration process and is fully committed to support change. We recognise and welcome the reference within the Commissioning Plan which identifies the key role to be played by the ambulance service in service reconfiguration and gives an undertaking to support and develop ambulance service provision accordingly. Alongside this we are keen to develop and introduce alternative pathways to hospital attendance with the support of HSC and the wider system.

18. Maintain momentum with the resettlement programme for mental health and learning disability patients	N/A
19. Increase capacity and resilience of child protection services	NIAS would be keen to explore opportunities for continuity of service provision particularly in relation to Out of Hours cover and contact management and regional resource utilisation. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary for a regionally consistent service.
20. Promote health and wellbeing through commissioned services	N/A. NIAS does not commission services.

Summary of priority issues in 2011/12 (PHA)	**NIAS Response**
21. Introduce a cardiovascular risk factor management programme with HSCB	NIAS is an active member of the cardiovascular network and will continue to explore opportunities to expand this role and enhance patient care.
22. Roll out the bowel cancer screening programme NI-wide and complete the preparatory work to introduce a new screening programme for abdominal aortic aneurysm (AAA)	N/A
23. Introduce automated systems for existing screening programmes, specifically breast cancer and diabetic retinopathy programmes	N/A
24. Support Trusts to achieve further reductions in Healthcare Associated Infections (HCAIs), specifically MRSA and C. Diff	NIAS will continue to work with HSC to play a full role in the management of healthcare associated infections and the maintenance of high standards of infection control.

25. Ensure plans are in place to respond to seasonal flu and other emergency situations	NIAS has plans in place which will be tested through business continuity of work which is ongoing. In addition, NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary for a regional command centre for major incident management. We would be keen to explore and develop with HSCB and PHA the greater integration and utilisation of NIAS facilities and expertise in this area.
26. Roll out the next phase of early years programmes to support children in schools and at home and strengthen antenatal care	NIAS would be keen to explore with PHA any opportunities to integrate with our Community Outreach programme.
27. Expand programmes to tackle the determinants of health, including a rural poverty initiative with DARD	NIAS will work with PHA to develop the use of ambulance vehicles as a highly visible means of communicating health related messages to the public.
28. Develop and implement a community development plan with HSCB and other partners	NIAS would be keen to explore with PHA any opportunities to integrate with our Community Outreach programme.
29. Target stop smoking services to areas with high prevalence of smoking and introduce further programmes in FE Colleges, antenatal and pre-op assessment clinics and workplaces	NIAS will work with PHA to develop the use of ambulance vehicles as a highly visible means of communicating health related messages to the public.
30. Implement actions within the regional Obesity Framework when published	NIAS will work with PHA to develop the use of ambulance vehicles as a highly visible means of communicating health related messages to the public. NIAS would be keen to explore with PHA any opportunities to integrate with our Community Outreach programme.
31. Roll out community suicide response plans and target intensive interventions to areas with high rates of suicide and poor mental health	NIAS will work with PHA to develop the use of ambulance vehicles as a highly visible means of communicating health related messages to the public. NIAS would be keen to explore with PHA any opportunities to integrate with our Community Outreach programme.

32. Implement the sexual health action plan with the Sexual Health Network	NIAS will work with PHA to develop the use of ambulance vehicles as a highly visible means of communicating health related messages to the public. NIAS would be keen to explore with PHA any opportunities to integrate with our Community Outreach programme.
33. Develop an overarching quality and safety assurance framework, through the Quality & Safety Service Forum	NIAS is an active member of the Quality & Safety Service Forum and will continue to explore opportunities to expand this role and enhance patient care.
34. Develop a range of nursing and midwifery key performance indicators to further support the provision of safe and effective care.	N/A
35. Introduce a regional initiative to gather 3,000 patient/clients stories to ensure that individual and collective needs and expectations of patients and clients are at the centre of all decision making	NIAS is actively engaged in this process through its PPI programme and will continue to explore opportunities to expand this role and enhance patient care.
36. Adaptation and implementation of PPI strategy and implementation plan	NIAS is actively engaged in this process through its PPI programme and will continue to explore opportunities to expand this role and enhance patient care.
37. Reform and Modernisation of AHP services and the development regional standardized care pathways	NIAS would be keen to explore opportunities for continuity of service provision particularly in relation to Out of Hours cover and contact management and regional resource utilisation. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary for a regionally consistent service.
38. Delivery of the AHP commissioning intent projects including AHP input into children with special educational needs in mainstream and special schools.	N/A

39. To ensure implementation of the RTNI contract and the provision of remote telemonitoring to 1,800 people during the 2011/12 year (in line with draft PfA)	N/A
40. To commission an independent evaluation of the RTNI service	N/A
41. To work with relevant stakeholders to develop a broad strategy for the development of connected health within the HSC	NIAS is keen to explore with PHA particularly in the context of NIAS offering the only regional 24/7 communications centre for health in Northern Ireland. NIAS is also anxious to explore the further development of the Regional Pressures Co-ordination Centre in the context of connective health, escalation management, and major incident response for the Health and Social Care system.

The Commissioning Plan (draft) establishes specific targets to be achieved for acute and unscheduled care in 2011/12:	
From April 2011, the HSC Board and Trusts should ensure that 95% of patients attending any A&E Department are either treated and discharged home, or admitted within four hours of their arrival in the department, and no patient waits longer than 12 hours	NIAS is undertaking a review of processes for the management of non 999 calls to integrate them with 999 calls on the basis of clinical priority. This will support the efforts of HSCB and Trusts to meet this target. The review of PCS services identified in the Commissioning Plan also has a potential to realign priorities to support delivery of this and other priorities.
From April 2011, the HSC Board and NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes (and not less than 65 % in any LCG area)	NIAS will continue to assign priority to achieving this target and thereby delivering prompt response to those most in need. The key components necessary to deliver the target are in place but their availability and application are constrained by related factors such as hospital congestion, slow ambulance turnaround, hospital diverts and redirects, and redeployment of ambulance resources to address local acute service pressures arising from acute reconfiguration.

Resource Utilisation

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

The immediate requirement for NIAS is to deliver safe, high-quality care within a constrained budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The HSC Board draft Commissioning Plan indicates the scale of the financial problem facing all HSC bodies this year and signals that 2011-12 will be a difficult financial year for Health and Social Care. NIAS is engaging directly with HSC Board colleagues to determine the specific impact on NIAS. At this point, the recurrent savings accruing from 2008-2011 efficiency savings introduced by NIAS enable the presentation of a balanced budget for 2011-12, and we have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS.

Income and Expenditure

Financial Pro-forma are attached (as FP1, 2 & 3) which provide details of NIAS' forecasted income and expenditure for 2011-12. These have been prepared in conjunction with the HSC Board.

Compliant with the accounting regime introduced by DHSSPS, income is shown excluding capital charges. The allocations from HSC Board are shown in draft and may be subject to revision. A summary of the forecasted income (excluding non-cash) is shown below:

DESCRIPTION 2011/12	£000'S
HSC Board	
Other trust's estimated	
Direct Income	
Total	

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

Ministerial approval to implement NIAS proposals to deliver 2008-2011 efficiency savings was secured in September 2009. Year 1 & 2 proposals were implemented in 2009 and Year 3 proposals implemented from April 2010. The relevant supporting documentation detaining proposals and consultation, etc is available from www.niamb.co.uk or Chief Executive Office, NIAS. NIAS will continue to monitor the impact of proposals.

Agenda for Change

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

Investment Proposals

Modernisation and improvement proposals, driven by the Priorities for Action programme target remain under discussion with key stakeholders. Acute Service reconfiguration in response to acute hospital risk issues has impacted upon planned ambulance provision in those areas. NIAS seeks to be engaged at an early stage in the planning for change to effectively respond and manage the impact on ambulance services. We anticipate further change in 2011-12 and welcome the references to supporting change through improved ambulance services specifically referenced in the draft Commissioning Plan.

Cost Pressures

The Trust is continuing to liaise with Commissioners to fund the effect of unavoidable cost pressures. In the first instance, NIAS will continue to examine current expenditure and seek to identify opportunities for further cost savings through value for money analysis. During 2011-12 we will subject our 2008-2011 efficiency savings programme to evaluation to provide assurance that we have achieved our objectives, to identify any further steps to be taken, and to re-examine our cost base for further savings.

Capital Investment Plan

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

The immediate priorities for the 2011-12 period are:

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

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

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

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

Workforce

Workforce Strategy

NIAS has an overarching HR Strategy covering the period 2010-2015 which is underpinned by the Workforce Plans, Recruitment and Training Plans and various action plans which include managing attendance priorities and Equality. The HR Strategy continues to place high priority on the following:

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

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

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

Continually developing and delivering a regional ambulance service for the people of Northern Ireland requires significant effort and presents unique challenges and opportunities for HR management in delivering safe patient care through the provision of committed, professional and dedicated staff working for the benefit of service users. The Human Resource Strategy will be operating during a period of key challenges that include reduced finances; increasing public expectation regarding service delivery; structural reform and service modernisation; reduced job security in public sector 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. 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.

Absenteeism

The management of absence within NIAS is challenging, but provides opportunities to improve overall health and wellbeing in the workplace, which ultimately boosts organisational productivity and supports service improvements for patients. Management absence continues to be a priority for the Trust. NIAS % absenteeism for the last 5 years is detailed below:-

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

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

Home visits are conducted regularly by managers (together with a Personnel representative) for employees on long-term absence particularly when they reach half-pay and no-pay stages. 57 home visits were carried during 2010-11. In addition, employees on long-term absence are routinely referred by their line manager, via Personnel, to Occupational Health. An average of 20 Occupational Health referrals and follow up recommendations are actioned by the Employee Resourcing Section each month.

The Trust will also continue to build on other initiatives currently in place including improved collaborative working between local management, Human Resources and Occupational Health; the provision of improved management information; development of a management training programme; and building upon its system of performance management which will target management of absence as a priority linked to improving response capacity and ensure delivery of departmental targets. The Trust will ensure that a stringent system of monitoring is applied to this. The Trust will also continue to work with its Trade Union colleagues in the management of absence.

Staff Retention

Annual turnover of 2.34 3% would indicate that NIAS is not experiencing a workforce retention problem. However, there are staff filling posts which have non-recurrent funding or are temporary and this creates an internal flow of staff with a knock-on effect throughout each level.

The total number of current employees at 31/03/1011 is 1151.72. This figure represents a 96.86% complement of staff against the current funded establishment figures. During the period a total of 27 employees exited the organisation representing a 2.34% turnover of staff. Of these 27 employees, 17 were Operational, 5 Control, 2 Administrative & Clerical, 1 Maintenance, and 2 Non-Executive Directors. Reasons for the exit of these employees are attributed to "ill health", age retirement, "other employment" and "resigned".

A total of 14 Recruitments took place during the year generating the processing of 2752 Application Forms; 14 Shortlisting Panels and 230 interviews. 1572 applicants were shortlisted. As a result of this 60 appointments (internal and external) were made (this equates to 2.18% of applications). As well as the 14 recruitments carried out, a further 7 campaigns are on-going. During the period a total of 56 new employees were appointed to NIAS, the majority of whom were paramedics-in-training.

Education, Training & Staff Development

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

The actions identified in the Training Plan are key to ensure continued safe delivery of the service and provide the necessary foundation upon which future changes can be built.

The Trust will ensure the timely delivery of core training in order to address skill mix establishment levels, in line with organisational reform and the Trust's Workforce Planning Strategy.

Changes in the dynamics of ambulance service provision particularly in the pre-hospital emergency care and treatment environment continue to challenge NIAS. Therefore, to ensure the highest standards of out of hospital care are provided to patients, the NIAS education framework will evolve with the advancing national training and research agenda and international ambulance education standards. This will include the provision of nationally recognised education for ambulance personnel, and the further development of education, through linking and engaging with Higher Education Institutions (HEIs). The Trust will continue to develop Paramedics to fill vacancies and meet service developments through traditional IHCD modules (Paramedic-in-Training Programme).

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

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

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

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

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

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

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

The Trust will promote and support the continuous professional development of all staff through the application of life-long learning principles within the working environment and through the implementation of the Knowledge and Skills Framework (KSF) and Personal Development Reviews (PDRs). A learning culture will be encouraged where staff learn from past experience, ensuring reflective practice, and transfer of learning.

The Trust will support personal development of all staff by developing sound systems for managing performance and under-performance issues effectively and constructively, establishing clear relationships between organisational and individual standards and objectives.

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

Agency Staffing

The use Agency staff within NIAS is minimal. Agency staff are primarily used to cover hard to recruit non-recurrent funded and short-term temporary administrative posts. The use of recruitment agencies remains under scrutiny. With the lack of applicants for the administrative and clerical posts recently advertised NIAS has had to turn to the recruitment agencies to fill these vacancies in the short term. There were 22 agency staff working in the Trust during 2010-11, mainly in administrative and clerical roles.

Administrative Staff

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

Reform, Modernisation & Efficiency

Since 2001, consistent with the Strategic Review of 2000, NIAS has implemented a challenging modernisation programme which has changed almost every aspect of service delivery. In addition, NIAS has supported and facilitated, often at short notice, acute service change linked to Developing Better Services and Acute Hospital Risk issues.

The Modernisation programme and service delivery model developed has been designed to assign priority to rapid emergency response by highly trained and equipped ambulance paramedics to those most in need, in line with the priorities set. In doing this we have sought to limit the likely impact on the quality of the ambulance service provided to non-emergency and non-urgent patients, and to preserve as far as possible equity of provision of ambulance services across N Ireland.

In essence the proposals to deliver Ministerial Priorities within the context of ambulance modernisation emphasize a shift in focus from patient transportation to pre-hospital care and treatment. This new focus further emphasizes the requirement for clinical prioritization to identify and prioritise life-threatening calls and interventions, providing clinically appropriate alternatives to ambulance attendance and transportation to support care closer to home thereby reducing pressure on accident & emergency departments, alongside rapid response to life-threatening emergency calls.

NIAS is committed through this process to matching supply of available resources to demand for emergency and non-emergency services. The process of matching supply to demand will continue to be applied to all expenditure areas in the Trust – Emergency/Non-Emergency Response, Control & Communications, Non-Pay Expenditure and Administrative/Support Areas.

This is viewed as being the primary means for delivering safe, high-quality clinical care and prompt response performance within a sound balanced financial framework. Demonstration of effective utilization of available resources to deliver service priorities will be key to bidding for and securing resources to support service development proposals.

NIAS, in common with other Health Trusts, is required to deliver clinical services within available financial resources which reflect recurring efficiency savings extracted from NIAS baseline budgets by Health Commissioners. Financial Proforma FP3(T) records how NIAS will deliver the necessary savings with monitoring arrangements already in place.

Service reconfiguration proposals remain dependent upon the full and timely introduction of any planned additional revenue and capital investment linked to service development and acute sector reconfiguration. Although additional CSR investment funding has been identified to support specific service developments, the efficiency savings removed in the 2008-11 period continue to present a significant hurdle to maintaining the foundations on which current performance is delivered as the platform for future service development.

Measures to Reduce Administrative Burden & Maximise Resources

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

These will include:-

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

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

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

Contribute to the development of an integrated out of hours service both at regional and local level with DHSSPS, HSC Board and GP out of hours services.

Participate in emergency and contingency planning with other emergency services, the M.O.D., N.I.O. and DHSSPS particularly in areas of CBRN, major incident management, Hazardous Area Response Teams (HART), & pandemic flu.

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

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

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

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

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

Governance

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

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

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

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

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

The key objectives of the strategy are to provide:

Integration of the present risk management and related processes with other Trust functions such as contract monitoring and management, clinical audit, continuous quality improvements, controls assurance, the management of claims, complaints and the Health and Safety agenda.

Integration of risk management activity in both the non-clinical and clinical areas, in order to maximise the potential for decreasing risk related to ambulance patient services, staff and others.

Assistance in the realisation of the significant benefits from minimising risk and improving quality of processes and systems.

Assistance to the Trust in achieving statutory compliance in all relevant areas.

A system for proactively identifying, analysing, controlling and managing those areas of significant future risk to the Trust.

Ensuring, as far as possible that the Trust has made adequate contingency and major accident/incident plans.

Assistance to the Trust in ensuring that appropriate and necessary control mechanisms are in place to reduce and control risks and satisfy the requirements for Controls Assurance.

Investing for Health

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

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

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

User Experience

The Trust is committed to continuing to promote a patient-centred service by improving the quality and effectiveness of user and public involvement as an integral part of its governance arrangements. In this regard the Trust will work to implement DHSSPS guidance on Personal and Public Involvement. Leadership in this area will be provided by the Trust's Medical Director. A multi-disciplinary group has been established within the Trust to drive this agenda and implementation will be monitored through the Trust's Clinical Governance Committee.

NIAS will build on the work undertaken in the previous year to establish a Personal and Public Involvement (PPI) agenda within NIAS. This will involve implementation of a PPI Action Plan involving the establishment of systems to garner and respond to feedback from key stakeholders in respect of the planning, delivery and evaluation of ambulance services.

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

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

Work will continue within the Trust to promote positive attitudes towards disabled people and encourage participation by disabled people in public life, in keeping with its obligations under the Disability Discrimination Order (DDO) 2006. In this regard the Trust will continue to implement its Disability Action Plan and progress of this will be monitored by the Trust Equality Steering Group. The Trust has also established links with other emergency services and will seek to work collaboratively with these services where possible, to take forward work in relation to these duties. In addition the Trust will give specific attention to these duties when planning new initiatives such as Personal and Public Involvement (PPI) which is also outlined within this document.

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

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

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

Financial Addendum

FP1

Name of Trust:	Contact Name:	Paul Nicholson
The Northern Ireland Ambulance Service HSC Trust	Position:	Assistant Director of Finance
	Phone No:	02890400999

FORECAST OF INCOME AND EXPENDITURE 2011/12

	2011/12		2012/13
	In-Year Effect £k	Full Year Effect	Full Year Effect
INCOME FROM COMMISSIONERS	**£k**	**£k**	**£k**
1. Allocation from HSCB	57,155	57,155	57,155
2. Allocation from PHA	0	0	0
3. ECRs/OATs	0	0	0
5. Other trusts (care services)	1,140	1,140	1,140
Sub-Total	**58,295**	**58,295**	**58,295**
Income from Patients/Clients			
8. Private patients	0	0	0
9. Clients' contributions	0	0	0
10. Other income for patient services	0	0	0
Sub-Total	**0**	**0**	**0**
Training & Research			
11. SUMDE	0	0	0
12. NIMDTA	0	0	0
13. R & D	0	0	0
Sub-Total	**0**	**0**	**0**
Other income			
14. other trusts	336	336	336
15. other DHSSPS	0	0	0
16. Reimbursements and any other income	55	55	55
17. anticpated non-cash allocations	4,058	4,058	4,058
Sub-Total	**4,449**	**4,449**	**4,449**
TOTAL OPERATING INCOME	**62,744**	**62,744**	**62,744**
TRUST EXPENDITURE:			
18. Pay expenditure	46,949	46,949	46,949
19. Non-pay expenditure	11,737	11,737	11,737
20. Depreciation	4,058	4,058	4,058
21. Other expenditure (incl non-cash)	0	0	0
TOTAL OPERATING EXPENDITURE	**62,744**	**62,744**	**62,744**
OPERATING SURPLUS / DEFICIT	**0**	**0**	**0**

FP2

Name of Trust:	Contact Name:	Paul Nicholson
The Northern Ireland Ambulance Service HSC Trust	Position:	Assistant Director of Finance
	Phone No:	02890400999

RECONCILIATION OF TDP INCOME TO INCOME INCLUDED IN COMMISSIONERS' PLANS

INCOME FROM COMMISSIONERS	**2011/12**	
	In-Year Effect	**Full Year Effect**
	£k	**£k**
1. HSCB	**£'000**	**£'000**
Income per TDP (FP1)	57,155	57,155
Reconciling items:		
Pay Award (£250 Bonus)	(165)	(165)
NI Increase	(240)	(240)
Band Compression B5 - included in pay award	0	0
Incremental Drift	(272)	(272)
Incremental Drift RRV	0	0
Non Pay Inflation	(379)	(379)
Rates	(16)	(16)
Pharmacy	(200)	(200)
Fuel	(200)	(200)
VCS	(100)	(100)
POD Income	(152)	(152)
HART Income	0	0
Downe Hospital	(130)	(130)
Lagan Valley MLU	(87)	(87)
DIS IT Funds	(55)	(55)
Pilot Scheme ELS	(61)	(61)
Total Adjusted Income	55,098	55,098
Income included by Board in Commissioning Plan	55,098	55,098
2. PHA	**£'000**	**£'000**
Income per TDP (FP1)	0	0
Reconciling items:		
PLEASE PROVIDE EXPLANATION AND CONFIRM WITH PHA		
Total Adjusted Income	0	0
Income included by PHA in Commissioning Plan	0	0

Accident & Emergency staff currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. Excludes impact of any further cash releasing efficiency savings requirements. Assumed allocations need to be worked through with HSCB, in particular £500k unavoidable inflationary pressures Fuel, Pharmacy and VCS. Income for PCS contracts still with legacy EHSSB Trusts - awaiting confirmation from HSCB on commissioning arrangements. last RRL issues April 2011 in respect of 2010/11.

FP3

Name of Trust:
The Northern Ireland Ambulance Service

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

PLANNED CAPITAL EXPENDITURE 2010/11

	Project Business Case Status	CIU reference no.	Scheme Description (EXACTLY as advised by Capial Investment Unit)	Forecast Total Expenditure for 20011/12 (£k)	Notified CRL for 20011/12 (£k)
A	B		C	D	E
Major capital and other specifically funded schemes	Approved schemes	A105/600870/06	1 FLEET REPLACEMENT 2011/12	2,011	2,011
		A105/600870/07	2 FLEET REPLACEMENT 2012/13 CHASSIS	1,000	1,000
		A105/600870/08	3 IT	100	100
		A105/600870/10	4 ARDOYNE	179	179
		A105/6008/70/11	5 HQ	195	195
			6		
			7 Other major capital (schemes<£100k)		
	Unapproved schemes	A105/600870/09	1 BALLMENA		
			2		
			3		
			4		
			5		
			6		
			7 Other major capital (schemes<£100k)		
Sub total				**3,485**	**3,485**
Delegated schemes funded from general capital and other local resources		A105/601037/06	1 GENERAL CAPITAL	300	300
			2		
			3		
			4		
			5		
			6		
			7		
			8		
			9		
			10 Other schemes (<£100k)		
Sub total				**300**	**300**
Total				**3,785**	**3,785**

Planned Asset Disposals

	Forecast 2011/12 (£k)
1. NBV on disposals **outside** the HSC	4
2. Capital proceeds from the sale of assets to bodies **outside** the HSC	62
3. Trust Capital Expenditure against sale of assets	0
4. Variance between Proceeds & Expenditure (2 less 3 above)	62
5 Capital Proceeds from the sale of assets to bodies **inside** the HSC (memorandum only)	0

TB/6/15/09/11

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 September 2011

Title:	Business Continuity Policy & Strategy
Purpose:	To ensure that the Trust has robust Business Continuity Arrangements in place, and that a Defined Structure for use by all staff is Managed and Maintained
Content:	The Aims of the Policy & Associated Plans for Business Continuity
Recommendation:	For Approval
Previous Forum:	Senior Executive Management Team
Prepared by:	Emergency Planning Department
Presented by:	Dr McManus, Medical Director

Northern Ireland Ambulance Service
Health and Social Care Trust

Policy for the Management of Business Continuity

VERSION 1.5
Prepared by: Emergency Planning Department
25 August 2011

1.0 Version Control

Date	Version	Amendment	Amended by
12 Jan 2011	1.0	Document created	J Cowen
28 Jan 2011	1.1	Amendments to text	J Cowen
21 Jun 2011	1.2	Amendments to text Addition of approval section Roles and responsibilities expanded Linked to Trust strategy defined Paragraphs and pages numbered	J Cowen
24 Jun 2011	1.3	Addition of BCM levels section Amendments to text	J Cowen
18 Jul 2011	1.4	Amendments to text Reformatting of section 10 Paragraphs numbered Pages numbered	J cowen
25 Aug 2011	1.5	Amendments to text	D McManus

2.0 Approval

Version	1.5
Approved by	
Date approved	
Name of Author	Jeremy Cowen
Date issued	
Equality Impact Assessment completed	

3.0 Review

3.1 This Policy will be reviewed no later than one year from the date of implementation, i.e. by 15 September 2012.

4.0 Equality Screening

4.1 Equality screening of this Policy was undertaken on xxx and xxx.

5.0 Introduction

5.1 The Northern Ireland Civil Contingencies Framework (2005) document and the various associated Statutory Regulations and Guidance require the Northern Ireland Ambulance Service HSC Trust (The Trust) to produce and maintain a comprehensive Business Continuity Plan that will enable the Trust to continue to provide critical service to the population of Northern Ireland in the event of an emergency or other crisis as far as is reasonable practicable.

5.2 The Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPSNI) have established a Health and Social Care Business Continuity Project. The project aims to ensure that:

'…HSC organisations to have business continuity management plans in place to the British Standard BS25999 by the end March 2012…'

5.3 The Strategy document for the Trust confirms that the Trust will adopt the principles of BS25999 for the Business Continuity programme.

6.0 Policy Statement

6.1 It is the duty of the Trust to establish and maintain Business Continuity arrangements within the Trust.

6.2 This Policy applies to all staff within the Trust, both permanent and non-permanent and for whom the Trust has legal responsibility.

7.0 Purpose

7.1 The purpose of this policy is to ensure that the Trust has robust Business Continuity arrangements in place, and that a defined structure for use by all staff is managed and maintained.

7.2 All Business Continuity arrangements within the Trust will be in accordance with this policy and in compliance of BS25999.

8.0 Policy Objectives

8.1 The aims of this Policy are to ensure that:

- The Roles and Responsibilities for Business Continuity for all Staff bound by this Policy are defined
- The Governance and reporting arrangements for Business Continuity Management are defined
- That Business Continuity is embedded within all levels and areas of the Trust
- Plans appropriate to the respective organisational levels are written
- Regular Risk and Threat assessments are carried out
- Critical activities are identified and mapped out
- Plans are developed, exercised, tested, reviewed and maintained

9.0 Roles and Responsibilities

9.1 Trust Board

The Trust Board will be responsible for monitoring the continued effectiveness of the Trust's Business Continuity Management arrangements through the Assurance Committee.

9.2 Chief Executive

The Chief Executive has overall responsibility for Business Continuity Management within the Trust.

9.3 Medical Director

The lead Director for Business Continuity Management is the Medical Director who reports directly to the Chief Executive in relation to Business Continuity Management within the Trust. The Medical Director will discharge his responsibility through the Emergency Planning Officer who will work collaboratively with the nominated leads from each directorate and department.

9.4 Executive Directors

The Executive Directors are responsible for Business Continuity within their own Directorate. They will ensure compliance with this policy within their area of responsibility.

9.5 Emergency Planning Officer

The Emergency Planning Officer is responsible for maintaining a central record of plans, testing, exercising, validating and reviews of such plans and ensuring that the linkages and interdependencies between departments, for example in the case of IT, are accurately reflected in the plans.

9.6 All Staff

All Staff have a responsibility to comply with the Business Continuity arrangements as defined within the respective procedure(s) for their own work area. They are required to report all actual or potential Business Continuity risks or issues via the appropriate system of reporting.

10.0 Levels

10.1 Each plan will be identified clearly with the organisational level at which it is aimed. This level will be defined post completion of each of the respective departments Business Impact Analysis and will depend on whether the impact will affect NIAS either at a corporate level, or whether the impacts will be felt at a more local level.

10.2 The levels are identified in table 1 below:

Area of Impact	**Plan Level**
Corporate-wide impact	4
Directorate-wide impact	3
Division/Departmental-wide impact	2
Sub-departmental-wide impact	1

11.0 Activation

11.1 All staff are authorised to activate a LEVEL 1 plan as defined within the respective procedure(s).

11.2 Any other level of plan can only be authorised by the level of Management as defined within the respective procedure(s).

11.3 In each instance of activating a business continuity plan, the line manager above the level of the individual who activated the plan must be informed. Out of Hours, the EAC must be informed in the first instance.

12.0 Reporting

12.1 It is the responsibility of all staff to ensure that any actual or potential activation of the Business Continuity is reported immediately to their line manager and the Risk Manager through the Trust's Untoward Incident reporting process.

12.2 The Risk Manager will, in turn, inform the EPO in order to ensure that the incident is recorded in the central records of Business Continuity incidents.

13.0 Review

13.1 This Policy and all associated plans will be reviewed on at least an annual basis.

Northern Ireland Ambulance Service
Health and Social Care Trust

Business Continuity Strategy

VERSION 1.6
Prepared by: Emergency Planning Department
25 August 2011

1.0 Version Control

Date	Version	Amendment	Amended by
20 Dec 2010	1.0	Document created	J Cowen
22 Dec 2010	1.1	Document re-worked BCI strategy incorporated	J Cowen
23 Dec 2010	1.2	Text amended Phase 4 added Paragraphs numbered for reference Pages numbered for reference	J Cowen
20 Jun 2011	1.3	Approval table added Changes to Text Amended committee structure diagram Additional drivers added Family Tree added as Appendix 1 Current plans and status added as Appendix 2	J Cowen
1 Jul 2011	1.4	Family Tree picture added	J Cowen
18 Jul 2011	1.5	Amendments to Text Restructuring of section 6 and 7 Added current reporting structures diagram Updated Appendix 2 with current position	J Cowen
25 Aug 2011	1.6	Amendments to Text Restructuring of section 6.1 and 6.2 Amendment to Appendix 2	D McManus

2.0 Approval

Version	1.6
Approved by	
Date approved	
Name of Author	Jeremy Cowen
Date issued	
Equality Impact Assessment completed	

3.0 Review and Equality Screening

3.1 This Strategy will be reviewed no later than one year from the date of implementation, i.e. by the 15 September 2012.

3.2 Equality Screening of this Strategy was undertaken on xxx and xxx.

4.0 Strategic Intent

4.1 Trust Statement:

4.1.1 The Trust recognises that effective Business Continuity Management is an essential component of good management and that it must be utilised if NIAS is to continue to deliver an ambulance response to the people of Northern Ireland irrespective of significant challenges to its ability to do so.

4.2 Background:

4.2.1 The Northern Ireland Civil Contingencies Framework Document, Chapter 11, Core Principle 9 states that:

4.2.2 *"All organisations shall undertake Business Continuity Management processes which will enable them to deliver their services in response to an emergency and to maintain essential services to the public through a business disruption".*

4.2.3 The Framework also defines an emergency as:

4.2.4 *"an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war, or terrorism, which threatens serious damage to the security of the UK".*

4.2.5 In addition, a peer review carried out on behalf of the Ambulance Chief Executive Group (ACEG), of which NIAS is a constituent member, in June 2010 identified that the Trust had a number of good legacy continuity plans, such as those for REMDC, but lacked a corporate strategy from which a policy, programme and an operational plan would evolve.

4.2.6 Furthermore, the Department of Health, Social Services, Public Safety (Northern Ireland) in the Priorities for Action for 2010-2011, Priority Area 1: Improve the health status of the population and reduce health inequalities, sub area 1.2, states:

4.2.7 *"Each HSC organisation must have the appropriate structures and mechanisms in place to continue to meet its core objectives even whilst under sudden or sustained pressure".*

4.2.8 The amended target date for this area is by end March 2012, however it is recognised that ongoing progress will be measured beyond this date via the Chief Executives' accountability review process.

4.2.9 Therefore, it is the intention of the Trust to ensure that a robust Business Continuity Programme and associated plans are in place to ensure that the Trust can continue to deliver ambulance services to the population of Northern Ireland in the event of an emergency occurring or other challenge being identified.

4.2.10 The Trust has a number of existing plans for Business Continuity such as the REMDC Contingency plan, the Divisional Summer Contingencies plans, Resource Escalatory Action Plan (REAP), Pandemic Influenza plan, and a number of related policies or procedures such as Firecode. These plans (or procedures) will be scoped as part of the review of the Trust's Business Continuity arrangements.

5.0 Trust Strategy

5.1 The concept of Business Continuity used by the Trust will follow the same principles as the Trust's overall risk management approach by:

- Determining the needs of the business
- Determining an appropriate strategy for the business
- Developing and implementing a robust response for the business
- Exercising, maintaining and reviewing the response plan

5.2 The Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPSNI) have established a Health and Social Care Business Continuity Project. Paper BCPG01/10 the terms of reference for the project identifies that

'…HSC organisations to have business continuity management plans in place to the British Standard BS25999 by the end March 2012…'.

5.3 The British Standards Institute has a quality standard for Business Continuity – BS25999. This quality standard reflects the aims stated above and will be adhered to as far as is reasonably practicable.

5.4 Furthermore, the Cabinet Office advised in its HMG Security Policy document that BCM is made mandatory in GB. It makes reference to

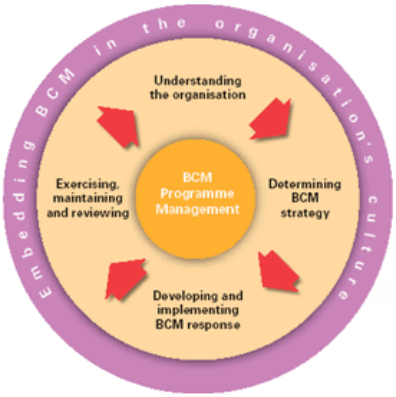
'…arrangements must follow industry best practice (BS25999 or equivalent standard)' .

Whilst the above does not apply directly to Northern Ireland, it can be taken as an example of best practice.

5.5 In order to keep consistency with Health and Social Care partners and other supporting agencies, the Trust will adopt the Business Continuity Institute Good Practice Guidelines 2010 and the principles of BS25999 within this strategy.

5.6 The DHSSPSNI do not require the Trust to achieve this standard presently, but in moving this strategy forward due regard will be paid to the systems required by this British Standard so that if, in time, the standard is required to be reached, the structures and systems will have been formed.

5.7 The Business Continuity Institute – as part of BS25999 – identifies a Business Continuity Life cycle. The life cycle is represented in Figure 1 below:



(Source: The lifecycle diagram, BSI British Standards BS 25999-1)

Figure 1 – BCM lifecycle

5.8 The BS25999 process, which has been regarded as best practice by the Business Continuity Institute, should be followed in order to manage and embed Business Continuity within an organisation.

5.9 The life cycle shows that there is no distinct 'start' point as the process is a cyclic one which should be under constant review. As NIAS has existing plans, the start phase will be at 'understanding the organisation' as these plans will be used to inform the process.

5.10 The phases in BS25999 are defined as:

PHASE 1 - Understanding the organisation
PHASE 2 - Determining BCM strategy
PHASE 3 - Developing and implementing BCM response
PHASE 4 - Exercising, maintaining and reviewing

6.0 Phase 1 – Understanding the organisation

6.1 NIAS is organised into a number of directorates, each of which is responsible for a number of departments and functions, all of which form the Northern Ireland Ambulance Service. The roles and responsibilities of each of the directorates and departments are shown in Table 1 (below) and existing plans currently in place or being developed are identified in Appendix 2. It is recognised that this list is not exhaustive and may change to reflect service developments and changes. It is also recognised that there are essential linkages and interdependencies between directorates and the departments and functions within each directorate and this will be reflected in the business continuity plans. For example, all directorates and departments are dependent upon the IT function and this will be incorporated as an integral part of each plan.

6.2 Roles and Responsibilities of NIAS departments:

Directorate:	**Department:**
Operations	EAC (Emergency Ambulance control) NEAC (Non-Emergency Ambulance Control) A&E Operations Patient Care Services Fleet Estate Regional Pressures Coordinating Centre Resource Management Centre
Finance	IT Systems and Networks IT Support and Customer Services Management Accounts Management Information Salaries and Wages Procurement and Supplies
Human Resources and Corporate Services	Personnel Services RATC Communications Corporate Administration Complaints Office of the Chief Executive Senior Executive Management Team
Medical Directorate	Emergency Planning Unit Risk Management RPCC

Table 1 – Roles and responsibilities

6.3 The role of each department in contributing to the overall NIAS strategic aims will be identified and understood, furthermore this will include understanding how each department interacts or depends upon each other to minimise multiple pathway failures from occurring.

6.4 Business Continuity is currently managed through the Emergency Planning Officer who reports to the Medical Director who, in turn, reports to the Governance Committee.

6.5 The current reporting structure of the Trust's committees is highlighted in the Figure 2 below:

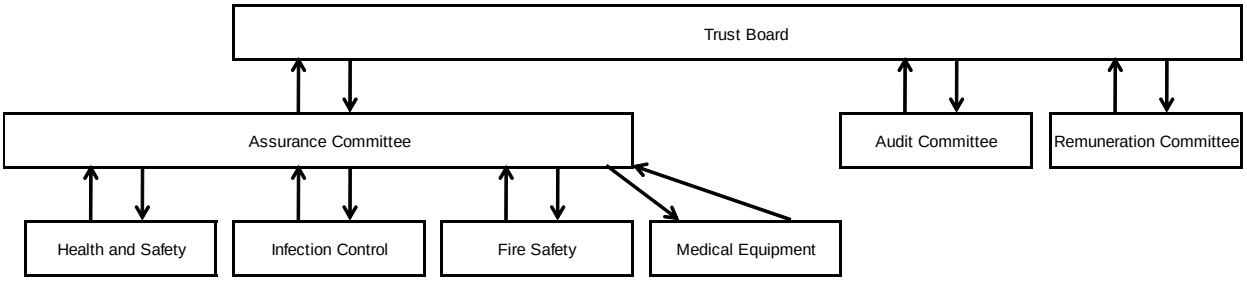


Figure 2 – Existing Trust Committee Structure

7.0 Phase 2 – Determining BCM programme

7.1 The Trust will embed Business Continuity through the Senior Executive Management Team (SEMT), Trust Board (including relevant committees) and throughout the organisation in general.

7.2 The Trust will develop a Business Continuity Policy in line with the general requirements of BS25999 and any Business Continuity arrangements will be in accordance with this strategy.

7.3 The Trust will develop a programme of work to embed Business Continuity Plans which will include implementation, training, testing, validating and reviewing.

7.4 Business Cases, where required, will be developed in order to support Business Continuity Management within the Trust.

7.5 Business Continuity Management will be incorporated into the existing well defined command structures in use within NIAS.

7.6 The Business Continuity programme will be overseen by the Assurance Committee of the Trust Board. The new reporting structure of the Trust's committees is shown in Figure 3 below:

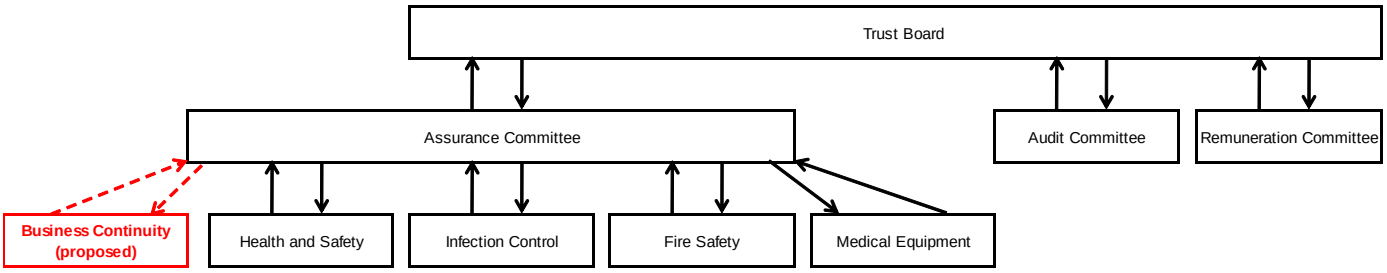


Figure 3 – Proposed Trust Committee Structure

8.0 Phase 3 – Developing and Implementing a Business Continuity Response

8.1 Every Department in each of the Directorates will conduct a Business Impact analysis which will involve:

- Mapping their Activities
- Assessment of the critical activities
- Detailing business continuity arrangements in response to the impact analysis

8.2 From the Business Impact analyses Business Continuity Plans will be developed to mitigate identified areas of Business Continuity risk.

8.3 In addition to each Directorate and Department holding and maintaining their own Business Continuity Plans, a central repository of Business Continuity Plans will be established and maintained by the Emergency Planning Department.

8.4 A specific section for Business Continuity risks will be included in the corporate risk register; all Business Continuity Management actions will be captured and recorded by the Emergency Planning Department.

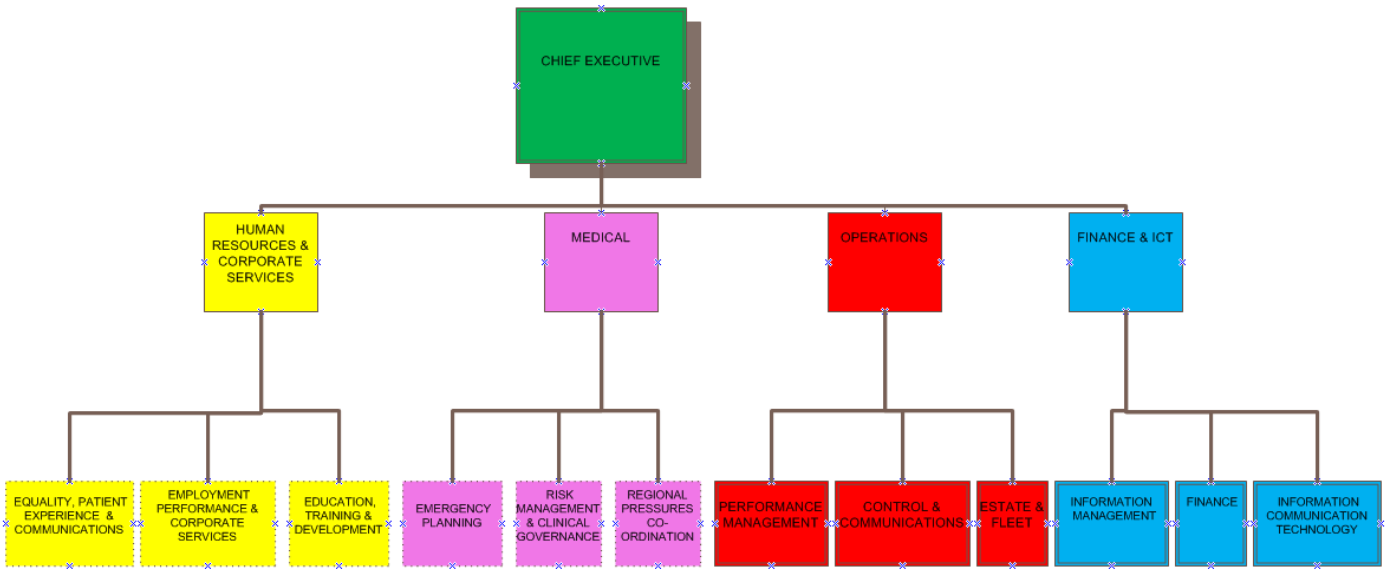
9.0 Phase 4 – Exercising, Validating, Maintaining and Reviewing

9.1 A programme of work will be developed which will include:

- Training – this will be identified and sourced internally or externally as appropriate.
- Exercising – adequate testing arrangements will be put in place to exercise and validate Business Continuity plans.
- Reviewing – The plans will be reviewed bi-annually unless the BCM plans have been invoked.
- Maintenance – a continual cycle of maintenance using appropriate systems and safeguards will be established.

Appendix 1 – Trust Family Tree

NIAS Organisational Structure: Departmental Structure



Appendix 2 – Existing Plans identified and current status (correct as of 18 July 2011)

Northern Ireland Ambulance Service Business Continuity programme Review of current plans											
Department	Sub Department	Current plan*?	Date written?	Exercised**?	Debriefed?	When last reviewed?	Invoked**?	Debriefed?	Reviewed?	Plan Name*	Exercise/Incident**
Office of Chief Executive		D								BCP Operational Plan	
SEMT	SEMT	D								BCP Operational Plan	
	Operations - Trust wide	Y	2010				2010	2010	2010	REAP	Scots calls/winter 2010
Operations	Northern A&E	Y	2008				2010	2010	2010	Summer contingencies	Winter 2010
	Northern PCS	Y	2008				2010	2010	2010	Summer contingencies	Winter 2010
	East City A&E	Y	2010			2011	2010	2010	2010	Summer contingencies	Winter 2010
	East City PCS	Y	2010			2011	2010	2010	2010	Summer contingencies	Winter 2010
	East Country A&E	Y	2010			2010	2010	2010	2010	Contingency Plans	Winter 2010
	East Country PCS	Y	2010			2010	2010	2010	2010	Contingency Plans	Winter 2010
	Southern A&E						2010	2010	2010		Winter 2010
	Southern PCS						2010	2010	2010		Winter 2010
	Western A&E	Y	2008			2007	2010	2010	2010	Contingency Plans	Winter 2010
	Western PCS	Y	2008			2007	2010	2010	2010	Contingency Plans	Winter 2010
	REMDC	Y		2010			2010	2010	2011	REMDC continuity plan	DIGITS/Scots calls
	RNEMDC								2011		
	RPCC	Y		2010			2010	2010	2011	REMDC continuity plan	DIGITS/Scots calls
	Fleet	D								BCP Operational Plan	
	Estates	D								BCP Operational Plan	
	Resource Mangement	Y	2010			2010				Contingency Plan	
Finance	ICT systems - N/EAC	Y	2010	2010			2010	2010	2011	REMDC continuity plan	DIGITS/Scots calls
	ICT systems - desktop	D								BCP Operational Plan	
	IT customer services	D								BCP Operational Plan	
	Management accounts	D								BCP Operational Plan	
	Management information	D								BCP Operational Plan	
	Salaries and Wages	D								BCP Operational Plan	
	Stores	D								BCP Operational Plan	
Human Resources	Personnel services	Y	2002							BCP Operational Plan	
	Staff side liasion (JCNC)										
	Communications - Ext									BCP Operational Plan	
	Communications - Int									BCP Operational Plan	
	Training	D								BCP Operational Plan	
	Clinical Supervision										
Medical	Medical Direction										
	Risk Management										
	Emergency Planning	D								BCP Operational Plan	
	HART										

TB/7/15/09/11

From:

Wendy Patterson

Performance Management Unit

Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk
AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí
MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

Liam McIvor
Chief Executive
Northern Ireland Ambulance Service
HSC Trust
Site 30
Knockbracken Healthcare Park
Saintfield Road
BELFAST
BT8 8SG

Room D1.1
Castle Buildings
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BELFAST BT4 3SQ
Tel: 028 9052 3112
Fax: 028 9052 2622
Email:
wendy.patterson@dhsspsni.gov.uk

Our Ref: DH1/11/153498
Date: 15th August 2011

Dear Liam

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

MANAGEMENT STATEMENT/FINANCIAL MEMORANDUM

1. It is a standard requirement of *Managing Public Money Northern Ireland* that a department must agree a DFP-approved Management Statement/Financial Memorandum (MS/FM) with each of its arm's length bodies (ALBs).

2. An MS/FM defines the relationship between the Minister/Department and the ALB concerned, sets out the control framework within which that relationship is to be managed, and lays down the main duties to be performed by each party. It is liable to revision in the light of experience, changing circumstances etc. Such changes will always require

Departmental agreement; if significant, they will also require approval by DFP.

3. Following on from John Allen's letter of 24th March I am pleased to note that you and Andrew McCormick have both signed off the MS/FM that is to subsist between the Northern Ireland Ambulance Service HSC Trust and the Department.

Action required

4. The purpose of this letter is to issue you with the final signed MS/FM for your records.

5. If you or Trust colleagues have any queries on the MS/FM either Fergal Bradley (fergal.bradley@dhsspsni.gov.uk) or I will be happy to answer them.

Yours sincerely

Wendy Patterson

Wendy Patterson
PERFORMANCE MANAGEMENT UNIT

TB/8/15/09/11

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 September 2011

Title:	Summary of NIAS Responses to Consultations 1 June – 31 July 2011
Purpose:	To advise Trust Board of consultation responses in the period 1 June to 31 July 2011
Content:	Table summarising NIAS responses to consultations
Recommendation:	For noting only
Previous Forum:	N/A
Prepared by:	John Gow, Equality and PPI Officer
Presented by:	Roisin O'Hara, Director of Human Resources & Corporate Services

SUMMARY OF NIAS RESPONSES TO CONSULTATIONS 1 JUNE – 31 JULY 2011

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link
30 June 2011	**Health Professionals Council - Updating Guidance on Health and Character** HPC have removed the requirement for professionals on their register to provide a health reference and replaced it with a system based on self-declaration where the applicant confirms that they do not have a health condition which may affect the practice of their profession. The consultation concerned HPC's proposals to update its guidance to reflect this change.	Noted that the proposed changes to the guidance are a result of the decision to remove the health reference requirement linked to registration and seek to explain the principles of self-declarations of health and associated issues to applicants and registrants. Content with proposed changes to guidance which reflect a new registration procedure based on self-declaration where the applicant confirms that they do not have a health condition which may affect the practice of their profession.	http://www.hpc-uk.org/aboutus/consultations/index.asp?id=118.

TB/9/15/09/11

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 September 2011

Title:	Section 75 and Disability Discrimination Order Annual Progress Report
Purpose:	Self Assessment of Implementation of Section 75
Content:	Self Assessment document
Recommendation:	For noting only
Previous Forum:	N/A
Prepared by:	Mrs Michelle Lemon, Asst Director, Equality, PPI and Patient Experience
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

EQUALITY COMMISSION FOR NORTHERN IRELAND

Public Authority 2010 – 2011 Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006

This report template includes a number of self assessment questions regarding implementation of the Section 75 statutory duties from **1 April 2010 to 31 March 2011.** This template also includes a number of questions regarding implementation of Section 49A of the DDO from the **1 April 2010 to 31 March 2011.** Please enter information at the relevant part of each section and ensure that it is submitted electronically (by completing this template) and in hardcopy, with a signed cover letter from the Chief Executive or, in his/her absence, the Deputy Chief Executive to the Commission by **31 August 2011**.

In completing this template it is essential to focus on the application of Section 75 and Section 49. This involves progressing the commitments in your equality scheme or disability action plan which should lead to outcomes and impacts in terms of measurable improvement for individuals from the equality categories. Such outcomes and impacts may include changes in public policy, in service provision and/or in any of the areas within your functional remit.

Name of public authority (Enter details below)

Northern Ireland Ambulance Service (NIAS)

Equality Officer (Enter name and contact details below)

S75:Michelle Lemon Ambulance Headquarters Site 30 Knockbracken Healthcare Park Saintfield Road Belfast BT8 8SG Telephone: 02890400748 Email: Michelle.Lemon@nias.hscni.net DDO (if different from above): As above

Please indicate whether you would prefer to receive correspondence from the Commission by:

Post		**Electronically**	X

S75 Executive Summary

- What were the key policy/service developments made by the authority during this reporting period to better promote equality of opportunity and good relations and what outcomes were achieved?

The revised Section 75 Guidance produced by Equality Commission for Northern Ireland (ECNI) was a key driver in the development of work streams under the Equality Agenda during the period 2010-11. This resulted in significant work both at a regional level and within NIAS to develop an audit of inequalities, undertake engagement with key stakeholders and produce a new Equality Scheme and Action Plan. Further detail is provided as requested later in this report.

NIAS continued to work in partnership with other HSC organisations in the delivery of statutory duties across the sector. This was lead by the DHSSPS Equality and Human Rights Steering Group on which NIAS is represented. A further sub-group of Trust Equality Leads worked together on key issues which included the implementation of the revised S75 guidance. Working together with Health and Social Care (HSC) colleagues to share resources and good practice and to avoid duplication is a key factor in the implementation of statutory duties within NIAS. Key collaborative work streams have included the regional Disability Action Plan work streams and the Regional Accessible Formats group.

Beyond HSC, NIAS also engages with colleagues in other emergency services through the Emergency Services Equality Forum. A key focus for this group during 2010-11 was a conference on Mental Health in the Emergency Services. Further detail will be provided later in this report.

An Equality Forum was established within the Trust during the course of this year comprising representatives from the Trust's four recognised trade unions. In establishing the Forum the Trust requested nominations of representatives with an interest in the equality agenda and who were reflective of Section 75 categories in order to ensure members who had a disability, were of different gender, sexual orientations etc.

NIAS subjected proposals for Efficiency Savings and Comprehensive Spending Review Investment for the period 2008-11 to Equality Impact Assessment (EQIA), the final EQIA of which was published in July 2009. During 2010-11 establishment of monitoring systems in respect of the implementation of the proposals was a key priority for the Trust. Proposals were implemented in three planned phases. A monitoring report in respect of the first two phases is in being finalised internally and is due to be published by the Trust in the coming weeks.

Production of a Human Resources Strategy is a key priority for 2011-12 which will mainstream strategic objectives and key performance indicators in respect of the equality agenda.

Progress in the implementation of the statutory duties is reflected in the Trust's governance arrangements. Performance against key objectives in the delivery of the equality agenda is mainstreamed within an Assurance Framework which is presented to Trust Board.

- **What are the main initiatives planned in the coming year to ensure the authority improves outcomes in terms of equality of opportunity and good relations for individuals from the nine categories covered by Section 75?**

NIAS has just received notification from ECNI of its approval of the Trust's submitted Equality Scheme. Consequently implementation of the commitments within the new Scheme and compliance with the revised guidance will be a key priority during the period 2011-12. In this regard the Trust is producing a timeline of required actions for its own commitments and working with HSC Trust Equality Leads to agree a similar process of regional shared actions. Implementation of the Trust's new responsibilities under the revised guidance and implementation of the Equality Scheme will be monitored by the Equality and Personal and Public Involvement (PPI) Steering Group, chaired by the Trust's Chief Executive, internal performance management reviews and via the Assurance Framework reported to Trust Board.

Following on from monitoring undertaken during 2010-11 in respect of the implementation of Phases 1 and 2 of the EQIA on Proposals for Efficiency Savings and Comprehensive Spending Review investment, 2011-12 will see a focus on monitoring around Phase 3 implementation.

Also in respect of Section 75 Monitoring, the Trust is undertaking a review of the monitoring of the reconfiguration of its control centres five years after implementation. This relates to the implementation of one element of an EQIA undertaken by DHSSPS in 2001; Implementation of the Strategic Review of the Ambulance Service.

In addition during 2011-12, NIAS will be working on a strategy for Personal and Public Involvement (a statutory duty under Health and Social Care (Reform) Act Northern Ireland 2009). The Trust has aligned PPI with Equality and Patient Experience within its structure in recognition of the synergy between these areas in involving those affected by our policies in our decision making processes. Consequently equality considerations will be central in the strategy development and engagement process.

Working collaboratively, primarily with HSC and Emergency services organisations, will continue to be a key priority for NIAS during 2011-12. This will enable continued sharing of good practice and enable a more efficient delivery of statutory duties in working together to share resources, engage with key stakeholders and avoid duplication of effort.

The Trust's Equality Forum will also agree a programme of key equality matters for consideration in quarterly meetings. Included within this is the production of guidance on the management of disability including processes around reasonable adjustments. In keeping with its commitments in respect of the Disability Discrimination Order the Trust will involve members of staff with a disability and their representatives in this process. In addition this agenda will include a focus on work being undertaken by the Public Health Agency to engage with Lesbian, Gay, Bi-sexual and Transgender HSC employees in respect of their experiences. NIAS has been involved in promoting this among our staff and will take this work forward through the Equality Forum.

Training in respect of equality is mainstreamed within the Trust's training plan. Plans for training during 2011-12 include the following;

- Equality Awareness session and Equality and Good Relations half day delivered at Induction
- Policy Screening, EQIA and Personal and Public Involvement
- Management of disability (including a focus on responsibilities in relation to access to goods, facilities and services)
- Plans for the roll out of HSC Disability and Diversity e-learning modules
- Continued roll out of Public Policy Training for Executives and policy leads (described later within this report).

- **Please give examples of changes to policies or practices which have resulted in outcomes. If the change was a result of an EQIA please tick the appropriate box in column 3 and reference the title of the relevant EQIA in the space provided below: ***

	Outline change in policy or practice which have resulted in outcomes	Tick if result of EQIA
Persons of different religious belief	• Equality and Good Relations training addresses issues such as display of flags and emblems and facilitates discussion around sectarianism and racism. The training is designed to	
Persons of different political opinion	• promote good relations between people of different religious belief political opinion and racial group but	
Persons of different racial groups	• also touches on issues around discrimination and harassment generally including in respect of sexual orientation and gender. This training is being evaluated to assess outcomes in terms of attitudes in this regard.	
Persons of different age	•	
Persons with different marital status	•	
Persons of different sexual orientation	• The Trust has promoted the Public Health Agency project to engage with LGBT staff and has incorporated this work within the planned programme of engagement with trade union representatives.	

Men and women generally	•	
Persons with and without a disability	•	
Persons with and without dependants	• The Trust's monitoring report in respect of the implementation of efficiency savings and CSR investment outlines significant work undertaken to mitigate against impacts identified. Key within this was work to mitigate against the potential adverse impact identified in respect of members of staff with caring responsibilities.	✓

*****The audit of inequalities undertaken during 2010-11 was undertaken in order to identify key inequalities and prioritise actions accordingly. This is designed to improve outcomes across Section 75 categories.

- Title/s of EQIAs referenced:
  Northern Ireland Ambulance Service, Proposals for Efficiency Savings and Comprehensive Spending Review investment 2008-11.

Section 1: Strategic Implementation of the Section 75 Duties

- **Please outline evidence of progress made in developing and meeting equality and good relations objectives, performance indicators and targets in corporate and annual operating plans during 2010-11**

During 2009-10 NIAS continued to mainstream equality and good relations objectives, performance indicators and targets within strategic plans.

In respect of corporate plans the Trust included commitments to the promotion of equality and good relations within its Strategic Plan for 2005-10 and Trust Delivery Plan 2010-11. Specific key performance indicators were developed to deliver these commitments and were incorporated in the Trust's Assurance Framework. A copy of the Equality element of this framework is provided at **Appendix I.** The Assurance Framework with updates of progress in delivering key performance indicators is presented to the public section of each Trust Board meeting and copies are made available on the Trust website.

Equality within NIAS sits within the Human Resources and Corporate Services Directorate. A system of performance and accountability reporting has been established within the directorate to ensure delivery of key performance indicators in delivering Trust strategic objectives. **Appendix I** also provides detail of the key objectives established for this area during 2010-11. Performance against these objectives was monitored initially by the Trusts Director of Human Resources and Corporate Services and subsequently by the Chief Executive through progress, performance and accountability review meetings. In addition, progress in respect of delivery of statutory duties is monitored by the Trust's Equality and PPI Steering Group which is chaired by the Chief Executive.

Section 2: Screening

- **Please provide an update of new/proposed/revised policies screened during the year.**

Title of policy subject to screening	Was the Full Screening Report or the Result of initial screening issued for consultation? *Please enter F or R*	Was initial screening decision changed following consultation? Yes/No	Is policy being subject to EQIA? Yes/No? If yes indicate year for assessment.
Recognition Of Life Extinct (ROLE) – Verification of Death	R	N	N
Attendance Management	R	N	N
Health and Wellbeing	R	N	N
Overtime Policy	R	N	N
Voluntary transfer	R	N	N
Regional Non-Emergency Medical Despatch Centre	R	N	N
Shift pattern changes	R	N	N
HR Strategy	R	N	N
Standing Financial Instructions		N	N
Voluntary Staff Transfer Policy and Procedure	R	N	N
Uniform Policy and Procedure	R	N	N
Payroll Savings		N	N

Section 3: Equality Impact Assessment (EQIA)

- Please provide an update of policies subject to EQIA during 2010-11, stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2011-12

EQIA Timetable – April 2010 - March 2011

Title of Policy EQIA	EQIA Stage at end March 2011 (Steps 1-6)	Outline adjustments to policy intended to benefit individuals, and the relevant Section 75 categories due to be affected.

- Where the EQIA timetable for 2010-11 (as detailed in the previous annual S75 progress report to the Commission) has not been met, please provide details of the factors responsible for delay and details of the timetable for re-scheduling the EQIA/s in question.

Ongoing EQIA Monitoring Activities April 2010- March 2011

Title of EQIA subject to Stage 7 monitoring	Indicate if differential impacts previously identified have reduced or increased	Indicate if adverse impacts previously identified have reduced or increased
Efficiency Savings and Comprehensive Spending Review Investment	Monitoring information indicates that differential and adverse impacts are as identified in EQIA and mitigating measures implemented as a consequence.	

- **Please outline any proposals, arising from the authority's monitoring for adverse impacts, for revision of the policy to achieve better outcomes**
  the relevant equality groups:

As indicated previously the Trust is due to publish a monitoring report in respect of the above EQIA. A copy of this report which includes detail of

mitigating measures employed will be forwarded to the Commission following internal approval processes.

2011-12 EQIA Time-table

Title of EQIAs due to be commenced during April 2011 – March 2012	Existing or New policy?	Please indicate expected timescale of Decision Making stage i.e. Stage 6

Section 4: Training

- **Please outline training provision during the year associated with the Section 75 Duties/Equality Scheme requirements including types of training provision and conclusions from any training evaluations.**

NIAS continued to mainstream Equality training within the Trust's Training Plan. During Induction Training an initial Equality Awareness session is delivered. Also within the Induction programme is a half day Equality and Good Relations training session delivered by Trademark. This is a very interactive session based on dialogue and engagement with a particular focus on good relations including sectarianism and racism. However the session also includes a focus on principles of equality and consequently relates also to matters around gender and sexual orientation.

In addition work began to produce a workbook for all staff which includes a focus on responsibilities under equality legislation. The workbook includes assessment questions for each element. This workbook will be disseminated to staff during 2011-12.

The Trust also worked with the HSC Trusts regional Disability Action Plan Training group to develop an e-learning module for disability. This group includes representation from HSC Trusts and representatives of the disability sector.

Policy leads continued to be trained and supported in policy screening.

In the interests on mainstreaming statutory duties within strategic decision making within the Trust, training was also targeted at Trust Board and Executive Directors and Assistant Directors. For Trust Board members,

HSC Trusts, including NIAS held a half day briefing session on the new ECNI guidance outlining senior roles and responsibilities. This event was attended by the most senior decision makers within HSC. From NIAS it was attended by the Trust's Chairman, Chief Executive, Executive and Non Executive Directors and senior managers.

NIAS also worked in partnership with colleagues in the emergency services through the Emergency Services Disability Group (now the Emergency Services Equality Forum) to hold a conference on Mental Health in the Emergency Services. This event, hosted by PSNI and organised in partnership between PSNI, NIAS, the NI Fire and Rescue Service and Employers For Disability, was attended by senior managers and officers from the three emergency services. Further detail is provided in a conference report provided at **Appendix II** which includes an outline of feedback from evaluations provided.

Section 5: Communication

- **Please outline how the authority communicated progress on delivery of the Section 75 Duties during the year and evidence of the impact/success of such activities.**

As indicated previously, performance against objectives related to Section 75 are incorporated in the Trust Board Assurance Framework, copies of which are provided on the Trust's website and presented at the public session of Board meetings. These meetings are advertised in the press and on the Trust's website.

Given a key focus in delivery of Section 75 duties during 2010-11 related to implementation of the revised 75 guidance, a key focus of communication around Section 75 related to this work stream. A planned programme of communication and engagement around this included communication to consultees of the planned consultation and notification of an informal consultation stage to key stakeholders in addition to informal and formal consultation processes. Further detail is provided in Section 11 of this report.

The Trust also mainstreamed communication in respect of policy screenings through internal consultation mechanisms such as its Human Resources Joint Consultative Forum.

NIAS's key means of communication progress is service delivery is through its Annual Report. The Annual Report published during 2010-11 was the report that related to activity during 2009-10. Within this report the Trust incorporated an Equality Statement outlining its commitment to the promotion of equality of opportunity and good relations. Within the body of the report reference was made to key progress in the EQIA undertaken around the implementation of proposals for efficiency savings and comprehensive spending review investment. The report also included reference to work undertaken in respect of DDO duties.

Section 6: Data Collection & Analysis

- **Please outline any systems that were established during the year to supplement available statistical and qualitative research or any research undertaken/commissioned to obtain information on the needs and experiences of individuals from the nine categories covered by Section 75, including the needs and experiences of people with multiple identities.**

  Key focuses around the collection and analysis of data during 2010-11 related to:

  I. Development of systems to collect and analyse monitoring information in relation to the EQIA on Proposals for Efficiency Savings and Comprehensive Review Investment.

  II. Collection and analysis of data to inform the production of an audit of inequalities, action plan and new Equality Scheme.

I. Appendix II provides full detail of the monitoring undertaken in respect of this EQIA during 2010-11. The table below provides specific detail of the monitoring commitments made within this EQIA and the systems put in place by the Trust to collect quantitative and qualitative monitoring information.

Objective	**Monitoring system**	**Comment**
To improve response times for Category A calls in line with ministerial targets	Measurement of Category A performance reports. Monthly reports will be provided to Trust Board and published on NIAS website.	NIAS introduced a number of processes to monitor impact of CSR changes as part of the Performance Management and Improvement agenda. these included: • Weekly performance Management Meetings with local

		area managers to discuss performance and action plans for improvement • Development of a centralised data management system for data analysis and reporting via a shared folder • Information of performance posted on NIAS website through publication of Trust Board reports • Introduction of automated processes set up to forward weekly data and analysis to Commissioners • Held regular meetings with LCGs to discuss local issues affecting performance • Weekly reports provided to Health and Social Care Board and Commissioners

To maintain the capacity to transport clinically urgent patients effectively to hospital	Measurement of conveying response to Category A calls, against target of 95% of calls within 21 minutes Monthly reports as set out above	• Included in systems set out above
To manage demand to reduce the proportion of 999 category c calls taken to hospital	Measurement of % of Cat C calls taken to hospital % of Cat C calls accessing alternative care pathways Monthly report as above Evaluation of pilot of clinical triage to include assessment of patient experience.	• Captured within management information systems developed
Achieve financial balance	Income v expenditure in balance Monthly report	• Captured within established financial reporting systems
Avoid compulsory redundancies and monitor impact of proposals on staff	Quarterly report on implementation plan to Trust Board CSR Consultative Group work programme and reports	• CSR Joint Consultative Forum included representation from management implementation team and trade union representatives

- **Please outline any use of the Commission's Section 75 Monitoring Guide.**

The Trust referred to the Commission's guidance in the development of monitoring systems and in the production of the referred to monitoring report.

Section 7: Information Provision, Access to Information and Services

- Please provide details of any initiatives/steps taken during the year, including take up, to improve access to services including provision of information in accessible formats.

NIAS continues to make key documents including consultation documents available in alternative formats on request. During 2010-11 this included consultation documents in relation to the Trust's consultation on its Equality Scheme. In this regard the Trust has contributed to the development of an Easy read version of HSC Trust Equality Schemes.

The Trust is also involved in regional work streams related to the management of complaints. This has included the production of literature for those accessing services outlining the way in which feedback can be given including making complaints. A key focus of this work has been to ensure information provided around making complaints is accessible including provision of information around this area in alternative languages.

NIAS uses a telephone interpreting service and is in the process of reviewing systems in this regard in order to ensure access to the most efficient service in emergency situations. An activity report of interpreting services accessed during 2010-11 is provided at **Appendix III**. In addition the Trust is engaging with emergency services colleagues through the Emergency Services Equality Forum to consider the potential for shared work streams around access to emergency services.

NIAS is a member of the regional Accessible Information Group dedicated to ensuring a regional approach to the provision of accessible information within health and social care. The purpose of this group is to support individuals in making informed choices about their health and social care through the provision of accessible information.

Section 8: Complaints

- Please identify the number of Section 75 related complaints:
  - received and resolved by the authority (including how this was achieved);
  - which were not resolved to the satisfaction of the complainant;
  - which were referred to the Equality Commission.

During 2010-11 NIAS did not receive any formal Schedule 9 Section 75 Complaints.

However the Trust ensures any potential equality dimension to complaints received is given full consideration and the Trust's Equality lead engaged as appropriate.

During 2010-11 NIAS received one complaint in relation to monitoring systems related to the Reconfiguration of Control Centres which was one element of an EQIA undertaken by DHSSPS in 2001 (Implementation of the Strategic Review of the Ambulance Service). The Complainant considered that monitoring had not been undertaken and that adequate systems of engagement with affected staff were not in place. The Trust responded to the complaint received providing detail of monitoring which had been undertaken. In addition however the Trust engaged directly with the complainant and met with him along with a regional trade union representative to seek a resolution to the complaint which would address concerns raised. The Trust also engaged with the Equality Commission for advice in the management of the complaint in order to ensure implementation of good practice.

Ultimately the Trust agreed that there existed an opportunity for further engagement with trade union representatives, specifically around the equality agenda, which could include the monitoring referred to. Following this NIAS began work to establish an Equality Forum, constituted by trade union representatives and representatives of the Trust. Monitoring is one of the agenda items of this group and work is underway to revisit the monitoring of the Reconfiguration of Control Centres in order to review monitoring already undertaken and also to engage with staff some time following implementation in order to identify any further impact.

Section 9: Consultation and Engagement

- Please provide details of the measures taken to enhance the level of engagement with individuals and representative groups during the year.
- Please outline any use of the Commission's guidance on consulting with and involving children and young people.

As indicated previously, a key focus during 2010-11 related to the implementation of the ECNI revised Section 75 Guidance. Consequently, the Trust's focus of engagement and consultation in relation to Section 75 was largely focused in this area.

This included engagement with key stakeholders in respect of the approach taken, in the development of Audits of Inequalities in addition to a formal 12 week consultation process on a new Equality Scheme. A report outlining the process of engagement and consultation undertaken in this regard is provided at **Appendix IV**.

NIAS also continued to engage with key stakeholders such as political representatives, community and voluntary sector representatives, local councils, trade union representatives, HSC organisations and service users on an ongoing basis.

The Trust continues to work collaboratively with HSC colleagues in this agenda and the DHSSPS Equality and Human Rights Steering Group provides a vehicle for collaborative engagement with key stakeholders in respect of the Equality agenda.

The Trust is working through is Personal and Public Involvement (PPI) agenda to enhance the level of involvement of those accessing our services in policy development and decision making. NIAS recognised the synergy between the Equality and PPI agendas and this is reflected in the Trust's structure which places both areas within the same unit of the Human Resources and Corporate Services directorate. The Trust is also working to mainstream PPI within the organisation. One example of this and of the synergy of the two areas relates to feedback received around the transportation of guide dogs. The Trust was contacted by Guide Dogs for the Blind about an experience of one of its members accessing our emergency service whose guide dog was not transported with him. It became clear that a clear policy did not exist for staff in respect of this issue. Having identified this gap, NIAS engaged directly with the service

user along with guide dogs for the blind and asked if they would be prepared to work with us to develop clear guidance for staff in this regard. Work is continuing around this and the Trust has also raised the need for regional HSC guidance with DHSSPS will continue to involve these key stakeholders in the development of this work.

In order to ensure compliance with the Minister's Patient and Client Experience Standards (Respect , Attitude, Behaviour, Communication, Privacy and Dignity) a regional HSC Working Group has developed a number of methodologies to engage with those accessing HSC services to obtain feedback about how well the standards are being adhered to. NIAS is fully involved in this work and has implemented these methodologies including surveys, organisational audit and review of complaints and compliments, observations of practice and gathering patient stories. Through these methodologies the Trust is seeking to engage with those using our services about their experiences and to use this learning to improve service delivery.

Internally, NIAS has a number of mechanisms for engagement with trade union representatives. The key means of engagement is through the Joint Consultative and Negotiating Committee (JCNC) which has a number of sub-groups. NIAS has mainstreamed equality considerations into key policy discussions within these by for example engaging in respect of screening outcomes as part of the consultation processes around Trust policy. Further, the Trust consulted with trade union colleagues on proposed monitoring processes around the Comprehensive Spending Review with JCNC in addition to engaging with trade union representatives through a CSR Joint Consultative Group.

Section 10: The Good Relations Duty

- Please provide details of additional steps taken to implement or progress the good relations duty during the year. Please indicate any findings or expected outcomes from this work.

NIAS Equality and Good Relations training continues to be mainstreamed as part of the Trust's induction programme for new staff. This training has a strong Good Relations focus, encouraging dialogue in respect of the promotion of good relations, harmonious working environments, sectarianism, racism, flags and emblems and harassment.

In addition the Trust has included a question around the potential to better promote good relation for each Trust policy as part of the screening template.

- Please outline any use of the Commission's Good Relations Guide.

Section 11: **New/Revised Equality Schemes**

- If the Commission has notified you of its intention to request a new/revised scheme or formally requested a new/revised scheme and associated action plan, please outline below what progress has been made in this reporting period.

As described earlier in this report, preparations for this began in advance of the Commission's formal request with the event for HSC Board member to advise senior decision makers of the forthcoming revised duties and organisational responsibilities.

Also as indicated previously, NIAS worked collaboratively with other HSC Trusts and the NI Fire and Rescue Service (NIFRS) to implement the revised Section 75 guidance in order to comply with the Commission's request for a new Equality Scheme.

The approach developed involved firstly working towards the development of an audit of inequalities. To do this each organisation took on responsibility for an audit in respect of a Section 75 category. NIAS and NIFRS had responsibility for the category of Age with NIAS adopting responsibility for 'older age' and NIFRS for 'children and young people.

The first stage in developing the audit was a literature review of key publications already in existence which identified inequalities in this respect. Following this NIAS engaged with key stakeholders from this sector; the Commissioner for Older People and Age NI to discuss the findings of the literature review, the HSC Trust approach and to provide an opportunity to identify further inequalities and key actions not yet included. The work undertaken by all the Trusts together across Section 75

categories was used to populate an audit of inequalities. This document was then used to develop action plans. Within this there are a number of regional actions and each organisation then also has a number of internal actions.

NIAS used the Commission's model scheme as the basis for its new Equality Scheme. As indicated the Trust embarked on a programme of engagement and consultation in respect of its scheme, audit of Inequalities and action plan which is outlined at **Appendix IV**. The Scheme was submitted to ECNI in advance of the statutory deadline and has NIAS has just received notification of its approval by ECNI.

Annual Report 1 April 2010 / 31 March 2011
'Disability Duties' Questions

1. How many action measures for this **reporting period** have been

10	▲	6		3
Fully Achieved?		Partially Achieved?		Not Achieved?

2. Please outline the following detail on all **actions that have been fully achieved** in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs[1]	Outcomes / Impact[2]
National[3]			
Regional[4]	Engagement with disability sector and representatives and individuals regarding development of training for HSC staff.	NIAS attendance at meetings and workshops to engage with disability sector representatives and individuals. Production of e-learning package	Designed to involve disabled people and their representatives in training to improve attitudes to disability Involvement of people with a disability and their representatives in

[1] **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.
[2] **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.
[3] **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments
[4] **Regional**: Situations where people can influence policy decision making at a middle impact level

			discussions around service provision and planning
Local[5]	Establishment of a NIAS Equality Forum with a specific request that staff/staff representatives with a disability be included	Notice for nominations, engagement with trade union representatives about nominations. Forum established.	Involvement of staff and staff representatives with a disability in discussions about and development of Trust processes around management of disability.

2(b) What **training action measures** were achieved in this reporting period?

Training Action Measures	Outputs	Outcome / Impact
Development of a regional HSC e-learning Disability Training Module	E-learning Module produced	Promotion of positive attitudes to people with a disability
Awareness of DDO Duties included in Staff Training Sessions	Staff Training Sessions Carried out	Awareness of DDO Duties
Collaborative Training Event for Emergency Services Managers on the Mental Health	Engagement with disability sector e.g. Employers for Disability and individuals with mental health conditions in	Involvement of individuals and representative organisations in delivery of training. Aim to improve awareness of mental

[5] **Local :** Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

	delivery of training to emergency services managers	health issues and legal responsibilities for emergency services managers.

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

Communications Action Measures	Outputs	Outcome / Impact
Development of NIAS mandatory workbook for all staff which includes section on Equality and Diversity – inclusion of outline of DDO Duties for all staff	Work book produced and issued to all staff	Promote awareness of DDO duties among all NIAS staff.

2 (d) What action measures were achieved to '**encourage others'** to promote the two duties:

Encourage others Action Measures	Outputs	Outcome / Impact

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
Implementation of DDO Duties continue to be standing agenda item and monitored through NIAS Equality Steering Group and progress reported to Trust Board through Assurance Framework	Strategic level monitoring of progress against DAP	Monitoring implementation of duties designed to have outcome of promoting participation and positive attitudes
To work collaboratively with other	Accessible Information	

HSC organisations and in consultation with disabled people and their representatives in respect of health service information provision by attending meetings of HSC Accessible Formats Group Accessible Formats Stakeholder event in collaboration with other HSC organisations.	Workshop held.	
To consider the publication of Easy read versions of key consultation documents	Regional HSC Trust collaboration and engagement with MENCAP to produce Easy read version of Equality Scheme	Accessible version of Scheme produced to enable improved access for stakeholders.
Undertake a baseline audit of engagement and participation to consider current participation by disabled people and their representatives	Audit of engagement for PPI	Identification of opportunities to improve involvement of those with a disability and their representatives.
Hold PPI management workshop to consider engagement opportunities and consider specific opportunities for involvement of people with a disability and their representatives	Workshop held	As above

Involvement of Guide Dogs for the Blind and Blind service user in review of arrangements for transportations of guide dogs and development of related policy and procedure.	Meetings Revised policy/procedure	Involvement of those affected by policy/procedure in its development and engagement to ensure effectiveness in access to services.

3. Please outline what action measures have been **partly achieved** as follows:

Action Measures partly achieved	Milestones[6] / Outputs	Outcomes/Impacts	Reasons not fully achieved
Inclusion of the disability duties in NIAS Training Plan for 2010-11 to include managers	Training Plan	Improve awareness among staff of duties	Now included in Training Plan for 2011-12
Develop a plan in consultation with disabled people and their representatives for the evaluation the e-learning module in terms of impact on attitudes to people with a disability	Evaluation process	Improve awareness and promotion of positive attitudes	NIAS involved in regional processes and will engage with those undertaking evaluations however barriers to roll out training within NIAS as set out under actions not achieved.

[6] **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.

Review of NIAS website to identify opportunities for improved good practice	Website review undertaken	Improve access for those with a disability	Work has begun and continues.
To undertake an audit of staff to identify those with a disability	Audit undertaken	To improve awareness and facilitate improved engagement with staff with a disability	Establishment of equality forum and discussion have begun and are ongoing around processes
To include staff with a disability and their representatives to develop a system to monitor the number of reasonable adjustments and their effectiveness.	Development of processes	To ensure involvement of staff and staff representatives with a disability in these processes	Regional processes developed and consulted upon, NIAS have begun process of considering how to adopt these and engaging with staff and representatives in this regard.
Ensure specific consideration of Disability Duties in the development of PPI Strategy and involvement structures within NIAS	PPI Strategy	To ensure specific consideration of involvement of people with a disability in development of PPI Strategy	NIAS PPI Strategy work underway in 2011-12.

4. Please outline what **action measures have not been achieved** and the reasons why?

Action Measures not met	Reasons
Develop a plan for the roll out of the e-learning module for NIAS staff	Barriers around access to technology for all staff to access (raised with NIAS ICT Steering Group).
Provision of an update on the implementation of the duties on website and development of a short guide on the duties and place on NIAS Intranet site	Delayed implementation due to other pressures, placed on plan for 2011-12
To ensure at least one article which either promotes positive attitudes or involves a disabled person is published in NIAS News during 2010-11	

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative
NIAS has performance and accountability management systems in place at a management and strategic level to monitor progress in the implementation of the duties.

Involved in regional work to evaluate training, direct engagement with those involved with to ensure work is effective.

(b) Quantitative

6. As a result of monitoring progress against actions, has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Please delete: Yes /

If yes please outline below:

Updated Action Plan following engagement with ECNI to extend timeframe of current plan in order to facilitate a regional HSC Trust approach to development of new plans.

APPENDICES

APPENDIX I EQUALITY OBJECTIVES AND PERFORMANCE INDICATORS

I a – TRUST BOARD ASSURANCE FRAMEWORK

TA7.13… Statutory compliance

TA7.13… Statutory compliance	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW

Objective
Section 75: Statutory compliance.
NIAS will seek to comply with its duties under Section 75 of the NI Act and the Disability Discrimination Order

Performance Commentary.
The Trust's consultation on its revised Equality Scheme closed on 31 March. A total of nine written responses were received which included responses from the Equality Commission for Northern Ireland, trade unions, local council and community and voluntary sector, organisations. The Trust then embarked on a process of amending the Scheme to take on board comments received, both through written submissions and in the course of engagement with stakeholders at two consultation events.

Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop and implement a programme of work to ensure compliance with revised S75 Guidance	MAY 2011	A3	A3	A3	A1
Engage with Equality Commission for Northern Ireland and Disability Sector groups on development of updated Disability Action Plan	1 Jul 2010	A1	A1	N/A	N/A
Develop CSR Monitoring Framework and consult with staff side	Dec 2010	A3	A3	A3	A1
Develop and implement Corporate and Social Responsibility Action Plan	Ongoing	A1	A1	A1	A1
Engage with Business in the Community on development of updated Action Plan	Ongoing	A1	A1	A1	A1

Risk Commentary. The likelihood of not meeting the Trust's Statutory Duty is unlikely and the consequence is moderate, with the associate risk low. Failure to meet the Statutory Duty will not directly impact on the delivery of an Ambulance Service to patients and there are robust systems in place to ensure compliance.

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

Ib – EQUALITY SECTION OBJECTIVES

Performance area	Strategic Objective	Individual performance objective	Key Actions	Timescale
Section 75 of the Northern Ireland Act 1998 and Human Rights Act 1998	Statutory Compliance	Development, implementation and monitoring of programme of work to ensure NIAS compliance with statutory duties relating to Section 75 and The Human Rights Act 1998	Conduct an audit of S75 and Disability Duties activities within NIAS. Develop draft statutory progress report for ratification by Director of Human Resources and Chief Executive. Submission of formal report to Equality Commission. Production of summary report for Trust Board Develop Action Plan for the implementation of new Section 75 duties required under ECNI revised S75 Guide Participate in regional work streams to develop a collaborative HSC approach to implementation of the revised guide	**July 2010** **31 August 2010** **31 August 2010** **30 September 2010** **30 June 2010** **May 2010 – March 2011**

Performance area	Strategic Objective	Individual performance objective	Key Actions	Timescale
Section 75 of the Northern Ireland Act 1998 and Human Rights Act 1998	Statutory Compliance	Development, implementation and monitoring of programme of work to ensure NIAS compliance with statutory duties relating to Section 75 and The Human Rights Act 1998	Develop and deliver a programme of work to produce an Inequalities Audit implementing regionally agreed methodology – literature review, data analysis, stakeholder engagement) Develop and deliver a programme of work to produce a revised Equality Scheme and Equality Action Plan for NIAS including analysis of Inequalities Audit, stakeholder engagement and formal consultation Represent the Trust on regional forums related to Section 75 including DHSSPS Equality Human Rights Steering Group and relevant sub-groups Develop proposals for training in respect of the Equality Agenda to be mainstreamed within the Trust Training Plan.	**June 2010-October 2010 (pending formal request from ECNI)** **October 2010 – March 2011(pending formal request from ECNI)** **Ongoing**

Performance area	Strategic Objective	Individual performance objective	Key Actions	Timescale
Section 75 of the Northern Ireland Act 1998 and Human Rights Act 1998	Statutory Compliance	Development, implementation and monitoring of programme of work to ensure NIAS compliance with statutory duties relating to Section 75 and The Human Rights Act 1998	Ensure production of information/guidance for staff in respect of the Human Rights Act Development and implementation of a programme of work linked to ongoing EQIA's including providing advice and support related to the development of monitoring systems. Development and overseeing implementation of a project plan to review and further roll-out the provision of interpreting services throughout NIAS Contribution as necessary to development of clinical standards in respect of equality and human rights considerations.	**December 2010** **Ongoing** **March 2011** **Ongoing**

Performance area	Strategic Objective	Individual performance objective	Key Actions	Timescale
			Co-ordination of regular meetings of Trust Equality Steering Group including presentation of progress reports related to the implementation of statutory duties.	**Ongoing**
Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006),	Statutory Compliance	Development of a programme of work to ensure NIAS Compliance with DDDA and new statutory disability duties related to the amended article	Implementation of Year 3 Actions from NIAS Disability Action Plan (DAP). Submission of progress reports in relation to implementation of this statutory duty to Trust Equality Steering Group. Development of statutory progress report and submission to Equality Commission following Chief Executive and HR Director ratification. Ensure NIAS representation in regional DAP work streams	**July 2010** **Quarterly Meetings** **31 August 2010** **Ongoing**

Performance area	Strategic Objective	Individual performance objective	Key Actions	**Timescale**
Disability Discrimination Act 1995 (DDA 1995) Including (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006),	Statutory Compliance	Development of a programme of work to ensure NIAS Compliance with DDA and new statutory disability duties related to the amended article	Develop a programme of engagement with disability sector representatives, ECNI and HSC organisations in relation to the development of extended and new Disability Action Plans.	**June 2010**
			Develop extended action measures in consultation with ECNI and Disability Sector organisations	
			Submit revised plan to Equality Steering Group/GME for approval and to ECNI in order to ensure compliance with requirements under DDO	**01 July 2010**
			Develop a shared action with other Emergency Service Providers in respect of DDO/DDA	**March 2011**
			Develop a plan for employee/tu/magr engagement and implementation of regional employment procedures for disability	**March 2011**

APPENDIX II – EMERGENCY SERVICES MENTAL HEALTH CONFERENCE REPORT

APPENDIX III INTERPRETING SERVICES ACTIVITY REPORT 2010-11

Number of calls to Language Line
2010/11

Language	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Total
Arabic			1				1	1	1				4
Bengali												1	1
Bulgarian							1						1
Catonese									1				1
Czech											2		2
French												1	1
Hindi	1												1
Lithuanian		2	1			1	1	2	4	3	1		15
Mandarin										1			1
Polish		1	4	2	1	2	3	15	13	5	3	10	59
Portuguese				2			1		1	1		1	6
Romanian			1		4	2	3	6	7	8	3	3	37
Russian		3	2	1		4			2	1	2	2	17
Slovak	1						1	1					3
Somali					1						1		2
Spanish							1						1
Tigrinya		1											1
Total	2	7	9	5	6	9	12	25	29	19	12	18	153

APPENDIX IV

Northern Ireland Ambulance Service
Health and Social Care Trust

Equality Scheme Consultation

Equality Steering Group Update

5th April 2011

Background

In line with its statutory duty under Section 75 of the Northern Ireland Act 1998 and the Equality Commission for Northern Ireland's (ECNI) revised Section 75 Guidance, NIAS has produced a new draft Equality Scheme. In addition and as recommended by ECNI the Trust worked with other HSC Trusts to undertake an Audit of Inequalities which was used to inform the production of an Action Plan.

Pre-consultation

To help inform the development of these documents, the Trust, in partnership with other HSC Trusts engaged with key stakeholders, representing Section 75 groups. Work streams were divided up and for its part, NIAS engaged with Age NI and the Older Person's Advocate on behalf of Trusts. In addition Trusts engaged with the Equality Coalition in respect of the approach to the audits and the development of new Schemes and action plans. In addition within NIAS, trade union representatives were engaged through JCNC and the HR Joint Consultative Group as part of the pre-consultation process.

Formal Consultation Process

To formally launch the HSC Trusts' formal consultation, letters were issued to consultees from the six Chief Executives. Following this each Trust wrote to consultees with details of individual schemes and action plans. NIAS formal 12 week consultation process began on 07 January 2011 and closed on 31 March 2011. Details including all relevant documents were placed on the Trust's website.

In addition to welcoming written responses, the Trust outlined its commitment to meeting directly with those interested in participating in the consultation process.

A regional Consultation Workshop was convened at the Health and Wellbeing Centre at Bradbury Place (Belfast) on 21 February 2011. Equality leads from the six Health and Social Care Trusts presented on their draft Equality Scheme, their Audit of Inequalities and their Action-based Plan to those in attendance (list of attendees provided at Appendix 1). Following this a number of discussion groups took place, facilitated by Trust Equality leads to enable direct engagement and discussion with stakeholders in respect of this work.

The Equality Coalition***** event for all public authorities who were in the process of consulting on new Schemes (HSC Organisations and Government Departments) at Unison Headquarters on 9 March 2011. NIAS attended this to invite member organisations to engage in dialogue in respect of its Equality Scheme and Action Plan. A list of those organisations which attended is also provided at Appendix 1.

Internally within NIAS, a presentation was delivered to the Trust's Equality Forum, consisting of nominated trade union representatives with an interest in the Equality agenda, about the approach to this work and comment was also invited through this forum.

The Trust's Equality Scheme was also presented to the Trust Board.

***** *The Equality Coalition is a broad alliance of non-governmental organisations working to ensure that the equality duty is put into practice, and to increase the public profile of the equality agenda in Northern Ireland. The Coalition consists of members of all the categories covered by Section 75 of the Northern Ireland Act. The Northern Ireland Council for Ethnic Minorities (NICEM), Disability Action, Women's Support Network, the Upper Springfield Development Trust and the Linc Resource Centre are among the founder members of the Equality Coalition.*

Consultation Responses

In addition to the outcome of the engagement set out above, at the closing date of the consultation process a number of written responses were received. A list of those who provided a written response is provided at Appendix 2.

Next Steps

The Trust is now embarking on a process of analysing all responses received to its consultation exercise. This will involve considering any changes which may be required to the Scheme, Audit and Action Plan to take account of comments made.

Having undertaken this, an updated Audit, Scheme and Action Plan will be produced. In addition a consultation report will be produced which outlines the detail of the responses received and demonstrates how NIAS has taken account of these.

Following internal approval, the update Scheme will be submitted to the Equality Commission for approval, accompanied by a letter from the Trust's Chief Executive.

Appendix 1 Attendees of Regional Consultation Workshops

Health and Wellbeing Centre, Bradbury Place Belfast 21 February 2011

Name	**Organisation**
Alison Irwin ***(Speaker)***	N.H.S.C.T.
Barry Fitzpatrick	NICEM
David Mann	RNIB
Donna Heaney ***(Speaker)***	Equality Commission NI
Ellen Finlay	Women's Support Network
Fiona Carroll	RCN
Frances Murphy	Contact A Family
Hilary Sidwell ***(Speaker)***	W.H.S.C.T.
Ita McErlean	R.O.S.P.A.
Joan Peden ***(Speaker)***	B.H.S.C.T.
Jocelyn Harpur	Speech & Language Therapy (South Eastern Trust)
Denise O'Boyle	Older People's Advocate
Siobhan Branton	Women's Resource & Development Agency
Louise Beckett (HR)	B.H.S.C.T.
Lynda Gordon ***(Speaker)***	S.H.S.C.T.
Marion Ritchie	Chair of Trust Trade Union side South Eastern Health & Social Care Trust
Mary Creaney	Suicide Awareness & Support Group
Michael Wright	RNIB
Michelle Lemon ***(Speaker)***	N.I.A.S.
Orla Barron ***(Speaker)***	B.H.S.C.T.
Susan Thompson ***(Speaker)***	SE HSCT
Suzanne McCartne ***(Speaker)***	SE HSCT
Veronica McEneaney	Health & Social Inequalities, B.H.S.C.T.
Walter Stafford	D.H.S.S.P.S.
Angela Crocker	Speech & Language, B.H.S.C.T.
Miriam Gibson	HR, B.H.S.C.T.
Maureen Doyle	Health & Social Inequalities,

	B.H.S.C.T.

Equality Coalition Event, Unison Headquarters, 9 march 2011

Name	**Organisation**
Natalie Whelehan	Children's Law Centre
Elaine Campbell	Age NI
Barry Fitzpatrick	NICEM
Eoin Rooney	NICEM
Patricia McKeown	UNISON
Fidelma Carolan	UNISON
Colin Flinn	Cara-friend and Queerspace
John McCormick	Carers NI
Debbie Kohner	CAJ
Matthew McDermott	The Rainbow Project
Judith Cross	Age NI
Patrick Yu	NICEM
Patricia Bray	Disability Action
Thomas Mahaffy	UNISON
Pamela Dooley	UNISON
Paschal McKeown	Mencap
Aideen Gilmore	Committee for the Administration of Justice

Appendix 2 Written responses received to NIAS Consultation

1.	*Autism NI*
2.	*Older People's Advocate*
3.	*Disability Action*
4.	*UNISON*
5.	*Equality Coalition*
6.	*Committee on the Administration of Justice*

7.	*Northern Ireland Council for Ethnic Minorities*
8.	*Omagh District Council*
9.	*UNITE*
10.	*Equality Commission for Northern Ireland*

TB/10/15/09/11

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 September 2011

Title:	CSR Phase 1 & 2
Purpose:	Monitoring Information during first Two Phases
Content:	Monitoring Report on the Implementation of Proposals
Recommendation:	For noting only
Previous Forum:	N/A
Prepared by:	Mrs Michelle Lemon, Asst Director, Equality, PPI and Patient Experience
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

CSR Phase 1 and 2

Draft Monitoring Report

Version 6

August 2011

1 Background

1.1 Along with all other Health Trusts in Northern Ireland, The Northern Ireland Ambulance Service (NIAS) was required to deliver an average 3% per annum cash releasing efficiency savings over the period 2008-11. In the financial year 2008/09 the saving required was £1.236 million, rising to £2.719 million in 2009/10, and increasing again to £4.449 million by 2010/11 from a baseline budget of £49.436 million. In setting the context, it is important to note that the Trust secured more investment from the Comprehensive Spending Review (CSR) than it was required to release through efficiency savings however investment was conditional on the delivery of savings. The CSR investment was specifically designed to improve ambulance response and supporting service development to provide an effective and efficient ambulance service.

1.2 NIAS presented its proposals for Efficiency Savings and Comprehensive Spending Review (CSR) Investment for this period for public consultation in November 2008 and following a twelve week consultation period and a further period of decision making, published a Final EQIA and Consultation Report in July 2009. Within this final document, NIAS gave a commitment to monitor the implementation of the proposals and to publish a report of the results of this monitoring. This document provides these results along with further information around the implementation of the proposals and the monitoring undertaken.

1.3 NIAS were unable to implement proposals to release efficiency savings during 2008-09, whilst policy development, consultation and decision-making were ongoing. However the cash releasing requirements of the CSR programme were recurrent and cumulative and the savings to be released during Year 2 (2009-10) had to then include those proposed for 2008-09. The Trust implemented the changes in 3 planned phases with Phase 1 beginning in October 2009, Phase 2; December 2009 and the final phase operating from 01 April 2010.

1.4 Within this context, NIAS still met its statutory duty to achieve financial balance year on year. The Trust was able to maintain financial balance during this period largely as a consequence of administration savings, over achieving on our absence management target and through other non-recurrent initiatives.

1.5 This document relates to monitoring information gathered during first two phases of implementation which was the period between October 2009 and March 2010. It will set out the following:

i. Background to the changes

ii. What we said we would do including;

- Did we achieve our policy aims?

iii. What we said we would monitor including;

- How we implemented the changes and developed monitoring systems
- How we monitored and managed the impact on staff
- How we monitored and managed the impact on service delivery

iv. Updated assessment of impact

v. Conclusions

2 What we said we would do

General Policy Proposals

2.1 In its consultation document the Trust proposed that the majority of efficiencies would be released through the reconfiguration of frontline emergency resources, resulting in reduction in planned emergency ambulance hours of cover. Under these proposals, Comprehensive Spending Review investment would be used to increase the hours of paramedic cover provided by Rapid Response Vehicle paramedics. The Trust put forward recommendations to secure efficiency savings through the measures outlined below. An outline of progress against these is provided below:

Proposal	Action Taken
• The application of absence management measures including new rostering technology, thereby reducing spend on overtime.	• New rostering technology has been introduced along with robust absence management systems.
• The application of recently-introduced technology to increase the number of patients carried per non-emergency journey for PCS ambulances and Voluntary Cars.	• Revised booking systems and improved planning and use of mobile data technology.
• The in-house servicing of the Trust's	• In-house servicing arrangements for

fleet where possible and appropriate, such as servicing of cars and non-emergency ambulances and ancillary components. • Establishing a system review to reduce spend in Training and Administration with an emphasis on use of new and existing technology to reduce expenditure.	ambulance vehicles and delivered necessary savings in this area. • The Trust reviewed the delivery of training and administration in order to release the necessary savings. The quality of training delivered to staff was not affected.

Key Policy Proposal

2.2 As indicated, the majority of savings were to be realised through the re-profiling of planned hours of Ambulance Paramedic Response cover by reducing double crewed emergency ambulance response hours of cover, whilst increasing the proportion of Paramedic Rapid Response hours to emergency ambulance hours. In essence the proposals were to:

Proposal	Action taken
• Reduce the hours of cover, provided by traditional A&E emergency ambulances, by 70,080 hours over the three year period.	• This figure related to hours of cover to be reduced over the three phases. Against this target over phases 1 and 2 the Trust reduced the hours of cover provided by traditional A&E ambulances by

• Use Comprehensive Spending Review (CSR) investment to increase hours of Rapid Response Vehicle (RRV) Paramedic cover by 131,400 hours. • Use CSR investment funds to introduce clinical triage into NIAS Ambulance Control centre, to offer clinically appropriate alternatives to ambulance attendance and transportation to hospital for 999 calls, where the patient does not present with an immediately life-threatening condition.	30,112.4 over phases 1 and 2. • This figure related to hours of cover to be reduced over the three phases. Against this target over phases 1 and 2 the Trust planned 67, 210 RRV Paramedic response hours. • Clinical Triage has been introduced to the NIAS Emergency Control Centre.

2.3 The following criteria were used to determine the locations where this model would operate:

- Revised hours will be during the hours that RRV will operate most effectively and the hours when non-emergency 999 calls will be subject to clinical triage in ambulance control.

- Revised hours will be in locations where there is more than one emergency ambulance currently available twenty-four hours per day.
- Revised locations should be in areas where there is potential for support from neighbouring ambulance locations.
- Revised locations will take account of requirements to meet other PfA priorities while continuing to provide other essential services, such as non-emergency GP calls and inter-hospital transfers.

Having undertaken monitoring in respect of Phases 1 and 2 NIAS can confirm that proposals were implemented in a way which complied with the established criteria.

Rural Considerations

2.4 In recognition of concerns regarding provision of service in rural areas, it was decided that the reduction of A&E cover would be in ambulance locations where there was more than one 24/7 ambulance planned to operate to protect ambulance cover and response in less-densely populated areas.

2.5 In addition, NIAS further developed plans for phases 2 and 3 to ensure that a higher proportion of savings would be released from urban areas in order to lessen the impact on less densely populated areas, with increased RRV paramedic response hours where these work particularly well.

2.6 RRV paramedics operate most effectively when demand is high and when the majority of emergency calls are suitable for lone worker deployment. Demand is highest during daytime and evening (until 02.00 hours) and NIAS designed hours of RRV Paramedic cover to reflect this.

2.7 As indicated in our consultation on these proposals, the key principle applied to deliver the modernised service as efficiently and effectively as possible is that of matching demand and supply. Demand analysis matches demand on an emergency ambulance service against the resources available to service it. Its purpose is to inform the scheduling of those resources effectively to meet clinically sound service delivery standards. It is a support to the judgement of experienced managers and staff; not an absolute prescription.

Implementation of the changes

2.8 As indicated in the Final EQIA and Consultation Report, published in July 2009, the criteria was applied to the areas identified resulting in a model of reduced A&E response hours and increased RRV Paramedic response hours. NIAS gave a commitment that the net result in these areas would be increased paramedic response hours.

2.9 The table below outlines the detail of the A&E response hours taken out of and RRV Paramedic response hours invested in each of the areas over the first two phases of implementation.

Area Affected	A&E Hours removed during Phases 1&2 (shown as hours pa)	RRV Paramedic Response Planned Hours	Net Change in Planned Hours
Belfast	**12,122**	**23,360**	**11,238**
Ardoyne	2,659	5,840	3,181
Bridge	3,832	5,840	2008
Purdysburn	5,631	11,680	6,049
South Eastern	**5,318**	**12,670**	**7,352**
Downpatrick	2,659	3,910	1,251
Lisburn	2,659	5,840	3,181
Bangor		1,460	1,460
Derriaghy		1,460	1,460
Northern	**5,214**	**18,980**	**13,765**
Ballymena	2,086	5,840	3,754
Larne	3,129	5,840	2,711
Coleraine		1,460	1,460
Carrickfergus		5,840	5,840
Southern	**7,456**	**10,740**	**3,284**
Armagh	834	1,460	626
Dungannon	5,162	3,440	-1722
Craigavon	208	5,840	5,632
Newry	1,251		-1,251 *
Western	**Efficiency savings removed in Phase 3**		
Altnagelvin		1,460	1,460
NI TOTAL	**30,110**	**67,210**	**37100**

N.B. figures are rounded to nearest whole number

*Note: CSR investment in additional RRV paramedic response hours specifically in Newry station were implemented in the first quarter of Phase 3. In Phases 1 and 2, additional RRV paramedic response hours allocated to the Southern area provided cover to Newry and other stations, operating dynamically throughout the region.

2.10 Releasing the savings means the equivalent of a reduction of 88 wholetime equivalent posts (44 Paramedic and 44 Emergency Medical Technician).

Implementation of the model required changes to shift patterns in affected areas for staff resulting in, in some cases, staff working from different locations. However, the Trust was able to achieve this without any compulsory redundancies.

Did We Achieve Our Policy Aims?

2.8 Having implemented Phases 1 and 2 by 31st March 2010, the Trust considers that the aims of the key policy proposal as set out in our consultation document have been achieved as described below.

Aim	Update
• Protect and enhance the capacity of the ambulance service to provide rapid paramedic response and treatment to emergencies.	• CSR funding was used to invest in additional Rapid Response Vehicles and RRV Paramedic posts in order to achieve this.
• Deliver efficiency savings in line with Health Department requirements.	• Savings required during Phases 1 and 2 were delivered.
• Support and sustain improvements in response times recorded in 2007/08.	• Table 1 and 2 in Appendix A provide detail around the increased activity levels faced by the Trust during this period and performance achieved. They indicate that the number of Category A 999 calls to the service increased significantly during this period. However the Trust was able to reach more of these calls with a paramedic response within 8 minutes
• Facilitate service plans to extend provision of paramedic Thrombolysis throughout Northern Ireland.	• All paramedics within NIAS are now trained to deliver Thrombolysis throughout the region.
• Transform the service from a model prioritising patient transport to a more patient focused clinical model of pre-hospital care where the most clinically appropriate care options	• Implementation of this model has prioritised emergency paramedic response to the most critically ill patients, clinically appropriate prioritisation of ambulance

are provided for patients promptly, including emergency paramedic response, clinical treatment and ambulance transportation, where appropriate.	transportation and alternatives where appropriate.

3 WHAT WE SAID WE WOULD MONITOR

3.1 The Trust gave a commitment to monitor the implementation of the changes as follows:

Objective	**Monitoring system**	**Comment**
To improve response times for Category A calls in line with ministerial targets	Measurement of Category A performance reports. Monthly reports will be provided to Trust Board and published on NIAS website.	NIAS introduced a number of processes to monitor impact of CSR changes as part of the Performance Management and Improvement agenda. these included: • Weekly performance Management Meetings with local area managers to discuss performance and action plans for improvement • Development of a centralised data management system for data analysis and reporting via a shared folder • Information of performance posted on NIAS website through publication of Trust Board reports • Introduction of automated processes set up to forward weekly data and analysis to Commissioners

		• Held regular meetings with LCGs to discuss local issues affecting performance • Weekly reports provided to Health and Social Care Board and Commissioners
To maintain the capacity to transport clinically urgent patients effectively to hospital	Measurement of conveying response to Category A calls, against target of 95% of calls within 21 minutes Monthly reports as set out above	• Included in systems set out above
To manage demand to reduce the proportion of 999 category c calls taken to hospital	Measurement of % of Cat C calls taken to hospital % of Cat C calls accessing alternative care pathways Monthly report as above Evaluation of pilot of clinical triage to include assessment of patient experience.	• Captured within management information systems developed
Achieve financial balance	Income v expenditure in balance Monthly report	• Captured within established financial reporting systems
Avoid compulsory redundancies and monitor impact of proposals on staff	Quarterly report on implementation plan to Trust Board CSR Consultative Group work programme and reports	• CSR Joint Consultative Forum included representation from management implementation team and trade union representatives

How we implemented and monitored the changes

3.2 As indicated previously, the Trust reprofiled shift patterns in the identified areas in order to implement the changes. This was planned through a programme of engagement with trade union representatives to minimise the impact on staff and build mitigating measures into the planning process. A CSR Joint Working Group was established with the Trust's four recognised Trade Unions, to facilitate consultation and engagement in this regard.

In addition local consultation took place between local management and staff together with their local Trade Union representatives in the implementation of the proposals.

How we managed the impact on staff

3.3 Following consultation, an agreed process was developed to manage the movement of staff who would be affected by the proposals. The overall aim of the process was to ensure that security of employment would exist for employees whilst recognising that changes may occur to the Service, which could ultimately affect overall numbers and grades of staff employed. The process identified a system of redeployment for staff, which would minimise the impact on directly and indirectly affected staff, including the introduction of vacancy controls and the freezing of staff transfers.

It was agreed that any staff required to be displaced from their base station would be given priority to return to their base station under the Staff Transfer process.

3.4 In addition to agreeing a process for the move of affected staff, a set of principles was agreed regarding the development of staff shift patterns which would form the basis of shift pattern changes in the affected stations. It was agreed that the overarching principles, when developing the new shift patterns, should take consideration of Agenda for Change (HSC Staff Terms and Conditions), the Working Time Directive, the needs of the Service and consideration of work life balance issues for staff.

3.5 In terms of implementing the changes using the agreed processes it was agreed that consultation at local level should supplement the consultation undertaken via the CSR JCG in order for the changes to be implemented with the least impact possible to staff. This allowed trade union representatives and affected staff further input into the new shift patterns and facilitated further correspondence and meetings as appropriate with individual staff affected by the changes. It enabled, where possible, individual staff who were displaced to be presented with alternative options in order to provide them with an opportunity to select their preferred option.

3.6 Within the EQIA, a potential adverse impact on staff was identified in respect of the implementation of the changes, particularly for those with caring responsibilities. The collaborative approach as detailed above in managing the potential impact on staff was designed to mitigate against this impact from the outset and the direct engagement between managers and affected staff provided an opportunity for staff to identify further impacts and discuss mitigation.

3.7 In addition the management of vacancies, for example, in respect of the recruitment to RRV Paramedic positions, was timed in a way to create vacancies from those taking up positions in order to reduce the potential for staff affected by the changes to be moved. Ultimately, whilst some staff moved position within the rota only six members of staff across the affected stations were moved to a different station, having decided on the options presented to them. Furthermore, the Trust offered additional opportunities for staff not operating as paramedics to retrain in order to become qualified paramedics.

These measures were in addition to the mitigating measures set out within the EQIA which includes, for example the availability of Work Life Balance Policies.

3.8 As indicated in 2.10, Implementing the changes in terms of the reduction of A&E response hours had the effect of removing 88 whole time equivalent (WTE) posts from Service, however, the Trust was able, through this implementation process, to manage the changes in a way that avoided compulsory redundancies in line with the commitment provided in the EQIA document.

3.9 The Trust recognises that increased activity levels coupled with these changes means Accident and Emergency ambulance crews and Rapid Response Vehicle paramedics are responding to more calls. The Trust recognises that this is to the benefit of patient care.

The reduction on A&E vehicles and consequently conveyancing capacity coupled with increased activity levels has placed additional pressure on remaining A&E crews. Historically the Trust has experienced some pressure in standing crews down for meal breaks during periods of peak activity, which can include around lunch-time.
In order to address this, the Trust has established a working group including representation by trade union representatives.

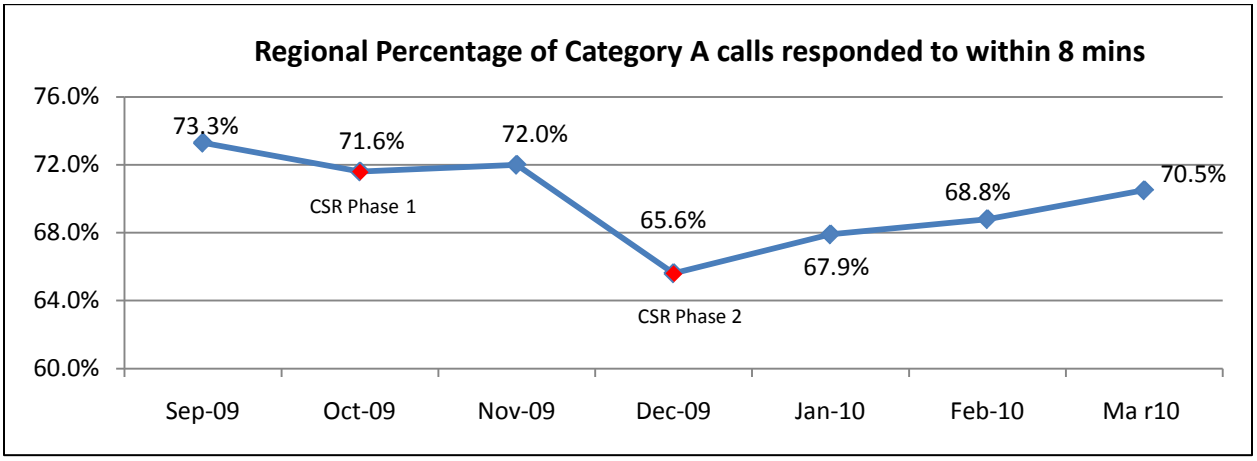
How we monitored the Impact on Service Delivery

3.10 In order to monitor information around Service delivery, the Trust reviewed available data and commissioned further data collection in respect of provision of a conveying response (i.e. how quickly we provide an ambulance vehicle which could transport patients to hospital). This was in response to concerns raised during the EQIA that there may be an adverse impact in this respect. In addition, information was collected in respect of the RRV paramedic contribution to the Trusts performance in responding to Category A, life threatening calls.

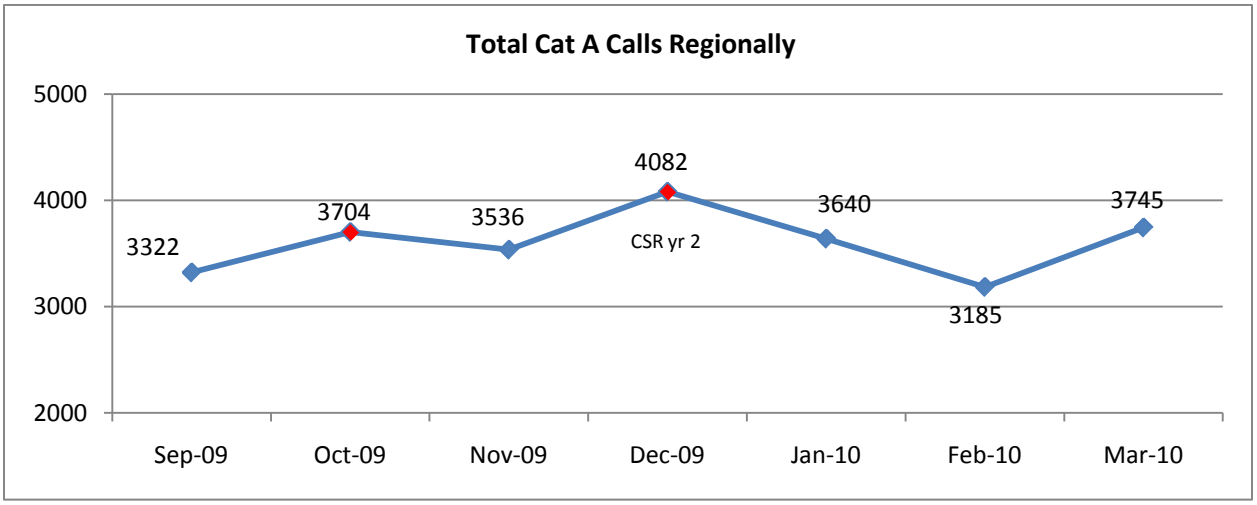
Category A Performance

3.11 Consideration of ambulance performance must take account of the ever changing environment in which we operate. The changes were implemented from October 2009 and the baseline date provided for comparison is September 2009. Factors such as increased activity, winter pressures, requests for diverts, adverse weather conditions, and bed pressures across HSC also impacted on performance. Accordingly variances in performance for NIAS during this period cannot be wholly attributed to the CSR

changes. It is not possible to differentiate between these factors, which impact on performance.



3.12 Category A performance was measured against Ministerial PfA Target 2009/10 which stated: "From April 2009, 70% of Cat A ambulance calls should be responded to within 8 minutes (with a performance in individual LCG areas at least 62.5%) increasing to an average of 72.5% by March 2010 (and not less than 65% in any LCG area)".



CSR Phase 1

Key Trends in Category A Response Performance

3.13 In summary, the graphs indicate that Regional Cat A performance in September 2009 was 73.3%.

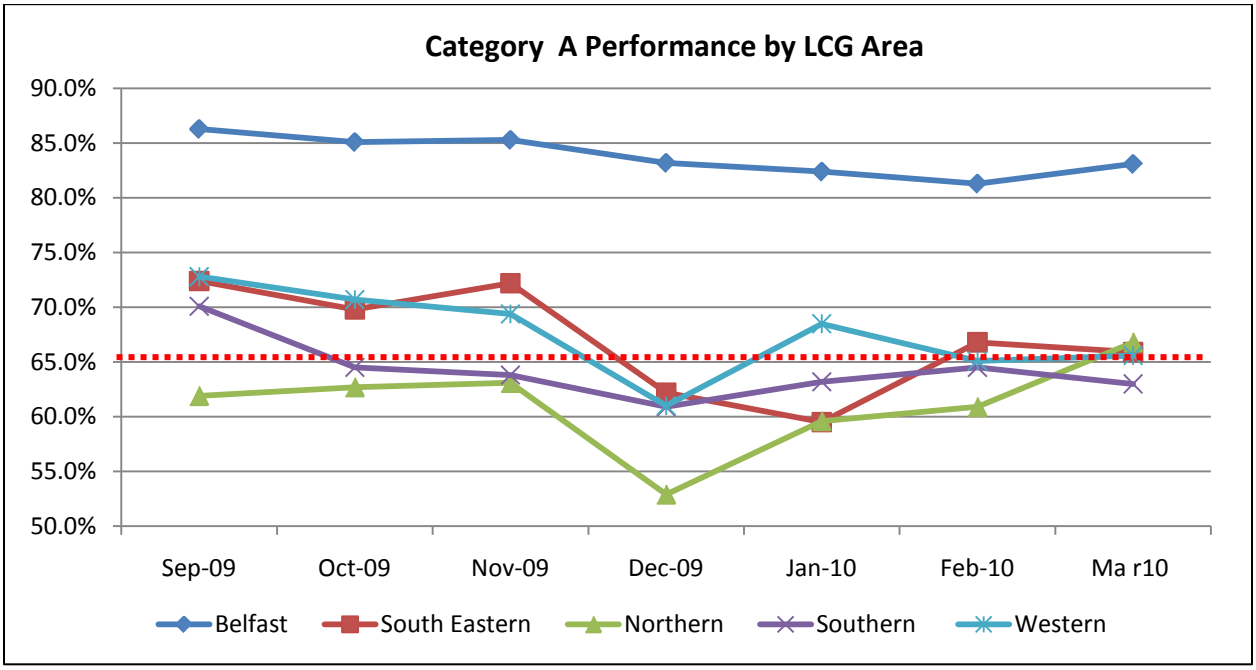
Whilst performance reduced slightly in October 2009, after the implementation of CSR phase 1 changes, performance still achieved the PfA target both regionally and across all the LCG areas.

3.14 In December 2009, after the implementation of CSR Phase 2 changes, performance dropped to 65.6% regionally. The drop in performance was mirrored across the individual LCG areas. December, January and February were particularly challenging across the region but especially in the Northern and Southern Division. The key challenges in this respect were increased call volumes and adverse weather conditions. The Trust's Operations Team developed a Performance Improvement Plan to address these issues.

In January and February 2010, Cat A performance improved steadily, as the Performance Improvement Plan was implemented, achieving 70.5% regionally by March 2010.

3.15 It is important to note that cumulative performance for Cat A calls responded to within 8 minutes increased by 4% regionally when compared to March 2009. The most

notable improvement was in Northern Division (with an increase of 5.7% from the previous year) and Southern Division (with an increase of 6.6% from the previous year).

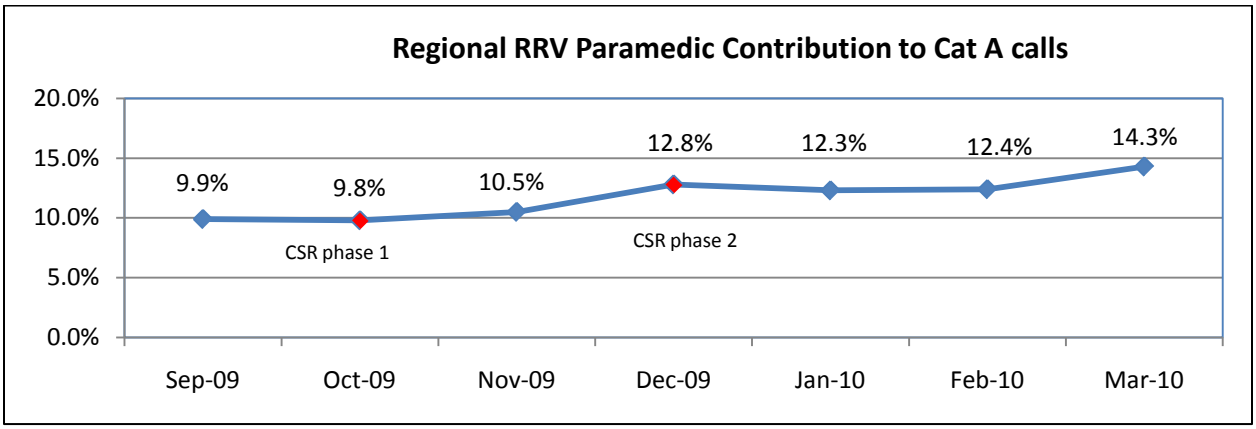


Contribution of RRV Paramedic Response

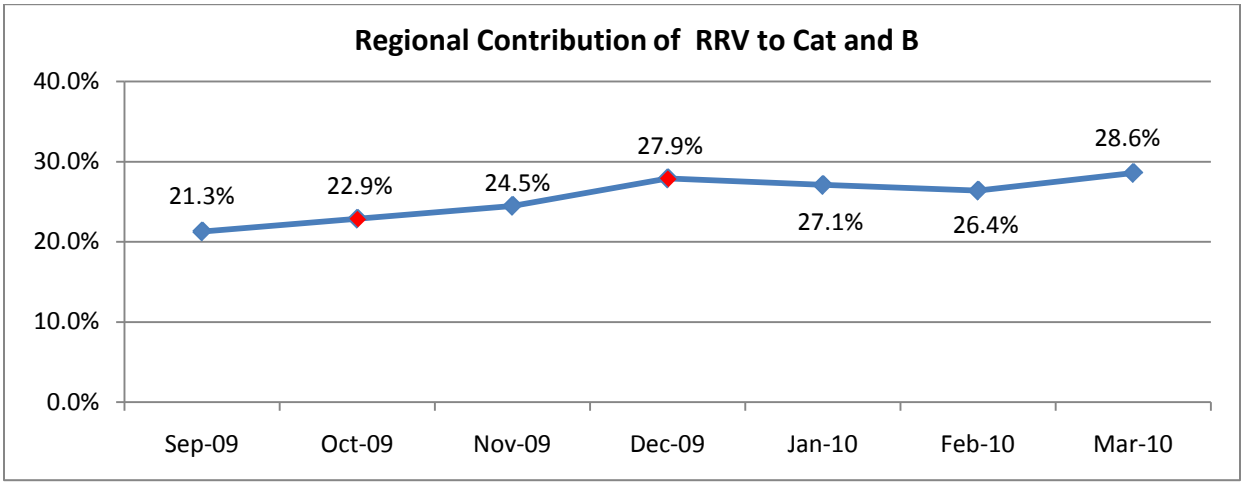
3.17 As indicated in our consultation document CSR investment was used to provide additional paramedic response hours.

3.18 CSR funds enabled investment in additional RRV paramedic response, building on a small existing core or RRV paramedics which was previously provided through DHSSPS Emergency Programme Fund investment. It is not possible to break down the contribution of the CSR element only to Category A performance. However monitoring the total RRV paramedic response hours available in Phases 1 and 2 demonstrate the following trends:

- The table below shows the contribution of RRV paramedics who were first at scene within 8 minutes for all Category A calls. RRV paramedics currently do not yet treat and refer or treat and leave. These models are being explored in conjunction with other healthcare professionals and stakeholders.



- When a Category A call is received and an RRV paramedic deployed, additional information received whilst the paramedic is en route to the call, may on occasion result in the call being recategorised as a Category B call.
- As can be seen from the table below, there was a steady increase in RRV contribution to Categories A and B performance from 21.3% in September 2009 to 27.9% in December 2009 reaching 28.6% in March 2010.



- RRV contribution to cat A and B performance was considerably stronger during the day shift (08.00 – 20.00). In some areas such as Belfast and South Eastern LCG areas the contribution was almost three times as much as during the night shift (20.00 – 08.00) contribution.

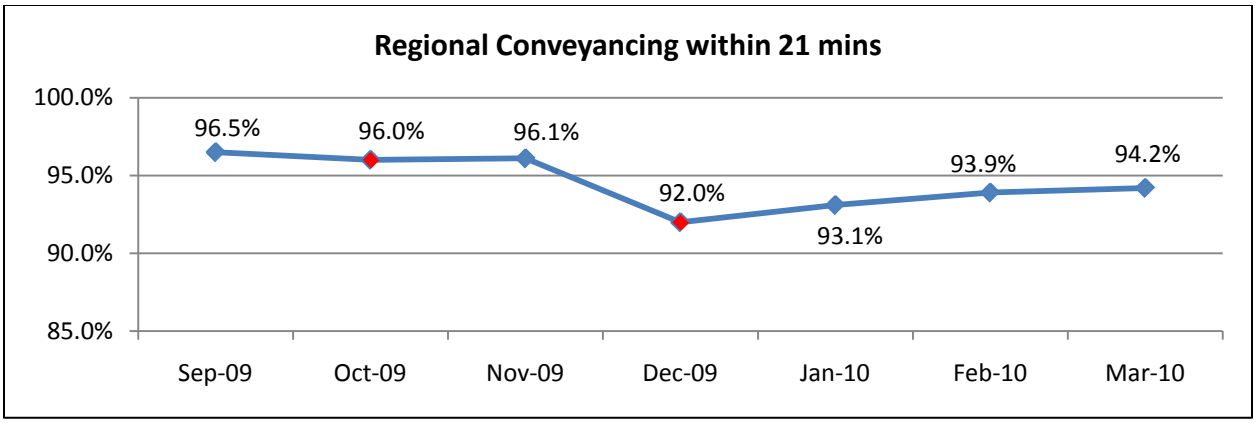
3.20 Given as indicated previously that this model was largely targeted at urban areas RRV paramedic contribution was as expected higher in urban locations rather than rural.

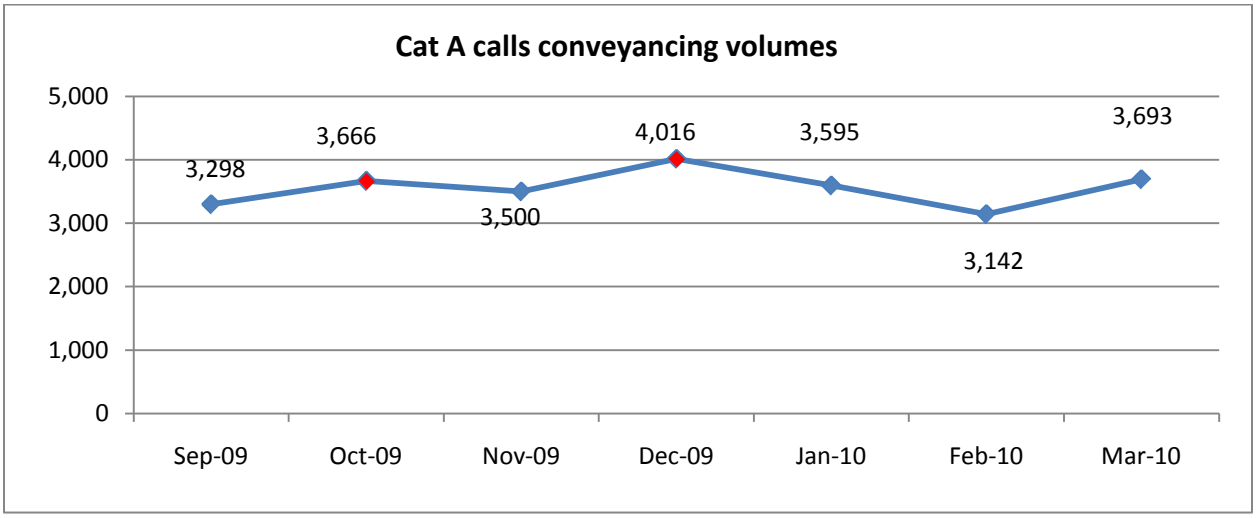
3.21 In conclusion, the CSR investment into increased RRV paramedic response hours has made a significant contribution to improving response times.

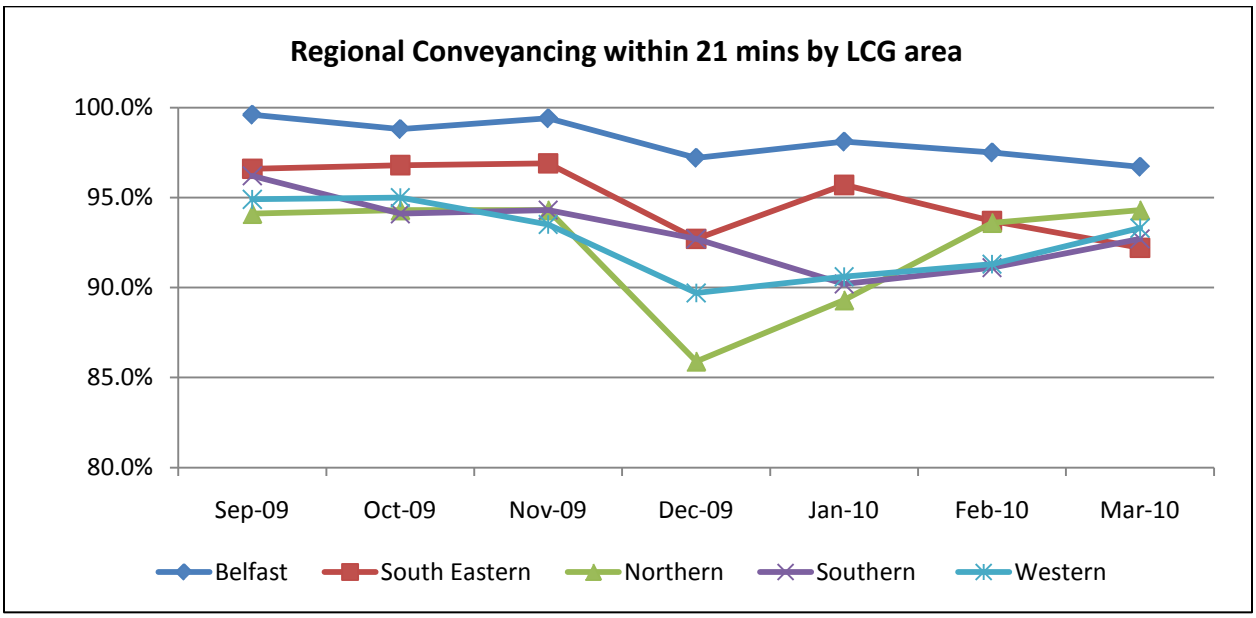
Monitoring of Conveyancing Information

3.22 As indicated in our monitoring commitments, performance in this regard was measured against the target of 95% of Cat A calls where conveying ambulances is at scene within 21 minutes.

3.23 As can be seen in the graphs below performance in Category A conveyancing within 21 mins is directly linked to the volume of Category A calls received, e.g. performance dropped to 92% conveyancing in Dec 2009 (from 96.1% in November) whilst volumes increase by nearly 15% (516 call more) for the same timeframe.


Regional Conveyancing within 21 mins
100.0%
95.0%
90.0%
85.0%
96.5%
96.0%
96.1%
92.0%
93.1%
93.9%
94.2%
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10


Cat A calls conveyancing volumes
5,000
4,000
3,000
2,000
1,000
0
3,298
3,666
3,500
4,016
3,595
3,142
3,693
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10


Regional Conveyancing within 21 mins by LCG area
100.0%
95.0%
90.0%
85.0%
80.0%
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Belfast
South Eastern
Northern
Southern
Western

3.24 In keeping with the trend of a reduction in Category A performance in December 2009, the greatest impact on conveyancing response was measured in December 2009 (introduction of CSR phase 2 changes) across the region and individual LCG areas.

It is worth noting that the activity during this month was higher across all categories of calls with a substantial increase in demand (for Cat A calls in particular) of 23.4% regionally compared to September 2009.

3.25 Northern and Western divisions were particularly challenged during December 2009 with an increase in Cat A calls of 14.1% and 21.3% respectively compared to the September baseline.

Overall performance improved in January, February and March reaching a regional average of 94.2%.

3.26 Consequently it is clear that the combination of increased activity levels along with the removal of A&E response hours has put pressure on the Trust's ability to achieve the target of a patient conveying vehicle for 95% of Category A calls in 21 minutes.

3.27 In order to address this during the period outlined, the Trust has introduced the following mitigating measures:

- Increased conveyancing opportunities with the introduction of Intermediate Care Vehicles (ICVs) to support emergency cover, specifically in more rural areas when clinically appropriate.
- Belfast Division piloted the introduction of Intermediate Care Vehicles operating as support to A&E. This model has proven particularly effective in addressing some of the conveyancing needs.
- Introduced additional resources at specific times (e.g. 16.00 to 24.00) to support Doctors' urgent calls and transfer request thereby freeing A&E resources. This was and still is very effective in the Northern Division.

3.28 Information in this respect will continue to be monitored through the 3rd phase of implementation of the changes and further mitigating measures considered as appropriate.

Rural Areas

3.29 During the EQIA consultation some concern was expressed that rural areas may be particularly impacted by the changes. As indicated previously, the Trust had built considerations into the criteria for selection of affected locations which meant that the model largely operated in urban areas (locations with more than one 24/7 A&E ambulance and locations where there would be potential support from neighbouring ambulance stations).

3.30 Looking at the picture at Local Commissioning Group (LCG) level, the pattern for more rural LCG's reflected the general picture of increased activity levels, ability to sustain Category A response performance by the end of phase 2 of the implementation of the changes, dipping in December 2009, and an impact in respect of response times of conveyancing vehicles.

3.31 The Trust is committed to engaging with all stakeholders in respect of their experiences of using our Services. NIAS is committed to continuing to explore options to address concerns in respect of access to Ambulance Services in rural areas. The Trust intends to engage with rural communities through its Personal and Public Involvement programme about their experiences of our services.

4 Category C Clinical Triage

4.1 As indicated previously and within our consultation document, CSR funding was also used to provide clinical triage within our Regional Emergency Medical Despatch Centre (REMDC). In this scheme clinicians triage appropriate less urgent Category C calls in order to determine whether alternative care pathways or ambulance response would be clinically appropriate to meet their needs.

4.2 The table below indicates that during phases 1 and 2, 336 patients (4.0% of all Category C calls received by NIAS) were dealt with by an Alternative Care Pathway (no ambulance response) and a further 438 (5.3%) were dealt with by a non-emergency ambulance response.

			Accessing Alternative Care Pathway			Triaged to a 999 ambulance response			Triaged to a non999 ambulance response		
Month	Total Cat C calls received	Cat C Calls Triaged	Number of calls	% of calls triaged	% of all Cat C calls	Number of calls	% of calls triaged	% of all Cat C calls	Triaged to GP urgent response	% of calls triaged	% of all Cat C calls
Oct-09	1367	291	56	19.2	4.1	149	51.2	10.9	86	29.6	6.3
Nov-09	1393	279	60	21.5	4.3	147	52.7	10.6	72	25.8	5.2
Dec-09	1551	377	65	17.2	4.2	224	59.4	14.4	88	23.3	5.7
Jan-10	1439	267	40	15.0	2.8	170	63.7	11.8	57	21.3	4.0
Feb-10	1200	285	50	17.5	4.2	188	66.0	15.7	47	16.5	3.9
Mar-10	1427	356	65	18.3	4.6	203	57.0	14.2	88	24.7	6.2
	8377	1855	336	18.1% AVG	4.0% AVG	1081	58.3% AVG	12.9% AVG	438	23.5% AVG	5.2% AVG

Outcomes of GP Clinical Triage for the period October 2009 to March 2010

4.3 However, when looking exclusively at the outcome of calls that actually underwent clinical triage during this period, it was noted that the 336 patients receiving care by an alternative pathway (including referral to the patient's own GP or OOH provider, referral to another primary care community service, or simple advice and reassurance) represented 18.1% of calls and the 438 who received a non-emergency ambulance response represented 23.5%. Providing a non-emergency ambulance response rather than an emergency response allows increased flexibility in ambulance deployment, improving responsiveness for any higher category ambulance calls in the area.

4.4 The evaluation of this pilot concluded that the development of this system had the potential to continue to ensure appropriate clinical care for Category C patients and provide further support to the A&E tier in responding to Category A calls.

Further detail on the information collected in respect of the management of Category C calls during the period is provided at Appendix C.

4.5 During the public consultation on the CSR proposals indications were received from the Carers representatives that the use of alternative care pathways was felt to be of particular value, especially when this allowed for a patient's condition to be safely managed at home rather being unnecessarily referred on to secondary care. Aside from improving operational responsive, signposting patients to a safe, more appropriate care pathway ultimately offers a higher quality service and overall improved patient experience.

5 Finance

5.1 As indicated previously in the financial year 2008/09 the saving required was £1.236 million, rising to £2.719 million in 2009/10, and increasing again to £4.449 million by 2010/11 from a baseline budget of £49.436 million.

5.2 NIAS did not implement the full range of proposals to release efficiency savings during 2008-09 because consultation and decision-making were ongoing. The Trust was able to comply with its duty to achieve financial balance as a consequence of administration savings, over achieving on our absence management target and through receiving some non-recurrent income.

5.3 This position continued for a large part of 2009/10 until the year 1 and year 2 savings requirements were fully implemented in October and December 2009. Again, the Trust was able to maintain financial balance during this period largely as a consequence of administration savings, the implementation of a contingency plan and through receiving some non-recurrent income.

5.4 NIAS is committed to seeking ways to improve and modernise the delivery of its Service. During the same period, NIAS secured additional investment funds of £2.5m in 2008/09 rising to £4m in 2009/10 to support modernisation and reform. There was also additional investment in specific areas to support changes in acute service provision, for example in Sperrin Lakeland and Mid Ulster.

5.5 These amounts exceed the amounts required as part of the cash releasing requirements over the CSR period 2008-2011and have been invested to support Service delivery, improvement and modernisation. Finally, the Trust invested £6.53m in 2008/09 and £2.97m in 2009/10 to support capital investment in fleet, estate, medical Equipment and IT.

6 Updated Assessment of Impact

6.1 In the Final EQIA and Consultation Report, NIAS concluded that the key groups of people affected by the changes outlined were;

- The local populations in the areas affected by the changes.
- A&E staff

The following table outlines the initial EQIA assessment of impact and an updated assessment based on monitoring undertaken.

Updated Assessment of Impact Based on Monitoring

Section 75 **Category**	**Initial EQIA Impact** **identified**	**Updated Assessment of Impact**	**Mitigating Measures**
Religious Belief	**Differential Impact** Prior to implementation all A&E staff were identified as potentially being impacted. Of these 59% are from the Protestant Community, 39% Roman Catholic. 42% of the populations in the areas identified as affected over the three year period (i.e. those impacted by hours in and hours out) are Roman Catholic and 45% Protestant with 13% other or none.	**Differential Impact** This impact remains as identified in the original EQIA. Of the actual staff affected by the implementation of the changes, 52% were from the Protestant Community, 47% from the Roman Catholic and 1% other. The populations affected were as identified in the original document. The net result of the changes was increased paramedic response hours. Since the EQIA was undertaken activity levels for the Trust have continued to rise however Category A performance has improved. Whilst there has been some impact on the response times of a patient conveying resources in December 2009, this reflected a general dip in performance due to other factors. Ultimately the Trust was able to recover standards in this respect, ending the year with a conveyancing response of 94.2% against a target of	**Mitigation around impact on staff.** Section 3 provides detail on the way in which the Trust implemented changes and of the measures applied to mitigate against an adverse impact on staff. These include involving Trade Union representatives in the development of revised shift patterns and a set of principles around how affected staff would be redeployed in addition to opportunities for affected staff to retrain.

		95%.	**<u>Mitigating Measures applied in respect of impact of changes on service users.</u>** Whilst there was an initial dip in Category A ambulance response times when CSR changes were first implemented this subsequently recovered. Although there was a further dip in December 2009 that impacts on performance cannot be solely attributed to this policy. As set out previously within the document increased activity levels and adverse weather conditions were also significant factors in this regard. This document has outlined mitigating measure applied to address any impacts identified. The Trust priority has continued to be paramedic response to Category A patients. The Trust contends that during Phases 1 and 2, the net result of the changes was increased paramedic response hours and consequently impact on service delivery has not been adverse.
Political Opinion	**Potentially differential impact** when considering community background of staff profile.	**Differential Impact** as set out previously when linking community background to political opinion.	

Racial Group	**None Identified**	**None identified**
Age	**Differential Impact** 57% of patients who access the A&E ambulance service are over 50 and are therefore more likely to be affected by these proposals. Of the staff actually affected, 41% were between 45 and 59 and 57%between 30 and 44.	**Differential Impact** A&E Patients are those service users most affected by the changes. NIAS does not consider the impact of this specific policy to have been adverse given Category A performance has ultimately improved and conveyancing response times have recovered during Phases 1 and 2.
Marital Status	**None identified**	**Differential Impact** 64% of staff actually affected were married.
Gender	**Differential Impact** 78% of A&E staff potentially impacted were identified as male	**Differential Impact** Of the staff affected by the changes 78% were also male.
Disability	**Differential Impact** Following consultation we changed this assessment from no impact to differential impact, to	**Differential Impact** Assessment remains as described.

	reflect the correlation between age and disability.	
Dependants	**Potential adverse impact** in respect of A&E Staff identified Changes to shift patterns which may result in staff being required to move to work from a different station may have an adverse impact on those with caring responsibilities.	**Adverse Impact** The Trust recognised that changing shift patterns and moving staff could adversely impact on those with caring responsibilities. Mitigating measures applied in this respect are set out in Section 3.
Sexual orientation	None identified	None Identified

7 Conclusion

7.1 In conclusion, as set out at the beginning of this document, the Trust committed to developing systems to monitor achievement of the following key objectives:

- To improve response times for Category A calls in line with ministerial targets.
- To maintain the capacity to transport clinically urgent patients effectively to hospital
- To manage demand to reduce the proportion of 999 category C calls taken to hospital
- To achieve financial balance
- To avoid compulsory redundancies and monitor the impact of the changes on staff

7.2 Detail has been provided of the systems established to monitor this and the progress made in this regard. The changing environment e.g. Acute Service changes and challenges to performance such as increased activity levels have also been described. Where impacts have been identified mitigating measures undertaken have been outlined.

7.3 Consultation, decision making and planning for implementation impacted on the actual implementation date of the changes and consequently the timeframe for phases 1 and 2 is relatively short, condensed into the six month period covered by this report.

7.4 The Trust recognises there have been impacts of the changes on staff and in terms of in particular conveyancing response times. However the Trust has worked to mitigate these impacts as set out within the document and will continue to monitor these during Phase 3 and will seek to mitigate these as appropriate. A further report will be produced following analysis of Phase 3 monitoring information.

7.5 This has all been undertaken in a very challenging period for the Trust generally as matters such as significant increases in demand for our Service, Acute Service changes within HSC and adverse weather conditions all impacted on our performance.

Ultimately the Trust was able to implement the changes without compulsory redundancies and to comply with its duty to achieve financial balance.

7.6 NIAS continues to work to prioritise improved patient care and this is reflected in advances such as the introduction of clinical performance indicators around the management of Diabetes, Epilepsy and the provision of Thrombolysis treatment all designed to improve patient outcomes. Robust governance arrangements are in place with regular reporting to Trust Board. The Trust also has received a positive response to a clinical and social care governance inspection undertaken by the Regional Quality and Improvement Authority. The Trust is committed to continuing to improve service delivery in line with its Corporate Plan 2011-14.

Appendix A

Table 1: Improvement in response times for Category A Calls from 2007 to 2010

	2007-08			2008-09			2009-10		
		Average Calls Per day	Variance from previous year		Average Calls Per day	Variance from previous year		Average Calls Per day	Variance from previous year
Total Cat A Calls	39575	108	4526 (12.9%)	38760	106	-815 (-2%)	42499	116	3739 (9.6%)
Response in 8 mins	24476	67	5083 (26.2%)	26146	72	1670 (6.8%)	30383	83	4237 (16.2%)

Table 2: Trends in Category A response from 2007/08

	2007/08			2008/09			2009/10		
	Calls	**%**	**Trend**	**Calls**	**%**	**Trend**	**Calls**	**%**	**Trend**
Regional	24476	61.8%	↑	26145	67.5%	↑	30573	71.5%	↑
LCG									
Belfast	12928	72.7%	↑	13662	77%	↑	10185	85.6%	↑
South Eastern							5069	68.7%	
North	4737	49.4%	↑	5092	56.8%	↑	6285	62.7%	↑
South	3304	52.4%	↑	3538	59.1%	↑	4393	65.3%	↑
West	3508	59.5%	↑	3853	63.6%	↑	4641	68.7%	↑

% = percentage of Cat A calls responded to within 8 minutes compared to total number of Cat a calls responded to
Trend =comparison of response with same period for the previous year

TB/11/15/09/11

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

15 September 2011

Title:	Health and Wellbeing and Attendance Management Action Plan 2011/12
Purpose:	To support the delivery of the Strategic Aims of the NIAS Health & Wellbeing Strategy 2010-2015
Content:	Health and Wellbeing and Attendance Management Action Plan 2011/12
Recommendation:	For noting.
Previous Forum:	N/A
Prepared by:	Mrs Lorraine Gardner, Asst Director of Human Resources (Employment, Performance & Corporate Services)
Presented by:	Ms Roisin O'Hara, Director of Human Resources & Corporate Services

Northern Ireland Ambulance Service
Health and Social Care Trust

HEALTH AND WELLBEING & ATTENDANCE MANAGEMENT ACTION PLAN (2011/12)

(1) HEALTH & WELLBEING STRATEGIC AIM: *Improve, strengthen and maintain the infrastructure, and lines of accountability to promote Health and Wellbeing and Attendance Management*.

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
1.1	REVIEW 2011/12 PFA TARGET WITH DHSSPS	Liaise with DHSSPS Re: PFA Target of reducing absence to 5% in 2011/12 with a view to DHSSPS setting a NIAS specific target which is realistic and achievable.	Jun 2011	Contact made with DHSSPS to advise that a 5% target for NIAS would mean a 27% reduction in absenteeism in 2011/12. DHSSPS advise they are currently reviewing NIAS target with a view of setting NIAS with an individual target. The early indications were that NIAS PFA target would be 6.4% however it now appears there will not be a PFA target for Absence.	G	G		
1.2	TO IDENTIFY A NIAS ABSENCE MANAGEMENT PERFORMANCE INDICATOR IN THE ABSENCE OF A RELATED PFA TARGET		Oct 2011					
1.3	DEVELOP HEALTH & WELLBEING ATTENDANCE MANAGEMENT ACTION PLAN 2011/12	Review Learning from End of Year Performance and Accountability meetings 2010/11 and best practice.	Jun 2011		G	G		
		Address key performance areas in the development of the Action Plan	Jun 2011		G	G		
		Agree action plan with SEMT	Sep 2011			G		
		Present action plan to Trust Board	Sep 2011			G		

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
1.4	PERFORMANCE MGMT & ACCOUNTABILITY	Continue to identify and set local targets to assist with meeting NIAS Target	April 2011 – March 2012		GA	GA		
		Continue to monitor performance against local targets and compliance with current Attendance Management Procedure and develop appropriate actions plans for achievement	April 2011 – March 2012	Monthly Performance Meetings with local Managers and HR	GA	GA		
		Continue to manage performance against local targets and compliance with current Attendance Management Procedure through Accountability & Performance Management at Divisional/Departmental level.	April 2011 – March 2012	Monthly Performance Meetings within line management structure	GA	GA		
		Continue to manage performance against local targets and compliance with current Attendance Management Procedure through quarterly meetings with DHR/ADHR/ Director/Manager to consider under performance against target and agree action plans	April 2011 – March 2012	Quarterly meetings with DHR/ADHR and line management structure	GA	GA		
		Continue to produce quarterly improvement plans to deliver targets	April 2011 – March 2012		G	A		
(2)	**HEALTH & WELLBEING STRATEGIC AIM:** ***Ensure Health and Wellbeing and Attendance Management priorities are identified, addressed and measured through robust related Policies, Procedures and action plans*****.**							
2.1	FINALISE & IMPLEMENT NEW ATTENDANCE MANAGEMENT PROCEDURE	Complete negotiations with Trade Unions via the HR Joint Consultative Group on new Attendance Management Procedure	Oct 2011			GA		

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
		Complete Equality Screening on new Attendance Management Procedure	Oct 2011			GA		
		Present new Attendance Management Procedure to JCNC	Nov 2011			GA		
		Agree new Attendance Management Procedure by SEMT	Nov 2011			GA		
		Implementation of new Attendance Management Procedure	Jan 2012					
2.2	DEVELOPMENT & IMPLEMENTATION OF ADDICTIONS PROCEDURE	Research and prepare draft policy and procedure	Oct 2011					
		Issue for consultation to Trust managers	Oct 2011					
		Issue to Trade Unions for consultation	Nov 2011					
		Finalise at HR Joint Working Group	Dec 2011					
		Equality Screening to be completed	Dec 2011					
		Agreed by SEMT	Dec 2011					
		Table at Trust Board	Jan/Feb 2012					
		Implementation	Mar 2012					
2.3	DEVELOPMENT & IMPLEMENTATION OF HARASSMENT POLICIES & PROCEDURES	Research and prepare draft policy and procedure	Oct 2011					
		Issue for consultation to Trust managers	Oct 2011					

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
		Issue to Trade Unions for consultation	Nov 2011					
		Finalise at HR Joint Working Group	Dec 2011					
		Equality Screening to be completed	Dec 2011					
		Agreed by SEMT	Dec 2011					
		Presentation to Trust Board	Jan/Feb 2012					
		Implementation	March 2012					
2.4	Information Systems Requirements	Review information needs to support application of Policy/Procedures	March 2012					
2.5	Costs of Absence to be calculated	Agree NIAS mechanism for calculating costs of sickness absence in line with Controls Assurance Standard 6.3	March 2012					
(3)	**HEALTH & WELLBEING STRATEGIC AIM: *Promote a culture of Health and Wellbeing*.**							
3.1	Consider appropriate health & wellbeing initiatives for introduction within NIAS	Undertake analysis of NIAS Absence levels/causes	Nov 2011					
		Undertake benchmark exercise with other HSC/NHS Trusts	Dec 2011					
		Research available health & wellbeing initiatives via, Health Promotion Agency, CareCall, Business in the Community etc	Dec 2011					

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
		Develop & submit business case for (any) identified health promotion initiative for implementation within NIAS	Mar 2012					
3.2	Develop & implement Stress Management Training for Managers	Agree with RATC inclusion of Stress Management Training in Non-Clincial Training Portfolio and scheduling of Stress Management Training	Sep 2011			G		
		Develop Stress Management Training Programme	Dec 2011					
		Undertake Stress Management Training with appropriate line management	Jan 2011					
3.3	Work in conjunction with Occupational Health to highlight and encourage participation in health promotion activities as and when appropriate e.g. flu vaccine programme		Oct 2011					
(4)	**HEALTH & WELLBEING STRATEGIC AIM: *Support staff in taking responsibility for their own health and enable choices to be made.***							
4.1	Develop "sign-posting" service for employees to health promotion & wellbeing initiatives and awareness	Undertake analysis of NIAS Absence levels/causes	Nov 2011					
		Undertake benchmark exercise with other HSC/NHS Trusts	Dec 2011					

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
		Research available health & wellbeing initiatives via, Health Promotion Agency, CareCall, Business in the Community etc	Dec 2011					
		Develop "sign-posting" service for employees to health promotion & wellbeing initiatives and awareness	Mar 2012					
(5)	**HEALTH & WELLBEING STRATEGIC AIM: *Promote the health and wellbeing of staff through:- Health & Safety Policies; effective working practices and related polices & procedures; provision of a responsive Occupational Health Services and Counselling; training & education; effective leadership and management; the identification and management of the risk of work related pressure; system of peer support*.**							
5.1	Continue to develop HR Advice Notes for Managers	Clarification of working days/shift days	Dec 2011					
		Clarification on part-time workers trigger levels	Dec 2011					
		Recording of reason for uncertified absences.	Dec 2011					
		Secondary Employment	Dec 2011					
5.2	Develop and implement an Attendance Management Training Programme.	Agree with RATC inclusion of Attendance Management Training in Non-Clincial Training Portfolio and scheduling of Attendance Management Training	Sep 2011			G		
		Develop Attendance Management Training Programme (with contribution from Occupational Health)	Dec 2011					

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
		Undertake Attendance Management Training with appropriate line management	Jan 2012					
5.3	Develop and implement a Communication plan that supports the launch of the Northern Ireland Ambulance Service managing attendance policy and procedure and related strategies, policies and procedures		Mar 2012					
(6)	**HEALTH & WELLBEING STRATEGIC AIM:** ***To develop a proactive, and responsive Occupational Health Service offering competent advice and support that focuses on Trust priorities and employee access to appropriate rehabilitation services*****.**							
6.1	Continue to review and improve provision of services provided by Occupational Health	Continue with conduct quarterly SLA meetings with Occupational Health to include case reviews and service improvements.	Apr 2010 – Mar 2011		GA	GA		
		Review of Western Occupational Health service provision to Western Division	Dec 2011					
		Mainstream of Physiotherapy pilot	Sep 2011			G		

	TOPIC	ACTION	TIMESCALE	COMMENTS	Q1	Q2	Q3	Q4
(7)	**HEALTH & WELLBEING STRATEGIC AIM:** ***Continue to work with Trade Unions at local, regional and national level to build on the successful work that they have already undertaken in partnership with employers to better protect employees from health risks in the workplace***							
7.1	Place Attendance Management as a standing agenda item on the HR Joint Consultative Group (HRJCG) to enable continued working with Trade Unions		Apr 2011 – Mar 2012		GA	GA		
7.2	Ensure Health & Safety Committee prioritise the protection of employees from work related health risks	To continue the work of the Zero Tolerance (H&S Sub Group).	Apr 2011- Mar 2012		GA	GA		
		Work in conjunction with Trade Unions to highlight and encourage participation in health promotion activities as and when appropriate e.g. flu vaccine programme	Oct 2011					