

NORTHERN IRELAND AMBULANCE SERVICE

A Meeting of the Trust Board to be held on Thursday, 21 July 2011 at 1.30pm, The Rural College & Derrynoid Centre, Derrynoid, Draperstown, BT45 7DW

A G E N D A

Welcome, Introduction and Format of Meeting		<u>Paper Enclosed</u>
1.0	<u>Apologies</u>	
2.0	Procedure: Declaration of potential Conflict of Interest: Quorum:	
3.0	<u>Minutes of previous meeting of Trust Board held 19 May 2011</u> (for approval and signature)	TB/1/21/07/11
4.0	<u>Matters Arising</u>	
	4.1 Draft Corporate Plan 2011 – 2014	TB/2/21/07/11
	4.2 Sharing of minutes with DHSSPS	
5.0	<u>Chairman's Business</u>	
	5.1 Visit to Magherafelt Ambulance Station	
	5.2 Chairman's Update	
6.0	<u>Chief Executive's Business</u>	
	6.1 Chief Executive's Update	
	6.2 Health & Social Care Board/Public Health Agency Commissioning Plan (Draft)	
7.0	<u>Assurance Framework as at 31 May 2011</u>	TB/3/21/07/11
	7.1 Operations Report	
	7.2 Finance & ICT Report	
	7.3 Human Resources & Corporate Services Report	
	7.4 Medical Report	
8.0	<u>Approval to Policies/Procedures</u>	
	8.1 Amendment to Contact Details - Whistle blowing Policy	
9.0	<u>HR Annual Report</u>	TB/4/21/07/11
10.0	<u>For Noting</u>	
	10.1 Minutes of Audit Committee Minutes held 26 May & 17 June 2011	TB/5/21/07/11
	10.2 Minutes of Assurance Committee held 17 June 2011	TB/6/21/07/11
	10.3 2010/11 Year End Performance	TB/7/21/07/11
11.0	<u>Application of Trust Seal</u>	
12.0	<u>Forum for Questions</u>	
13.0	<u>Any Other Business</u>	

Next meeting of Trust Board & Annual General Meeting will be held on Thursday, 15 September 2011 at NIAS Headquarters.

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

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

Step 1

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

Step 2

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

Step 3

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

Step 4

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, 21 July 2011 at the
Rural College & Derrynoid Centre, Derrynoid
Draperstown, BT45 7DW***

TB/1/21/07/11

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 19 May 2011 at 2.00pm at NIAS Headquarters, Knockbracken Healthcare Park, Belfast

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Mr S Shields	Non-Executive Director
Mr N McKinley	Non-Executive Director
Ms A Paisley	Non-Executive Director
Mrs S McCue	Director of Finance & ICT
Mr B McNeill	Director of Operations

In Attendance:

Mrs M Crawford	Executive Administrator
Ms K Baxter	Senior Secretary

1.0 Apologies

Mr S McKeever, Non-Executive Director
Prof M Hanratty, Non-Executive Director
Ms R O'Hara, Director of Human Resources & Corporate Services
Dr D McManus, Medical 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 Shields seconded by Mr McKinley.

4.0 Matters Arising

4.1 Budget 2011-15

The Chief Executive advised that the Trust is awaiting further information regarding the budget for this year and is adopting a prudent approach until the full details is known.

The Board enquired if the Trust will be in position to deliver further efficiency savings if they are required, and whether a contingency plan was in place. The Chief Executive advised that there is no contingency plan in place or required at this time, however correspondence has previously been shared with the HSC Board indicating areas where savings can be made if necessary.

4.2 **Draft Corporate Plan 2011 – 2014**

The Chief Executive advised that the Corporate Plan is nearing completion and will go out to public consultation thereafter. When the consultation is concluded a workshop for the Board will be convened.

The Board raised the following matters:

- Has the Trust Delivery Plan (TDP) been produced and Priorities for Action (PFA) targets received?
- The Trust has not, at this stage, been requested to produce a TDP and PFA has not been issued to support production of a TDP.
- Will previous unachievable targets be adjusted?
- This decision rests outwith the Trust, but target issues in respect of response times and absence have been shared and highlighted.
- How will the consultation on the Corporate Plan be carried out and will it be pitched at the right level?
- The Trust's Patient & Public Involvement Manager will engage with the relevant stakeholders including the Patient Client Council. It was suggested that a summary of the document be developed for easy accessibility.

5.0 **Chairman's Business**

5.1 **Visit to Resource Management Centre(RMC)/Fleet/Control Training/Emergency Planning Hazardous Area Response Team (HART) Demonstration**

The Board were inspired with all of their visits this morning.

They were impressed with the systems at the RMC which manage planned and unplanned leave.

They were able to see some of the new vehicles and get some insight into the Fleet Department.

When visiting with Control Training they were able to see that a reliable back up is in place for the Emergency Ambulance Control Centre.

The HART demonstration was outstanding and shows the preparedness of the Trust to deal with any major events and the professionalism of staff. It was also noted that there were a number of female paramedics taking part in the demonstration. The Northern Ireland Fire & Rescue Service work closely with ambulance staff in some of these exercises and the Board members witnessed the simulated rescue of a patient from the roof of a building. All staff involved in the demonstration were commended for their hard work and professionalism.

Action: The Chair would write to all of the contributors to this morning's visit and thank them on behalf of the Board.

5.2 Chairman's Update

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

6.0 Chief Executive's Business

6.1 Chief Executive's Update

Chief Executive briefed members as follows:

Met with the Chief Fire Officer, Peter Craig to discuss areas for collaboration. They intend to meet bi-monthly with the Chairs joining the meeting twice a year. Invitations will be extended to other key members of the Executive Team.

Met with Chief Executive of the Public Health Agency which gives an opportunity to work together on 'unscheduled care and Commissioning'. A joint Senior Executive Management Team meeting has been arranged.

Robert Morton, new Chief Executive of the Ambulance Service in the Republic of Ireland paid a 2 day visit to the Trust. Joint working will be developed further.

Met with Chair of South Eastern Commission Group. Discussion took place around service provision and unscheduled care in the area.

Met with Health Estates, DHSSPS to discuss capital planning. Fleet, technology and estates were highlighted. It is important to keep these matters to the fore.

- The Board asked if the Chief Executive intended to meet with other Chairs of Commissioning Groups.
- He advised that he has had discussion with the Chair of the Belfast Commissioning Group which was very positive and the Chair of the Southern Commissioning Group is to visit NIAS HQ.
- The Board further asked if ambulances from the South of Ireland came across accidents on route whilst in the North would they, and can they render assistance?
- It was advised that both services attend to any accidents such as described. Arrangements are in place and a memorandum of understanding has been developed to support this.

7.0 Assurance Framework as at 31 March 2011

Operations Exception Report

- A full and comprehensive report was provided highlighting information contained in assurance framework document. Principal factors that affected Category A response were: congestion in A&E Departments leading to longer handover times, winter pressures around flu and the severe weather which extended over late December and early January, and an 8.7% increase in demand during March.

NIAS responded to an additional 6,290 '999' calls during the year compared with 2009/10. Turnaround times continue to be an issue with time spent being equivalent to six 12 hour shifts. Meetings are ongoing with Trusts regarding this matter. The Trust has met with the Commissioners and the HSC Board regarding a regional escalation action plan (REAP). PFA's will be rolled over to 2011/12 until notified otherwise.

- The Board commended performance given the pressures of the past year and added that the figures for the West are very good. They wondered about the extent to which technology ie satellite navigation has contributed to improve performance.
- It was advised that it was not possible to quantify as a range of initiatives have been implemented concurrently creating a composite impact.
- GP urgent calls were raised and how they are managed.
- This area remains a focus for the Trust as it is important that these calls are dealt with appropriately as some patients could have a higher clinical need than some of the 999 calls which are received. Procedures were described and it was noted that these calls can be upgraded to 999 if necessary.

Finance & ICT Exception Report

- The Trust has achieved a breakeven position, showing a small surplus, subject to the completion of final accounts. It was agreed that this was very commendable given the Trust has implemented the CSR 3rd year efficiency savings plus an additional 2% savings in payroll.
- The question of whether the Trust is confident of achieving breakeven in the future was raised by the Board given continuing increases in demand.
- Management controls are in place with the Trust being aware of what funding is in place and how to manage it. NIAS will continue to engage in any discussions regarding service changes across Trusts to assess possible financial impact. Investments have also been made in areas such as the Resource Centre to enhance resource utilisation.
- The Board raised the payment of invoices and whether additional help was required to achieve the 95% target.
- This is a focus for the Finance Department, however given that the Trust is a regional service there can be a delay in getting authorisation for some invoices. It is hoped to sustain and improve the current position.
- Concern was expressed regarding spend of capital at year end. The Board would prefer if monies could be spent earlier in the year to avoid the risk of the Department clawing back surplus monies should business cases not be approved. The business case for Ballymena was raised and It was advised that this has been submitted however queries have been raised by DHSSPS.
- An error in the March figures on P.49 was noted in Fleet Profile (% less than 5 years old) Emergency ambulance. Figure should read '62.5%'. A sentence from the last paragraph on Pge.48 was also deleted. (This reflects vehicles brought into service 5 years ago which have just reached 5 years of age).

Human Resources & Corporate Services Exception Report

- Absence – Members were advised that absence remains a major focus for the Trust and is a key element of the Performance Framework. Access to physiotherapy has been improved through revision of service contract to address specific access and return to work issues. Areas with the highest absence levels are with Control and EMT staff.
- Disciplinary/Grievances - There is an issue at present with Trade Unions in relation to suspensions which Management are addressing.

Medical Exception Report

- Business Continuity Plan – The Trust's Business Continuity Management arrangements were subject to peer review by representatives of the East Midlands and Scottish Ambulance Services in June 2010, and the NIAS Emergency Planning Officer (EPO) has participated in a review of the Business Continuity arrangements in the Yorkshire Ambulance Service and will participate in a similar review of arrangements within the London Ambulance Service. A number of recommendations have arisen from this process and an action plan arising from these recommendations has been developed. The absence of an overarching plan is an issue, however local plans remain in place.
- Stroke Services – It is important that patients are treated promptly on arrival to hospital and there are currently 5 hospitals providing 24/7 stroke provision. This is also an area of focus for Clinical Support Officers.
- Hygiene and Cleanliness –The RQIA report has now been received which overall was positive. An action plan based on the recommendations has been developed for implementation.
 - The Board asked if there had been a decline in hospital acquired infections.
- DHSSPS reports confirm that the situation within hospitals has improved. However as patients are not in ambulance care for long periods the NIAS risk assigned is low.
- Pathway Management – This is an area which is still being developed. It is hoped to introduce a number of condition-specific treat and leave and treat and refer protocols in Quarter 2 of 2011/12.

8.0 For Noting

8.1 Minutes of Audit Committee held on the 21 March 2011

Noted.

The Board raised the issue of counter fraud and the national counter fraud initiative. The Director of Finance is the lead for NIAS and advised that information is provided to the Trust and any matches would be explored through normal processes.

8.2 NIAS Management Statement/Financial Memorandum

This document was developed by the HSC Board and approved by the Department of Finance and Personnel.

The Board referred to the following:

Appendix 1 which requests that draft minutes are forwarded to the Sponsor Branch. The Board do not believe that this is a reasonable request and would not be happy in forwarding minutes which have not been formally ratified. The Board generally welcomed the document which detailed the governance and accountability arrangements in place across HSC

Page 21, 5.32 refers, that the Sponsor Department will attend one Audit Committee per year. It was advised that no representative has attended so far.

Action: It was agreed that the Chief Executive would raise with the Department the concerns of the Board in relation to the sharing of draft minutes.

8.3 Capital Resource Limit Allocation 2011/12

The Trust is awaiting final confirmation on figures. The Board noted the reference on Page 2, 'it should no longer be assumed that significant under-spends against monthly profiles can be end-loaded to the last 3 months of the financial year'.

Noted.

8.4 Statutory Rules of Northern Ireland 2011 – No.164

Noted.

8.5 NIAS Response to Consultations

This paper reports the consultations that NIAS have responded to in the past year.

Noted.

9.0 Application of Trust Seal

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

10.0 Forum for Questions

A member of the public noted that the representative from the Patient Client Council has not been attending recent Board meetings.

The Patient Client Council is advised of all public Board meetings and it is their decision to attend or not. The Trust's Board meetings are advertised within the Press and on the Patient Client Council website. It was further advised that an invitation will be sent to the Chair of the Trust area in which we are holding a meeting inviting members of that Board and/or appropriate senior management to attend. The matter of invitations to Councils was raised and it was agreed that an invitation will be sent to the relevant Councils.

Action: An invitation to Board meetings is to be sent to Councils.

11.0 Any Other Business

No other business discussed.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be on Thursday, 21 July 2011, venue to be confirmed.

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

Signed: _____
(Chairman)

Date: _____

TB/2/21/07/11

Northern Ireland Ambulance Service

Corporate Plan 2011-2014

May 2011

CONTENTS

Foreword	3
Introduction.....	4
NIAS Today – A Foundation for Safe, High-Quality Care	4
NIAS Ethos - Shaping the Future	7
Purpose	7
Mission.....	7
Vision.....	8
Values	8
Looking to the Future - Challenges for the Ambulance Service.....	9
Responding to the Challenges – Identifying and Exploiting Opportunities..	17
Delivering Safe, High-Quality Care - Strategic Aims & Objectives.....	19
To deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation which is appropriate, accessible, timely and effective	19
To achieve best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity	20
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.....	20
Delivering the Corporate Plan.....	22

FOREWORD

This draft Corporate Plan for the Northern Ireland Ambulance Service (NIAS) sets out the strategic direction for the organisation over the next four years.

It builds on our efforts to date to improve and modernise 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.

This plan is being developed at a time of significant challenge in health and social care as a consequence of increased demand for our services and a difficult financial environment. In these challenging times it is imperative that Health and Social Care organisations work together to improve patient experiences and outcomes. We must also work together to promote equality of opportunity and address health inequalities. We are committed to engaging with service users, our staff, trade union representatives, HSC colleagues and other stakeholders as we move forward to rise to meet the challenges before us.

The Corporate Plan will be underpinned by a Trust Delivery Plan and implementation will be monitored through governance arrangements including through a Trust Board assurance framework.

I am pleased to present this draft plan for consultation in order to provide as wide an audience as possible with an opportunity to input into its further development.

Liam McIvor

Chief Executive

INTRODUCTION

This document sets out a strategic direction for the Northern Ireland Ambulance Service (NIAS) 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. 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 plan 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.

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.

NIAS ETHOS - SHAPING THE FUTURE

It is widely recognised and acknowledged that we face a period of austerity and challenge which will make our task of delivering safe, effective, high-quality healthcare more difficult. In these circumstances it is all the more important for NIAS to revisit, review and restate, clearly and decisively, our purpose as healthcare professionals and as members of an organisation on the front-line of healthcare delivery.

The functions¹ of NIAS, as set out by Department of Health, Social Services and Public Safety (DHSSPS), are “to provide goods and services for the purposes of health and social care and, in particular, to provide and manage ambulance and associated services; and such other services as can reasonably be carried out in conjunction with the provision and management of ambulance and associated services”. As we strive to deliver these functions to the best of our ability, we reflect this in statements of our Purpose; Mission; Vision and Values which guide our actions and aspirations

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...

¹ Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995 as amended by the Health and Social Services Trusts (Establishment) (Amendment) Order (Northern Ireland) 2008 and the section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

“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”

VALUES

Our values provide common ground for co operation to achieve shared aspirations. In adopting and endorsing these values, the Northern Ireland Ambulance Service commits to “living” those values every day in our engagement with patients, public and colleagues providing healthcare services.

RESPECT AND DIGNITY

We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

COMMITMENT TO QUALITY OF CARE

We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

COMPASSION

We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

IMPROVING LIVES

We strive to improve health and well-being and people's experiences of the health service. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

WORKING TOGETHER FOR PATIENTS

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals within and outside the health service. We put the needs of patients and communities before organisational boundaries.

EVERYONE COUNTS

We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

LOOKING TO THE FUTURE - CHALLENGES FOR THE AMBULANCE SERVICE

The challenges facing health services across the Western world are clear and, like the rest of the healthcare system, 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.

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.

In Northern Ireland the number of people aged 65 or more is projected to increase by around 11% by 2014 and by 40% by 2024. The number of people living with long-term, chronic conditions in Northern Ireland is expected to rise by 30% to 715,000 by 2020 due to the ageing population and the lifestyle choices that people now make. Patients and the public rightly expect their health and care services to fit around their needs, and be tailored to their individual concerns. Expectations are rising and will continue to rise in the future.

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.

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. 130,000 people called 999 in Northern Ireland in 2009/10 and 121,000 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.

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 in the provision of basic life support to maximise chance of survival.

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 best place, in the best possible time, with the best treatment along the way.

NIAS will continue to work with the commissioners and other healthcare providers to develop appropriate local care pathways for patients with life

threatening conditions. We will also ensure the right protocols are in place for the rapid transfer of people to appropriate centres of care, and that our staff have the skills and training they need to treat patients prior to arrival at hospital.

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.

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.

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.

RESPONDING TO THE CHALLENGES – IDENTIFYING AND EXPLOITING OPPORTUNITIES

As we look to address the challenges we face, we believe that NIAS has a pivotal role to play in the delivery of safe, high quality care in Northern Ireland in the future. Some of the key developments are outlined below.

In the future we see the ambulance workforce more closely aligned with other healthcare clinicians operating in the community. Ambulance personnel interact with patients as independent clinical professionals, and can also deliver care as the eyes, ears and hands of specialist clinicians based in hospitals, urgent care centres and other healthcare facilities. This will maximise the value and benefit of specialist clinicians and enable them to more readily and efficiently influence, direct and provide care to patients in their own homes or local community settings. Patient confidence is increased in this new model of care by their immediate and ongoing contact with ambulance paramedics, trained and equipped to administer care and treatment, but also crucially ready and able to respond to any situation arising and provide immediate emergency response and care.

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

NIAS currently provides a robust and reliable call management service for emergency, urgent and non-emergency health related calls. We look to

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

In the near future, the ambulance service would expect to play a pivotal role in managing scheduled and unscheduled care better. Callers seeking help can assess their own needs in the first instance and potentially call 999 for an emergency or 111 for non-emergency help. Ambulance personnel can assess calls from either setting and determine clinical urgency consistently, assigning ambulance and non-ambulance response based on clinical need to ensure the fastest most effective response to those in greatest clinical need. Alternatives to ambulance response and hospital attendance will be offered to suitable patients by trained clinical professionals with the time to listen and determine what is needed and access services throughout Northern Ireland and across the whole primary and secondary healthcare system to meet that individual patient need. Patients will have greater control of their continuing emerging care needs and will be supported in more effectively managing their healthcare at home. Critically, the patient will be in direct contact with clinical professionals who are an integral part of the ambulance emergency response system and able to assign an emergency response immediately should the patient require it. In the area of scheduled care, increasing dependability of service provision would reduce the burden on unscheduled care and enable patients to plan their care around their lives, rather than plan their lives around their care.

A common theme throughout all of this is a need to establish and maintain resilience and business continuity in the delivery of scheduled and unscheduled healthcare services on a 24/7 basis. Similarly strong governance arrangements for the management of risk and the assurance of financial probity need to be maintained and further developed. Engagement with the public, our staff and other key stakeholders and interest groups will

continue to grow in importance as we develop as an organisation seeking to fully understand and meet both needs and expectations of the community for care outside the hospital setting.

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

Having considered the health priorities and key challenges within the context of the ambulance services' purpose, mission, vision, principles and values, and the priorities identified by the Minister and his agents, 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. We will work with colleagues in the healthcare system and beyond to ensure that our activities and aspirations are aligned with the healthcare policy framework and commissioning intentions and direction.

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 aims. 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 Strategic Objectives underpinning these aims are as follows:

1. Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.
2. Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
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. Promote and develop an open, transparent and just culture focussed on patients and patient safety.
5. Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
6. Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.
7. Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication

and engagement with all our communities and their representatives.

8. Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.
9. Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

DELIVERING THE CORPORATE PLAN

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, Trust Board outlines the strategic direction in promoting the health and well-being of the citizens and communities of Northern Ireland who use the Trust's services. It sets the values and standards and ensures that the necessary financial and human resources are in place for the organisation to meet its objectives. NIAS is committed to working with DHSSPS and Commissioners to secure the policy framework and commissioner support necessary to deliver service modernisation and reform consistent with our strategic aims and objectives.

The Board identifies the 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 in terms of actions and activity to secure objectives.

The Ambulance Service touches lives at times of basic human need, when care and compassion are what matter most.



ASSURANCE

FRAMEWORK

(as at 31 MAY 2011)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2011-2012

MISSION

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

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

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

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

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

The Trust's Business Continuity Management arrangements were subject to peer review by representatives of the East Midlands and Scottish Ambulance Services in June 2010, and the NIAS Emergency Planning Officer (EPO) has participated in a review of the Business Continuity arrangements in the Yorkshire Ambulance Service and will participate in a similar review of arrangements within the London Ambulance Service. A number of recommendations have arisen from this process and an action plan arising from these recommendations has been developed. These include the development of a business continuity strategy, policy, work programme and ultimately operational plans. An Assistant Emergency Planning Officer has taken responsibility for this work since December 2010 and a draft strategy and policy for consideration by the Senior Management Team have been completed with further benchmarking being currently undertaken with other UK Ambulance Trusts.

The previous NIAS draft Business Continuity Plans are being incorporated into this work along with previous comments and amendments submitted following an earlier review in 2010. 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. This includes Business Continuity Plans for a number of stations which were implemented during periods of civil unrest, for example.

A number of contingency plans have been tested including the evacuation of Emergency Ambulance Control (EAC) in September 2010. As a result of this, a number of amendments to the Contingency Plan have been highlighted and are currently being incorporated into a revision of the Plan.

The Trust's Flu Pandemic Contingency Plan was reissued to all staff in anticipation of rising levels of flu during the winter months and Personal Protective Equipment (PPE) levels were checked. Training in the use of relevant PPE is also being undertaken for new operational staff. NIAS participated in regular teleconferences with other HSC bodies including the Public Health Agency (PHA) to monitor the situation.

Following the period of severe weather over the Christmas and New Year period, the EPO has chaired a formal debrief which has highlighted issues arising during this period. A series of recommendations has been drafted and will be incorporated into the review of the Trust's Contingency & Business Continuity Plans.

NIAS has also participated in a national UK Ambulance Services Fuel Resilience Benchmarking Exercise in May 2010 as part of the NHS Ambulance Chief Executives Group Business Continuity Workstream.

The NIAS Major Incident Plan and associated emergency plans were reviewed and reprinted in 2009. Work will now commence on the next review during 2011 in accordance with the ongoing cycle of planned review. The Trust's Emergency Planning Officers continue to be involved in emergency planning developments at regional and national level with Government Departments and other Ambulance and Emergency Services. The Incident and Emergency Plans continue to be exercised with post-exercise and post-incident debriefing to facilitate identification of any necessary actions and learning. During 2010/11, NIAS participated in twenty-eight multi-agency exercises and exercises to test the Major Incident Plan and responded to thirty-three potential major incidents.

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 DHSSPSNI and the report was submitted to them in May 2011.

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 will commence in July 2011 as part of the planned biannual review and 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 will be submitted to the Trust's Assurance Committee for review and then to Trust Board for ratification. Individual function and directorate-specific Business Continuity Plans have been identified and will be reviewed, updated and tested.

A log of the implementation of any local or regional contingency plans has been established.

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

Since April 2011 the Trust has participated in seven planning exercises with other services and organisations and four potential major incident responses and three 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 DHSSPSNI 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, 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 is being planned during 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.

Training delivered by the Public Health Agency will commence.

HART deployments will be monitored and debriefed.

SUMMARY OF PERFORMANCE

Recurrent funding for HART has been provided by DHSSPS through the Public Health Agency.

NIAS HART SOPs and deployment procedures have been agreed.

HART awareness sessions including capability and deployment have commenced 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 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.

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 is being planned for later in the year and letters of invitation have been sent to the Minister, Permanent Secretary and CMO. Their response is awaited in order to confirm the date.

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 has fully participated in the regional development and implementation of stroke care pathways and continues to participate in the monitoring of performance.

A NIAS protocol for the management of acute stroke in keeping with the regional framework and NICE Guidelines was introduced in 2009.

NIAS is currently monitoring performance in relation to the arrival of patients with actual or suspected acute stroke at hospital within an appropriate timeframe and a clinical performance indicator for the management of acute stroke has been developed and is subject to regular audit. NIAS continues to participate in the ongoing monitoring and review of arrangements for the acute management of stroke at regional level. 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 and the Regulation Quality and Improvement Authority (RQIA) to identify and deliver relevant requirements from an ambulance perspective. No healthcare acquired infections arising within the Trust have been reported within the current year. The Trust's Infection Prevention and Control (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 Infection Prevention and Control 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 Infection Prevention and Control Group has been formed to specifically review current arrangements and make recommendations to improve the reporting and monitoring of vehicle cleaning. This sub-group 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 following final comments will be submitted to the Assurance Committee and Trust Board for approval.

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

An audit of compliance with IPC procedures was completed in March 2010 and demonstrated a high degree of compliance. A further audit of hand hygiene measures was undertaken in early 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.

A regional tender in regard to contract cleaning of NIAS facilities was issued in July 2010 and a contract has now been awarded. Cleanliness and hygiene arrangements within the Trust are monitored by the Trust's Infection Prevention and Control Group and Health and Safety Committee and are reported to the Assurance Committee. A programme for the review and audit of station cleanliness commenced during September 2010 is ongoing and findings are reported to the Trust's Health & Safety Committee.

NIAS continues to be actively engaged in a number of regional networks, groups and frameworks including the Regional Cancer Network and the primary care group of the Northern Ireland Cancer Network (NICAN).

The Trust has participated in meetings and workshops for end of life care, the Palliative Care Strategy and various aspects of other service frameworks including aspects of condition-specific terminal and palliative care, for example in the Respiratory and Cardiovascular Frameworks. Documentation and a process introduced within the year to facilitate the population of a NIAS patient database for end of life care in children in the Northern Trust area have been reviewed and updated. Similarly a form developed by NICAN in relation to palliative and end of life care for use by NIAS and GP Out of Hours is currently being piloted by GPs in the South Eastern Trust area. NIAS has implemented as part of the Respiratory Framework a system for the population of our patient database regarding specific oxygen therapy requirements for individual patients following discharge from hospital, and arrangements for patients with laryngectomy have also been reviewed. NIAS also continues to participate in regional groups in relation to stroke and acute cardiac care.

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 are regularly used by the Trust's Clinical Support Officers (CSOs) as part of their ongoing programme of clinical supervision.

New pharmacy arrangements have now been introduced throughout the Trust including the introduction of controlled drugs. RQIA reviewed the Trust's Medicines Management Policies and Procedures as part of their inspection in 2010. The findings of their report, which has now been received, have been noted and an action plan arising from the report has been developed and submitted to the Assurance Committee. Annual reports in relation to medicines management for 2010 have been submitted and approved by the DHSSPS. NIAS participates in regional pharmacy review and monitoring arrangements and is substantively compliant with the Medicines Management Controls Assurance Standard.

NIAS is engaged with the Regional GP Out of Hours Review Group and provides activity data to support their work. The reintroduction of a call triage pilot with one of the GP Out of Hours providers with a view to potentially extending this regionally is currently being explored. The pilot of Category C call triage by GPs in EAC has now been completed and evaluated and the GP call handling process will be fully integrated within the call handling process and the remit of GPs in the Control Room is being extended to facilitate, for example, advice to responding ambulance crews etc.

Paramedic administered thrombolysis continues to be available on a regional basis and its administration is being monitored 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 are being developed for introduction within this year, with a review of arrangements in other Ambulance Services both nationally and internationally currently being undertaken.

A number of joint care pathway initiatives are currently being discussed with other Trusts and agencies 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).

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 are being collated and will be presented to the Assurance Committee.

A number of infection prevention and control performance indicators have been agreed and are being monitored by the Infection Prevention and Control Group at its meetings and reported to the Assurance Committee.

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

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 are currently being actioned and will be reviewed and reassessed in September 2011.

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.

NIAS is currently exploring participation 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.

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
NI	96.40%	97.50%									
Belfast	95.80%	100.00%									
North	97.30%	97.56%									
SthEast	94.30%	95.45%									
South	100.00%	97.14%									
West	94.70%	96.97%									

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 ensure that 95% of Category C calls are responded to within 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 72.7%

It is failing to achieve the LCG target in North and South areas.

The 95% in 21 min conveyancing target has only been achieved in the Belfast area.

Non conveying Ambulances the majority of which are RRV,s continue to contribute to CatA8 response.

Delays at A&E 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 continues to experience an increase in activity:
2. There are continued delays in Emergency Departments relating to patient handover.
3. Continued requests for diverts away from Emergency Departments.
4. Lack of stakeholder support for proposed changes to the management of GP urgent calls
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 control e.g. severe weather, pandemic flu

Performance Reports

Category A : % Response within 8 minutes													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	71.8	73.6											72.7
Belfast	88.3	90.3											89.3
Sth East	70.1	67.6											68.9
North	61.7	65.0											63.3
South	63.0	69.3											66.1
West	69.3	68.4											68.8

PERFORMANCE COMMENTARY

Based on the draft PFA Cat A Target, cumulative performance for the month of May was substantially achieved regionally, and achieved in full across all LCGs except North, but there was an improvement from the previous month. Performance improved in the South despite the 8.5% increase in Non-Urgent activity.

- 2.8% increase in overall activity compared to April 2011 (previous month) across the region
- 5.1% increase in Urgent activity compared to previous month across the region
- 4.5% increase in Non-Urgent activity compared 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 (46.6%), Down (43.3%), Lisburn (45.8%), Antrim (48.1%), Larne (42.5%), Craigavon (43.2%), Newry and Mourne (43.1%), Strabane (47.8%), Derry (46.1%), Omagh (47.8%) and Strabane (45%).

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										
Belfast	95.7	96.1										
Sth East	90.4	91.2										
North	90.8	92.5										
South	89.0	92.1										
West	92.9	93.5										
<p>PERFORMANCE COMMENTARY</p> <p>This target is based on the % of calls where a conveying emergency response is at scene within 21 mins for Cat A and B calls and 60 mins for Cat C calls within 95%. This has been achieved in the Belfast LCG. Other areas have not achieved the target but there has been an improvement in all LCGs.</p>												

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										
Belfast	34.1	31.8										
Sth East	22.9	19.1										
North	19.8	19.4										
South	22.6	19.7										
West	9.0	13.9										
<p>PERFORMANCE COMMENTARY</p> <p>Non conveying Ambulances (Response cars), continue to contribute to emergency response arriving first on scene for 18.7% and 18% of Cat A calls for April and May respectively.</p>												

Category A : Demand Profile – Responses arriving at scene												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	3822	3717										
Belfast	1031	1005										
Sth East	653	639										
North	870	815										
South	643	626										
West	625	632										
<p>PERFORMANCE COMMENTARY</p>												

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

There has been a slight decrease in Category A activity 0.8% regionally comparing April with May.

- 2.8% increase in overall activity compared to April 2011 (previous month) across the region
- 5.1% increase in Urgent activity compared to previous month across the region
- 4.5% increase in Non-Urgent activity compared 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 (46.6%), Down (43.3%), Lisburn (45.8%), Antrim (48.1%), Larne (42.5%), Craigavon (43.2%), Newry and Mourne (43.1%), Strabane (47.8%), Derry (46.1%), Omagh (47.8%) and Strabane (45%).

Category B: Response within 21 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	4976	4999											
Belfast	1242	1301											
Sth East	896	879											
North	1235	1264											
South	875	826											
West	728	729											

PERFORMANCE COMMENTARY

Belfast and North have experienced an increase in Category B calls. There were no major variations regionally. A 93.4% response in 21 mins was realised for May.

Category B: Conveyance Resource Response arriving within 21 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	4610	4675											
Belfast	1138	1212											
Sth East	807	822											
North	1137	1167											
South	825	770											
West	703	704											

PERFORMANCE COMMENTARY

The Trust is still experiencing difficulty to meet the Cat B conveyancing target of 95%. The South Eastern LCG dropping from 93.7% in April to 92.2% in May. Whilst Northern, Southern and Western LCGS are still not achieving the standard there has been a slight improvement compared to April 2011.

Category B : Demand Profile – Responses arriving at scene												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	5321	5353										
Belfast	1287	1339										
Sth East	972	953										
North	1325	1364										
South	938	909										
West	799	788										
PERFORMANCE COMMENTARY Demand for Cat B response ids high in both Belfast and Northern areas.												

Category C Response within 60 minutes – Monthly Performance													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	1690	1696											5078
Belfast	493	488											1435
Sth East	354	308											1029
North	332	358											1053
South	285	270											820
West	226	272											741
PERFORMANCE COMMENTARY Cat C calls continue to achieve the standard in full with only minor reductions at LCG level.													

Category C : Demand Profile – Emergency Calls Received												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	1864	1873										
Belfast	546	545										
Sth East	399	352										
North	375	397										
South	308	288										
West	236	291										

Urgent Admissions: within standard

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

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	1558	1655											
Belfast	381	421											
Sth East	310	340											
North	433	437											
South	245	258											
West	189	199											

PERFORMANCE COMMENTARY

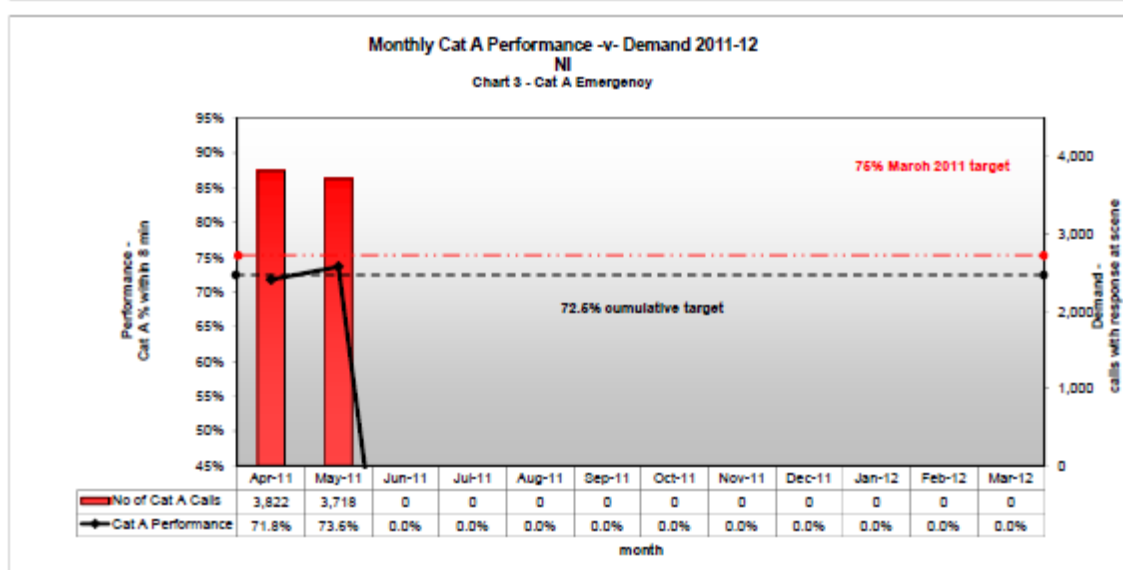
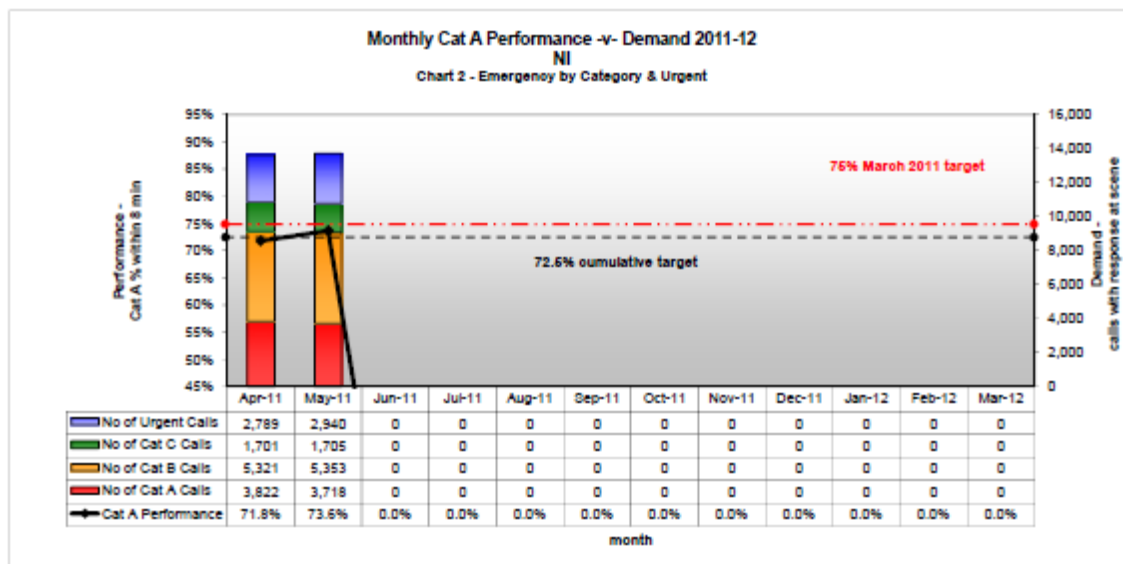
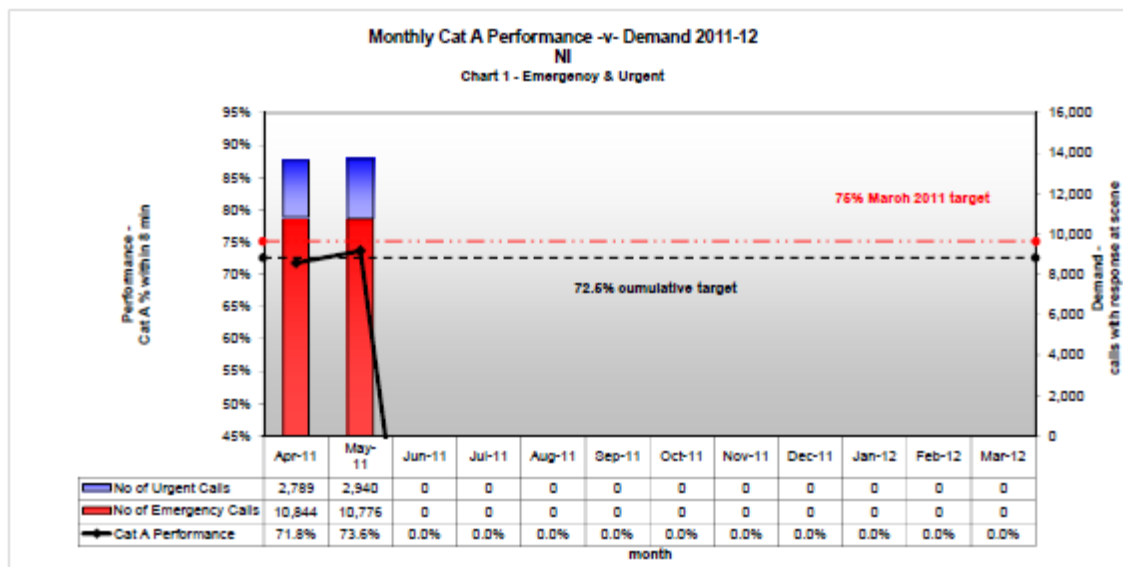
This continues to be an area for improvement within the Trust. Regionally we are only achieving 56.3% “not more than 15 minutes late of time specified.”

Urgent Calls: undertaken by Non-Emergency Ambulance

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	800	828	888									
Belfast	253	263	236									
Sth East	125	140	143									
North	248	224	284									
South	76	110	117									
West	98	91	108									

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. The extra ICV on a temporary basis is having a positive impact completing up to 25 discharges per 37.5 cover.



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.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

IMPROVEMENT PROPOSALS FOR 2011/12

RISK COMMENTARY

% 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										
Non-Emergency Ambulances	61.9	61.9										
Rapid Response Vehicles	70.0	72.5										
Support Vehicles	47.1	49.0										
<i>PERFORMANCE COMMENTARY</i> Work continues on the commissioning of A&E and PCS vehicles delivered year end. Vehicles are being fitted with Radios and mobile data terminals.												

Finance, Information & ICT Directorate

RESOURCE UTILISATION

As a responsible public sector employer, it is incumbent upon NIAS to ensure that all of the resources available are used:

- A. appropriately and effectively
- B. to improve the health and wellbeing of the Northern Ireland population and to provide better treatment and care and
- C. that the service lives within available resources

Resources that are used appropriately and effectively will be safeguarded through effective systems of control; will be used in line with prevailing legislation, rules and regulations with mechanisms to highlight risks and mitigation. Waste will be minimised and there will be a focus on providing a value for money service to the public.

Resources will be aligned to facilitate the delivery of the Trust's corporate objectives i.e. to improve the health and wellbeing of the population.

The service will live within available resources if it spends no more and no less than the funds it has been allocated.

CROSS-REFERENCE TO MINISTERIAL PRIORITIES AND/OR HSC BOARD

COMMISSIONING PLANS

- A. Ensure that all of the resources available are used appropriately and effectively**

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

The Director of Finance develops and maintains a system of internal financial control which is defined in the Trust's Standing Financial Instructions; Standing Orders; authorisation and approval processes. These documents define the roles, responsibilities and delegated authority of officers across the Trust. These systems are tested independent of the Trust on an ongoing basis using a risk assessment tool by internal audit. Director of Finance works on behalf of Audit Committee to develop internal audit plans and leads audit's engagement with the Trust.

Effective and efficient procurement is actioned in the Trust through the authorisation framework and ordering processes. Engagement by Director of Finance as a member of the Regional Procurement Board allows NIAS to adopt best practice; receive prompt notification of legislation, instructions and participate in collaborative procurement practices

Internal audit provided an overall opinion to the Trust's Audit Committee on 26 May that 'there is a satisfactory system of internal control designed to meet the organisation's objectives'.

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. (shown in Summary of Performance, Table 2) These will be reviewed as part of an enhanced assurance re procurement for Trust Board.

IMPROVEMENT PROPOSALS FOR 2011/12

NIAS will continue to apply relevant DAO; DFP circulars and PAC recommendations
NIAS will participate in regional value for money exercises namely:

Use of taxis; management costs; mobile telephony; collaborative procurement and clinical negligence. This will be considered by Audit Committee on behalf of Trust Board.

NIAS will establish a Procurement Working Group with Centre of Procurement Excellence (COPE) representation to review NIAS compliance; disseminate procedures; embed best practice.

NIAS will develop and introduce key indicators capable of showing improvements in management of purchasing and supply and/or providing early warning of risk.

SUMMARY OF PERFORMANCE

At year end external independent assurance was provided that:

NIAS met the DHSSPS requirement for substantive compliance with all 6 controls assurance standards that were subject to review by Internal Audit

NIAS has a satisfactory system of internal control

Recommendations on a number of areas will form part of an action plan monitored by Audit Committee. These include the following areas – agency staff, asset register information; fleet management; records management.

Assurance from Internal Audit on the following areas

Table 1

Audit Assignment	Status as at March 2011
Finance Audits	
Payroll	Substantial
Non Pay Expenditure	Satisfactory
Bank and Cash	Substantial
Travel Expenses	Satisfactory
Maintenance Contracts	Satisfactory
Station Visits	Satisfactory

Audit Assignment	Status as at March 2011
Corporate Based Risk Audits	
Fleet Management	Satisfactory
Management of Ambulance Usage	Satisfactory
Governance	
Controls Assurance	
Governance	Substantial
Financial Management	Substantial
Risk Management	Substantial
Fleet & Transport Management	Substantial
Emergency Planning	Substantial
Medicines Management	Substantial

Note that a new Audit Programme for 2011/12 will be presented to Audit Committee on 17 June 2011 and progress against this plan will be reported to Trust Board as part of the update in September 2011. Additional standards subject to audit in 2011/12 are to be confirmed.

Internal Audit reported that 95% of their prior year recommendations have been fully or partially implemented as at 31 March 2011.

The Controls Assurance Standard for Financial Management as at 31 March 2011 was assessed as substantive (91%). The Controls Assurance Standard for procurement as at 31 March 2011 was self assessed as 77%. These are within DHSSPS expected level of compliance of 70%- 99%.

Table 2

	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										
Percentage of Products Supplied on First Request % (Target 95%)	98.1	98.7										
Number of Lines Issued (Stock and Non Stock Line)	716	704										
Value of Spend £k (Stock and Non Stock)	932	531										

RISK COMMENTARY

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

B. Ensure that all of the resources available are used to improve the health and wellbeing of the NI population and to provide better treatment and care

Resources will be aligned to facilitate the delivery of the Trust's corporate objectives i.e. to improve the health and well being of the population.

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

Director of Finance works to ensure that the financial implications (short/medium and long term) are taken into consideration in the development of the organisation's plans. This includes working with all stakeholders including Commissioners as part of the NIAS management team to deliver key priorities and input to service redesign. The finance directorate provides financial expertise and support to NIAS / HSC proposals and business cases to amend NIAS service delivery and works with RHSCB to secure funding

Funds are allocated based on priorities identified in the Trust's plans such as NIAS's Corporate Plan, annual Trust Delivery plan and supporting Capital Investment Plans. NIAS was advised on 14 April 2011 that its capital allocation for the incoming year 2011/12 is £4,500,000 together with allocations for the following three years of £6,000,000, £6,000,000 and £5,000,000. It is stressed that the allocations beyond 2011/12 are wholly indicative and that an approved business case is required before any spend can take place. NIAS was advised on 1 June 2011 of a total approved Capital Resource allocation (CRL) of £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.

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 Director of Finance 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. On a daily/weekly and monthly basis the information provide a suite of reports to analyse performance against key operational targets. With the recent inclusion of clinical audit information as part of the remit of the finance and ICT directorate there is an opportunity to extend this clinical database to provide more extensive management information.

IMPROVEMENT PROPOSALS FOR 2011/12

NIAS will review clinical audit information and introduce a programme to expand Key Performance Indicators (KPIs)

SUMMARY OF PERFORMANCE

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

Capital Spend Priority Areas (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fleet	0	0										
Estate	0	0										
Medical Equipment	0	0										
IT Equipment	0	0										
General Capital	0	0										
Total	0	0										

Asset Disposals (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals	0	0										
Actual Disposals	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										
Cumulative	98.8	97.4										

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.

C. Ensure that the service lives within available resources

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

HSC Trusts are obliged to live within available resources i.e. spend no more than they have been allocated. Trusts provide notification to DHSSPS and RHSCB on an ongoing basis about the financial position of their organisation. Monthly reports (Trust Monitoring Returns) provide a detailed capital and revenue position together with detailed assumptions. At the end of month 2 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.

Years 1, 2 and 3 of the Trust's efficiency savings programme totalling £4.449m by 2010/11 have been actioned consistent with Ministerial decisions following NIAS public consultation. The HSC Board has implemented a Financial Stability Programme which will include an assessment of each HSC Trust's ability to achieve the expected level of cash releasing savings.

IMPROVEMENT PROPOSALS FOR 2011/12

NIAS will review and develop reporting of financial performance in 2011/12

SUMMARY OF PERFORMANCE

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		7,643										
Other Expenditure		1,611										
Expenditure Total		9,254										
Income		255										
Net Expenditure		8,999										
Net Resource Outturn		8,999										
Revenue Resource Limit (RRL)		8,999										
Surplus/(Deficit) against RRL		0										

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.

EMBED AN INFORMATION GOVERNANCE ASSURANCE FRAMEWORK

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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 FOR 2011/12

NIAS will extend the audit of systems both manual and electronic across the Trust

NIAS will highlight best practice re data validation, retention and system integration

Formalised training to be provided for SIRO and IAO roles

Development of Information Risk Assessments

SUMMARY OF PERFORMANCE

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

[illegible][illegible]

DHSSPS/AQ's/CORs/TOF's/INV's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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												

Assembly Questions (Oral)	E L E C T I O N	0										
Assembly Questions (Written)		0										
CORs Received		1										
TOFs Received		0										
INVs Received		0										

The Controls Assurance Standard for Records Management as at 31/03/2011 was assessed as substantive (77%). This is within DHSSPS expected level of compliance of 70%- 99%.

NIAS will respond promptly and effectively to requests for Information which comes from many sources.

Data Protection - Under the Data Protection Act (DPA), individuals can ask for information about themselves which is held on computer and in some paper records. NIAS will seek to respond to all Subject Access Requests received under the DPA within the 40 day period turnaround.

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

DHSSPS - These take the form of Assembly Questions Oral (AQOs), Assembly Questions Written (AQWs), TOFs (a letter from a member of the public to the Minister), CORs (a piece of correspondence from a public representative or anyone else whom the Minister's Private Office deems requires a reply) and INV (an invitation to meet with the Minister or for the Minister to attend an event). To respond to the requests requires information; background notes or substantial written briefs. Timescales are set by the Private Office and are normally required to be responded to within 1-5 days of receipt of the correspondence. All questions received will relate directly to the Trust or HSC in general.

RISK COMMENTARY

The demands of information governance and the volume of requests for information present a challenge to a small management team. The nature of ambulance service provision can also be a challenge in terms of the ambulance environment, geography and 24/7 availability.

PROVISION OF A TRUST WIDE IT NETWORK RESPONSIVE TO BUSINESS NEEDS

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

The Trust's service delivery model is outlined in a series of plans to include its corporate plan, trust delivery plan and, at directorate level, annual work plans. Increasingly technology is a key enabler which helps individuals to contribute to the Trust's strategic aims in an efficient and effective way. There are a range of access devices to the Trust's network which are serviced by the IT team.

For the Trust's command and control centres whose systems are business critical as they receive all calls from the public and the healthcare system, the team is available on callout on a 24/7 basis. Access to this system to drive operational decisions is available using mobile devices such as laptops and PDAs on a real time basis. In addition access to corporate systems which is increasingly being developed for use by mobile workers is coordinated by the Finance and ICT directorate. A help desk is available from the Finance and ICT Directorate to respond to IT queries and issues.

Security of IT systems particularly those containing patient sensitive information, is a key priority. Penetration testing is carried out to provide assurances in this area. Reviews of IT infrastructure provide improvements in terms of speed of access, system back up and contingency arrangements. Following testing of IT systems in the control centre a series of associated recommendations was implemented by March 2011 in compliance with the Trust's contingency plan.

NIAS is represented on HSC and national forums by the Director of Finance to identify best practice, share experiences of new technologies and benchmark with other organisations. Director of Finance has established a new knowledge sharing arrangement with PSNI to further develop this network.

IMPROVEMENT PROPOSALS FOR 2011/12

NIAS will perform testing of IT systems in coordination with Emergency Planning's overall Trust plan.

NIAS will review its policy and procedures for mobile working arrangements.

NIAS will develop a matrix to identify and coordinate staff access to NIAS systems.

NIAS will coordinate the access to and use of mobile IT devices such as PDAs, laptops.

SUMMARY OF PERFORMANCE

The Controls Assurance Standard for Information Communications Technology as at 31/03/2011 was assessed as substantive (76%). This is within DHSSPS expected level of compliance of 70%- 99%.

RISK COMMENTARY

A range of KPIs to highlight downtime for the full range of IT systems is currently being developed.

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

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

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;
 - Article 55 Annual Report (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)

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

2. To scope, agree and implement	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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opportunities for workforce related modernisation and reform programmes.												
Ensure effective organisational development and workforce planning mechanisms are in place to support modernisation and reform programmes.	G	G										
Finalise NIAS Organisational Change Programme (Year 5)	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										

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										
Participate in related regional structures.	G	G										
Project-manage the BSTP as it relates to NIAS.	G	G										

4. To develop and implement workforce strategies and plans which integrate effectively with service and financial planning	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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

and through which NIAS can meet changing needs and continue to provide high quality, effective, responsive and safe patient care.												
Ensure workforce planning and strategy monitors and predicts workforce dynamics that match the supply of labour to the Service demand.	G	G										
Ensure workforce information is accurate and timely to aid strategic decision making.	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										

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										
Ensure management training and development programmes reflect and promote Trust values.	GA	GA										
7. To promote a culture of performance management, developing sound systems for managing performance and	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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under performance issues effectively and constructively, establishing a clear relationship between organisational, professional and individual standards and objectives.												
Develop a mechanism for identifying and measuring individual contribution to the achievement of Trust objectives.	A	A										
To ensure the effective implementation of systems to identify and manage under performance in line with contractual and legislative requirements.	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										
Develop and deliver an annual training plan that addresses Trust priorities in relation to education, training and development of the NIAS workforce.	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										

9. To modernise Education, Training and Development, seeking new and innovative ways for staff to learn, ensuring	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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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

reflective practice and transfer of learning.												
Develop and implement a blended learning approach to the delivery of the Trust's annual training plan.	GA	GA										
Continue to develop and implement opportunities for experiential learning and assessment.	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										
Ensure the Medical Consultant's job plans and activities therein support medical appraisal and revalidation mechanisms.	G	G										
Ensure post-entry education and training systems support all professionally regulated staff in achieving CPD requirements.	G	G										

11. To ensure the ongoing development of professional skills and enhanced quality of patient care through the	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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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

implementation of an evidence-based approach to maintaining quality standards in practice and in accordance with Regulatory and Professional bodies.												
Ensure clinical excellence through developing effective systems of clinical support, supervision and providing related education, training and development.	GA	GA										
Continue to engage in national forums leading national agenda on Paramedic Education to ensure best practice and transfer of learning.	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										
To promote good practice to ensure harassment and discrimination are not tolerated and diversity is embraced.	GA	GA										
Identify and address inequalities relating to ambulance services and employment practices.	GA	GA										

13. To promote a culture where staff are involved and feel valued through partnership working for the benefit of patients, supporting effective	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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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

and innovative joint working arrangements.												
Develop a framework for consultation, engagement and involvement to inform the implementation of the equality and human rights agenda within the Trust.	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										

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. NIAS await formal confirmation of this.	G	G										

RISK COMMENTARY

The likelihood of not achieving the PFA target is high and the associated risk is moderate as failure to meet the PFA target will not necessarily directly impact on delivery of an ambulance service to patients due to measures in place to manage absence and maintain business continuity. Risk will continue to be reflected on local Human Resources and Operations Risk Registers.

PFA TARGET 2011/12 = 5.0%				TOTAL YEAR TO DATE ABSENCE = 6.12%								
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%

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

(%)												
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 (%)	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
NIAS absenteeism 2011/12 (%)	5.84%	6.21%										
Performance Assessment	R	R										
Target absenteeism 2011/12 (%)	6.40%	6.40%	6.40%	6.40%	6.40%	6.40%	6.40%	6.40%	6.40%	6.40%	6.40%	6.40%
NIAS absenteeism 2011/12 (%)	5.84%	6.21%										
Performance Assessment	G	G										
% short term absenteeism	2.81%	2.87%										
% long term absenteeism	3.03%	3.34%										
No. of employees on half pay	7	6										
No. of employees on no pay	3	5										

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%		
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%

Staff Group	No. of staff in group as at Q1	Staff Group as % of Workforce as at Q1	2009-10 Q3&4		2010-11 Q1&2	
			NIAS	HSC	NIAS	HSC
Admin & Clerical	123	10.77%	4.88%	4.83%	3.48%	4.16%

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

Paramedics	405	35.46%	8.23%	N/A	6.87%	N/A
Station Supervisors & Clinical Support Officers	67	5.87%	6.36%	N/A	5.93%	N/A
ACA's	233	20.40%	6.09%	N/A	5.10%	N/A
EMT's	198	17.34%	11.16%	N/A	8.44%	N/A
Control Staff	112	9.81%	8.48%	N/A	10.27%	N/A
Works & Maintenance	4	0.35%	50.0%	5.06%	50.0%	4.89%
Nursing & Midwifery (formerly TC5)	N/A	N/A	N/A	6.25%	N/A	5.97%
Social Services (formerly TC6)	N/A	N/A	N/A	6.57%	N/A	5.98%
Support Services (formerly TC4)	N/A	N/A	N/A	7.78%	N/A	6.99%

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

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

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

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

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

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

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

PERFORMANCE COMMENTARY

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.

RISK COMMENTARY

The likelihood of delay in implementing the agreed action 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.

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

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.

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

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

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

ASSESSMENT OF CONTROLS AND ASSURANCE CURRENTLY IN PLACE

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

- Statutory returns;

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

Disability Discrimination Order Annual Report (implementation of Disability Duties)

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

- RQIA Report

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

IMPROVEMENT PROPOSALS FOR 2011/12

The strategic aims are outlined in points in points 1-3 and are reflected in 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.**

- Undertake an audit of inequalities and develop and implement a revised Equality Scheme and Action Plan. (G)
- Lead a programme of policy screening, Equality Impact Assessment (EQIA) and Monitoring. (GA)
- Complete and submit statutory reports as appropriate. (GA)

Summary of Performance: Green-Amber (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.

- To develop and implement an action plan for the Trust's Communications Strategy. (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)
- To develop and implement of a programme of Community Education. (G)
- Develop a Corporate Responsibility Action Plan for the Trust. (G)
- To review claims and litigation processes and make recommendations for improvement and learning. (A)

Summary of Performance: Green-Amber (GA)

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.

- 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)
- 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)

Performance Summary Green-Amber (GA)

Section 75 Policy Screening	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
------------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Completed Policy S75 Screenings	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									
Number of responses issued on day of receipt	1	18									
Weekly Media - Response within three days											
Number of enquiries received	1	1									
Number of responses issued within three days of receipt	1	1									
Number of responses resulting in Media Coverage	2	19									

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

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										
Undertake a review of claims and litigation	A	A										

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

received and identify learning													
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Claim Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Employers Liability													
Cases Received	0	1											1
Cases Settled	2	3											5
Cases Ongoing													20
Clinical Negligence													
Cases Received	0	0											0
Cases Settled	0	0											0
Cases Ongoing													8
Public Liability													
Cases Received	0	0											0
Cases Settled	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											13
Acknowledge Complaints within 2 Working Days	2	11											13

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

Respond to Complaints with 20 Working Days	2	3											5
--	---	---	--	--	--	--	--	--	--	--	--	--	---

	APR 2011- MAY 2012		2010-11 (total)	
COMPLAINTS RECEIVED	Count	%	Count	%
Total complaints received at 31/05/2011	14		85	
HANDLING TIMES OF COMPLAINTS				
Acknowledged within 2 working days	14	100%	81	95%
Acknowledged after 2 working days	0	0%	4	5%
Response within 20 working days	5	36%	14	16%
Response after 20 working days	2	14%	67	79%
Average Response time (Working days)	15		46	
Complaints Investigations ongoing	7	50%	4	5%
Cases referred to NI Ombudsman (ongoing)	1 (3)		3	
SERVICE AREA OF COMPLAINTS				
Accident & Emergency (plus RRV)	6	43%	34	43%
Patient Care Service	2	14%	16	19%
Control & Communications	5	36%	29	34%
Other	0	0%	3	4%
Voluntary Car Service	1	7%	0	0%
NATURE OF COMPLAINTS RECEIVED				
Staff Attitude	5	36%	26	31%
Ambulance Late/No Arrival	5	36%	28	33%
Clinical Incident	3	21%	19	22%
Suitability of Equipment/Vehicle	0	0%	4	5%
Other	1	7%	7	8%
Patient Property	0	0%	1	1%
COMPLIMENTS RECEIVED				
COMPLIMENTS RECEIVED	17		112	
SERVICE AREA OF COMPLIMENTS RECEIVED				
Accident & Emergency (plus RRV)	16	94%	97	86%
Control & Communications	1	6%	4	4%
Patient Care Service	0	0%	11	10%
Voluntary Car Service	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

Other	0	0%	0	0%
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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

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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

April to June 2011

	Total from April
No of Potential Major Incidents	4
No of Declared Major Incidents	
No of Airport alerts	
<i>Belfast International Airport</i>	
<i>Belfast city Airport</i>	
<i>City of Derry Airport</i>	
<i>St Angelo Airport</i>	
<i>Newtownards Airfield</i>	
Business Continuity	3
Hazardous Material Incidents	3
Exercises	
Live	2
Tabletop	5
Observer	

Potential Major Incidents

13 April at 14:44 Northern Ireland Ambulance Service (NIAS) were alerted to a gas leak on a building site. The initial report stated that several patients were complaining of feeling light-headed. Tasked to the scene were 2 A&E Crews, 4 Officers, 2 Rapid Response Vehicles (RRV) and a Hazardous Area Response Team (HART) Manager. The Public Health Agency (PHA) was informed by the Emergency Planning Officer (EPO), and TOXBASE information on gas was retrieved. This information was held in Control and due to the short duration of the incident was not passed to the scene. The incident was stood down at 14:58 with no patients taken to hospital.

30 April at 17:42 NIAS were alerted to a large scale fire on a hill in the Mourne, reports of 10+ persons unaccounted for on the hill. Despatched to the scene were 3 A&E crews, 1 RRV and 1 Officer. The Senior Officer on call was briefed by the Officer at the scene. One Fire Officer was taken to hospital with minor injuries.

1 May at 12:13 NIAS were alerted to a report from Police Service Northern Ireland (PSNI) that a micro-light was seen crash landing near Castlederg. One A&E crew were despatched to the scene, Potential Major Incident page was sent. Two persons treated at scene but refused to travel to hospital. The incident was stood down after 23 minutes.

23 May at 14:03 NIAS were alerted to a report of a collapse of scaffolding in Eglington Street, Portrush with 5 patients involved. The incident was stood down after 24 minutes as no patients were found.

Major Incidents

There was no declared Major Incidents (MI) this period.

Airport Alerts

There were no Airport Alerts in this period.

Business Continuity

16 & 17 June business continuity plans were put in place for Ardoyne Ambulance Station. This was due to a “white line protest” taking place outside the station, this in turn lead to some civil disruption in the area making it dangerous for staff to work from the station. One Officer was tasked to Silver and one Officer tasked to PSNI Gold.

17 June business continuity plans for Control were implemented following the failure of the ICCS. Two emergency calls were taken by the Scottish Ambulance Service and passed to NIAS by mobile phone as per buddying arrangements.

20 June business continuity plans for The Bridge Station were implemented for civil disturbance in the area outside the station. One Officer was tasked to Silver during the incident.

HAZMAT

1 April a lorry carrying gas cylinders was involved in a Road Traffic Collision (RTC) with a car, some of the gas cylinders leaked due to damage to the valves. The scene was cordoned off and divers were put in place. One Officer was on scene and provided information back to Control regarding the divert.

7 May NIAS was contacted regarding a possible chemical suicide in the Draperstown area, a crew were despatched along with an Officer. The person was pronounced dead at the scene and a gas-tight body bag was used to remove the body to the mortuary.

27 May NIAS received a call from the PSNI to say that a “white powder” incident was on going at the Millennium House. This incident turned out to be Tipex on a letter that had been rubbed off during transport inside the envelope.

Hazardous Area Response Team (HART)

1 April was the official “HART go live” date.

A HART team set up a display/demonstration for exercise Medical Bridge.

19 May a HART demonstration was set up for Trust Board at Ambulance Headquarters.

22-23 June 2011 4 members of the HART attended the National HART conference in England.

NIAS

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



William Newton
Emergency Planning Officer

COMPLAINTS CLOSED APRIL 2011 - MAY 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/259	Complaint regarding the delay in a 999 call being answered. Complainant alleges that it took over 5 minutes for the call to be answered and it was answered by the Scottish Ambulance Service.	Complaint Upheld. Investigation found that due to high call volume at this time in NIAS Ambulance Control. Two call takers on break at this time. The call was diverted to the alternative Ambulance Control Centre as peer agreed protocol.	Letter of apology and explanation issued. Review of Meal Break arrangements to ensure maximum call taker availability requested.
COMP/260	Complaint regarding care provided by crew. Complainant alleges that his wife required an ambulance and that she fell stepping up to ambulance and suffered a bad cut her leg.	Complaint process ceased as legal proceeding have been received.	Review of call by Clinical Support Officer. Crew remind of procedure in handling and escorting patients into ambulance.
COMP/262	Complaint regarding a delay of ambulance provision for a GP Urgent Call.	Complaint not upheld. Investigation found that call was managed appropriately and in line with the request from the GP.	No action identified. Letter of explanation issued.
COMP/264	Complaint regarding the non-provision of non emergency ambulance transport for 96 year old woman.	Complaint not upheld. Investigation found no evidence of any booking for this patient on this day.	No action identified. Letter of explanation issued.
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/266	Complaint regarding the non-provision of non-emergency ambulance transport for a patient.	Complaint upheld. Investigation found that due to an error in managing the booking request non emergency transport was not arranged for this patient.	Transport reinstated. Letter of explanation and apology issued. Staff member remind of need to ensure accuracy when inputting details onto system.

COMPLIMENTS APRIL - MAY 2011

Date Received	Date of Incident	Description
04/04/2011	02/07/2010	I spoke to you by telephone about a week or so ago about an accident a member of my family was involved in. During our conversation you kindly said you would trace the crew and thank them for a job well done. I have enclosed a cheque and a thank you note from the member of my family concerned.
04/04/2011	26/12/2010	A rather belated thankyou note for your professionalism of care. It was very much appreciated.
05/04/2011	06/09/2010	I would like to thank you service and in particular the crew who greatly assisted my family last year. We phoned Ambulance Control. With guidance from the Controller we performed CPR until the ambulance crew arrived and took over for us. They explained what they were doing. They worked for almost an hour before transporting to hospital where the patient was admitted straight away on arrival. I was very impressed and touched that one of the crew turned up at the hospital ward later that same day to enquire about the patient who is now on the road to recovery. I believe that without the dedication and professionalism of the crew who responded initially the patient would not have survived. Please convey my sincere thanks to them and if there is some way that this can be recorded in their personal files for future reference I would be much obliged.
06/04/2011	07/03/2011	I had to contact the Ambulance Service for a member of my family who had taken ill. I would like to commend the efficiency and professionalism of the ambulance crews who attended and also the dignity with which they treated the patient. Often the excellence of the job that ambulance staff perform is disregarded, but on this occasion I would like to commend their conduct and expertise. I would appreciate if you could pass on my sincere thanks to the crew.
11/04/2011	20/01/2011	A big thanks to the Northern Ireland Ambulance Service especially the crews who attended a member of my family on 20 & 28 January 2011. They performed a most excellent service. Please find monies in lieu of flowers at her funeral.
11/04/2011	17/03/2011	We wish to thank you and all your staff for the devotion, care and attention you gave during the many times that I needed to call upon your service when a member of our family was ill. We cannot thank the staff who came to our house enough for the attention and the sympathetic and comforting way they treated us on that morning. You all are and will always be in our hearts. As I said we cannot thank you enough for what you did so we would be grateful if you could take this letter as a sincere and heartfelt thanks.
11/04/2011	27/03/2011	Thank you to the three lovely and kind paramedics who came to our home so quickly and tried so hard to revive a member of my family. I have the consolation of knowing everything possible was done.

COMPLIMENTS APRIL - MAY 2011

18/04/2011	25/02/2011	I had occasion to use your service recently. I called the Ambulance Service whose response could only be described as "prompt". The crew acted swiftly and decisively in administering aid and in transportation to hospital. This might be considered by many to be just part of their job, however both officers went above and beyond in their civility and reassurance. We consider them to be exceptionally well trained and a credit to the service. Also their humanistic efforts be brought to the attention of their superiors and at the same time convey "our" heartfelt thanks to them.
19/04/2011	04/04/2011	I am writing to express my sincere thanks to the crew who attended to me. First of all a paramedic arrived to assess my condition and then came the ambulance crew. After some time of doing the usual checks I was invited into the ambulance for a further check up, it was then I thought I could go on my way but thankfully your crew with their professional and medical experience had me agreeing to go and have a checkup at hospital. Please pass on my sincere thanks to them as this was sound advice. Our family have a great admiration for the Ambulance service.
20/04/2011	03/04/2011	I would be very grateful if you would pass on my thanks and appreciation to the ambulance crew when I had to call on your service. The crew arrived at my home when I was pretty ill. Their calm, demeanour, knowledge and professionalism helped make a bad situation almost bearable. They treated me and got me to the ambulance from my bed and quickly to hospital. I believe their assistance at the time helped me to be on the road to recovery. Please pass on my thanks and appreciation.
27/04/2011	05/04/2011	Please convey our sincere thanks to the crew who attended our son who became ill. Without their help a very frightening situation would have been impossible to deal with. All of them acted with great sensitivity and speed in assessing the situation and arranged for transfer to hospital.
27/04/2011	23/12/2010	This comes with my grateful thanks for what you did for me when I needed to call upon your services.
03/05/2011	10/09/2010	I would like to take this opportunity to thank the crew for the excellent, professional service provided last year. I would be grateful if you could pass on this message and offer thanks to them for carrying out an amazing service. They showed great dedication and kindness in which the NIAS should be very proud.
03/05/2011	02/04/2011	I would like to pass on my thanks to the crew who transported me to hospital for the expert care and attention received.

COMPLIMENTS APRIL - MAY 2011

04/05/2011	24/04/2011	Please pass on my sincere thanks to the crew who took such excellent care of me both at home and on the way to hospital. They were both polite, professional and very efficient and it was reassuring to know that NIAS have such fantastic staff. I am aware that the role of A&E staff is often difficult and demanding and feel it is very important that they are supported in their work. So once again many, many thanks for all your help and kindness.
05/05/2011	2 Call outs	Having enjoyed good health all my life, this was a traumatic experience for both me and my family. However, the kindness and professionalism of the NIAS crews involved did much to reassure us and alleviate the immediate symptoms of the illness.
11/05/2011	12/04/2011	I am writing to thank the crew who came to my aid when I had an accident. The care I received from them was second to none. They gave me excellent attention. Their expertise contributed greatly to my eventual recovery. I trust you will be able to pass this on to those involved.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD/COMMITTEE MEETING

21 July 2011

Title:	Human Resources Directorate, Trust Board Report; April 2010 – March 2011
Purpose:	To provide an outline of activity within directorate during 2010-11
Content:	Detail of activities within each section of directorate during the year
Recommendation:	For noting
Previous Forum:	N/A
Prepared by:	Human Resources Department
Presented by:	Ms Roisin O'Hara, Director of Human Resources and Corporate Services

TB/4/21/07/11



Northern Ireland Ambulance Service
Health and Social Care Trust



HUMAN RESOURCES & CORPORATE SERVICES

TRUST BOARD REPORT

APRIL 2010 – March 2011

CONTENTS

	PAGE
SECTION 1: HUMAN RESOURCES ACTIVITY SUMMARY	3
SECTION 2: PERSONNEL SERVICES DEPARTMENT	
a) EMPLOYEE RESOURCING	5
b) EMPLOYEE RELATIONS	9
c) EQUAL OPPORTUNITIES	11
d) AGENDA FOR CHANGE	12
SECTION 3: REGIONAL AMBULANCE TRAINING CENTRE	13
a) Summary of key achievements	13
b) Continuous Professional Development	20
c) Management Development & Best Practice Programme	21
d) Service Developments	22
e) Training Plan Summary Tables	23
SECTION 4: EQUALITY	26
SECTION 5: COMMUNICATIONS	29
SECTION 6: COMPLAINTS	31
Appendix I	Agenda for Change Benefits Realisation
Appendix II	Human Resources and Corporate Services Learning Outcomes

SECTION 1: HUMAN RESOURCES ACTIVITY SUMMARY

EMPLOYEE RESOURCING

ACTIVITY	01/04/10 - 31/03/11
Staff in Post	1151.72
Leavers	27
Recruitments	14
Application Forms Processed	2752
Short Listing Panels	14
Interviews	230
New Appointments	60
Pre-Employment Medicals	56
Health Assessments	4
Contracts of Employment Issued	578
Transfers Actioned	33
Statistical Analysis of Sick Absence	12
Home Visits	57
Medical Referrals Processed	240
Maternity Leave Processed	22
Pregnant Workers Policy Processed	22
Lighter Duties	1
Carer's Leave Processed	141
Career Breaks	11
Job Shares	0
10/11 Month Working	26
Reduced Hours	23

EMPLOYEE RELATIONS

ACTIVITY	01/04/10 – 31/03/11
Grievances (Notice of Reference) Received in period	25
Grievances carried over from 2009/10	10
Total Active Grievances 2010/11	35
<i>Grievances resolved informally</i>	14
<i>Grievances withdrawn</i>	4
<i>Excluded under procedure</i>	2
<i>Cases being examined under Informal Stage/Pending Stage 1 Hearing</i>	5
<i>Stage 1 Grievance Hearings (heard)</i>	8
Stage 1 Hearings Upheld	2
<i>Stage 2 Grievance Hearings (heard)</i>	5
<i>Stage 2 Hearings Upheld</i>	0
Total Grievance/Formal Hearings Processed	13
Formal Disciplinary Procedures enacted in period	22
Disciplinary cases carried over from 2009/10	20
<i>Disciplinary Hearings</i>	14
<i>Disciplinary Appeals Hearings</i>	3
<i>Total Formal Disciplinary Hearings Processed</i>	7
<i>Disciplinary Hearings/Investigations Ongoing</i>	22
Total Complaints of Harassment	4
Informal Complaints of Harassment	0
Formal Complaints of Harassment (current)	4
Complaints requiring further instruction (from Complainant)	0
<i>Complaints Upheld</i>	1
<i>Complaint not Upheld</i>	2
<i>Investigations ongoing</i>	1
<i>Complaints Resolved</i>	0
<i>Complaints withdrawn</i>	0
Industrial Tribunal Cases	0
Legal Cases	0

SECTION 2: PERSONNEL SERVICES DEPARTMENT

A) EMPLOYEE RESOURCING

I. CURRENT EMPLOYEES

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.

ii. EMPLOYEES EXITING NIAS

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".

iii. RECRUITMENTS

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). Key recruitments were as follows: -

- Paramedic-in-Training Student Programme
- Clinical Support Officer

As well as the 14 recruitments carried out, a further 7 campaigns are on-going.

IV. NEW APPOINTMENTS

During the period was a total of 56 new employees were appointed to NIAS, the majority of whom were paramedics-in-training.

v. CONTRACTS OF EMPLOYMENT

New employees continue to receive a full Contract of Employment. Also, 522 of staff were issued with the new NIAS contract, which incorporated the terms and conditions as detailed in the Agenda for Change Handbook. Emergency Medical Technicians are the only staff group yet to be issued with the new contract. This exercise is due to be completed during July 2011.

vi. TRANSFERS

33 transfers took place across the Trust. The new Transfer Policy and Procedure is working well and the Transfer Committee meet every three months to review and grant requests.

VII. ATTENDANCE MANAGEMENT

The average total percentage time lost due to sickness between 1st Apr 10 and 31st Mar 11 was 6.87%. The table below details average monthly absence figures for the full financial year, with figures for the year 01 Apr 09 – 31 Mar 10 for comparison purposes: -

MONTH	% TIME LOST TO SICKNESS	MONTH	% TIME LOST TO SICKNESS
APR 09	5.84%	APR 10	6.78%
MAY 09	6.67%	MAY 10	5.93%
JUN 09	6.70%	JUN 10	6.78%
JUL 09	7.38%	JUL 10	6.31%
AUG 09	6.51%	AUG 10	5.86%
SEP 09	6.48%	SEP 10	7.52%
OCT 09	6.54%	OCT 10	7.59%
NOV 09	6.64%	NOV 10	6.18%
DEC 09	6.76%	DEC 10	7.27%
JAN 10	9.24%	JAN 11	7.13%
FEB 10	7.63%	FEB 11	6.11%
MAR 10	6.72%	MAR 11	5.98%
YEAR TOTAL	6.93%	YEAR TOTAL	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 the year. 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.

viii. Ill Health Retirements

A total of 9 (33.3% of turnover) applications were processed for ill health retirement.

ix. Maternity Leave Applications

A total of 22 applications for maternity leave were processed during this period. Personal meetings were held with the employee and a representative from Employee Resourcing, to discuss entitlements, etc.

x. Lighter duties

The Lighter Duties Policy is currently under review, with only 1 member of staff who carried out lighter duties during this year, in accordance with the Policy.

xi. Work/Life Balance Policy Applications

Applications for a variety of the work/life balance policies were processed during the period. All applications from employees are submitted to their line manager for approval. Personnel provide advice to managers on the decision-making process to ensure that due consideration has been given to each request: -

- CAREER BREAKS

There are currently 11 staff on Career Breaks at present.

- 10/11 MONTH WORKING

26 staff have again requested 10/11 month working. Requests have been considered and granted.

- REDUCED HOURS

There are currently 23 members of staff working reduced hours, the majority of whom are operational staff.

- CARER'S LEAVE

During the year a total of 141 applications for carer's leave were requested, totalling 193.3 days.

Carer's leave remains an important issue for managers. A new system for recording and monitoring carers leave is to be developed in conjunction with the Divisional Officers. Managers are now granting carer's leave for a number of hours rather than granting a full shift.

xiii. Use of Recruitment Agencies

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 this year, mainly in administrative and clerical roles.

B) EMPLOYEE RELATIONS

i. STAFF GRIEVANCES

During the year a total of 25 grievances were submitted by employees. 10 grievances were carried over from 2009/10 bringing the total number of grievances dealt with by the Employee Relations Section to 35.

14 grievances were resolved informally, 4 were withdrawn, 2 complaints fell outside the policy and 5 remain pending a stage 1 hearing or seeking an informal resolution.

8 formal Stage 1 hearings were heard with 2 cases upheld, one relating to the salary for Paramedic in Training course, and the other in relation to acting up into an A01 position.

5 Stage II Appeal hearings were heard and none were upheld.

The majority of Grievances related to terms & conditions of employment and managerial decisions.

ii. DISCIPLINARY CASES

During the year a total of 22 disciplinary cases were enacted within the Trust and 20 disciplinary cases were carried over from the previous year bringing the total number of cases dealt with by the Employee Relations Section to 42.

10 precautionary suspensions were implemented during the year pending the outcome of a formal investigation. 7 employees currently remain on suspension.

14 cases proceeded to Stage I hearing, 11 employees were issued with final written warnings, 1 was issued with a formal warning, 1 employee was dismissed and 1 outcome is pending.

3 Stage II appeal hearings were heard during the year; 1 was not upheld, 1 sanction was reduced from a 2 year final warning to 1 year and 1 outcome is pending.

22 cases are at the investigation or pending hearing stage.

iii. COMPLAINTS OF HARASSMENT

During the year a total of 4 formal complaints of harassment were received from employees. All of these complaints were addressed via the Trust's Formal Procedures.

1 investigation is ongoing, 2 complaints were not upheld and 1 complaint was upheld and was referred to the Trust's Disciplinary Procedure.

IV. INDUSTRIAL TRIBUNAL CASES

The Trust received no Industrial Tribunal applications in the year.

V. LEGAL CASES

During the year, the Trust has not been involved in any legal cases.

VI. INDUSTRIAL RELATIONS

The Trust continues to consult and negotiate with all recognised Trade Unions. The main consultative and negotiation forum is the Joint Consultative and Negotiating Committee (JCNC). This group is supported by a number of specialised groups including Human Resources Joint Consultative Group (HRJCG), Control Joint Working Group (CJWG), Health & Safety Committee and Equality Forum. The purpose of these groups is to ensure progress is made on implementing the corporate agenda including consultation and agreement on employment policies and procedures.

The Trust also works closely with trade union representatives on specific areas including Trust wide issues and individual representation issues to ensure a harmonious working environment.

VII. Learning Outcomes

The Trust has mechanisms in place to ensure learning takes place where areas of improvement are identified in the management of Complaints and Compliments and Disciplinary and Grievance processes. Further detail is provided at **Appendix II**.

C) EQUAL OPPORTUNITIES

EMPLOYEES

The total number of employees recorded at 31 December 2010 was 1,149. This was an increase of 0.88% on figures recorded for 2009. This figure also reflected a marginal increase of 0.7%, from the previous year, in the number of female employees within the workforce. However the total number of females within the Trust represents 27.15% of the workforce, a slight increase from the figure reported in 2009 (this being 26.25%). The percentage make-up of Protestants showed increase from 2009 while the percentage of Roman Catholics decreased marginally: the percentage of Roman Catholics decreased by 0.44% with the percentage of Protestants increasing by 1.17%.

APPLICANTS

There was an increase in the number of applicants for the year 2009 from the previous year, due to one major recruitment: the Paramedic in Training Programme. The total number of applicants for 2009 was 2,390 with 2,600 applications received in 2010, thus showing an increase of 8.79%. The 2010 applicant pool was made up of 54.58% males and 45.42% females.

APPOINTEES

The Trust made a total of 42 appointments during the year 2010. This was a 27.27% increase on the year 2009. Of the 42 appointments made, 54.76% were male and 45.24% female. 64.29% of appointments made were from the Protestant section of the community and 35.71% were from the Catholic community.

PROMOTEES

A total of 4 employees gained promotion during the year 2010. Of these 4 employees, 100% were male. 50% were from the Protestant community and 50% from the Catholic community.

LEAVERS

A total of 32 employees left the employment of NIAS during 2010. 71.88% were male employees and 28.12% were female. 34.37% of employees leaving employment were from the Protestant community and 50% was from the Catholic community. The religious affiliation of 15.63% of those who left the Trust could not be determined.

D) AGENDA FOR CHANGE

Job Evaluation

Following the matching process, three posts were identified as requiring full job evaluation. Job analysts facilitated the completion of Job Assessment Questionnaires for each of the three posts and these were submitted to a Job Evaluation Panel in November 2010. The Panel have met on several occasions between November 2010 and May 2011, however, this process remains ongoing.

Knowledge & Skills Framework (KSF)

KSF outlines for all posts within the Trusts have been developed in partnership. A KSF/Personal Development Review (PDR) awareness training session has been developed in partnership and delivered to 883 staff to date. A guidance document on implementing KSF PDR's has been developed and agreed in partnership. A KSF Action Plan for 2011/12 has also been developed and agreed in partnership. However, due to wider industrial relations issues with Unison, which have resulted in Unison withdrawing from a number of Trust business activities, including KSF, progress against this action plan has been hindered since May 2011, as the Staff Side KSF Lead is a Unison representative.

Benefits Realisation

The Trust, along with the rest of HSC, was required to submit an initial baseline monitoring return to the DHSSPSNI of progress against a number of success criteria pre- and post-implementation of AfC. The Trust's submission is provided at **Appendix I** for information. The return demonstrated that the Trust had achieved improvements against a number of these success criteria during this time period. However, it was noted that these improvements would not be wholly attributable to the benefits of implementing Agenda for Change, as the Trust has robust performance management/modernisation programmes in place which will have impacted in these areas.

SECTION 3: REGIONAL AMBULANCE TRAINING CENTRE

A) SUMMARY OF KEY ACHIEVEMENTS

This report details progress against the Training Plan for 2010-2011. The key achievements to date have been:

PROGRESS AGAINST THE TRAINING PLAN

1.0 RATC DEVELOPMENTS

The RATC recognises the wide cross section of roles and functions that exist within NIAS; each has its place in ensuring that we provide the best possible care to patients. The RATC is committed to supporting and maintaining a competent and professional workforce to enable NIAS staff to deliver optimum patient safety and care through the promotion of life-long learning and development. To achieve this our Education, Learning and Development programmes are reviewed on an ongoing basis in order to develop modern and innovative methods of delivery across the Trust, often through engagement with national and regional forums to establish and share best practice and transfer of learning.

It is important to highlight from the outset that the RATC function has undergone a period of significant change since 2009 which has resulted in a number of key developments and achievements to the service it provides. One major initiative has been the CSR 3-year investment which has enabled the Trust to establish the role of Clinical Support Officer. To date, 20 Clinical Support Officers have been appointed, with a further 10 to be recruited in May 2011. The introduction of this role has enabled the Trust to focus on a range of measures to support clinical governance and the quality agenda, as the following examples demonstrate:

- Mentoring Paramedic-in-Training students (Practice Placement Educators)
- Support and assessment of pre and post-qualified frontline staff
- Observations of practice to include clinical skills, the equality agenda, professional conduct etc
- Audits of Clinical Quality Indicators
- Continuous Professional Development events

There is also a recognition that learning and development is not just about attending a course. Other blended learning approaches including reading, shadowing, distance learning, e-learning, mentoring, coaching and clinical supervision to name but a few, are just as relevant.

Whilst the RATC continues to deliver core theory and practical sessions during core training, a more blended approach is now in place for other training activities, rather than the historical emphasis on centralised, face-to-face training.

This is evidenced through the production of a Staff Information Booklet, which was distributed to all staff prior to the end of March 2011. The Information Booklet provided staff with updates on the areas listed below:

- The Trust's Mission, Vision and Core Values
- Corporate Governance
- Information Governance
- Records Management
- Countering Fraud
- Managing Complaints
- Equality & Diversity
- Patient & Client Experience
-

The following list, which is not exhaustive, provides further examples of developments and achievements to date across the RATC function:

- Health Professions Council approval for the Trust's 2-year Paramedic-in-Training programme, and subsequent annual re-approval
- Centre accreditation for the delivery of BTEC Level 2 Ambulance Care Assistance and First Person on Scene Awards, and subsequent annual re-approval
- A change in reporting arrangements, resulting in the RATC function reporting through the Assistant Director of HR, Education, Learning & Development, who reports directly to the Director of HR
- The appointment of 20 Clinical Support Officers (CSO) through CSR investment, with a further 10 to be recruited within the current financial year
- The appointment of a replacement Clinical Training Manager
- The appointment of a Learning & Development Officer
- The achievement of a Post-Graduate Certificate in Higher Education, through Queens University, by 10 members of staff who hold IHCD Instructor Qualifying Certificates
- The achievement of a Mentorship programme, through Queens University, by 37 Paramedic Supervisors
- The achievement of a Clinical Supervision programme, through Plymouth University, by 13 CSOs to date, and also by 1 RATC Training Officer, the Clinical Training Manager and 2 Area Managers
- The achievement of an IHCD Instructional Methods module by 18 CSOs to date.

- The achievement of a Moving People Train the Trainer module by 18 CSOs to date.

The key to all of the above has been the significant effort and focus that has been applied over this period to auditing and reviewing RATC training methodologies, systems, processes and related documentation in order to provide an enhanced, quality service to the Trust. These developments and improvements have been externally verified and approved during rigorous quality assurance reviews.

Structures are now in place to evidence and evaluate all training activity, both within the RATC itself and at divisional level. This approach ensures standardisation and consistency across the training function.

The Regional Ambulance Training Centre's (RATC) Training Plan 2010-2011 set out the priorities for the clinical and non-clinical education, training, and development of all staff within the Trust. The Training Plan took account of the strategic objectives of the Trust, and supported the delivery of priorities as set out in Priorities for Action and the Trust Delivery Plan. The plan was 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 Health and Social Care arena. It addressed 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 RATC team is committed to supporting and maintaining a competent and professional workforce to enable NIAS staff to deliver optimum patient safety and care through the promotion of life-long learning and the delivery of effective education, training and development programmes. The following were the key objectives for the RATC in order to ensure continued safe delivery of the service and provide the necessary foundation upon which future developments can be built:

- To ensure the RATC Education, Training and Development framework evolves in order to facilitate the dynamics of ambulance service provision, particularly in the pre-hospital emergency care and treatment environment, and 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 the DHSSPS and with Higher Education Institutions (HEIs).
- To ensure the timely delivery of core training in order to address skill mix establishment levels, in line with organisational reform and the Trust's Organisational Development and Workforce Planning Strategy.

- To continue to develop Paramedics to fill vacancies and meet service developments through its Health Profession Council's (HPC) approved 2-year Paramedic-in-Training Programme. This programme is based on Foundations of Paramedic Practice and the traditional Institute of Healthcare Development (IHCD) modules. The traditional IHCD modules are now contained within the Edexcel BTEC framework.
- To continue to develop Ambulance Care Assistants to fill vacancies and meet service developments through its Edexcel/BTEC Ambulance Care Assistance Programme.
- To ensure it continues to meet HPC annual monitoring arrangements in relation to Standards of Education and Training and Standards of Proficiency for Paramedics, and Edexcel/BTEC annual revalidation. In addition, the Trust will ensure it continues to meet all mandatory requirements set by other regulatory bodies and will ensure all statutory and legislative training obligations are met.
- To prioritise core, mandatory and refresher training which enhances the quality of care provided for patients and meets the changing needs of acute services.
- To provide First Aid At Work refresher training to Ambulance Control staff in order to maintain AMPDS accreditation.
- To continue to support other training priorities, including the introduction of new equipment to the Service, by taking a flexible approach to ensuring training is developed and delivered as the need arises.
- To continue to roll-out higher education clinical supervision and mentorship programmes that meet HPC requirements.
- To identify and develop new and innovative approaches to the content and delivery of education, training and development programmes.
- To continue to maintain and improve efficient and robust audit systems to support clinical governance.
- To 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.

- To promote and support the continuous professional and personal 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.
- To continue to implement the Knowledge and Skills Framework in line with the regional Agenda for Change Joint Working Group's timeline.
- To progress towards the achievement of the Investors in People Award.

NIAS recognises the wide cross section of roles and functions that exist within the Trust; each has its place in ensuring that we provide the best possible care to patients. The Training Plan is designed to provide an overview of the training and the different delivery methods within it, which aims to develop each individual member of staff and hence collectively allow the Trust to further improve the quality of the care we provide for patients. The plan allows a real opportunity to enhance the services provided by the Trust to the best levels of practice and provides real opportunities for all our staff to develop new skills, take different career routes with greater job satisfaction and ensure a sense of personal achievement.

This is an exciting time for the RATC in relation to reviewing and improving traditional training programmes, and to identifying and delivering new and innovative methods of education, training and development across the Trust. The RATC team are committed to excellence and aim to support the Trust's mission and vision by ensuring that our patients and the public see NIAS as a first class service.

1.1 Pre-Registration Paramedic-in-Training Programme

12 Paramedic-in-Training students completed practice placements and final training and assessment modules during 2010-2011. They are now registered with the Health Professions Council.

36 newly recruited paramedic students commenced the Trust's 2-year Unit-based Paramedic-in-Training programme, including practice placements, during 2010-2011.

Cohort 1 x 19 students Programme commenced December 2010, 18 students completed classroom based modules and presently are out on operational placement. 1 student deferred to next programme due to illness.

Cohort 2 x 18 students Programme commenced March 2011, 17 students due out on operational placement early august. 1 student failed.

1.2 Ambulance Care Assistant Training Programme

14 newly recruited students commenced and completed successfully the Trust's Edexcel / BTEC Ambulance Care Assistance Award in February 2011.

The BTEC ACA award is no longer available. The Trust was successful in their application to become an accredited centre to delivery the First Person on Scene award – BTEC level 2 (FPOS). 7 students successfully completed an FPOS programme in March 2011.

1.3 Annual Assessment for Paramedics and Technicians

In order to ensure high levels of standards and quality of care and treatment to patients, Paramedics and Technicians undertook a 1-day annual assessment at local divisional level to re-assess the following core clinical skills:

- Airway Management
- BLS/ALS / Use of Defibrillator

In addition to the above, other areas of training completed included;

- Kendrick Extrication Device (KED)
- Pelvic Splints
- KSF Awareness

1.4 Annual Assessment for Ambulance Care Assistants

In order to ensure high levels of standards and quality of care and treatment to patients, Ambulance Care Assistants undertook a 1-day annual assessment at local divisional level to re-assess the following core clinical skills:

- Airway Management
- BLS/Use of Defibrillator

In addition to the above, other areas of training included;

- Patient Assessment and Positioning
- Oxygen Therapy
- Patient Report Forms (PRF)
- KSF Awareness

1.5 Manual Handling Training

All 10 RATC Training Officers have undertaken and are qualified to deliver the "Moving People" manual handling training programme.

In order to ensure the Trust has sufficient numbers of competent manual handling training staff, and to ensure compliance with best practice and reduce risk of injury to staff and patients, the following training was undertaken during 2010-2011:

- Refresher training for RATC Trainers in “Moving People”
- Moving People qualification for all Clinical Support Officers.

1.6 First Aid At Work Refresher Training

60 Ambulance Control staff undertook a 1-day First Aid At Work refresher training programme in order to maintain AMPDS accreditation.

B) CONTINUOUS PROFESSIONAL DEVELOPMENT

1.0 Foundations of Paramedic Practice

Newly recruited paramedic students will undertake a number of Foundations of Paramedic Practice in addition to traditional paramedic theory and practical modules. The Trust, in recognition that existing registered Paramedics have not had the opportunity to undertake these areas of paramedic training, rolled out a CPD schedule over 2010-2011. The areas included:

- Medical Ethics and Law
- Sociology in Paramedic Practice
- Psychology in Paramedic Practice
- Clinical Audit and Research Methodology

1.1 Development of RATC Training Team

The Trust will continue to support the development of the RATC Training Team to ensure the capacity and capability of training provision for the future. It will also ensure that all training and development, whether internal or external, will be provided by qualified, skilled, experienced and appropriately trained staff.

1.1.1 Post-Graduate Certificate in Education (PGCE)

10 Clinical Training officers successfully completed their PGCERT in June 2010.

1.1.2 Clinical Supervision Module for Clinical Support Officers

During 2010-2011 the RATC facilitated its Clinical Support Officers to undertake and achieve a Level 3 higher education programme entitled "The Supervision of Clinical Practice". The programme is accredited by Plymouth University and was delivered locally by an accredited educator from South Western Ambulance Service Trust.

- Cohort 1 x 10 students Completed September 2010
- Cohort 2 x 10 students Commenced December 2010
- Cohort 3 x 10 students still to complete

1.1.3 IHCD Instructional Methods Programme

The Trust further developed its Clinical Support Officers (CSOs) by enabling them to undertake an IHCD Instructional Methods Programme. This programme provided CSOs with an introduction to learning theories and teaching strategies and the skills to be able to design, deliver and assess effective teaching sessions enables them to create an

environment conducive for learning to take place. This assists the CSO's in their daily role of providing objective assessment and evaluation of students, and staff performance, providing staff with constructive feedback on their performance, and identify any areas requiring further development. Ultimately, patient care will benefit by the provision of a high quality staff and service.

C) Management Development and Best Practice Programmes

The RATC 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 achievements for the year 2010-2011 are:

- The Trust has worked with the Beeches Management Centre to design a Leadership Development Programme for Trust management at tiers 3, 4 and 5. The aim of the programme is to enhance leadership capabilities and to develop a community of leaders within the Trust with the skills and confidence to actively support the organisation in the delivery of its modernisation agenda. The programme is due to be launched in the summer months, with the first cohorts commencing in September 2011.
- 20 NIAS managers attended a regional two-day training programme on Level 2 Complaints Investigation.
- Recruitment & Selection full and refresher training programmes have been developed and delivered in-house.
- Directors and Assistant Directors attended a half-day session on Public Policy/Strategic Decision Making and Legal Challenges, facilitated by BSO Legal Services.
- Work continues on the development of training programmes in relation to key Human Resources & Corporate Services procedures, for example, attendance management, discipline and grievance, complaints.

D) SERVICE DEVELOPMENTS

1.0 Introduce E-Learning

The RATC continues to engage with national ambulance service forums and locally with the DHSSPS, other HSC organisations, and the Beeches Management Centre in order to research, develop and implement e-learning and e-testing tools to support the training function, particularly in terms of mandatory and statutory training requirements.

1.2 Additional Care and Responsibility Trainers

In order to ensure the Trust has capacity to deliver both the full Care and Responsibility programme and refresher training, a partnership approach has been agreed between the South Eastern Trust and NIAS. A further 2 staff were recruited in-house during 2010-2011 to undertake the Care and Responsibility Train the Trainer Programme which commenced in Autumn 2010, to be available to input fully from January 2012. A further 3 staff will be recruited in 2011-2012.

1.3 National, Regional and Local Developments

The RATC continues to research, develop and deliver additional and/or new training programmes as required in order to meet the changing needs of the Service and regional and national requirements, and to support and develop its staff, particularly in terms of future outcomes from Performance Development Reviews. In 2010-2011, further unplanned training which was delivered included ; vehicle training, FIT testing, MDT training.

E) TRAINING PLAN SUMMARY TABLES

<u>Accredited Clinical Training Programmes</u>		
<u>Training Event</u>	<u>Dates</u>	<u>No. of Students completed</u>
Cohort 4 Stage II	Sept 2010	12
		Total: 12
Cohort 1 Unit 1 Paramedic-in-Training	December 2010	18
Cohort 2 Unit 1 Paramedic-in-Training	March 2011	17
		Total: 35
Paramedic-in-Training Practice Placements	Ongoing	18
		Total: 32
Edexcel/BTEC Ambulance Care Assistance Programme	August 2010- Feb 2011	12
FPOS/ BTEC level 2	March 2011	7
		Total: 19

<u>Mandatory Refresher Training Programmes</u>		
<u>Training Event</u>	<u>Dates</u>	<u>No. of Students Completed</u>
Mandatory Information booklet	February 2011	All staff
Annual Assessment for Paramedics and Technicians	Sept 2010 – Mar 2011	653
Annual Assessment for Ambulance Care Assistants	Sept 2010 – Mar 2011	225
Moving People Refresher	July 2010	10
Moving People Course	October 2010	20
Corporate Induction Programme All new staff	As required	

<u>CONTINUOUS PROFESSIONAL DEVELOPMENT</u>		
<u>Training Event</u>	<u>Dates</u>	<u>No. of Students completed</u>
Foundations of Paramedic Practice	Sept 2010 – Mar 2011	444
Knowledge and Skills Framework	Sept 2010 – Mar 2011	883
Post-Graduate Certificate in Education	Completed June 2010	10
Clinical Supervision Module	April – December 2010	20
IHCD Instructional Methods Module	October 2010	20

<u>SERVICE DEVELOPMENTS</u>		
<u>Training Event</u>	<u>Dates</u>	<u>No. of Students</u>
Care and Responsibility Train the Trainer	ongoing	2

SECTION 4: EQUALITY

Revised Section 75 Guidance

During the year, the Equality Commission for Northern Ireland published new guidance for the implementation of Section 75. This created new duties for organisations such as NIAS to be delivered within challenging timeframes. Most significantly the Trust was required to produce a new Equality Scheme and Action Plan and to inform this, undertake an audit of inequalities.

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, an alliance of non-governmental organisations such as the Council for Ethnic Minorities (NICEM), Disability Action and Women's Support Network, with an interest in the equality agenda held a consultation event for all public authorities 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.

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 Scheme was also presented to Trust Board.

The Trust received 10 formal written responses to its consultation exercise which included responses from trade unions, local council and the Equality Commission. Having taken account of the consultation process, the Trust amended its Scheme and submitted it to the Equality Commission for approval in advance of the statutory deadline of 02 May 2011.

Training

The Trust continued to mainstream Equality and Good Relations training within its Induction programme. In addition during this year a training resource was produced in respect of Equality and Human Rights which was incorporated into a Training Workbook issued to operational staff.

In addition the Trust participated in a regional HSC Trust Disability Training work stream which involved engagement with representatives from the disability sector to produce an e-learning disability training resource.

Ongoing training and support continued to be provided to managers involved in the policy screening exercises.

Disability Action Plan

During 2010-11 the Trust continued to implement its Disability Action Plan in compliance with the Disability Discrimination Order duties (referred to as the Disability Duties) to promote positive attitudes towards people with a disability and encourage participation by disabled people in public life. Implementation has included involvement in regional training work stream as described above in addition to specific policy areas such as service user involvement along with engagement with Guide Dogs for the Blind in policy discussions around the transportation of guide dogs in ambulances.

Equality Forum

During this year the Trust began working towards the development of an Equality Forum with trade union representation. In order to ensure effective engagement on the equality agenda in this respect, nominations were sought from trade unions of representatives reflective of Section S75 categories.

Corporate Responsibility

The Trust continued to engage with Business in the Community in relation to its Corporate Responsibility agenda. The Trust's Corporate Responsibility Action Plan outlines key actions under themes of Corporate, Sustainability, Workplace, Community and Communications. Particular work streams during the year included a focus on environmental considerations and involvement in the Business in the Community Silver Surfers campaign where Trust representatives worked with older members of the community in respect of IT awareness and practical skills.

Regional Work Streams

Engagement in regional work streams is a key priority for the Trust in order to influence regional strategic agenda around Equality and Human Rights. During 2010-11 this included involvement in a HSC Trust collaborative approach to the implementation of the Equality Commission's revised Section 75 Guidance as set out previously.

In addition the Trust continued to participate in the DHSSSPS Equality and Human Rights Steering Group, Accessible Formats Group, Disability Training Group and the Emergency Services Equality Forum. A key highlight during the year was a Mental Health and Wellbeing conference organised by the Emergency Services Equality Forum and hosted by PSNI. This related to key issues in respect of this area, faced by the emergency services and included presentations from Judith Gillespie, Carecall, Lynda Bryans and June Turkington from HSC Legal Department. There were also a number of very successful breakout sessions which enabled managers from across the emergency services to engage around shared experiences and good practice in respect of this area.

SECTION 5: Communications

Communications Strategy

The Trusts Communications Strategy was reviewed during the year and developed for the period 2011 – 2015. Seeking to build on the existing structures to ensure a well informed and motivated staff, the new strategy has also focussed on external stakeholders particularly patients and their carers and the media.

The Trusts Internet and Intranet systems have been given a much greater focus in terms of communicating corporate messages.

Community Education Programme

The Community Education programme continued throughout the year with 219 visits undertaken by operational staff on behalf of the Trust.

The priorities for the CEP are to address issues of:

- Violence against staff
- Hoax calls
- Inappropriate use of the service
- Community engagement

NIAS also continued to engage with the Youth Justice Agency, attending 10 Youth Conferences (process of victim engaging with perpetrator) throughout the year.

Media engagement

The Trust recorded approximately 315 incidents of media engagement throughout the year, seeking to provide same day responses for daily print and broadcast media requests.

The Trust facilitated a number of live and recorded interviews for both radio and television.

NHS Confed ASN Communications Group

The Trust continued its involvement with the ASN Communications Group addressing issues of common concern for communications leads e.g. winter pressures, major incident communications processes etc.

DHSSPS Comms Lead Teleconferences

The Trust continued to participate in the DHSSPS led weekly teleconferences with Comms Leads from the Trusts, Board, PHA and NIFRS.

SECTION 6: Complaints



COMPLAINTS ANNUAL REPORT

2010 — 2011

FOREWORD

I am pleased to present the Complaints Annual Report for the Northern Ireland Health & Social Care Trust for the past year, 1 April 2010 – 31 March 2011.

Complaints and compliments represent extremely valuable feedback to the Trust and to our managers and staff on the delivery of health care to patients. It is very important that we welcome and acknowledge both complaints and compliments and have processes in place to learn from them and apply that learning positively to improve future performance.

I would like to thank all those who took the time to contact us to enable us to address their concerns. May I also thank all staff who have spent time listening to and dealing with complaints whether raised formally or informally and for their approach and commitment to achieving a satisfactory outcome for the person complaining.

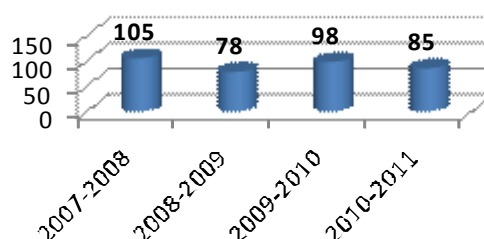


Ms Roisin O'Hara
Director of Human Resources & Corporate Services

Annual Comparison of Complaints

During 2010/11 NIAS received 85 complaints, a reduction of 13 on the previous year. In the same period we received 112 compliments, an increase of 25 in the previous year. NIAS responded to an average of 375 emergency 999 calls per day and transported 347,511 patients – equivalent to one person in five of the population of N Ireland. The number of complaints received therefore represents 0.02% of patient interaction by our staff.

Number of Formal Complaints Received



What our service users complained about

Subject	Count	Percentage
Ambulance Late/ No Arrival	28	33%
Staff Attitude	26	31%
Clinical Incident	19	22%
Suitability of Equipment	4	5%
Other	8	9%

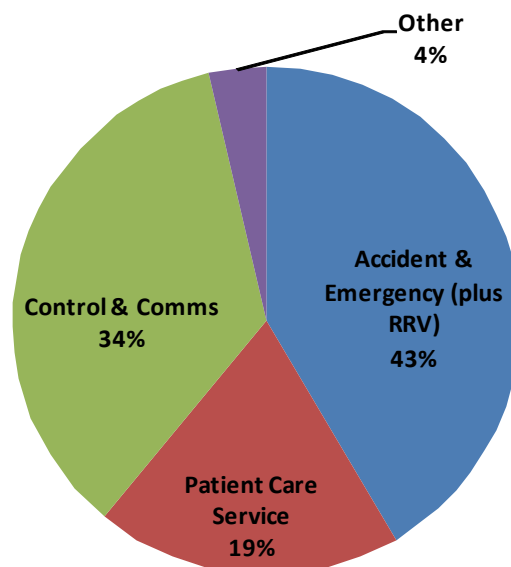
The majority of all formal complaints received (33%) relate to a delay or no arrival of an ambulance. 31% of the complaints received related to the behaviour or attitude of staff.

As a result of the complaints received a review of a number of Trust protocols and practices was undertaken.

Area of Complaints

Of the 85 formal complaints received by the Trust 43% (34) related to the Accident & Emergency Service. 31% (26) of the complaints concerned the non-emergency Patient Care Service. 34% (29) of complaints received related to Ambulance Control while 1% (1) of complaints concerned the Voluntary Car Service. The remainder of complaints 4% (3) related to other areas within the Trust, such as support functions.

Complaints by Area Received



RESPONSE TIMES

95% of the total complaints received were acknowledged within 2 working days.

14% of the complaints received were fully responded to within 20 working days. The main reason for the delay in responding to complaints concerns the competing priorities of the Investigating Officers who are also frontline Managers with responsibility to ensure service delivery is maintained on a 24/7 basis. There are difficulties in providing a prompt and timely response to complainants due to the time spent on investigation of the complaint and the Trust has commenced review of processes and the developed an escalation procedure to address this weakness.

	Total no.	Percentage
Acknowledged < 2 days	81	95%
Response < 20 days	14	19%

Monitoring

Reporting

Learning

We welcome complaints and the opportunities they provide us with to learn lessons and improve our services. Complaints are discussed with the staff concerned to review how our services can be improved.

The outcomes and recommendations from complaints are reviewed by the Executive Directors on a quarterly basis to identify learning and to introduce service improvements.

A number of improvements have been put in place over the year following complaints. Here are some examples:

- Review of the management of Doctors Urgent Calls to be undertaken into how this call is managed.
- Minor fault with Non-emergency booking system identified and reported to system provider to investigate and corrective action taken to prevent reoccurrence if required.
- Review of ambulance deployment plan to be undertaken to ensure that appropriate ambulance response is provided for emergency calls.
- Refresher training on risk assessments and communicating with patients provided to ambulance crews identified.
- Review of the Patient Report Form to include the recording of pain scores and times.

COMPLIMENTS

While we accept that sometimes things go wrong, numerous letters of appreciation and expressions of thanks are received to acknowledge the excellent services provided to patients by our staff. Our staff certainly appreciate knowing when things go well. In the last year NIAS received 112 compliments, an increase of 25 in the previous year.

Here are some examples of the compliments received during the year:

"I just wanted to tell you all how thankful I am to the team who attended my niece and for everything they did to help. There are no words to express just how grateful I am for these people who saved her life. I am sure all the paramedics do just as good a job but I just wanted to tell you just how amazing these people are and you should be so proud of just how good they are."

"Thanks to the Ambulance Staff who recently helped me and my family. Also thanks to the girl on the telephone who really helped us deal with the situation and to the two men who brought us to hospital."

"I had reason to call upon an ambulance. The operator was very helpful and sent out a rapid response car. After a period of time the ambulance crew arrived and they carried the patient to the ambulance. I want to thank the operator, paramedic and ambulance crew for their professionalism in very traumatic circumstances as the patient was very ill and I believe the crew saved her life. That day the snow was lying heavy on the ground and the roads were icy. We do not know who these people were who did such an excellent job but I am sure you could trace and thank them for us."

"The ambulance came in 10 minutes in terrible severe weather. I was treated wonderfully well by the crew. They did everything possible to put me at ease and treat my pain. I could not praise the service enough and want this to be acknowledged by those in authority. The crew have wonderful qualities and are very suited to their job - well done!"

"I write, as a GP, to commend NIAS for the caring and professional approach when I had reason to call for help. The two ambulance crews arrived, despite heavy snowfall making all driving hazardous. On arrival I was given a clear summary of events by the team and what treatment had been given and it was clear that my patient was getting appropriate care. I was immediately struck by the extreme caring and professional approach both to the very ill patient but also the family. In fact I later advised the family that the patient would not have received such prompt, appropriate care, if he had become ill in any other setting."



**HUMAN RESOURCES DIRECTORATE
PAY AND EMPLOYMENT UNIT**

Chief Executives of HSC Organisations¹

For information:

**Director of Finance and
Director of Human Resources of each
body**

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5th May 2010

Dear Colleagues,

AGENDA FOR CHANGE BENEFITS REALISATION FRAMEWORK

Circular HSS (JNF) (1) 2009 gave prior notice of the intention to introduce a system of monitoring in order to measure the benefits that have been realised as a result of the introduction of the Agenda for Change Agreement. This is one of the requirements placed on this Department by the Department of Finance and Personnel particularly where there has been significant investment of public money in modernising pay such as that seen with the implementation of Agenda for Change.

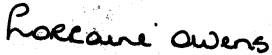
As indicated in the earlier circular the first monitoring round, measuring progress since the introduction of the Agenda for Change agreement in October 2004 up to 31st March 2010, is now due for completion. This initial return should give a snapshot of the position prior to Agenda for Change implementation and the current position at 31 March 2010. The 31st March 2010 position will then set the baseline against which subsequent benefits will be measured and will form the basis of future returns.

¹ The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian and Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

The proforma setting out the three main areas for measurement and the format for the monitoring returns is attached. Completed returns should be sent to **john.o'hagan@dhsspsni.gov.uk by 31 May 2010 at the latest.**

Further information on this exercise may be obtained from Lorraine Owens (02890522794) or John O'Hagan (02890522815). Your cooperation in undertaking this exercise and timely returns will be appreciated.

Yours sincerely


Lorraine Owens (Mrs)

AGENDA FOR CHANGE BENEFITS REALISATION

NAME OF HSC ORGANISATION: NORTHERN IRELAND AMBULANCE SERVICE Period Covered by this Return: AS AT 31/3/2004 AND AT 31/3/2010			
	Success Criterion	Evidence	Comments (Please indicate how the measurements of the benefits realisation framework are evidenced)
Staff	Better Morale	<ul style="list-style-type: none"> <i>Sick absence rates.</i> 2003/04: 7.61 % 2009/10: 6.72 % <i>Staff satisfaction survey.</i> See attached (Appendix 1) summary of: 2006 survey; and 2008 survey. <i>Turnover rates.</i> 2003/04: 3.88% 2009/10: 2.89% <p>At 1/4/08 NIAS had 88 Paramedic vacancies. Between 1/4/08 and 31/3/10, 121 recruits completed the NIAS Paramedic in Training Programme.</p>	<p>Annual Reports 2003/2004 and 2009/10</p> <p>HRMS</p> <p>Internal workforce planning information Training records</p>

Service Users	Quality Care	<ul style="list-style-type: none"> <p><i>More service users treated more quickly.</i></p> <p>Volume of 999 Calls Received:</p> <p>2003/04: 83,083</p> <p>2009/10: 121,017</p> <p>% at scene within 8 minutes</p> <p>2003/04: 53%</p> <p>2009/10: 62%</p> <p>% at scene within 18 and 21 minutes:</p> <p>2003/04: 94%</p> <p>2009/10: 94%</p> <p>Since 2005/2006 calls have been categorised and responses monitored against the appropriate performance standard for the call category. Performance in respect of Category A (Life Threatening Calls) is as follows:</p> <p>% at scene within 8 minutes</p> <p>2005/06: 50.7%</p> <p>2009/10: 71.5%</p> <p>NICE Stroke Standards</p> <p>Between 1/1/10 and 31/7/10</p> <p>An audit of 368 incidents where stroke symptoms were reported and a positive FAST assessment was carried out demonstrated that 366 (99.4%) were transferred to hospital within 60 minutes of arrival at scene.</p> 	<p>Annual Report 2003/2004</p> <p>Performance Monitoring</p> <p>returns 2005/06 and</p> <p>2009/10</p>
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		<ul style="list-style-type: none"> • <i>Service Users related outcome data.</i> <p>Complaints received 2004/05: 144 Complaints received 2009/10: 98</p> <p>Prior to April 2009, NIAS did not have systems in place for the routine measurement of patient experience other than through Complaints and Compliments received. In 2009, through the Minister's Priorities for Action, a set of Patient and Client Experience standards was developed and all Trusts were required to implement and monitor progress against these. The Trust has contributed fully to the framework set up to develop and implement a regional methodology to monitor the standards. For NIAS this includes undertaking patient and carer surveys across all Trusts to include questions relating to experience of the ambulance service. The results are analysed and actions identified to improve patient experience based on this analysis as appropriate. Quarterly reports on progress in this regard, including the results of the analysis, are provided to the Performance Management and Service Improvement Department of the HSC Board. During 2010-11 the methodology is being further developed to include alternative methods of assessing patient experience to include Observations of Practice and Gathering Patient Stories. See attached (Appendix 2) monitoring return for 31 March 2010.</p>	
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		<p>While service user data has not been comprehensively audited to meet the needs of this particular monitoring return, clinical performance indicators have been monitored and demonstrate improvements eg in the area of cardiac arrest (see presentation attached as Appendix 3).</p> <p>The Trust has introduced a number of developments in clinical care to improve service user outcomes during this time, including:</p> <ul style="list-style-type: none"> - introduction of paramedic delivered thrombolysis for ST-elevation myocardial infarction; - extension of drug therapies available to paramedics; - engagement with the Regional Stroke Implementation Group. 	
Employers	Better recruitment and retention	<p>Data from HRMS on staff turnover and vacancy rates.</p> <p><i>Turnover rates:</i> 2003/04: 3.88% 2009/10: 2.89%</p> <p><i>Vacancy rates:</i> At 31 March 2004: 6.91% At 31 March 2010: 6.05%</p>	<p>HRMS</p> <p>Internal manpower report as at 31//04; vacancy survey as at 31/3/10.</p>

NB: The Northern Ireland Ambulance Service has achieved improvements against a number of these success criteria during this time period. However, these improvements would not be wholly attributable to the benefits of implementing Agenda for Change. The Trust has robust performance management/modernisation programmes in place which will have impacted in these areas; Agenda for Change would be one of many factors in the achievement of these improvements.

Completed returns should be sent to john.o'hagan@dhsspsni.gov.uk

Summary of findings 2006 survey

(based on threshold of 70% positive)

POSITIVES

- 76% of respondents feel that their job gives them a feeling of personal achievement
- 88% of respondents state they are always willing to give a little extra effort or time when required
- 77% of respondents believe that as individuals they can affect the quality of service provided by the Trust
- 82% of respondents are satisfied with the support they received from their colleagues
- 72% of respondents do not feel that they will probably be looking for a new job in the next year
- 72% of respondents will not be leaving NIAS as soon as they find another job
- 76% of respondents know what their responsibilities are
- 76% of respondents believe that their objectives are clearly defined
- 81% of respondents work closely with other team members to achieve objectives
- 85% of respondents are aware of occupational health services at work
- 76% of respondents are aware of reporting procedures for errors, near misses and incidents
- 72% of respondents are aware of reporting procedures for incidents of violence, harassment, bullying or abuse

Summary of findings 2008 survey

(based on threshold of 70% positive)

POSITIVES

- 72% of respondents feel that their job gives them a feeling of personal achievement
- 84% of respondents state they are always willing to give a little extra effort or time when required
- 76% of respondents are satisfied with the support they received from their colleagues
- 82% of respondents work closely with other team members to achieve objectives
- 83% of respondents are aware of occupational health services at work
- 84% of respondents are aware of reporting procedures for errors, near misses and incidents
- 70% of respondents are aware of reporting procedures for incidents of violence, harassment, bullying or abuse



Northern Ireland Ambulance Service
Health and Social Care Trust



**PRIORITIES FOR ACTION TARGET FOR 2009/2010:
PATIENT/CLIENT EXPERIENCE STANDARDS**

MONITORING REPORT FOR QUARTER ENDING MARCH 2010

Submitted: 30 April 2010

1.0 Introduction

In April 2009 the Department of Health, Social Services and Public Safety (DHSSPS) published the 'Improving the Patient & Client Experience' document which detailed new standards to promote the delivery of high quality, effective care by ensuring a positive patient/client experience. The document sets out the following five core standards which are key to promoting a positive patient/client experience:-

- Respect
- Attitude
- Behaviour
- Communication
- Privacy & dignity

Priorities for Action 2009/2010 included the following target:

'By September 2009 Trusts should adopt Patient and Client Experience Standards in relation to Respect, Attitude, Behaviour, Communication, and Privacy and Dignity, and have put in place arrangements to monitor and report performance against these standards on a quarterly basis'

.The December 2009 monitoring report included confirmation that the Trust had achieved this target.

2.0 Development and Testing of Methodologies for Monitoring Compliance against the Patient/Client Experience Standards

As outlined in the first report, the regional working group has been tasked with the development of methodologies which can then be tested in order to determine their efficacy as a monitoring tool for measurement of compliance against the Patient/Client Experience Standards.

It has been agreed that a range of methodologies will be developed and tested in order to facilitate comprehensive measurement of compliance against the five standards. These will include:-

- Patient/user feedback (patient/client satisfaction surveys, patient/client stories, review of compliments and complaints)
- Observations of practice
- Staff feedback
- Audit of organisational arrangements

Due to the need to ensure that the methodologies used are robust, a phased approach has been agreed with the Regional Steering Group. The first methodology developed was a patient satisfaction survey which was tested in an adult acute medical ward in each Trust during the quarter ending December 2009.

The learning from this quarter was implemented and the satisfaction questionnaire rolled out the following priority areas over quarter ending March 2010:

- An adult acute mental health in patient ward in each Trust
- An adult rehabilitation/non acute medical ward in each Trust

The other methodologies outlined above will be developed and tested through the work programme for 2010/2011 and beyond.

3.0 Development and Testing of the Patient Satisfaction Survey Methodology during the Quarter Ending March 2010

The following section summarises the methodology adopted for the survey undertaken in the adult acute mental health in patient ward and an adult rehabilitation/non acute medical ward in each Trust during the quarter ending March 2010:

Sample size: In each hospital 40 questionnaires were issued to patients on discharge from:

- An adult acute mental health in patient ward
- An adult rehabilitation/non acute medical ward

In response to learning from the previous quarter, wards were provided with a questionnaire for completion by the Carer where the patient was unable to complete himself/herself due to inability to communicate or extent of cognitive impairment

Return of
Questionnaires

Two options for return of questionnaire were provided,

- via free post return envelope directly to the Audit Dept
- placed in a sealed envelope on the ward on day of discharge to be forwarded to Audit Dept

Results in respect of NIAS were then forwarded to NIAS from each of the five Trusts.

Response rate: Each of the 5 other Trusts will provide response rates in the context of the numbers of questionnaires issued. Information provided to NIAS from the Trusts relates only to ambulance results. In this regard:

Adult acute mental health inpatient ward: 16 patients (51.61 % of respondents who provided an answer as to whether or not they travelled by ambulance) travelled by ambulance

Adult rehabilitation/non acute medical ward: 45 patients (69.23% of respondents who provided an answer as to whether or not they travelled by ambulance) travelled by ambulance

4.0 Evaluation of Patient Satisfaction Methodology for Quarter ending December March 2010

As agreed with the regional steering group and with the Performance Management Service Improvement Directorate (PMSI) at the Health & Social Care Board, the focus for the monitoring reports for the quarters ending December 2009 and March 2010 is on evaluation of the methodologies being tested i.e. patient satisfaction survey. Although results of the surveys undertaken are presented as Appendix 1: Adult acute mental health inpatient ward and Appendix 2: Adult rehabilitation/non acute medical ward

- The following section summarises the extent to which the survey methodology was successful in measuring patient satisfaction in relation to the Patient/Client Experience Standards within an adult acute mental health inpatient ward and an adult rehabilitation/non acute medical inpatient ward in each Trust during the quarter ending March 2010.

Issues identified: (Trust Specific)

Design of the questionnaire: The ambulance element of the questionnaires is different given the patient interface is likely to relate to a single episode. Answers therefore are based on a “yes/no” approach rather than “always/sometimes/never.” The R/A/G ratings relating to always/sometimes/never are not directly applicable.

Distribution and return of: Distribution within the hospitals which includes the entire patient journey, including experience of the ambulance service avoids duplication with a separately administered ambulance survey.

the questionnaire

Response rate: As indicated above the response rate for the Adult Acute Mental Health inpatient wards was from an ambulance perspective, considerably lower than the response rate in the Adult rehabilitation/non acute medical ward.

Analysis of questionnaire: As indicated above, in order to use the R/A/G system within NIAS we had to base the analysis on those who answered ‘yes’ rather than ‘always’. Given the very small numbers involved in the results from the Chronic Mental Health Ward the responses from just a few respondents has a significant impact on the analysis of the results. In addition some responses indicated either ‘can’t remember’ or provided no answer to certain questions. In this context the R/A/G analysis was based on the number of respondents who answered yes as a percentage of those who provided an answer to the question.

Equality issues: Issues around accessibility of questionnaires and adjustments needed were dealt with at distribution within each of the 5 Trusts.

In light of the learning arising from testing of the survey methodology with patients within an adult acute mental health inpatient ward and an adult rehabilitation/non acute medical ward in the 5 Trusts:-

The above amendments will be used to inform the design/methodology being developed for the roll out of the surveys

5.0 Results from the Patient Satisfaction Survey undertaken during the Quarter Ending March 2010

The following section summarises the results obtained from the satisfaction survey undertaken in an adult acute mental health inpatient ward and an adult rehabilitation/non acute medical ward during the quarter ending March 2010 in each of the Trusts. A decision has been taken on a regional basis, and in agreement with PMSI Directorate at the HSC Board, that whilst acknowledging that the focus for this quarter remained on testing the methodology as opposed to actual performance, the results would be colour coded using the RAG performance system (Red, Amber and Green)

The responses were categorised as follows:

90% or above of respondents who indicated; Yes – coded green

Between 80% and 89% (inclusive) of respondents indicated: Yes –coded amber

Less than 80% of respondents indicated Yes– coded red

APPENDIX 1

Adult acute mental health inpatient ward:

**PRIORITIES FOR ACTION TARGET FOR 2010/2011:
PATIENT/CLIENT EXPERIENCE STANDARDS**

January – March 2010

Monitoring of five core standards – RAG (Red, Amber, Green) Assessment

ADULT ACUTE MENTAL HEALTH WARD

	QUESTION (as per satisfaction survey questionnaire)			% result	RESULTS -RAG colour code
ADULT AC Journey to			Yes >90% =		
			Yes 80-89%		
			Yes <=79%		
	Q1. Did you travel to hospital by ambulance?			51.61%	
			Yes	16	
			No	15	
			Can't remember	0	
			Not Stated	2	
	Q2. If yes, did the ambulance staff introduce themselves to you?			58.33%	
			Yes	7	
			No	5	
			Can't remember	3	
			Not Stated	1	
	Q3. Did you feel the ambulance staff ...			80.00%	
			Yes	12	
			No	3	
			Can't remember	0	
	a) Were polite and courteous?		Not Stated	7	
				92.31%	
			Yes	12	
			No	1	
			Can't remember	0	
	b) Were caring and compassionate towards you?		Not Stated	7	
				92.86%	
			Yes	13	
			No	1	
			Can't remember	0	
	c) Treated you as an individual?		Not Stated	7	

				92.31%	
			Yes	12	
			No	1	
			Can't remember	0	
			Not Stated	7	
	d) Considered and respected your wishes?				
				78.57%	
			Yes	11	
			No	3	
			Can't remember	0	
			Not Stated	8	
	e) Spoke to you in a way which you could easily understand?				
				53.85%	
			Yes	7	
			No	6	
			Can't remember	0	
			Not Stated	7	
	f) Explained what was happening in relation to your treatment and care?				
				66.67%	
			Yes	10	
			No	5	
			Can't remember	0	
			Not Stated	6	
	g) Made you feel safe and secure?				
				92.31%	
			Yes	12	
			No	1	
			Can't remember	0	
			Not Stated	7	
	h) Maintained your privacy and dignity?				
				92.86%	
			Yes	13	
			No	1	
			Can't remember	0	
			Not Stated	7	
	i) Behaved in a professional manner?				

APPENDIX 2

Adult rehabilitation/non acute medical ward

**PRIORITIES FOR ACTION TARGET FOR 2010/2011:
PATIENT/CLIENT EXPERIENCE STANDARDS**

January 2010 – March 2010

Monitoring of five core standards – RAG (Red, Amber, Green) Assessment

Chronic Medical/Rehab Ward

	QUESTION (as per satisfaction survey questionnaire)			% result	RESULTS -RAG colour code
CHRONIC MEDICAL/REHAB V			Yes >90% =		
			Yes 80-89%		
			Yes <=79%		
Journey to hospital:	Q1. Did you travel to hospital by ambulance?			69.23%	
			Yes	45	
			No	20	
			Can't remember	3	
			Not Stated	1	
	Q2. If yes, did the ambulance staff introduce themselves to you?			85.71%	
			Yes	36	
			No	6	
			Can't remember	4	
			Not Stated	5	
	Q3. Did you feel the ambulance staff ...			97.73%	
			Yes	43	
			No	1	
			Can't remember	0	
	a) Were polite and courteous?		Not Stated	8	
				95.45%	
			Yes	42	
			No	2	
	b) Were caring and compassionate towards you?		Can't remember	0	
			Not Stated	8	
				97.67%	
			Yes	42	
			No	1	
			Can't remember	0	
	c) Treated you as an individual?		Not Stated	9	

				92.68%	
			Yes	38	
			No	3	
	d) Considered and respected your wishes?		Can't remember	0	
			Not Stated	9	
				97.67%	
			Yes	42	
			No	1	
	e) Spoke to you in a way which you could easily understand?		Can't remember	0	
			Not Stated	8	
				94.59%	
			Yes	35	
			No	2	
	f) Explained what was happening in relation to your treatment and care?		Can't remember	0	
			Not Stated	11	
				97.30%	
			Yes	36	
			No	1	
	g) Made you feel safe and secure?		Can't remember	0	
			Not Stated	6	
				97.56%	
			Yes	40	
			No	1	
	h) Maintained your privacy and dignity?		Can't remember	0	
			Not Stated	10	
				97.56%	
			Yes	40	
			No	1	
	i) Behaved in a professional manner?		Can't remember	0	
			Not Stated	10	



Northern Ireland Ambulance Service
Health and Social Care Trust

Clinical Performance Indicators

Trust Board March 2010





Northern Ireland Ambulance Service Health and Social Care Trust

Introduction

A clinical performance indicator (CPI) is an assessment tool used to monitor and evaluate important governance, management, clinical, and support functions that affect patient outcomes

The principles agreed for development of ambulance clinical performance indicators were that they should be:

- **Developed in line with best evidence, in partnership with clinicians and service users, and linked to national structures for knowledge and evidence, clinical expertise and research and development. Their development should be guided by a performance monitoring protocol.**
- **Meaningful, measurable and realistic, aiming to address issues that matter to patients and clinicians, to benchmark performance, to reduce variations within and between health services and to bring about improvements in care for patients and users. Indicators should function as part of a planned clinical quality improvement framework that draws on modern improvement principles, methods, tools and techniques.**
- **Designed to provide safe, effective, patient centred, timely, efficient and equitable healthcare. Importantly, they should support clinicians and services in providing better care to their patients.**
- **Resourced for trusts to undertake such measurements, to contribute to the national data set, to participate in future development and to deliver the aims of quality improvement.**





Northern Ireland Ambulance Service Health and Social Care Trust

Performance within NIAS is currently measured by response times but it is anticipated this will be supplemented by the monitoring of clinical performance. It is hoped this will encourage staff with the clear demonstration of benefit to patients through development of clinical performance indicators that are clinically relevant and relevant to patient outcomes.



An example of clinical performance monitoring in the past was audit of administration of aspirin in Myocardial Infarction patients, which resulted in a significant increase in the rate of administration in suitable cases.





Northern Ireland Ambulance Service Health and Social Care Trust

The initial 'draft' NIAS clinical performance indicators that have been implemented are:

- **The management of patients with a diagnosis of CVA/TIA (Stroke Patients)**
- **The management of patients with a diagnosis of hypoglycaemia (diabetic patients)**
- **The management of patients who have suffered from a cardiac arrest**
- **The management of acute asthma patients**
- **The management of ST-Elevation Myocardial Infarction (STEMI)**



Clinical Performance Indicator – Acute Stroke Indicator Set

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

404 Patient Report Forms sampled from April 2008 to Oct 2008 – CVA/TIA management results:

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

Ambulance Trust area	Estimated Number of TIA/CVA per month	Number sampled	FAST Performed	FAST Exceptions	Blood Glucose	Blood Glucose Exceptions	Blood Pressure	Blood Pressure Exceptions	Airway manage	GCS Complete	Local Stroke Team contact
NIAS - All divisions	70	404	100%	0%	151 (37%)	0% (no refusals)	355 (88%)	0%	377 (93%)	385 (95%)	Not known*



Acute Stroke Clinical Performance Indicator
Sample of 404 Patients
April to Oct 2008

FAST Test

404_100%

GCS
Recorded

385_95%

Blood
Pressure
Recorded
355_88%

Blood
Glucose
Recorded
151_37%

Airway
Clear or
Managed
377_93%

Local Stroke
Team
Contacted
Not Known

Improved
Assessment &
Management of
Ischaemic and
Haemorrhagic
Stroke

Reduced
Risk of
Aspiration

Increased
Access to
Thrombolysis
for Patients
with Stroke

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	2 nd 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	

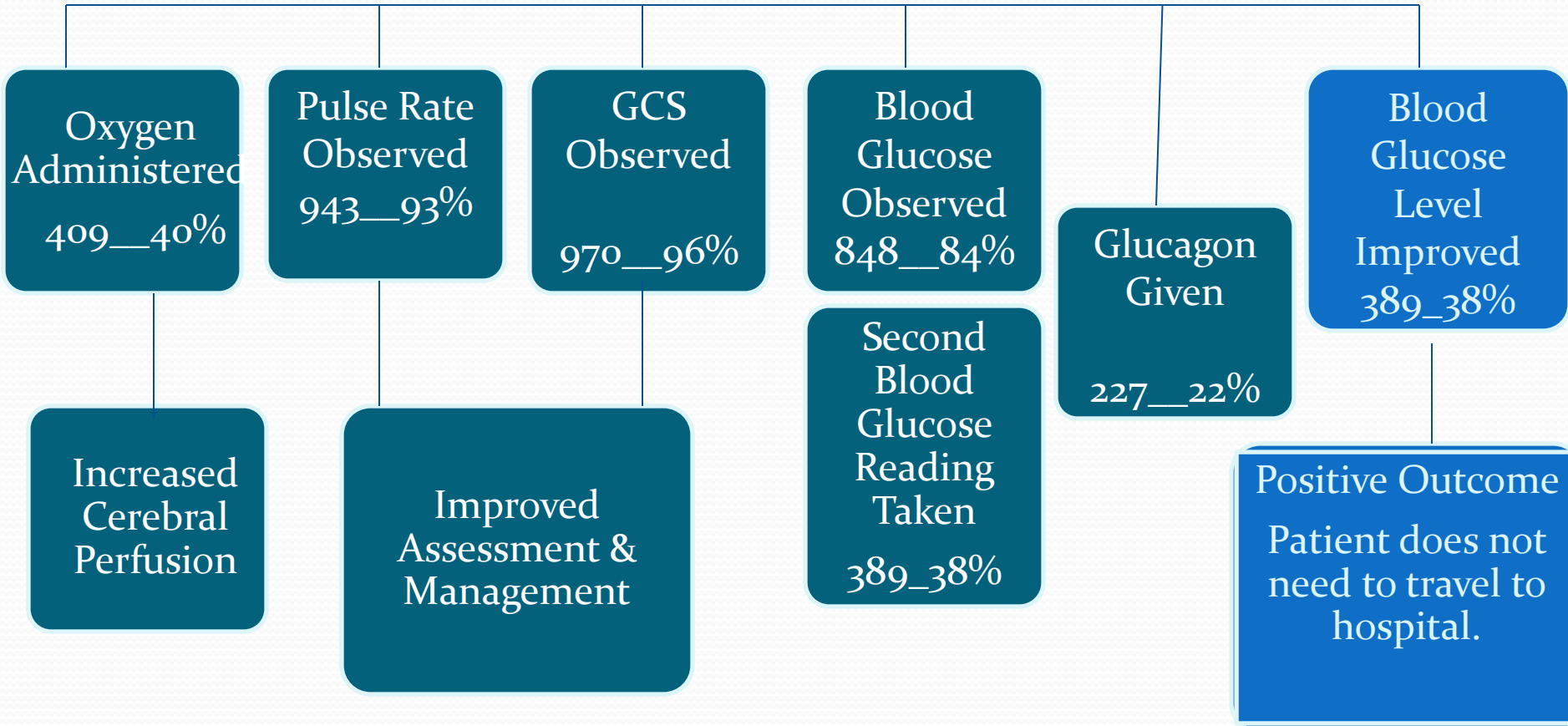
1013 Patient Report Forms sampled from January 2009 to June 2009 – Diabetic patient management results:

Ambulance Trust area	Estimated Number of Hypoglycaemic incidents per month	Number sampled	Oxygen Administered to Patient	Oxygen Administered Exceptions	Pulse Rate Observed	Pulse Rate Exceptions	Blood Glucose Observed	Given Glucagon	Given Glucagon Exceptions	2 nd Blood Glucose reading taken	2 nd BM reading exceptions	Blood Glucose level improved	Blood glucose level improved exceptions	GCS observed
NIAS - All divisions	170	1013	409 (40%)	0 (0%)	943 (93%)	0 (0%)	848 (84%)	227* (22%)	0 (0%)*	389 (38%)	0 (0%)	389 (38%)*	0 (0%)	970 (96%)



Hypoglycaemia Clinical Performance Indicator

Sample of 1013 Patients
JANUARY TO JUNE 2009



Clinical Performance Indicator – Acute Asthma

Performance Area	Inclusion	Indicator	Description	Exceptions	Expected Patient Benefit	Evidence Base
Acute Asthma	Patients with clinical diagnosis of acute asthmatic attack or acute exacerbation of chronic asthma	ASM1	Respiratory rate recorded on PRF		Good Information for receiving hospital	JRCALC Clinical Guidelines 2006
		ASM2	PEFR recorded before treatment administered by ambulance staff		Good Information for receiving hospital	
		ASM3	SpO2 recorded before treatment administered by ambulance staff		Measure effectiveness of treatment	
		ASM4	High flow oxygen delivered	Patient refusal Contraindication to high flow oxygen	Aid breathing	
		ASM5	Inhaled β -agonist administered	Patient refusal Contraindication to β -agonist therapy	Aid breathing	
		ASM6	Breathing Problems indicated in Medical / Trauma summary box on PRF		Enable research/audit	

55 Patient Report Forms manually audited from month of June 2009 for chief complaint of 'asthma' or 'SOB' as result of asthma:

Ambulance Trust area	Estimated Number of acute asthma patients per month	Number sampled	Resp rate recorded	PEFR Recorded pre treatment	SpO2 Recorded pre treatment	High flow O2 delivered	High Flow O2 exceptions	Inhaled Salbutamol	Inhaled Salbutamol exceptions	'Breathing Problems' ticked on PRF
NIAS - All divisions	Unknown*	55 (one month)	51 (93%)	18 (33)%	55 (100%)	55 (100%)	0%	38 (69%)	0%	50 (92%)



Acute Asthma Clinical Performance Indicator
Sample of 55 Patients
JUNE 2009

“Breathing
Problems”
recorded
50__92%

High Flow
Oxygen
Administered
55__100%

Salbutamol
Inhaled
38__69%

Respiratory
Rate
Recorded
51__93%

PEFR Recorded
Pre-treatment
18__33%

SPO₂ Recorded
Pre-treatment
55__100%

Aid
Breathing

Improved Assessment & Management
Good Information for Receiving Hospital

Measure
Effectiveness of
Treatment



Northern Ireland Ambulance Service
Health and Social Care Trust

2008 Cardiac Arrest Audit



Northern Ireland Ambulance Service Health and Social Care Trust

Introduction

The NIAS Clinical Audit Office have been performing cardiac arrest audits since 2005. Audits have been submitted nationally to contribute to larger studies and are also used internally by the Medical Directorate to analyse performance and compliance.

Audits are quality assured to the highest standard by manually checking submitted Patient Report Forms.

Cardiac related deaths within Northern Ireland is unfortunately an ever increasing occurrence and NIAS front line staff are often the first point of medial contact. Studies show that getting to a cardiac incident in the fastest possible time is key to a good outcome.

The current national ROSC rate is approximately 16%.





Northern Ireland Ambulance Service Health and Social Care Trust

Key information:

This audit covers the period from 01st January 2008 to December 31st 2008 with all Northern Ireland Ambulance Service divisions included.

During this period 109,703 Patient Report Forms were completed and sent to Clinical Audit for electronic capture and quality assurance.





Northern Ireland Ambulance Service Health and Social Care Trust

Of the 109,703 NIAS Patient Report Forms:

950 cardiac arrests were recorded for 2008, an increase of 30% from 2007

- A resuscitation attempt was made for 781 patients (82%). of these:
- 251 patients (32%) patients presented with an initial rhythm of VF/VT
- **133 patients (17.0%) were recorded as having a return of spontaneous circulation (ROSC) (16% national average) 2% increase from 2007**
- 530 (68%) of patients presented with a non-shockable rhythm (Asystole, PEA, Other)
- NIAS performed 460 CPR/ALS procedures, of these 27 (6%) were successful
- NIAS performed both a defibrillation and CPR procedure on 88 patients
- A resuscitation attempt was not made for 163 patients (17%)
- The MCCU was called for 317 cardiac arrest incidents (33%)
- Of the 133 ROSC patients, NIAS began a resuscitation attempt for 68% of incidents within 8 minutes from time mobile.
- Of the 108 successful resuscitations, a Rapid Response Vehicle was present at scene first for 56% of incidents.
- A bystander made a resuscitation attempt for 412 incidents (53%)

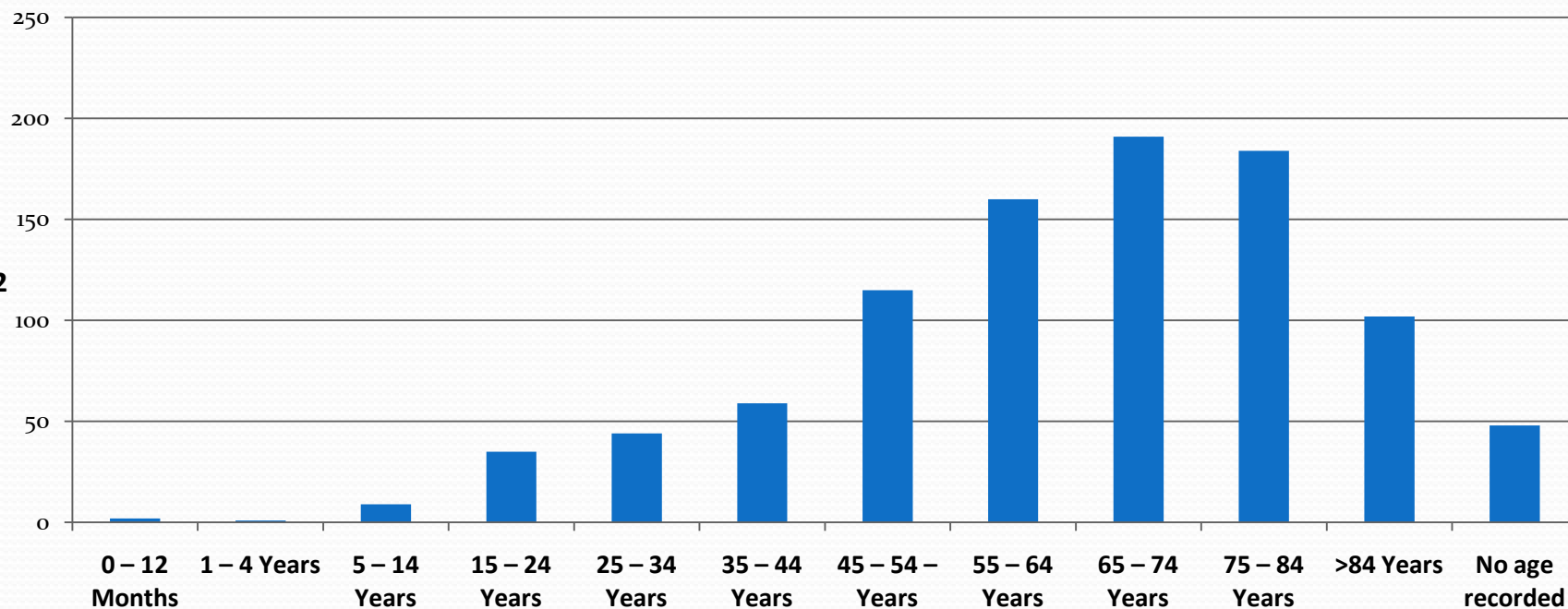




Northern Ireland Ambulance Service Health and Social Care Trust

Figure two displays the age range of cardiac arrest patients with the mean age of 67 years. A recognised national trend identifies a greater risk of cardiac arrest for patients greater than 65 years.

A small number of children and infants are also recorded here. This is an infrequent occurrence and the cause of arrest here is varied and is usually due to trauma or a recognised illness.





Northern Ireland Ambulance Service Health and Social Care Trust

Figure 3 demonstrates cardiac arrest occurrence throughout year – this is an analysis of four years (2005 to 2008)
The highest number of arrests occurred during the month of January which is evident also in national studies.

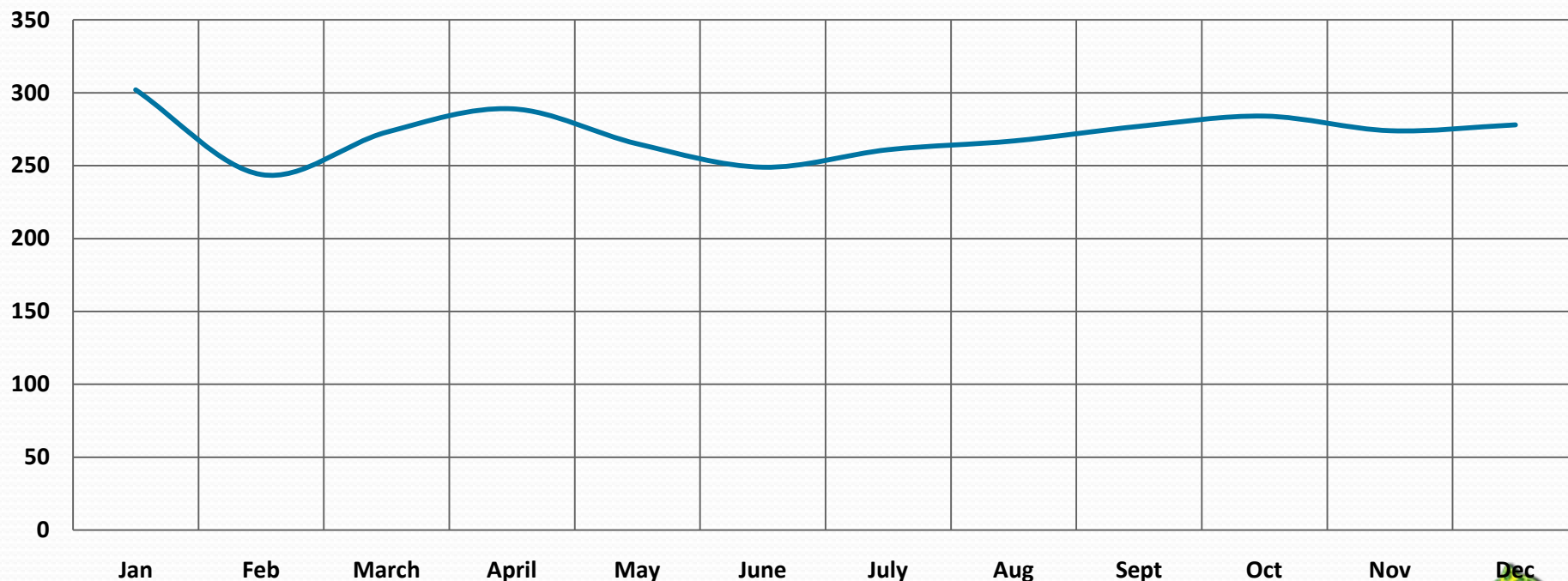


Fig 3

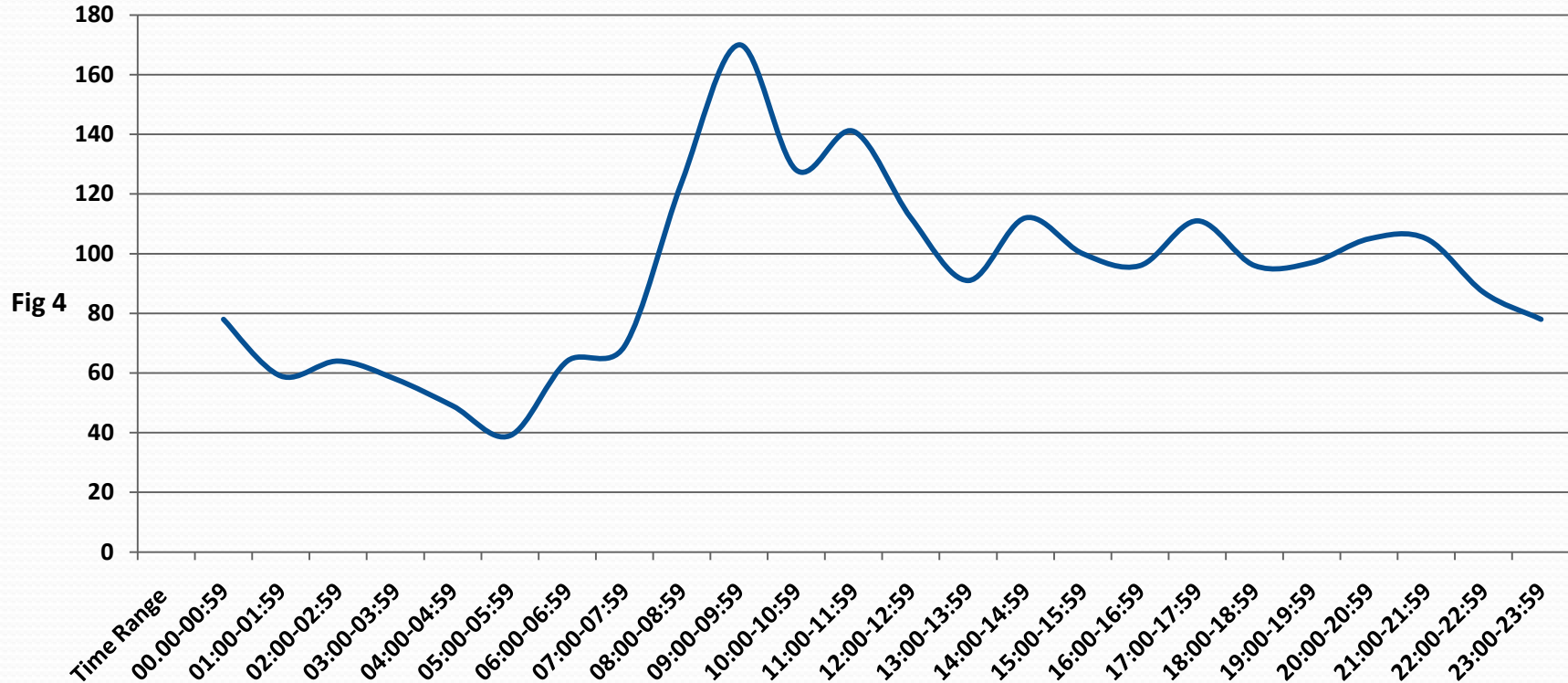




Northern Ireland Ambulance Service Health and Social Care Trust

Figure 4 demonstrates cardiac arrest occurrence throughout time of day – this is an analysis of four years (2005 to 2008)

The highest number of arrests occurred in the morning between 7am and 11am





Northern Ireland Ambulance Service Health and Social Care Trust

ROSC Analysis

The definition of a return of spontaneous circulation (ROSC) is taken from Utstein as a palpable pulse detectable by manual palpation of a major artery, usually the carotid. It does not require the pulse to be maintained over a specific duration Using the above definition of the 950 cardiac arrests where resuscitation was attempted, **133 (17%)** of patients gained a ROSC at some point before or on arrival at hospital. As shown in Table one there has been an increase of 1.8% from 2007 ROSC rate.

Table 1

	2008 ROSC	2007 ROSC	2006 ROSC	2005 ROSC
JAN	9	4	5	7
FEB	6	7	4	5
MAR	11	9	4	9
APR	15	17	9	8
MAY	13	11	2	10
JUN	8	10	7	5
JUL	15	11	5	7
AUG	12	7	11	6
SEP	11	3	13	5
OCT	8	12	5	6
NOV	12	10	9	3
DEC	13	7	2	4
ROSC %	17%	15.2%	12%	12.8%





Northern Ireland Ambulance Service Health and Social Care Trust

Table two demonstrates ROSC occurrences that were attended to by a RRV driver (56%) the number of ROSC incidents that had a <8 minutes response time (68%) and whether the arrest was witnessed either by NIAS or a bystander.

MONTH	ROSC	NIAS WITNESSED ARREST	BYSTANDER WITNESSED ARREST	< 8 MINS RESPONSE	RRV ATTENDANCE
Jan-08	9	4	3	7	6
Feb-08	6	3	1	3	2
Mar-08	11	6	5	7	6
Apr-08	15	4	9	12	9
May-08	13	3	4	11	8
Jun-08	8	1	4	6	6
Jul-08	15	5	5	10	6
Aug-08	12	4	3	9	7
Sep-08	11	2	3	7	4
Oct-08	8	3	4	5	6
Nov-08	12	4	5	6	7
Dec-08	13	7	6	8	7
TOTALS	133	46	52	91	74
%	17.0%	34.6%	39.1%	68.4%	55.6%

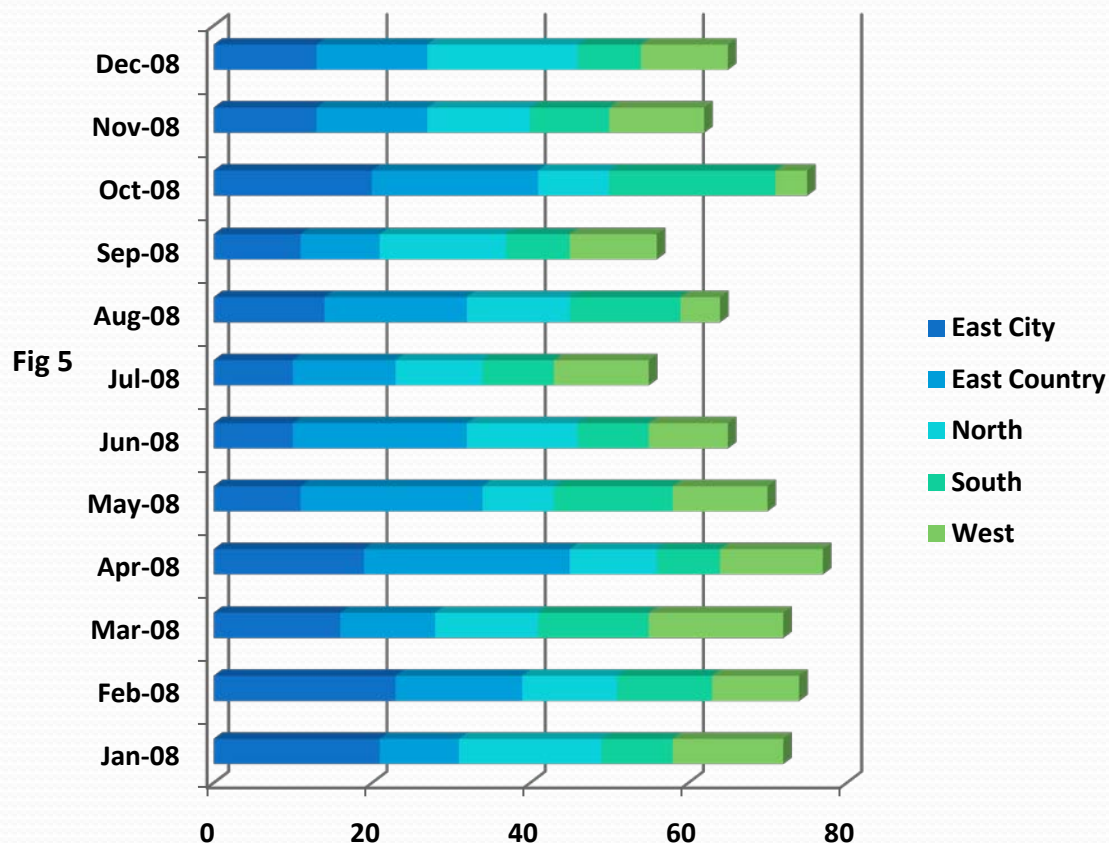


Table 2



Northern Ireland Ambulance Service Health and Social Care Trust

Figure 5 demonstrates cardiac arrest occurrence throughout the five NIAS divisions. East Country accounts for the majority of arrests, accounting for almost 25%. Followed closely by Easy City with 22.4%. Least arrests occurred in Western Division with a contribution of 16.4%.



East City	22.4%
East Country	24.7%
North	19.6%
South	17.0%
West	16.4%



Northern Ireland Ambulance Service Health and Social Care Trust

Fig 6

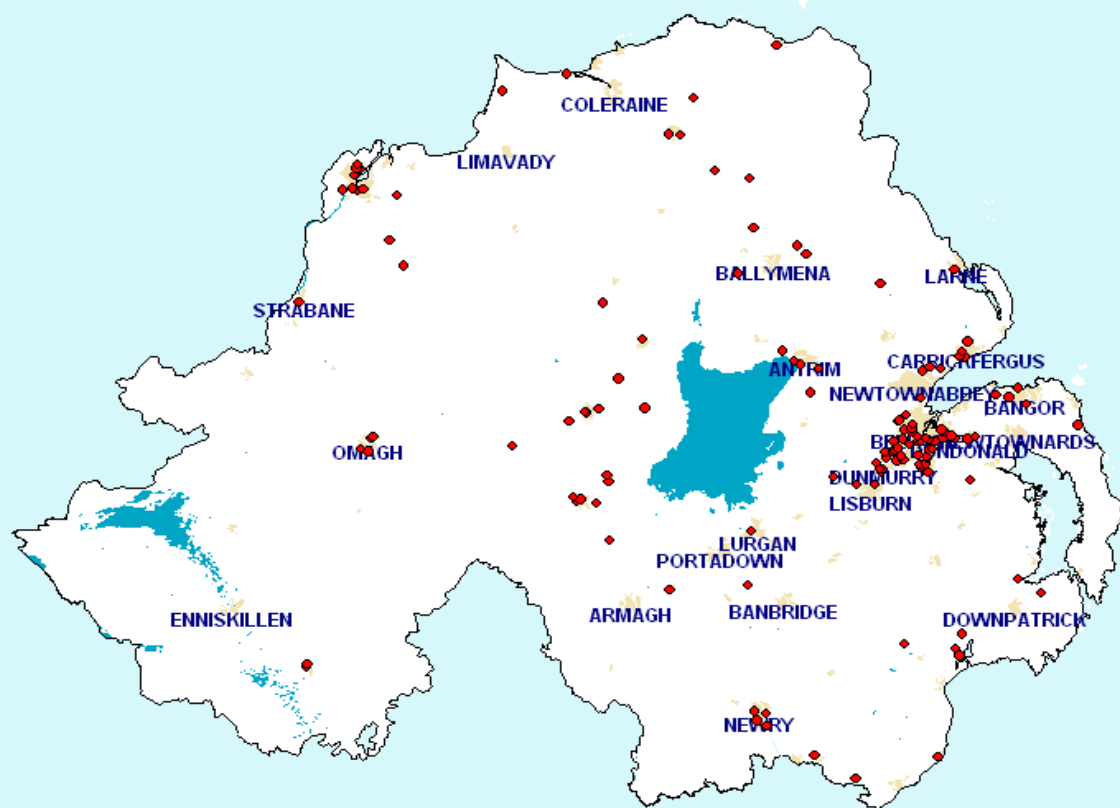


Figure 6 demonstrates ROSC occurrences throughout Northern Ireland. The majority of the 133 ROSC incidents occurred within the East City Division and other urban areas throughout the province.

ROSC incidence within the Tyrone/Fermanagh areas is clearly low.

68% of the ROSC incidents were responded to in under 8 minutes.

Further analysis is needed to examine use of first response teams and public defib usage.





Northern Ireland Ambulance Service
Health and Social Care Trust

QUESTIONS?





Northern Ireland Ambulance Service
Health and Social Care Trust



HUMAN RESOURCES & CORPORATE SERVICES DIRECTORATE **LEARNING OUTCOMES ACTION PLAN (2011/12)**

The following action plan is based on learning outcomes relating to the following functional areas for the period 1 April 2010 - 31 March 2011: -

- i. *Human Resources*
- ii. *Corporate Services - Complaints Management & Claims Management*

	REF/SOURCE		LEARNING OUTCOME	ACTION REQUIRED	LEAD	DATE	UPDATE	STATUS
1	PROCESS Complaints, Disciplinary and Harassment.		<p>1) Increasing trend toward significant non-compliance with timeframes of Procedures increasing risk of complaints being lodged to external bodies e.g. Ombudsman/Tribunals</p> <p>2) Lack of expertise in conducting investigations despite Level 2 Investigatory training being undertaken with managers; guidance provided in Managers Resource Pack, and ongoing advice and guidance provided to managers</p> <p>3) Assurance to be provided on the actioning of recommendations to ensure learning outcomes are achieved and communicated</p>	<p>1) Recommended that Escalation Policy be developed to ensure compliance with Procedural Timeframes.</p> <p>Process of conducting investigations to be streamlined supported by template documentation developed.</p> <p>Manager's Resource Pack to be updated as necessary</p> <p>2) Recommended that Trust considers appointing an Investigating Officer on the basis of a 1 year secondment to HR on the basis of a pilot the purpose of which would be to ensure compliance within timeframes and develop expertise in this area.</p> <p>3) System of recording learning outcomes and actioning of recommendations to be developed</p>		<p>May 2011</p> <p>May 2011</p> <p>June 2011</p> <p>Sept 2011</p> <p>June 2011</p>	<p>1) Escalation Plan in draft format.</p> <p>Template investigation report documentation developed.</p> <p>Ongoing</p> <p>2) Job Description for Investigating Officer in draft format. Proposal for introduction of Investigating Officer to be developed</p> <p>3) Ongoing</p>	

				4) System for communication of learning outcomes to be developed and implemented.		June 2011	4) Ongoing	
2	PATTERNS/ TRENDS		1) Trends in misconduct identified	<p>1) Standards of Conduct to be developed and communicated to staff and managers eg. Criminal Convictions, Residential Courses, Conflict of Interest etc</p> <p>2) Management Training to be undertaken to support organisational standards, provide role clarity etc.(multidisciplinary approach)</p>		<p>July 2011</p> <p>Ongoing</p>	<p>1) Ongoing</p> <p>2) Work ongoing to identify areas for inclusion within Annual Training Plan</p>	
3	PROCESS CLAIMS MANAGEMENT		Process for all areas of Claims Management to be finalised to include process for governance and risk management; settlement of claims, provision of monies; Learning outcomes etc	<p>1) Claims Management to be reported to Trust Board via Assurance Framework</p> <p>2) Claims Management Procedure to be finalised to ensure compliance with DHSSPS Guidance HSC(SQSD)5/10</p>		<p>May 2011</p> <p>June 2011</p>	<p>1) To be reported in May 2011</p> <p>2) Claims Management Procedure in draft format</p>	

TB/5/21/07/11

NORTHERN IRELAND AMBULANCE SERVICE

<p><i>Minutes of a Meeting of the Audit Committee held on Thursday, 26 May, at 2.00pm in the Boardroom, Site 30, Ambulance Headquarters, Saintfield Road, Belfast, BT8 8SG</i></p>

PRESENT:	Mr N McKinley	Non Executive Director (Chair)
	Mr S Shields	Non Executive Director
	Prof M Hanratty	Non Executive Director
IN ATTENDANCE:	Mrs S McCue	Director of Finance & ICT
	Dr D McManus	Medical Director
	Mr P Nicholson	Assistant Director of Finance
	Mr A Phillips	Financial Accounts Manager
	Miss E McGurk	KPMG External Audit
	Mr J Poole	KPMG External Audit
	Mr D Charles	BSO Internal Audit
	Mr D McAleese	BSO Internal Audit
	Mrs M Crawford	Executive Administrator

Welcome and introduction to the meeting

Mr McKinley opened the meeting by welcoming members of the Audit Committee.

1.0 Apologies

Mr S McKeever, Non Executive Director
Ms C McKeown, BSO Internal Audit
Mr D Lynn, NIAO External Audit
Ms C O'Hagan, NIAO External Audit

It was noted that papers had been provided, but no reply or apology had been received from the DHSSPS.

2.0 Declaration of Potential Conflict of Interest & Confirmation

No potential conflicts of interest were declared and the meeting was declared a quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 21 March 2011 (for noting)

Minutes had been previously agreed and presented to Trust Board on the 19 May 2011.

4.0 Matters Arising

There were no matters arising not covered in the agenda.

5.0 Chairman's Business

There were no items of Chairman's business not covered in the agenda.

6.0 Internal Audit

6.1 Internal Audit Progress Report

Mr Charles introduced the Internal Audit progress report (Paper AC/02/26/05/11) and advised that work had been completed for the year. He advised that the summary on page 3 required updating to reflect the additional audit fieldwork that had been completed. The overall level of satisfactory assurance remained, however the limited classification in relation to asset management had been removed. He provided a summary of each element of the progress report and highlighted the following:

Follow Up Audit

Two previous audit recommendations remain to be implemented. These are in relation to the update and issue of the Business Continuity Operational Plan and also performance against the public sector payment target. The Committee were advised that an Assistant Emergency Planning Officer has been nominated to coordinate business continuity planning on behalf of the Medical Director. Also, new guidance had been issued in relation to prompt payment that would impact on performance and would be reflected in the annual accounts for 2010/11. Progress against these and a number of previous audit recommendations that are partially implemented will continue to be monitored and will be formally reviewed in September 2011.

Controls Assurance

Internal audit has reviewed the NIAS self assessment of compliance with the following Controls Assurance Standards for 2010/11: Governance, Risk Management, Financial Management, Emergency Planning, Fleet and Transport and Medicines Management. NIAS had met the DHSSPS requirement for substantive compliance in each of these standards. Where gaps in compliance had been identified, action plans were reasonable for all of these standards, with the exception of Fleet and Transport where the action plan required updating for progress made where review dates had passed.

A definition of 'governance' was requested by members in relation to controls assurance. Mr Charles advised that a self assessment matrix is required to be completed by all Trusts. Internal audit then review the self assessments and the evidence provided. The self assessment covers a number of areas and evidence can be wide ranging but would include, for example, governance structures, terms of reference, minutes and reporting mechanisms.

Audit Assignments

Service & Maintenance Contracts – Overall level of assurance – Satisfactory. There was one Priority 1 finding and three Priority 2 findings

Ambulance Station Visits. – Overall level of assurance – Satisfactory. There was one Priority 1 finding and four Priority 2 findings.

Management of Overtime - Overall level of assurance – Satisfactory. There were no Priority 1 findings, but three Priority 2 findings.

There followed a detailed discussion on various elements of the reports. In respect of Service and Maintenance Contracts, signed service reports were not available in all cases to support invoices. This matter was concerning for members and it was agreed that this is an important recommendation for the Trust. However, due to the nature of the ambulance service, it was recognised that there will not always be staff present at ambulance stations when work is carried out. It was agreed that the arrangements for the monitoring of service and maintenance contracts would be reviewed.

It was also noted that in a number of cases, the decision to award tenders was based on price and it was not clear how qualitative information was considered. In response to a query from Mr McKinley, it was confirmed that there was no evidence in these cases that quality had been compromised. It was noted that the tendering process had been updated and that more recent tenders evidenced the assessment of qualitative factors.

In respect of Ambulance Station visits, it was noted that the overall level of assurance was satisfactory, but there was one Priority 1 finding in relation to the updating and accuracy of the asset register. While this matter had no bearing on the accuracy of the final accounts, the disposal of assets had not been updated on the asset register in a timely fashion and assets, for example vehicles and equipment, could not always be found at the physical location that was recorded on the asset register. In response to members concerns, it was confirmed that there was no evidence that assets were missing, just that at the time of the audit, assets were not always at the location recorded in the asset register. It was recognised that this was the operational reality of an ambulance service where vehicles and equipment may be responding to an emergency call or be dynamically deployed at various locations. There was also discussion on other systems in use within the Trust, for example the Fleet Management System, and the need to ensure that information on different systems could be reconciled. It was agreed that the trust would review the information contained on, and the arrangements for the maintenance of, the asset register.

In relation to medicines management, it was noted that familiarisation had taken place in preparation for the introduction of a new drug, but that a full trial of the physical procedures had not been carried out prior to roll out. It was advised that the Trust sought advice from Police, DHSSPS and the Home Office and Trust Board were satisfied with the arrangements that were put in place. Discussion ensued around the management of medicines and the knowledge of Internal Audit in relation to this specific issue. External Audit clarified that an audit will assess compliance with existing policies and procedures and not necessarily make a judgement on the appropriateness of those procedures. Policies and procedures should be amended to accommodate circumstances where operational flexibility is paramount.

The controls in place were noted, and the Committee advised that the medicines management policy and procedure is currently under review, and will be updated and reissued to staff as appropriate.

There was also a discussion on the operation of staff recreation/comfort funds that were in operation at most ambulance stations visited during the audit. These funds are not the responsibility of the Trust, but there was the potential that such funds could pose, for example, a reputational risk to the Trust. It was noted that the Trust would have only limited influence in the area, but that staff would be reminded of their responsibilities. The matter of records management at station level was also discussed.

In respect of the management of overtime, it was noted that the rostering system had been rolled out to all accident and emergency staff and a number of issues in relation to the central planning, monitoring and reporting of overtime had been identified. A number of reviews were planned to further develop and realise the benefits of central rostering and the Resource Management Centre.

6.2 Internal Audit Annual Report

Mr Charles referred members to the report (Paper AC/03/26/05/11) highlighting the overall opinion for the year ended 31 March 2011 that there is a satisfactory system of internal control designed to meet the organisation's objectives. Specific limited assurance was given to the area of agency staff where 62% of agency spend is outside of the current regional contract arrangements. This is an area which is reviewed regularly and it was clarified that agency staff are selected using the regional contract. The Chairman expressed his thanks to Internal Audit for all their work over the year. He also noted that the electronic issue of audit reports in advance of Audit Committee meetings had been very useful, and asked that this be continued in the future.

7.0 External Audit

7.1 NIAO Letter of Understanding

Mr Poole advised that this sets out the terms of engagement of the Northern Ireland Audit Office and is signed on behalf of the Comptroller and Auditor General and also by the NIAS Chief Executive.

7.2 Draft, Audited, Uncertified Final Accounts 2010/11

Mrs McCue introduced the draft, audited, uncertified accounts and gave an overview of the Statement of Internal Control. A number of amendments were proposed and agreed, including the role of Internal Audit and the reliance on other significant assurance functions such as the Regulation and Quality Improvement Authority (RQIA), the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the Health Professions Council (HPC).

Mrs McCue presented the Trust's financial statements, highlighting that the Trust has achieved a breakeven position with a small surplus of £11k. The Trust had also remained within the Capital resource Limit and had expended over £4.6m on capital additions, mostly comprising of replacement ambulance vehicles.

Progress had also been made in respect of prompt payment of invoices. This was against a backdrop of over £5m of cash releasing savings delivered over the Comprehensive Spending Review (CSR) period 2008/09 to 2010/11. Members agreed that this is a very commendable position given the pressures of the past year.

7.3 Draft, Audited, Uncertified, Annual Report 2010/11

Mrs McCue advised that an earlier version of this document had been considered by Trust Board and a number of comments received. These changes had been incorporated into the document. A small number of further changes were required, however the document was largely complete. The final published document would be supplemented and supported with graphical information such as pictures, but that these would be presentational and would not change the substance of the document.

7.4 Draft Report to Those Charged with Governance

Mr Poole introduced the draft report to the Committee. He advised that, subject to NIAO review of audit files and the completion of outstanding audit matters, it was the intention that an unqualified opinion on the financial statements will be issued. He advised that there were no inconsistencies between the Statement of Internal Control and the work carried out. He also advised that a final review of the changes requested to the Statement on Internal Control by Audit Committee would be carried out when these were completed.

Mr Poole outlined the changes in accounting policies that had taken place during the year and critical matters in respect of the year end financial position and Agenda for Change. He went on to highlight the outcome of the audit work against each of the key risks identified in the audit strategy.

He outlined the outstanding audit matters and expressed his thanks to the staff involved in the delivery of the audit and highlighted the high level of cooperation received from staff in the Trust.

7.5 Draft Letter of Representation

Mrs McCue introduced the draft Letter of Representation. She outlined that this was not a new requirement, but the letter should be considered by Audit Committee ahead of signature by the Chief Executive.

7.6 Resolution to the Trust Board

Subject to the satisfactory completion of outstanding audit matters and a number of minor changes, the Director of Finance, the Medical Director and the Chairs of the Audit and Assurance Committee signed a resolution to the Trust Board that:

- The Board approve the Accounts and that the Chairman, Chief Executive and Director of Finance sign the Accounts.

- The Annual Report should be approved by the Board and signed by the Chairman, Chief Executive and Director of Finance and that the Letter of Representation should be signed by the Chief Executive.

8.0 For Approval

There were no items for approval not covered in the agenda.

9.0 For Noting

9.1 Minutes of ICT Steering Group 6 August 2010

Noted.

10.0 Closed Meeting

At this point, Mrs McCue, Dr McManus, Mr Nicholson, Mr Phillips and Mrs Crawford left the meeting to allow the Audit Committee members to meet independently with the internal and external auditors.

After a short period, they were invited back to the meeting. The Chairman congratulated Mrs McCue on the achievement of financial targets in the year, the openness adopted through the audit and the achievement of deadlines. He asked that the thanks of the Audit Committee were passed to all staff involved. Mrs McCue responded by thanking Internal and External Audit for the work.

Any Other Business

Mr Nicholson updated members on current situation regarding fraud. The Chair requested that this item is added as a standing item to the Audit Committee agenda.

11.0 Date, Time and Venue of Next Meetings

Next meeting of the Audit Committee is scheduled for Friday 17 June 2011

Signed


(Chairman)

Date

17 June 2011

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Friday 17 June 2011 at 2.00pm
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

PRESENT:	Mr N McKinley	Non Executive Director (Chair)
	Mr S Shields	Non Executive Director
	Mr S McKeever	Non Executive Director
IN ATTENDANCE:	Mrs S McCue	Director of Finance & ICT
	Mr P Nicholson	Assistant Director of Finance
	Mr D Lynn	NIAO External Audit
	Mrs C McKeown	BSO Internal Audit
	Mrs E Hamilton	Personal Assistant

Welcome and Introduction to the Meeting

Mr McKinley opened the meeting and welcomed all those present.

1.0 Apologies

Prof M Hanratty, Non Executive Director
Mr J Poole, KPMG, External Audit
Mr A Phillips, Financial Accounts Manager

It was noted that papers had been provided, but no reply or apology had been received from the DHSSPS.

2.0 Declaration of Potential Conflict of Interest

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

3.0 Minutes of Previous Meeting of the Audit Committee held on 26 May 2011

The minutes of the previous meeting were adopted as a true and accurate record of proceedings.

4.0 Matters Arising

There were no matters arising not covered in the agenda.

5.0 Chairman's Business

5.1 Annual Accounts Update

Mr McKinley asked Mrs McCue to provide the accounts update. Mrs McCue formally advised everyone present that the Annual Accounts for 2010/11, including the Statement on Internal Control, and the Annual Report were considered by the Audit Committee and subsequently approved by Trust Board on 26 May 2011.

As part of this process the Audit Committee considered a number of reports from both Internal and External Audit, some of which have a relevance to the work of the Assurance Committee. For example one internal audit recommendation was that the Medicines Management policy should be reviewed and updated.

It is not the intention to duplicate the work that has been carried out at Audit Committee at Assurance Committee. Progress against these recommendations will be monitored and reported through Audit Committee, with relevant updates to members of the Assurance Committee through agenda items, for example the Pharmacy Review Update.

This is the revised governance structures in action and is supported by the Chair of the Assurance Committee's membership of the Audit Committee and the Chair of the Audit Committee's membership of the Assurance Committee.

6.0 Internal Audit

6.1 Draft proposed Internal Audit Plan 2011/12 to 2013/14

Mrs McKeown presented the three year proposed internal audit plan relaying that it had been compiled in consultation with the Director and Assistant Director of Finance and had been considered by the Trust's Senior Executive Management Team (SEMT). As part of the developing Departmental oversight arrangements, the audit planning process had also been considered by the DHSSPS.

She also provided an update on the proposed Controls Assurance Standards that would be subject to review by Internal Audit in 2011/12 and outlined discussions that were ongoing in respect of a potential increase in the standard required from Trusts to achieve substantive compliance.

There followed detailed discussion on various elements of the plan. Mr McKeever highlighted the Asset Management audit planned for year two. In light of the priority one finding in 2010/11 in respect of asset management and discussions at Assurance Committee on the policy for the disposal of assets, he asked for consideration of bringing this forward. Mrs McCue advised that progress against 2010/11 audit findings would be reported to Audit Committee for the Mid Year Assurance Statement, at which point the assignment could be brought forward if required.

Mr Shields asked about the 12 days allocated in year three to the Fleet Management audit. It was stressed that the second and third years of this audit plan serve to ensure full coverage of relevant issues on a regular basis but that these plans are reviewed and updated as necessary each year. Mr Lynn also assured Mr Shields that, given the nature of the Trust's work and the related business risk surrounding fleet, it is an entirely appropriate allocation.

Mr McKinley asked what the additional standards required from Trusts to achieve substantive compliance with controls assurance standards in 2011/12. Mrs McCue stated that this year all areas had achieved above 70%. Mrs McKeown advised that the new target for substantive compliance would increase to 75% - the threshold having been raised as part of a commitment to ensure continuous improvement in performance. Mrs McKeown added that the self assessment questionnaires are based on the controls assurance standards and include detail of requirements of each criteria in each standard.

There was also a detailed discussion on the oversight arrangements in place and the relationship between the Department and the sponsored body and links with Internal and External Audit.

The proposed Internal Audit Plan 2011/12 to 2013/14 was approved by the Audit Committee. Progress against the plan would be reported at future meetings.

7.0 External Audit

7.1 Charitable Trust Fund Accounts 2010/11

The Charitable Trust Fund Accounts were currently being prepared and submission on 30 June 2011.

7.2 Value for Money Audit (VFM) – NIAO

Mr Lynn provided an overview of the arrangements within NIAO for statutory and value for money audits. He advised that there are no current NIAS specific VFM audits planned, but NIAS will be included in wider Health and Social Care audits and other reviews.

7.2.1 Collaborative Procurement in Northern Ireland

This is a public sector wide study. The Business Services Organisation (BSO) Procurement and Logistic Service (PaLS) is compiling a response for the entire Health and Social Care sector. Mr McKeever highlighted a potential conflict in such an approach. Mr Lynn gave an assurance that the audit will drill down beyond the audit questionnaire as required.

7.2.2 Review of Clinical and Social Care Negligence in Northern Ireland

This is a Health and Social Care wide study covering trends, case management arrangements and approaches to minimising risk. An initial meeting has been arranged between NIAS and NIAO as part of the audit fieldwork. The report is scheduled for publication at the end of 2011.

Mr Shields inquired as to the financial arrangements in place in respect of clinical and social care negligence cases. Mrs McCue provided an overview of the process from the provisions based on legal estimates included in the accounts to the final settlement of cases. While such cases are small in number for NIAS, the costs can be significant. For this reason, the Department fund clinical negligence settlements centrally.

7.3 Value for Money Audit Health & Social Care Board

The responsibility VFM Reviews previously commissioned by DHSSPS had now been passed to the Health and Social Care Board (HSCB). Proposed Health and Social Care areas for review in 2011/12 included:

- Management Costs
- Use of Mobile Phones
- Use of Taxis
- Domiciliary Care

Audit Committee will be advised of the outcome of this work in due course.

8.0 For Approval

There were no items for approval not covered in the agenda.

9.0 For Noting

9.1 Fraud Update

Mr Nicholson provided an update to the Committee.

10.0 Any Other Business

There being no other business, Mr McKinley thanked everyone for their attendance and contributions and closed the meeting.

11.0 Date, Time and Venue of Next Meeting

The next meeting of the Audit Committee is scheduled for Friday 2 September 2011 at 2.00pm in the Boardroom, NIAS Headquarters.

Following that another meeting is planned for Friday 4 November 2011 and members were reminded that there may be changes and additional meetings/Chairman's action required to accommodate the accounts timetable for charitable funds and the Mid Year Assurance Statement.

Signed _____

(Chairman)

Date _____

TB/6/21/07/11



Minutes of a Meeting of the Assurance Committee held on Friday 17 June 2011 at 11.30am, Boardroom, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT	Prof M Hanratty	Non-Executive Director (Chair)
	Mr N McKinley	Non-Executive Director
	Miss A Paisley	Non-Executive Director
	Mr S McKeever	Non-Executive Director
IN ATTENDANCE	Mr L McIvor	Chief Executive
	Dr D McManus	Medical Director
	Mr B McNeill	Director of Operations
	Mrs S McCue	Finance Director
	Ms R O'Hara	Director of Human Resources
	Dr N Ruddell	Assistant Medical Director
	Mr P Nicholson	Assistant Director of Finance
	Mr T McGarey	Risk Manager
	Mrs J McSwiggan	Senior Secretary

1.0 Apologies

There were no apologies.

2.0 Declaration of Potential Conflict of Interest

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

3.0 Minutes of the Assurance Committee Meeting held on 28 January 2011

The Minutes had been previously circulated, agreed and signed by Professor Hanratty (Chair). These Minutes were presented to Trust Board on 24 March 2011 and were presented for noting by the Assurance Committee.

4.0 Matters Arising

The Committee noted that the feasibility study for an air ambulance on behalf of the Regional Health and Social Care Board is currently being concluded and should be published in the near future.

Any further matters arising are dealt with as agenda items.

5.0 Chairman's Business

5.1 Annual Accounts Update

Trust Board approved the NIAS Annual Accounts for 2010/11, including the Statement of Internal Control and the Annual Report, on 26 May 2011. The Audit Committee will follow through recommendations and relevant items will be brought to the Assurance Committee.

5.2 Apologies for Non-Attendance at Meetings

The Committee agreed that when an attendee is unable to attend a Committee meeting and sends a deputy in their place, the deputy's name will be noted in the Minutes, but apologies will not be required from the non-attendee.

6.0 Standing Items

6.3 Risk Register as at 3 June 2011

The Risk Register was presented to the Committee and discussed.

ID No. 205 – Achieving Financial Balance 2010/11. It was agreed that it was appropriate that this risk be removed from the Register.

ID No. 218 – Achieving Financial Balance 2011/12 and ID No. 219 – Assuring Optimal Clinical Experience in Patient Care. These risks were highlighted and discussed, and it was agreed that it was appropriate that these risks be reflected on the Register and kept under review.

Risks that had been managed, reviewed and subsequently moved to local registers following the Assurance Committee Meeting on 28 January 2011 were noted.

Specific risks highlighted by the Committee for possible inclusion on the Corporate Risk Register were remuneration of senior executives and of staff under Agenda for Change, absence management and the Agenda for Change process. The nature of these risks was discussed and will be considered by the Senior Management Team before the next meeting of the Committee.

Response time performance, particularly in the context of severe winter weather, was also discussed. The Committee was advised that the DHSSPS are currently reviewing ways in which such variables can be taken into consideration when measuring and reporting ambulance performance.

Given the sensitive nature of some of the issues being discussed, the Committee was reminded of the importance of confidentiality. This is mentioned in the Standing Orders and it was agreed that this should be considered for inclusion as a Standing Item on the Committee Agenda, as is the case for Trust Board.

6.4 Untoward Incidents Report as at 31 May 2011

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

It was noted that the NI Audit Office is carrying out a review of clinical and social care negligence, examining governance arrangements for reporting near misses, adverse incidents and complaints.

Incidents relating to stocking levels of medicines were highlighted. The Committee was informed that appropriate action had been taken to manage and resolve this issue, that robust systems regarding medicines management were in place and that the Medicines Management Policy and Procedures were currently being reviewed and updated to provide further assurance. It was felt that the format of the Untoward Incidents Report should include further information to assure the Committee that appropriate action has been taken to manage the incidents and the presentation of the report will be reviewed in advance of the next meeting of the Committee.

It was also noted that a number of the incidents included in the report were not in fact adverse incidents, but had been reported as such by ambulance crews who therefore will be reminded of the appropriate use of the incident reporting procedure.

Vehicle Cleaning Incident Reports were noted. It was explained that in order to monitor and quantify problems, when a vehicle is not stood down for cleaning during its allocated slot, this is reported as an Untoward Incident, even if the vehicle is cleaned later that week. This is to allow identification of specific operational pressures that are causing difficulty in standing vehicles down for cleaning which are being reported anecdotally at the moment.

The Committee asked for assurance that NIAS takes the appropriate action when dealing with vulnerable adults. The Committee was advised that the action taken depends on the particular circumstances of each incident, but that procedures are in place for contacting the Medical Director, Assistant Medical Director or Senior Officer on call to provide support to the staff reporting concerns and assisting in the decision-making process as to the action required. This would include, for example, reporting the concerns to the receiving hospital, Social Services, PSNI etc. and arranging follow-up.

It was suggested that the Untoward Incident Report be streamlined to include only potentially serious incidents. This was rejected by the Committee, but it was agreed that the incidents be categorised by priority and type in future.

The RIDDOR Benchmarking Report against other Ambulance Services was noted. The total number of incidents per head of population in each Service will be calculated and included in future reports.

6.5 Controls Assurance Standards

The Controls Assurance Standards update was presented to the Committee and noted. The Trust is substantively compliant with all Standards.

It was requested that the colour red not be used as at present in the update, and a typographical error was highlighted for correction.

6.6 Assurance Framework

The new Assurance Framework is currently being developed and will be presented to Trust Board at their meeting on 21 July 2011, and to the Assurance Committee at their next meeting on 2 September 2011.

6.7 Reports from Groups and Committees

6.7.1 Health and Safety Committee – Minutes of Meeting 3 November 2010

Noted.

The value of Minutes of meetings held more than six months previously was queried, and it was suggested that timely draft Minutes would be more useful. Concern was expressed regarding the use of Minutes that had not been approved. It was agreed that a management summary report for those meetings would be presented to the Committee in advance of approval and presentation of the agreed Minutes.

6.7.2 Fire Compliance Sub Committee

Noted.

6.7.3 Infection Prevention & Control Group – Notes of Meeting 10 January 2011

It was noted that the ambulance station cleaning contract has now been awarded and performance is being monitored by the Trust's Operations and Stores Departments.

6.7.4 Infection Prevention & Control Group – Notes of Meeting 9 March 2011

Noted.

6.7.5 Medical Equipment Group – Notes of Meeting 15 December 2010

Noted.

6.7.6 Medical Equipment Group – Notes of Meeting 9 February 2011

Noted.

6.7.7 Medical Equipment Group – Notes of Meeting 4 April 2011

The Committee noted the draft Equipment Disposal Policy. Concerns were raised that the Policy in its current form does not provide adequate assurance. It was agreed that the draft Policy be amended with consideration being given to the cross-referencing of associated procedures and resubmitted to the Committee as a Matter Arising.

6.8 Training Update

The current Training Programme was presented to and noted by the Committee.

It was noted that the Trust's Paramedic Training Programme had once again been approved by the HPC in the recent annual monitoring process.

It was requested that future reports include a management commentary to assist with the context of the report.

6.9 Clinical Audit Update

The Clinical Performance Indicator for Myocardial Infarction was discussed. A number of concerns were identified, including the timeliness of the data, given recent initiatives in this area, and inconsistencies in the recording and reporting of the required clinical data. The Clinical Performance Indicator will be reviewed in light of these and presented again at the next meeting.

It was noted that an audit of the management of myocardial infarction is currently ongoing in addition to this as part of the work of the Regional Cardiology Network.

7.0 Pharmacy Review Update

The Committee noted the successful introduction of controlled drugs, and that to date no significant untoward incidents have been reported. NIAS and Victoria Pharmacy continue to meet regularly. A review of existing policy and procedures is currently being undertaken. Stocking levels were discussed and clarified.

8.0 CBRN Response Audit of NIAS

The audit document providing external assurance was presented to the Committee for information.

9.0 RQIA Action Plan

The Action Plan arising from the recommendations contained within the recent RQIA report, which had previously been circulated to members, was noted.

10.0 Any Other Business

The Committee was advised that a document from the NI Audit Office, "Good Practice & Risk Management" had been received after the Committee papers had been circulated. This document will inform the Trust's actions for audit during the incoming year 2011/12. A copy will be obtained for each Committee Member.

It was suggested and agreed that future meetings commence at the earlier time of 11.00am.

No further business to be discussed.

Date, Time and Venue of Next Meeting

The next meeting will take place on **Friday 2 September 2011 at 11.00am** at NIAS Headquarters.

Signed: Mary Hanratty
(Professor Hanratty, Chairman)

Date: 5 July 2011

TB/7/21/07/11

Mr Liam McIvor
Chief Executive
NIAS HSC Trust

Tel : 028 90321313
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2 June 2011

Dear Liam

PRIORITIES FOR ACTION 2010/11 – END OF YEAR PERFORMANCE REPORTING

We have now completed our assessment of Trusts' performance against the Minister's PfA standards and targets for 2010/11. Performance has been assessed against four categories – Achieved/Maintained, Substantially Achieved/Maintained, Partially Achieved/Maintained and Not Achieved/Maintained. A summary of the assessment for your Trust is enclosed.

It is clear that the efforts of Trusts have resulted in progress across a range of target areas and I would like to thank you and your staff for your dedication and hard work to improve the services we provide for patients and clients. However, it is also evident that significant challenges remain and further work will be required in these areas moving forward into 2011/12.

This information was presented at the public HSC Board meeting on 2 June 2011.

Yours sincerely



John Compton
Chief Executive

cc Mr Paul Archer, Chair of NIAS Trust
Ms Louise McMahon, Director of Performance and Service Improvement, HSCB
Mr Dean Sullivan, Director of Commissioning, HSCB
Mr Paul Cavanagh, Commissioning Lead NIAS Trust, HSCB

Enc



NIAS Trust

Summary of Performance against 2010/11 PfA Standards and Targets

TARGET (by March 2011 unless stated otherwise)	COMMENTS
PRIORITY AREA 2: ENSURE SERVICES ARE SAFE & SUSTAINABLE, ACCESSIBLE AND PATIENT-CENTRED	
Emergency Preparedness	Target achieved.
Business Continuity Planning	Target achieved.
Patient Experience	Target achieved.
Ambulance Service - from April 2010 72.5% regionally & 65% in LCG areas - rising to 75% regionally and 67.5% in LCG areas by March 2011	
Region	Standard not maintained. Target not achieved. During March 2011, 69.7% of Category A calls were responded to within 8 minutes.
Belfast LCG	Standard substantially maintained with an average of 83.6% for March 2011.
South Eastern LCG	Standard substantially maintained with an average of 68.2% for March 2011.
North LCG	Standard not achieved, with an average of 62.2% for March 2011.
South LCG	Standard not achieved, with an average of 62.8% for March 2011.
West LCG	Standard not achieved with an average of 64.9% for March 2011.