

NORTHERN IRELAND AMBULANCE SERVICE

AGENDA

*A Meeting of the Trust Board to be held on Thursday, 19 May 2011 at 2.00pm,
NIAS Headquarters, Knockbracken Healthcare Park, Saintfield Road, Belfast.*

Welcome, Introduction and Format of Meeting

Paper Enclosed

1.0 Apologies

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

3.0 Minutes of previous meeting of Trust Board held 24 March 2011 (for approval and signature)

TB/1/19/05/11

4.0 Matters Arising

- 4.1 Budget 2011 - 2015
- 4.2 Draft Corporate Plan 2011 – 2014

5.0 Chairman's Business

- 5.1 Visit to: Resource Management Centre/Fleet/Control Training/Emergency Planning HART Demonstration
- 5.2 Chairman's Update

6.0 Chief Executive's Business

- 6.1 Chief Executive's Update

7.0 Assurance Framework as at 30 March 2011

TB/2/19/05/11

- 7.1 Operations Exception Report
- 7.2 Finance & ICT Exception Report
- 7.3 Human Resources & Corporate Services Exception Report
- 7.4 Medical Exception Report

8.0 For Noting

- 8.1 Minutes of Audit Committee Minutes held 21 March 2011
- 8.2 NIAS Management Statement/Financial Memorandum
- 8.3 Capital Resource Limit Allocation 2011/12
- 8.4 Statutory Rules of Northern Ireland 2011 - No.164
- 8.5 NIAS Response to Consultations

TB/3/19/05/11

TB/4/19/05/11

TB/5/19/05/11

TB/6/19/05/11

TB/7/19/05/11

9.0 Application of Trust Seal

10.0 Forum for Questions

11.0 Any Other Business

Next meeting of Trust Board will be held on Thursday, 21 July 2011 in the Northern Division. Venue to be confirmed.

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Meeting to be held on Thursday, 19 May 2011 at NIAS Headquarters,
Knockbracken Healthcare Park, Belfast. BT8 8SG***

TB/1/19/05/11

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 24 March 2011 at 1.30pm at the Silverbirch Hotel, 5 Gortin Road, Omagh, BT79 7DH

Present:

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

In Attendance:

Mrs M Crawford	Executive Administrator
Ms K Baxter	Senior Secretary

1.0 Apologies

None.

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 20 January 2011

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

4.0 Matters Arising

4.1 NIAS Response to Draft Budget 2011-15

This item will be dealt with under Item 8.3

5.0 Chairman's Business

5.1 Visit to Omagh Station

The Board were impressed with the station which was very clean and tidy, facilities were good if a little cramped.

Training facilities were satisfactory and support is available for staff to develop professionally. The Board were impressed with the staff and the Board were able to see firsthand the operational realities for staff. These visits also give staff an opportunity to speak with Board members. Mr Shields raised an issue in relation to operational management which was addressed by Executive Directors present.

5.2 Chairman's Update

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

5.3 Corporate Planning Workshop

The Corporate Planning Workshop held on the 25 February 2011 was very enjoyable and beneficial as it gave Non-Executive Directors the opportunity to work with Executive Directors in a less formal setting. The Non-Executive Directors would welcome another opportunity to meet. It is hoped that a draft Corporate Plan 2011-14 will be ready for issue to the Board in April 2011.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

Chief Executive advised that he recently met with the Leader of the SDLP regarding Downe Hospital. He was accompanied by the Medical Director and Assistant Director of Operations. The meeting was very useful as the Trust's position was clarified. Ms Ritchie was surprised at the level of investment to NIAS and recognised the work the Trust is doing within the confines of the budget available.

The Chief Executive presented a Belfast Telegraph "Making a Difference" award to a young man who helped to save a life. One of the Trust's staff, Mr Michael McConville was also nominated for the award. The Chief Executive has written to Mr McConville on behalf of the Trust.

The Chief Executive along with the Director of Operations attended the Ambulance Service Four Nations meeting in Scotland. The DHSSPS was also represented at this meeting by Dr Miriam McCarthy. These meetings have been re-established and it gives the opportunity for collaborative working and learning.

The Trust was visited recently by the Medical Director and Assistant Medical Director from the HSE National Ambulance Service. This meeting was about establishing relationships and building bridges. The new Chief Executive is also due to visit shortly. The Board endorsed this example of co-operation.

The Board enquired if there were any issues for NIAS given the recent RQIA report and the C-Difficile Inquiry. The RQIA report was very positive and the Trust was expecting positive feedback. This report was picked up by the media and was reflected in a negative way in relation to hand washing. However cleaning is available and is consistent with best practice.

It was advised that NIAS engaged with the C-Difficile Inquiry and there were no specific actions for NIAS. It was noted that the NIAS Communications Officer will make contact with the Northern Trust to ascertain what lessons were learned particularly in relation to the "Crisis Communication Plan" referenced in the report.

7.0 Assurance Framework as at 30 September 2010

The Chief Executive advised the Board that we are approaching the end of the first year of using the Assurance Framework for reporting performance. He added that there have been no new PFA's received from the Department which may be delayed due to the upcoming elections. The Chief Executive proposed to the Trust Board that the Assurance Framework for 2011/12 should be developed in the same fashion and in a similar format with any revisions necessary being incorporated as they are identified. Trust Board supported this approach, and endorsed the proposal.

Operations Exception Report

- NIAS did not achieve the first element of the PFA target (72.5% Cat A - 8 mins for NI by February 2011). The LCG target of 65% was only achieved in Belfast, Western and South Eastern LCGs. The LCG target was missed by, 3.2% in Northern LCG, 2.5% in Southern LCG. The severe winter and the exceptional growth in activity in December and January 2011 affected the cumulative performance. The focus will now be on continuing to achieve the best possible performance by month regionally and at LCG level and implementing performance improvement measures in an effort to achieve the 75% March 2011 element of the target. Principal concerns in respect of overall category A response are congestion in A&E Departments leading to longer handover times. Winter pressures around flu and severe weather affected performance. The Director of Operations advised that various measures were put in place however it was not possible to achieve the targets set. The HSC Board have been advised of the problems faced by the Trust. He added that consideration has been given by HSC Board to setting up a group to look at possible solutions to these problems. As no confirmation has yet been received of PFA targets the existing target will be rolled over to 2011/12. He wished to commend all staff in their efforts to achieve the targets set.
- The Board questioned the likelihood of Cat A calls being downgraded to B or C. The Board were advised that England is introducing these changes however they do not apply to Northern Ireland.
- The Board also raised the issue of figures for turnaround times at A&E departments and the impact this has on overall performance. It was noted that Hospitals are under considerable pressure however targets are not useful if patients are queuing at A&E Departments.
- The Board considered that when the system was pushed the performance increased for February and March 2011 and questioned why the same performance cannot be achieved every month, asking what is the greatest limiting factor preventing the Trust from achieving the target set. The principal limiting factor in relation to ability to respond is having sufficient response units readily available in the right place. A&E Vehicles are also used for GP urgent and hospital transfers. Managers have been working consistently from April 2010 and some success was experienced. It was noted that every failure to achieve is reviewed as staff are committed to delivering the best service possible.

- The Board further considered that given the implementation of the efficiency savings coupled with the harsh winter that the performance achieved is commendable.
- Cat B target has been achieved in Belfast Area only. The Cat C has been achieved for all areas of Northern Ireland. NIAS needs to realise a 3.5% cumulative improvement to achieve the Cat B target. The focus for the Trust has been on Cat A calls and there are concerns regarding Doctor's urgent calls as there are times when these patients are more acutely ill than some of the 999 calls. The Medical Director and Director of Operations are to meet to discuss this issue.

Finance & ICT Exception Report

- The Trust continues to forecast a breakeven position at year end, subject to, assumptions in relation to Agenda for Change, efficiency savings and investment. These assumptions are regularly discussed with the HSC Board and assessed on an ongoing basis to determine the impact which may significantly affect "break-even". Financial statements for 2010/11 are currently being compiled. There is currently a deficit of £8k.
- Investment and Infrastructure on track to be delivered.
- Value of spend – stock and non stock, increase due to a range of purchases including medical equipment.

Human Resources & Corporate Services Exception Report

- Absence – Members were referred to P.53 where a comparative analysis has been made between NIAS and other HSC Trusts. It was considered that the target for NIAS requires review. Absence figures for Control have increased and a meeting has been arranged with managers to discuss. This increase may be related to changes in shift patterns. A new absence procedure is being developed and it is hoped to get agreement from Trade Unions in May 2011. The main reason for absence remains muscular skeletal injuries and NIAS has introduced an initiative for staff to be fast tracked to physiotherapy at the Royal Victoria Hospital (RVH) occupational therapy. The Director of Human Resources gave Board members details on absence in the various departments within NIAS. She added that departments within Headquarters are made up of small teams and any absence can have a major impact. Monthly meetings continue with Managers to address. Ongoing discussion continued with the Board who raised concerns regarding the extent of absenteeism which may require more scrutiny by the Board.
- Complaints – on track to achieve. The Board queried why 63% of complaints were responded to after 20 working days and requested a further breakdown of this information to show clearly how long it takes to respond. Prof Hanratty added that all complaints are presented and interrogated at the Assurance Committee.

Action: Director of Human Resources to include a breakdown of information on response times to complaints after 20 days in HR Year End Report due to be presented to the Board in July 2011.

- The Board noted the compliments which were very commendable with some very interesting stories. It was confirmed that staff who receive compliments receive a letter praising their actions from the Chief Executive.

Medical Exception Report

- Stroke – The Trust continues to do well in this area with patients suspected of suffering a stroke transferred within the set timeframes. The measure of blood glucose measurement remains an area for improvement. This will be a focus for the future.
- C-Difficile Inquiry – The Medical Director advised that prior to the Inquiry the Trust had engaged with a regional group and no changes to NIAS practices were required.
- The introduction of controlled drugs commences on 25 March 2011 and all Stations will have access to the drugs by next week. Discussion ensued regarding the use and storing of drugs and it was noted that relevant procedures are in place. A monthly report is required by the Department on this issue.

Action: Monthly report to Department to be shared with Assurance Committee.

8.0 For Noting

8.1 Minutes of Assurance Committee held on the 20 January 2011

The Director of Human Resources wished it to be noted that Ms Linda Gregg, Assistant Director of HR was deputising on her behalf at the meeting held in January 2011.

Noted.

8.2 Minutes of Audit Committee held on the 20 January 2011

Noted.

8.3 NIAS Response to Draft Budget 2011-15

The response to the Draft Budget was issued in time to be considered.

Noted.

8.4 Health Committee/HSC Board Correspondence on Ambulance Response in Rural Areas

Noted.

9.0 Application of Trust Seal

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

10.0 Forum for Questions

No questions received from the floor.

11.0 Any Other Business

11.1 Controls Assurance Standards

Recruitment and Selection Policy has been reviewed and is fit for purpose.

Noted.

11.2 Annual Report Programme

The first draft of the annual report should be ready in April 2011 which will be shared with the Board. Auditors require the report by May 2011.

Noted.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held at NIAS Headquarters, on Thursday, 19 May 2011.

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

Signed: _____
(Chairman)

Date: _____



ASSURANCE **FRAMEWORK**

(as at 31 MARCH 2011)

NORTHERN IRELAND AMBULANCE SERVICE

ASSURANCE FRAMEWORK

2010-2011

Contents

PREFACE	4
PRIORITIES FOR ACTION 2010-2011 – AN INTRODUCTION	5
NIAS PERFORMANCE MANAGEMENT PROCESS	5
ASSURANCE SUMMARY TABLE – PERFORMANCE & RISK.....	7
PRIORITY AREA 1: IMPROVE THE HEALTH STATUS OF THE POPULATION AND REDUCE HEALTH INEQUALITIES	11
PfA1.1 Emergency Preparedness	13
PfA1.2... Business Continuity.....	15
PRIORITY AREA 2: ENSURE SERVICES ARE SAFE & SUSTAINABLE, ACCESSIBLE & PATIENT-CENTRED	17
PfA2.1... Category A Ambulance Response– Potentially Life-Threatening 999	18
TA2.1... Ambulance Response - Non-Life-Threatening 999 Calls	20
TA2.2... Ambulance Response - Non-Life-Threatening Urgent Calls	23
PfA2.3...A&E Discharges.....	25
PfA2.4... Stroke services	26
PfA2.6... Healthcare associated infections	27
PfA2.7... Hygiene and cleanliness	30
PfA2.8... Patient Experience.....	32
PfA2.9... Patient involvement.....	32
PfA2.10... Service Frameworks.....	33
TA2.3...Adverse Event Learning.....	36
TA2.4...Clinical Quality.....	37
PRIORITY AREA 3: INTEGRATE PRIMARY, COMMUNITY AND SECONDARY CARE SERVICES.....	39
PfA3.1... Pathway management.....	40
PRIORITY AREA 4: HELP OLDER PEOPLE TO LIVE INDEPENDENTLY	42
PRIORITY AREA 5: IMPROVE CHILDREN’S HEALTH AND WELL-BEING	42
PRIORITY AREA 6: IMPROVE MENTAL HEALTH SERVICES AND SERVICES FOR PEOPLE WITH DISABILITIES	42
PRIORITY AREA 7: ENSURE FINANCIAL STABILITY AND THE EFFECTIVE USE OF RESOURCES.....	44
PfA7.1... Financial Breakeven.....	45
PfA7.2... Efficiency savings	47
TA7.1... Infrastructure Investment	48
TA7.2... Purchasing & Supplies Management	50
TA7.3...Information Requests	51
PfA7.4... Absenteeism	53
PfA7.6... Staff Health and Wellbeing.....	55

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

TA7.4... Grievance Management.....	Error! Bookmark not defined.
TA7.5... Disciplinary Management.....	57
TA7.6... Harmonious Work Environment.....	59
TA7.7... Industrial Tribunals.....	60
TA7.8... Training.....	61
TA7.9... Knowledge and Skills Framework.....	62
TA7.10... Complaints & Compliments.....	Error! Bookmark not defined.
TA7.11... Media Management.....	65
TA7.12... Community Education.....	66
TA7.13... Statutory compliance.....	67
Appendix 1.....	68
Table Template.....	68

PREFACE

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

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

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

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

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

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

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

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

PRIORITIES FOR ACTION 2010-2011 – AN INTRODUCTION

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

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

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

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

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

Priority Area 4: Help older people to live independently

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

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

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

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

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

NIAS PERFORMANCE MANAGEMENT PROCESS

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

This Assurance Framework outlines the key actions which NIAS has identified as being necessary to deliver strategic objectives, and identifies principal risks to delivery of objectives. In addition, we have presented additional objectives and actions, inextricably linked to the continued delivery of safe, high-quality services within financial resources, but not specifically referenced in PfA objectives, and aligned these with the relevant PfA theme. Where possible objective measures of performance against objectives are presented in support of an internal self-assessment of performance against objectives and key actions.

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

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

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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 SUMMARY TABLE – PERFORMANCE & RISK

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

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

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

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TA7.10... Complaints & Compliments	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
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TA7.11... Media Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
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TA7.12... Community Education	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
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TA7.13... Statutory compliance	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW
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PRIORITY AREA 1: IMPROVE THE HEALTH STATUS OF THE POPULATION AND REDUCE HEALTH INEQUALITIES

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

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

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

Tackling inequalities

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

Tobacco

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

Alcohol and drugs

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

Obesity

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

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Mental health and suicide

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

Sexual health and teenage pregnancy

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

Screening

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

Emergency preparedness

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

Business Continuity Planning

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

PFA1.1 EMERGENCY PREPAREDNESS

PfA1.1...Emergency Preparedness	Performance Assessment	Risk Assessment			
	ACHIEVED	LOW			
Objective					
Emergency Preparedness: by March 2011, all relevant HSC organisations should review, test and update their emergency and business continuity plans, including building on the lessons learned from recent incidents, exercises and the response to swine flu together with any regional and national developments for pandemic flu preparedness.					
Performance Commentary.					
Achieved.					
A NIAS Hazardous Area Response Team (HART) became available by end March 2011 with 36 paramedics having successfully completed joint training with other emergency services and agencies. National HART SOPs have now been agreed and adopted. A formal launch jointly with other emergency services is being planned for Quarter 1 of 2011/12. An Assistant Emergency Planning Officer with responsibility for HART and the Trust's Medical Directors continue to participate in the development of HART nationally and in the National HART Clinical Advisory Group. Further training and development of the HART capability has been scheduled during 2011/12.					
The NIAS Major Incident Plan and associated emergency plans were reviewed and reprinted in 2009. A further bi-annual review will commence in July 2011. 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 has participated in 27 multi-agency exercises. A copy of the Trust's Emergency Preparedness and Response Annual Report to PHA/RHSCB is attached.					
During the year the Trust's Emergency Planning Team undertook a regional review of PPE throughout the HSC on behalf of the DHSSPS and participated in at least two benchmarking exercises with four other UK Ambulance Services.					
The Trust has been assessed as being substantively compliant with the Emergency Planning Controls Assurance Standard.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Review and update NIAS Emergency Plans		A3	A3	A3	A3
Benchmark with other ambulance services and national standards		A3	A2	A2	A1
Exercise Major Incident and Emergency Plans and apply lessons learned	Ongoing	A3	A2	A2	A1
Continue to participate in the regional and national planning for major incidents, pandemic flu and CBRN	Ongoing	A2	A2	A2	A1
The provision of a HART capability in accordance with the funding provided by the commissioners	March 2010	A3	A3	A2	A1
Ensure compliance with Emergency Planning	Feb 2011	A3	A3	A2	A1

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

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

Controls Assurance Standard					
Risk Commentary.					

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

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

PFA1.2... BUSINESS CONTINUITY

PfA1.2... Business Continuity	Performance Assessment DELAYED	Risk Assessment LOW
<p>Objective</p> <p>Business Continuity Planning: by March 2011, each HSC organisation should ensure it has a fully tested and operational Business Continuity Plan in place.</p>		
<p>Performance Commentary.</p> <p>Partially achieved.</p> <p>In keeping with all other HSC Trusts, achievement of this target within year has been delayed but it is acknowledged that a significant amount of work has been undertaken during the year.</p> <p>The Trust's Business Continuity Management arrangements were subject to peer review by representatives of the East Midlands and Scottish Ambulance Services in June 2010, and the NIAS Emergency Planning Officer (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 and incorporated in the ongoing review of our plans and procedures. These include the development of a strategy, policy, work programme and ultimately operational plans. An Assistant Emergency Planning Officer has been dedicated to this work since December 2010. A Business Continuity strategy and policy are in draft form.</p> <p>The previous NIAS draft Business Continuity Plans are being incorporated into this work along with previous comments and amendments. This work is being regularly reviewed by a group including the Emergency Planning Officer, Medical Director, Risk Manager and CEO and the draft strategy, policy and plans will be presented to the Trust's Assurance Committee and then to Trust Board.</p> <p>A prioritised schedule for the review of individual Business Continuity Plans during 2011 has been developed and agreed. It is anticipated that this will be fully completed during 2011/12.</p> <p>Business Continuity arrangements for a number of local issues were exercised or implemented during the year. This included Business Continuity Plans for a number of stations which were implemented during periods of civil unrest during the summer months.</p> <p>A number of contingency plans have been tested including the evacuation of REMDC in September 2010. As a result of this, a number of amendments to the Contingency Plan have been highlighted and are currently being incorporated into a revision of the Plan.</p> <p>The Trust's Flu Pandemic Contingency Plan was reissued to all staff in anticipation of rising levels of flu during the winter months and PPE levels were checked. Training in the use of relevant PPE is also being undertaken for new operational staff. NIAS participated in regular teleconferences with other HSC bodies including the Public Health Agency to monitor the situation.</p> <p>Following the period of severe weather over the Christmas and New Year period, the EPO has chaired a formal debrief which has highlighted issues arising during this period. A series of recommendations has been drafted and will be incorporated into the review of the Trust's Contingency & Continuity Plans.</p> <p>NIAS has also participated in a national UK Ambulance Services Fuel Resilience Benchmarking Exercise in May 2010 as part of the NHS Ambulance Chief Executives Group Business Continuity Workstream.</p>		

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

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

Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Review and update NIAS Business Continuity Plans		A3	A3	A3	A4
Exercise Business Continuity Plans and apply lessons learned		A3	A3	A3	A2
Benchmark with other ambulance services and national standards		A2	A2	A2	A1
<p>Risk Commentary.</p> <p>There is a risk to the Trust from the failure to review, update and test the internal disaster management plans. This risk is being managed through the Emergency Planning Officer currently reviewing such plans in every Department and the dedication of an Assistant Emergency Planning Officer to this task during the rest of this financial year. REMDC recovery plans are now in place and have been tested during September 2010 and are currently being updated as a result of learning from this exercise.</p>					

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

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

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

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

Quality and safety

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

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

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

Accessibility

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

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

Ensuring services are person-centred

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

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

PfA2.1... Category A Ambulance Response	Performance Assessment DELAYED	Risk Assessment MODERATE			
Objective Ambulance services (PSA 2.8): from April 2010, the HSC Board and NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes, increasing to an average of 75% by March 2011 (and not less than 67.5 % in any LCG area).					
Performance Commentary. Regionally performance for the first element of the PfA target finished at 69.3%. 999 activity continues to increase. NIAS could not recover the cumulative CAT A8 position following the December and January pressures and weather. In relation to the second element of the PfA target NIAS achieved 73.6% Regionally.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
The introduction of additional rapid response staff and vehicles to provide flexible targeted paramedic response to emergency calls	April 2010	A2	A2	A2	A1
The introduction of additional intermediate care hours of cover to provide flexible targeted non-emergency patient transportation to increase capacity for emergency calls and timely response for non-emergency calls	Ad Hoc	A2	A2	A1	A1
The targeting of Accident & Emergency hours of cover, principally at week-end and nights, to match demand and provide flexible targeted paramedic response to emergency calls and patient transportation where appropriate	April 2010	A2	A2	A1	A1
Use Clinicians (GPs) in Ambulance Control to provide clinical triage of non life-threatening 999 calls and alternative care pathways which negate where appropriate ambulance transportation/attendance (pilot in the first instance).	April 2010	A1	A1	A1	A1
Continue to work with local communities in the development of Community First Response on a Northern Ireland basis with an emphasis on rural areas in the first instance and the provision of essential support and governance arrangements, again consistent with best practice and recent recommendations by the Health Care Commission in the UK.	Ongoing	A4	A4	A4	A4

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

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

Risk Commentary.

Principal concerns in respect of this objective are;

NIAS did not achieve the first element of the PFA target (72.5% Cat A <8 mins for NI by Feb). This was missed by 3.2%. The LCG target of 65% was only achieved in Belfast and South Eastern LCGs. The LCG target was missed by, 3.2% in Northern LCG, 2.5% in Southern LCG. The severe winter pressure in December and the exceptional growth in activity in December and January affected the cumulative performance.

NIAS did not achieve the second element of the PFA target of 75% (missed by 1.4%). The LCG target of 67.5% was achieved in Belfast, South Eastern and Western LCGs.

Principal factors that affected category A response were: congestion in A&E Departments leading to longer handover times, Winter pressures around flu and severe weather, an 8.7% increase in activity during March. NIAS responded to an additional 6,290 calls compared with 09/10.

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Cum	Mar
NI	71.6	70.2	73.0	71.5	71.1	72.0	70.0	70.6	57.6	67.8	69.3	69.3	73.6
Belfast	87.3	85.0	86.4	84.4	86.8	86.3	82.8	83.5	69.1	80.6	85.3	83.1	88.2
Sth East	70.4	68.4	71.2	71.8	69.1	73.1	69.4	72.3	54.3	64.3	66.5	68.0	69.5
North	65.8	64.4	66.8	63.8	63.1	63.9	60.7	61.2	51.6	61.9	59.1	61.8	66.0
South	63.6	62.4	65.3	66.7	64.0	65.3	62.4	62.6	52.4	61.0	65.4	62.5	66.4
West	61.7	62.9	67.0	65.3	65.7	66.4	68.7	67.2	55.4	65.4	62.6	64.3	71.2

Category A : % Conveyance Resource Response arriving within 21 minutes

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	92.7	92.7	94.5	93.4	93.4	93.1	92.8	91.3	81.9	90.3	89.8	92.3
Belfast	97.4	97.4	96.7	97.3	96.6	97.9	95.3	95.0	89.1	93.4	92.8	96.5
Sth East	93.0	93.0	94.8	91.5	93.5	94.1	92.9	90.9	80.5	87.4	87.2	90.1
North	90.4	90.4	94.1	91.0	91.6	91.1	91.5	89.5	77.1	89.8	89.0	90.8
South	89.6	89.6	93.2	93.5	92.1	90.5	90.6	89.1	76.7	87.7	88.9	89.8
West	90.4	90.4	92.3	92.3	91.9	90.0	92.1	90.0	83.5	91.6	89.0	92.2

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

Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	41.9	43.3	40.8	37.7	39.9	40.6	42.4	43.0	43.6	41.0	45.1	52.4
Belfast	45.3	43.0	43.9	40.8	40.7	45.0	46.0	47.7	49.0	46.4	50.7	50.3
Sth East	39.5	39.1	39.9	34.0	40.0	36.7	37.0	42.9	46.5	43.4	50.5	49.5
North	40.9	40.0	39.1	41.0	42.0	40.2	42.0	39.1	38.7	39.2	40.7	56.7
South	48.9	45.2	39.5	37.4	44.0	43.2	53.8	45.5	47.1	43.9	45.1	41.6
West	29.9	31.7	38.3	30.2	31.8	33.2	31.8	35.5	30.4	26.2	32.4	50.4

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

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

Category A : Demand Profile – Responses arriving at scene												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	3516	3547	3543	3469	3549	3463	3715	3369	4288	3734	3475	3842
Belfast	992	977	1,029	959	965	919	1042	948	1178	1024	984	1054
Sth East	604	602	624	570	582	592	673	581	760	652	565	681
North	784	836	742	829	804	814	827	761	951	808	799	873
South	588	550	567	558	589	585	569	551	758	661	560	616
West	548	582	581	553	609	553	604	528	641	589	567	618

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

TA2.1...Non-Life-Threatening Calls - Ambulance Response	Performance Assessment DELAYED	Risk Assessment LOW			
Objective: From April 2010 the HSCB and NIAS should ensure that 95% of Category B calls are responded to in 21 minutes and that 95% of Category C calls are responded to in 60 minutes.					
Performance Commentary. The category B21 target has been achieved in Belfast Area only. The category C60 has been achieved for all areas of Northern Ireland. NIAS needs to realise a 3.5% cumulative improvement to achieve the B21 target.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Review control call take and dispatch protocols	Sept 10	A3	A3	A2	A2
Introduce additional intermediate care hours to support A&E tier	Nov 10	A4	A3	A2	A1
Review operational deployment plans: Status Plan, Job Cycle Monitoring, Hospital Turnaround Times	Dec 10	A4	A3	A3	A1
Risk Commentary. Risk of failure to achieve the target is low provided number of category B calls does not continue to rise, and NIAS does not experience any adverse impact on this call category as a consequence of acute service changes. There is a risk to the achievement of this target due to the potential failure to obtain support and engagement from other key external stakeholders such as GPs, A&E Departments, etc. for the implementation of proposed new call handling processes and procedures.					

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

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

Category B: % Response within 21 minutes													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	93.0	92.8	94.3	93.5	93.5	93.9	92.8	92.4	83.6	90.2	92.0	93.8	92.1
Belfast	96.7	97.4	97.9	97.8	97.6	98.0	96.1	96.8	88.3	93.7	95.5	97.3	96.0
Sth East	93.7	91.0	93.0	93.5	94.5	94.0	93.2	91.6	82.6	88.0	89.9	92.5	91.4
North	91.8	91.4	93.1	91.1	91.5	92.9	91.9	92.1	81.9	90.8	90.9	93.4	91.0
South	90.7	92.4	94.2	93.4	92.6	91.6	89.7	89.9	81.4	86.9	92.5	92.1	90.4
West	90.6	90.6	92.5	91.1	90.3	91.0	91.7	88.8	82.5	89.9	89.5	92.0	90.0

Category B: % Conveyance Resource Response arriving within 21 minutes													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	89.4	89.2	90.6	90.2	89.4	89.8	89.1	91.7	76.4	83.7	86.0	89.2	87.3
Belfast	93.5	93.5	93.6	94.8	94.2	94.5	92.1	86.1	80.0	86.2	89.1	90.6	91.1
Sth East	90.4	87.2	87.9	90.0	90.9	89.1	88.2	86.9	72.6	78.9	81.3	87.5	85.8
North	87.7	87.0	88.8	86.9	86.7	88.2	88.2	83.5	74.5	84.3	84.2	89.4	86.0
South	86.1	89.5	91.9	90.7	88.7	86.7	86.7	85.6	74.8	80.8	87.6	88.2	86.0
West	87.7	88.3	90.6	89.0	88.2	89.4	89.0	87.2	80.5	87.8	86.9	89.5	87.7

Category B : Demand Profile – Responses arriving at scene													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
NI	5301	5538	5221	5351	5418	5215	5652	5246	5923	5410	4735	5226	
Belfast	1,334	1,332	1,279	1,273	1316	1267	1494	1367	1468	1318	1214	1290	
Sth East	923	973	941	941	962	963	942	893	1072	940	795	926	
North	1,385	1,492	1,414	1,467	1470	1403	1427	1301	1490	1430	1221	1287	
South	869	935	845	863	864	861	991	947	1042	959	839	887	
West	790	806	742	807	806	721	798	738	851	763	666	836	

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

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

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

Category C : Demand Profile – Emergency Calls Received												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	1498	1833	1627	1686	1618	1632	1642	1693	2210	1934	1589	1790
Belfast	435	494	506	506	488	459	520	502	651	584	474	573
Sth East	275	385	311	316	299	317	288	327	418	370	289	345
North	313	446	346	408	352	366	344	362	450	417	366	367
South	263	249	269	238	259	279	270	258	354	331	273	295
West	212	259	195	218	220	211	220	244	337	232	187	210

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

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

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

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

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

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

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

Urgent Response: % within standard													
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cum
NI	58.0	57.5	60.9	61.0	53.3	57.1	57.0	55.3	44.4	52.5	53.3	56.1	55.7
Belfast	62.2	58.6	63.7	62.6	53.1	62.7	58.1	55.2	42.9	45.3	48.8	53.8	55.7
Sth East	62.6	55.5	58.9	60.2	61.1	58.3	56.6	53.0	40.3	47.2	50.5	51.1	54.1
North	58.8	62.0	62.0	60.1	58.3	54.8	57.1	61.2	49.4	57.8	58.5	60.2	58.5
South	48.9	53.1	61.0	64.1	56.2	53.4	57.5	50.6	41.8	58.1	53.7	58.9	54.4
West	55.0	54.6	56.4	56.9	56.3	53.5	54.9	53.6	47.2	58.3	55.1	57.1	54.8

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

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

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

PFA2.3...A&E DISCHARGES

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

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

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

PFA2.4... STROKE SERVICES

PfA2.4... Stroke services	Performance Assessment ACHIEVED	Risk Assessment LOW			
Objective					
Stroke services (PSA 2.6): by March 2011, the HSC Board and Trusts should ensure that appropriate arrangements are in place to monitor and ensure – as far as possible within available funding – patients attending hospital within 90 minutes of the onset of stroke symptoms receive a CT scan and report within a maximum of a further 90 minutes to inform the appropriate use of thrombolysis.					
Performance Commentary.					
Achieved.					
While this is an Acute Trust-led target, NIAS has fully participated in the regional development and implementation of stroke care pathways and continues to participate in the monitoring of performance. A NIAS protocol for the management of acute stroke in keeping with the regional framework and NICE Guidelines was introduced in 2009. NIAS continues to monitor performance in relation to the arrival of patients with actual or suspected acute stroke at hospital within an appropriate timeframe and a clinical performance indicator for the management of acute stroke has been developed and is subject to regular audit. This shows a high level of compliance with current guidelines and protocols and is presented below.					
This data is shared at meetings of the Regional Group as NIAS continues to participate in the ongoing monitoring and review of arrangements for the acute management of stroke at regional level.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Introduce guidance and protocols for effective management of Stroke patients to ensure hospital attendance within 90 minutes		A2	A2	A1	A1
Participate in the regional stroke implementation group and engage with specialist stroke care providers in the development of stroke pathways		A2	A1	A1	A1
Monitor ambulance performance in relation to timeframe of call to hospital and arrival for patients with actual or potential acute stroke		A3	A2	A1	A1
Risk Commentary.					

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

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

Stroke Services: % of ALL 999 patients at hospital within 90 minutes												
Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NI	98.1	96.4	99.5	99.5	99.4	98.3	99.0	98.3	93.5	98.5	96.7	97.8
Belfast	100	100	100	100	100.0	100.0	100.0	100.0	94.8	100	100.0	98.2
North	95.5	100	100	100	100.0	97.7	100.0	96.9	92.0	98.1	94.3	98.1
SthEast	100	94.2	100	100	96.6	100.0	100.0	100.0	95.2	100	96.6	100
South	100	95.5	95.8	100	100.0	100.0	93.9	94.6	93.3	97.6	95.8	97.3
West	94.1	90	100	97.1	100.0	91.3	100.0	100.0	89.7	96.3	96.6	92.3

Clinical Performance Indicator – Acute Stroke Indicator Set

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

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

1620 Patient Report Forms sampled from Nov 2010 to March 2011 – CVA/TIA management results:

Criteria for inclusion in sample = CVA/TIA Assessment = Facial Weakness = “YES” – or – Arm Weakness=“YES” –or—Speech Impairment=“YES”

Ambulance Trust area	Estimated Number of TIA/CVA per month	Number sampled	FAST Performed	FAST Exceptions	Blood Glucose	Blood Glucose Exceptions	Blood Pressure	Blood Pressure Exceptions	Airway management	GCS Complete	Local Stroke Team contact
NIAS - All divisions	324	1620 (5 months)	1620 (100%)	0%	829 (57%)	1.0%	1470 (92%)	1%	1560 (97%)	1588 (99%)	*Unavailable
Previous audit:	318	1909 (6 month)	1909 (100%)	0%	1003 (53%)	0.9%	1757 (93%)	0%	1853 (94%)	1870 (98%)	

*Local stroke team information not currently recorded on Patient Report Form – this will be reviewed at annual PRF reformat/updates. 1% of patients refused assessment/treatment

Review: **6 months**

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

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

PFA2.6... HEALTHCARE ASSOCIATED INFECTIONS

PfA2.6... Healthcare associated infections	Performance Assessment SUBSTANTIALLY ACHIEVED	Risk Assessment LOW			
Objective					
Healthcare associated infections (PSA 2.1): in the year to by March 2011, the Public Health Agency and Trusts should secure a further reduction of 20% in MRSA and C.difficile infections compared to the position in 2009-10.					
Performance Commentary.					
Substantially achieved.					
While this is an Acute Trust-led target, NIAS continues to work with Commissioners, RQIA and a number of other HSC Trusts to identify and deliver relevant requirements from an ambulance perspective.					
No healthcare acquired infections arising within the Trust have been reported within the current year.					
The Trust's Infection Prevention and Control Group continue to meet on a 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 year and continue to be updated on the basis of emerging national guidelines. NIAS continues to participate in the National UK Ambulance Services Infection Prevention and Control Group and benchmarking with other UK Ambulance Services. A sub-group of the Trust's Infection Prevention and Control Group has been formed to specifically review current arrangements and make recommendations to improve the reporting and monitoring of vehicle cleaning. This sub-group comprises of members from all Divisions and all grades of operational staff including representation from Ambulance Control. Further workshops regarding IPC have been arranged for Station Officers. The Trust's Clinical Waste Policy has been reviewed in association with other HSC Trusts and following consideration by the IPC Group has been submitted to the Health & Safety Committee for final agreement, before being submitted to the Assurance Committee and Trust Board for approval.					
The Trust has been assessed as being substantively compliant with the Infection Prevention & Control Controls Assurance Standard as assessed in May 2010.					
An audit of compliance with IPC procedures was completed in March 2010 and demonstrated a high degree of compliance. A further audit of specifically hand hygiene measures is currently being undertaken arising from this.					
A review of hygiene and cleanliness within the Trust was undertaken by RQIA in May 2010 but their report is still awaited.					
NIAS now participates in the regional HCAI Forum which provides a platform for engagement, discussion, partnership working and sharing of best practice/learning for HCAI prevention and provide all Trust colleagues with opportunity to inform future HCAI policy development and HCAI action plans going forward. The Medical Director has obtained agreement from his colleagues in the other HSC Trusts to access IPC expertise and one of the Trusts has agreed to provide this on a formal basis and an MOU is currently being developed.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Monitoring and reporting of performance in relation to standards of healthcare acquired infections to		A2	A2	A2	A1

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

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

Trust Board.					
Implement recommendations arising from NIAS 2010 Audit of Compliance with IPC Practice and Procedures.		A3	A3	A3	A1
Risk Commentary.					

PfA2.7... HYGIENE AND CLEANLINESS

PfA2.7... Hygiene and cleanliness	Performance Assessment SUBSTANTIALLY ACHIEVED	Risk Assessment LOW			
<p>Objective</p> <p>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.</p>					
<p>Performance Commentary.</p> <p>Substantially achieved.</p> <p>A regional tender in regard to contract cleaning of NIAS facilities was issued and a contract awarded within the year. Cleanliness and hygiene arrangements within the Trust are now being monitored by the Trust’s Infection Prevention and Control (IPC) Group and Health and Safety Committee. This has been adopted as a key performance indicator by the Trust’s Infection Prevention & Control Group.</p> <p>A review of hygiene and cleanliness arrangements and standards within the Trust was undertaken by RQIA in May 2010. Their report is still awaited.</p> <p>A review of the Trust’s Clinical Waste Policy has now been undertaken and, following consideration by the Trust’s IPC Group, has been submitted to the Health & Safety Committee for final agreement before being presented to Trust’s Assurance Committee and Trust Board for approval.</p> <p>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.</p> <p>NIAS continues to participate in the national UK Ambulance Services Infection Prevention and Control Group including the development of ambulance-specific standards of hygiene and cleanliness.</p> <p>The Trust has been assessed as being substantively compliant with the relevant controls assurance standard. The DHSSPS have agreed that hygiene and cleanliness in NIAS are included within the Infection Control Controls Assurance Standard.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Monitoring and reporting of performance in relation to standards of cleanliness and hygiene to Trust Board.		A3	A3	A2	A1
Implementation of recommendations arising from 2010 RQIA Hygiene & Cleanliness Inspection		A4	A4	A4	A4
Participation in the development and implementation		A3	A2	A2	A1

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

of ambulance specific standards of hygiene and cleanliness regionally and nationally					
Ensure Compliance with relevant DHSSPS targets and controls assurance standard.		A3	A3	A2	A1
Formally secure/engage expert ICP advice and support for Trust.		A4	A4	A4	A2
Risk Commentary.					

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

PFA2.8... PATIENT EXPERIENCE

PfA2.8... Patient Experience	Performance Assessment SUBSTANTIALLY ACHIEVED	Risk Assessment LOW			
Objective					
Patient Experience: following the adoption of the Patient and Client Experience standards in 2009, Trusts should extend the clinical care areas monitored and increase the range of monitoring tools, and ensure appropriate reporting and follow-up, consistent with direction from the Public Health Agency.					
Performance Commentary.					
Substantially achieved.					
The Trust has delivered a programme of work to monitor the Minister’s Patient and Client Experience Standards as set out within the PfA target. By the end of March 2011 the range of methodologies developed within the Trust for this purpose included patient surveys undertaken in all Acute Trust Areas, review of complaints and compliments in respect of the standards, completion of an organisational audit and the development of Observations of Practice to be piloted in the Belfast Area in April 2011.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Engagement with the Patient and Client Council and Service Users to develop an ambulance service user group and membership scheme		A3	A3	A3	A3
Involvement in regional work streams to develop and extend methodology to monitor patient experience across HSC generally and including NIAS specifically		A1	A1	A1	A1
Analysis of monitoring information in respect of patient experience standards and submission of quarterly report to Performance Management and Service Improvement Directorate of HSCB		A1	A1	A1	A1
Risk Commentary.					

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

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PFA2.9... PATIENT INVOLVEMENT

PfA2.9... Patient involvement	Performance Assessment SUBSTANTIALLY ACHIEVED	Risk Assessment LOW			
Objective					
Patient involvement: by March 2011, the Public Health Agency in partnership with the HSC Board should: establish a regional Health and Social Care forum, with appropriate Patient Client Council and Public representation, to drive the PPI agenda; develop and implement a regional Health and Social Care Action Plan for PPI including arrangements to promote and evidence active PPI; arrange for the publication of an annual summary of PPI activity across Health and Social Care Organisations.					
Performance Commentary.					
Substantially achieved.					
The Trust has continued to participate in regional work streams in implementation of the PPI agenda including through the regional PPI Forum and sub-groups.					
The Trust has engaged with the Patient Client Council in respect of support available and potential opportunities to engage with stakeholders in respect of key Trust policy areas and the Trusts Strategy for PPI. This will help inform the Trust's programme of engagement work for the year ahead.					
The Trust is to participate in a DHSSPS working group to determine HSC priorities and guidelines in respect of implementation of PPI during 2011-12.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
NIAS Strategy for the implementation of Personal and Public Involvement to be developed and implemented		A3	A3	A3	A2
NIAS will participate in the development and implementation of Regional plans and arrangements for the implementation, monitoring and reporting of PPI arrangements		A3	A3	A2	A1
Ongoing monitoring of compliance with relevant PPI standards and requirements with regular reports to Trust Board		A3	A3	A3	A2
Risk Commentary.					

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

PFA2.10... SERVICE FRAMEWORKS

PfA2.10... Service Frameworks	Performance Assessment SUBSTANTIALLY ACHIEVED	Risk Assessment LOW			
<p>Objective</p> <p>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.</p>					
<p>Performance Commentary.</p> <p>Substantially achieved.</p> <p>Final guidance in relation to the Regional Cancer Framework was only received during Quarter 4.</p> <p>NIAS continues to be actively engaged in a number of regional networks, groups and frameworks including the Regional Cancer Network and the primary care group of NICAN. The Trust's Medical Director has already engaged with the Regional Group involved in the implementation of the Cancer Framework during 2011/12.</p> <p>During the year, the Trust has participated in meetings and workshops for end of life care, the Palliative Care Strategy and various aspects of other service frameworks including aspects of condition-specific terminal and palliative care, for example in the Respiratory and Cardiovascular Frameworks. Documentation and a process introduced within the year to facilitate the population of the NIAS patient database for end of life care in children in the Northern Trust area has 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 has been piloted in North Down and is currently being reviewed by a Regional Group.</p> <p>The Trust has implemented as part of the Respiratory Framework a system for the population of our patient database regarding specific oxygen therapy requirements for individual patients following discharge from hospital, and arrangements for patients with laryngectomy have been reviewed.</p> <p>NIAS also continues to participate in regional groups in relation to stroke and acute cardiac care.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for cancer		A3	A3	A3	A2
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for stroke services		A2	A2	A1	A1
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for cardiovascular disease		A2	A2	A2	A1
To participate in, deliver and monitor ambulance related elements of clinical service frameworks for respiratory disease		A3	A3	A3	A2
To participate in, deliver and monitor ambulance		A3	A3	A3	A2

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

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

related elements of clinical service frameworks for palliative and end of life care					
Risk Commentary.					

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

TA2.3...ADVERSE EVENT LEARNING

TA2.3...Adverse Event Learning	Performance Assessment SUBSTANTIALLY ACHIEVED	Risk Assessment LOW			
Objective					
During 2010-11 the PHA in partnership with the HSCB should establish effective arrangements to ensure that lessons learnt from adverse events are taken forward by Trusts, primary care and other providers					
Performance Commentary.					
Substantially achieved.					
NIAS continues to participate in the Regional Patient Safety Forum.					
The Trust's Serious Adverse Incident Reporting procedures have been reviewed in line with the new regional reporting mechanisms and NIAS is participating in the introduction of the Regional Adverse Incident Learning (RAIL) arrangements. The Executive Directors, Risk Manager, Complaints Manager and Employee Relations Manager now meet quarterly to facilitate appropriate action and learning from untoward incidents, complaints, disciplinary procedures etc. as well as reports from the wider healthcare system. Safety and Quality, which includes the review of Serious Adverse Incidents, is now included as a Standing Item on the Agenda of the Trust's Performance Meetings with the Regional Board.					
During the year, NIAS participated in the formal review of three Regional Serious Adverse Incidents and the development of recommendations arising.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Participate in, review and introduce patient safety initiatives and apply learning from Patient Safety Officer Executive Program		A3	A3	A3	A4
Review and develop arrangements to ensure learning from adverse incidents both within the Trust and the wider HSC system.		A3	A3	A3	A1
Extend Learning Forum in NIAS to include; complaints; disciplinaries; grievances; legal claims; etc.		A3	A3	A2	A1
Risk Commentary.					

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

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

TA2.4...CLINICAL QUALITY

TA2.4...Clinical Quality	Performance Assessment ACHIEVED	Risk Assessment LOW			
<p>Objective</p> <p>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.</p> <p>Performance Commentary. (Refer also to PfA2.1; TA2.1: TA2.2)</p> <p>Achieved.</p> <p>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. An example of a Clinical Audit Report for one of the Clinical Performance Indicators is attached.</p> <p>Regular reports on performance against a number of condition-specific Clinical Performance Indicators are provided to the Trust’s Assurance Committee and are benchmarked against similar CPIs nationally. A number of draft Clinical Quality Indicators have been proposed in England and their introduction will be monitored by NIAS. The Director of Operations and Medical Director continue to participate in these developments nationally.</p> <p>Clinical activity and audit data are regularly used by the Trust’s Clinical Support Officers as part of their ongoing programme of clinical supervision.</p> <p>New pharmacy arrangements have now been introduced throughout the Trust including the introduction of controlled drugs. Regular monitoring and compliance reports will now be produced.</p> <p>RQIA reviewed the Trust’s Medicines Management Policies and Procedures as part of their inspection in 2010. The findings of their report, which has recently been received, have been considered and an action plan developed.</p> <p>Annual reports in relation to medicines management for 2010/11 have been submitted and approved by the DHSSPS.</p> <p>NIAS participates in regional pharmacy review and monitoring arrangements and has been assessed as substantively compliant with the Medicines Management Controls Assurance Standard.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Regular reporting and audit of clinical performance using condition-specific clinical performance indicators including the development and enhancement of governance structures, functions and processes to support this		A2	A2	A2	A1
Introduction of controlled drugs and regular audit of use in compliance with relevant legislation.		A4	A3	A3	A1
Audit and monitoring of new pharmacy arrangements.		A3	A3	A3	A1
Ensure compliance with medicines management controls assurance standard and with new regional		A2	A2	A2	A1

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

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

legislative requirements for controlled drugs.					
Review and develop arrangements to ensure learning from adverse incidents both within the Trust and the wider HSC system.		A2	A2	A2	A1
Risk Commentary.					

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

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

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

Aim: to ensure greater engagement between secondary and primary care clinicians and practitioners to agree clinical pathways which reduce the use of hospital services and increase the capability of primary care to manage patients more locally.

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

PFA3.1... PATHWAY MANAGEMENT

PfA3.1... Pathway management	Performance Assessment SUBSTANTIALLY ACHIEVED	Risk Assessment LOW			
<p>Objective</p> <p>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.</p>					
<p>Performance Commentary.</p> <p>Substantially achieved.</p> <p>NIAS is engaged with the Regional GP Out of Hours Review Group and has provided activity data to support their work. The reintroduction of a call triage pilot with one of the GP Out of Hours providers with a view to potentially extending this regionally is currently being explored. The pilot of Category C call triage by GPs in REMDC has now been completed and evaluated and the GP call handling process will be fully integrated within the call handling process and the remit of GPs in the Control Room is being extended to facilitate, for example, advice to responding ambulance crews etc.</p> <p>Paramedic administered thrombolysis continues to be available on a regional basis and its administration is being monitored with an increasing number of patients successfully receiving this treatment. In addition an increasing number of patients are being taken directly to the cardiac catheterisation lab for PPCI and work in this regard is ongoing in conjunction with the Belfast and Southern HSC Trusts.</p> <p>A number of condition-specific treat and leave and treat and refer protocols are being developed, supported by ongoing audits of clinical activity. However it is anticipated that these will be introduced in Quarter 2 of 2011/12.</p> <p>A number of joint care pathway initiatives are currently being discussed with other Trusts and agencies and the development of an integrated system of unscheduled care has been raised with the Regional Health & Social Care Board.</p> <p>NIAS continues to participate in the facilitation of an emergency hospital admission for patients with actual or suspected stroke (PfA 2.4) and responding ambulance crews are increasingly provided with patient-specific clinical data via the MDT in the vehicle relating to a number of conditions where this has been provided to NIAS by the patient’s clinician.</p> <p>A proposal for Regional GP Out of Hours has been submitted to the Minister for approval but a response is still awaited.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Further develop the use of Clinician Call Triage in REMDC to facilitate the avoidance of unnecessary hospital attendance through treatment and referral at scene.		A3	A3	A3	A2
Introduce a number of condition specific protocols for the treatment and discharge of patients at scene.		A3	A3	A3	A4

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

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

Engage with secondary and other care providers to implement the relevant standards from service frameworks such as the provision of thrombolysis and access to PPCI to patients with STEMI, the facilitation of emergency hospital admission to patients with actual or suspected stroke, the provision of relevant clinical information to attending ambulance crews to patients with chronic disease such as COPD and cancer etc.		A2	A2	A2	A1
Engage with GP OOH providers & commissioners & contribute to the development of secondary call triage and care pathways both in and out of hours and to facilitate the development of a regional OOH service, single point triage and patient management.		A3	A3	A3	A4
<p>Risk Commentary.</p> <p>There is a risk to the achievement of this objective due to the potential failure to obtain support, co-operation and engagement from other key external stakeholders such as GPs, A&E Departments, GP Out of Hours organisations, Social Services, etc. for the implementation of proposed new call management processes and procedures. For example other service providers may not agree to accept direct referrals from ambulance services arising from treat and refer protocols. The NIAS Medical Directors are engaging with other HSC Trusts and service providers to agree these procedures, in particular with GP Out of Hours services etc.</p>					

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PRIORITY AREA 4: HELP OLDER PEOPLE TO LIVE INDEPENDENTLY

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

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

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

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

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

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

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

Mental health services

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

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

Learning disability services

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

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

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

Physical and sensory disability

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

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

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

Finance and productivity

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

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

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

PFA7.1... FINANCIAL BREAKEVEN

PfA7.1... Financial Breakeven	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
<p>Objective</p> <p>Financial Breakeven (PSA 7.1): during 2010-11, the Department and all HSC organisations should live within the resources allocated and achieve in-year financial breakeven and establish a medium and longer-term financially sustainable position.</p>					
<p>Performance Commentary.</p> <p>The financial position at the end of March 2011 is presented as a first draft. In accordance with the DHSSPS timetable, this estimate has been developed within 15 working days of the year end. The estimated small surplus of £8k is subject to the completion of the final accounts and consideration by external audit.</p> <p>The figures presented also include year end adjustments made by the HSC Board in respect of both cash and non cash Revenue Resource Limits.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Submission of Trust Delivery Plan	Jun 2010	A1	A1	A1	A1
Approval of TDP by HSCB	Aug 2010	A2	A1	A1	A1
Approval of TDP by DHSSPS	Sep 2010	A2	A3	A3	A3
Secure confirmation of CSR investment for 2010/11	Sep 2010	A2	A1	A1	A1
Ongoing monitoring of expenditure, developments and pressures, through Trust Monitoring Returns, Reports to Trust Board and Budgetary Control.	Monthly	A1	A1	A1	A1
Secure confirmation of HSCB and DHSSPS support for developments and pressures, subsequent contract variations both in year and recurrently.	Monthly	A2	A2	A2	A1
<p>Risk Commentary.</p> <p>The estimates presented are subject to the completion of the accounts and external audit review.</p> <p>The Trust continues with the agreed process in respect of Agenda for Change in partnership with Trade Unions. However, there remain uncertainties over the outcome of the process, and the Trust cannot predict what the final outcome will be or when the process will be completed. The Trust will continue to fulfil its obligations under the agreed Agenda for Change process.</p>					

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

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

Financial Breakeven Assessment	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Expenditure	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Staff Costs	N/A	7,540	11,145	14,480	18,663	22,504	26,288	30,072	33,850	37,615	41,387	40,648
Depreciation	N/A	644	966	1,288	1,610	1,933	2,287	2,614	2,941	3,268	3,603	3,552
Other Expenditure	N/A	1,885	2,380	3,359	4,134	4,990	5,872	6,707	7,617	8,368	9,109	10,145
Expenditure Total	N/A	10,069	14,491	19,527	24,408	29,427	34,447	39,393	44,408	49,251	54,100	54,345
Income	N/A	274	411	548	685	822	958	1,095	1,232	1,369	1,506	1,658
Net Expenditure	N/A	9,795	14,080	18,979	23,723	28,605	33,489	38,297	43,175	47,881	52,593	52,687
Adjustments (Depreciation, Cost of Capital & Services Provided)	N/A	(644)	(967)	(1,289)	(1,605)	(1,933)	(2,287)	(2,614)	(2,941)	(3,268)	(3,603)	(3,533)
Net Resource Outturn	N/A	9,151	13,113	17,690	22,113	26,673	31,202	35,683	40,235	44,614	48,990	49,134
Revenue Resource Limit (RRL)	N/A	9,151	13,100	17,620	22,040	26,584	31,069	35,551	40,204	44,583	48,982	49,142
Surplus/(Deficit) against RRL	N/A	0	(13)	(70)	(73)	(89)	(133)	(132)	(31)	(31)	(8)	8

Invoices paid within 30 days (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month	92.3%	90.4%	88.8%	90.0%	93.0%	95.7%	97.3%	94.7%	92.7%	89.6%	91.1%	95.3%
Cumulative	92.3%	91.4%	90.5%	90.4%	90.8%	91.8%	92.5%	92.8%	92.8%	92.4%	92.3%	92.8%

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

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PFA7.2... EFFICIENCY SAVINGS

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

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

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

TA7.1... INFRASTRUCTURE INVESTMENT

TA7.1... Infrastructure Investment	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Infrastructure Investment NIAS is committed to investing in the fleet, clinical equipment, estate and technology necessary to deliver safe, high-quality ambulance services.					
Performance Commentary. The Trust has received business case approval for the fleet replacement programme covering the period 2010/11 to 2012/13. The Capital Resource Limit for 2010-11 has been adjusted to reflect this and has increased by £600k and is now £4,613k (General Capital £500k: Estate Refurbishment £100k, Fleet Replacement £4,000k and PC Purchase £13k). This includes the purchase of vehicle chassis for subsequent build in 2011/12. The Trust has also received approval to retain £11k of proceeds from the disposal of assets to support capital expenditure. The estimated expenditure of £4,624k is in within the Capital Resource Limit set by the DHSSPS, subject to the completion ability of suppliers to deliver in line with expectations. The bulk of the final accounts Fleet purchases for the year ended 31 March 2011 has not yet been commissioned and consideration by external audit therefore will not be shown in the figure as at March. NIAS has received provisional notification of capital resources available in 2011/12 and is developing an estimated expenditure profile for DHSSPS approval. The number of vehicles over 5 years old, in particular emergency ambulances, has increased significantly in March 2011. This reflects vehicles brought into service 5 years ago which have just reached 5 years of age, but excludes the new vehicles purchases and under construction at the year end. The profile will improve as these new vehicles are brought into service over the coming months.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Liaison with DHSSPS Capital Investment Unit/Strategic Investment Group	Ongoing	A2	A2	A2	A1
Implementation and Monitoring of Capital Programme	Monthly	A1	A1	A1	A1
Risk Commentary. The estimates presented are subject to the completion of the accounts and external audit review.					

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

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

Capital Spend - Priority Areas	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Expenditure	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Fleet	0	0	3	171	203	203	241	281	282	337	338	4,139
Estate & Equipment	0	0	0	0	0	0	0	0	0	0	0	107
Information Technology	0	0	0	0	32	32	34	43	46	46	57	378
Total	0	0	3	171	235	235	275	324	328	383	394	4,624
Asset Disposals	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Proposed Disposals (£)	N/A	0	4	13	21	22	24	34	55	55	55	65
Actual Disposals (£)	N/A	0	4	13	21	22	24	34	55	55	55	65

Fleet Profile (% less than 5 years old)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Ambulances	48.8	52.8	61.5	61.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	35.86 2.5
Non-Emergency Ambulances	45.7	45.7	45.7	45.7	48.6	48.6	48.6	48.6	52.4	58	60	61.9
Rapid Response Vehicles	61.2	65.7	67.6	75	75	75	75	75	75	75	75	72.5
Support Vehicles	42.3	41.2	40	42	42	42	42	46	46	50	50	46.2

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

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TA7.2... PURCHASING & SUPPLIES MANAGEMENT

TA7.2... Purchasing & Supplies Management	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
<p>Objective</p> <p>Purchasing & Supplies Management: NIAS will develop and introduce key indicators capable of showing improvements in management of purchasing and supply and/or providing early warning of risk at all levels of the organisation, including the board.</p>					
<p>Performance Commentary.</p> <p>The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified the following Key Performance Indicators in respect of Purchasing and Supply. These targets have been met for processing of requisitions within 5 days and products supplied on first request.</p> <p>The value of spend (Stock and Non Stock) includes both revenue and capital items.</p>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Monitoring & report performance	Quarterly	A1	A1	A1	A1
Review by Internal Audit	Oct 2010	A2	A2	A2	A1
<p>Risk Commentary.</p>					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition (Target 5 Days) Days	1.43	4.67	3.51	2.06	2.04	2.58	1.51	1.94	1.80	1.80	2.62	2.42
Percentage of Products Supplied on First Request (Target 95%) %	98.1	99.4	97.6	97.6	97.4	98.7	99.0	99.2	96.2	97.2	97.5	97.2
Number of Lines Issued (Stock and Non Stock) Lines	608	606	829	542	600	836	668	665	76.4	664	621	889
Value of Spend (Stock and Non Stock) £k	86	89	368	148	141	508	134	1,604	161	2,698	551	1,030

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TA7.3...INFORMATION REQUESTS

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

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

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

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Requests Received	3	5	3	18	5	14	3	4	4	7	6	2
Completed Requests processed within 20 days or less	3	4	3	17	5	13	2	3	4	7	5	2
Completed Requests exceeding 20 days	0	1	0	1	0	1	1	1	0	0	1	0
Number of Records Fully Disclosed	3	5	3	17	5	13	2	3	4	7	4	2
Vexatious Requests	0	0	0	0	0	0	0	0	0	0	0	0
Number of Records for which records not held	0	0	0	2	0	2	0	1 Part	0	0	1 Part	0
Requests where exemptions wholly/partially applied	0	0	0	1	0	0	1	0	0	0	0	0
Referrals for Independent Review	0	0	0	0	0	0	1	0	0	0	0	0
Appeals to the Information Commissioner	0	0	0	0	0	0	0	0	0	0	0	0
DHSSPS/AQ's/CORs/TOF's/INV's												
Please note that from early March 2011, the Assembly has been in purdah and therefore requests during March, April and early May 2011 will be minimised until the appointment of the new Stormont Executive.												
Assembly Questions (Oral)	0	0	2	0	1	0	0	2	0	2	Part 1	0
Assembly Questions (Written)	2	5	19	0	0	21	9	10	10	7	6	11
CORs Received	0	1	1	1	2	0	0	1	0	0	2	0
TOFs Received	1	1	0	0	0	0	0	1	0	0	1	0
INVs Received	0	0	0	1	1	2	1	0	0	0	0	0

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PFA7.4... ABSENTEEISM

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

PFA TARGET 2010/11 = 5.2%				TOTAL YEAR TO DATE ABSENCE = 6.87%								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attendance Management												
Target absenteeism 2009/10 (%)	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50	5.50
NIAS absenteeism 2009/10 (%)	5.84	6.67	6.70	7.38	6.51	6.48	6.54	6.64	6.76	9.24	7.63	6.72
Target absenteeism 2010/11 (%)	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20
NIAS absenteeism 2010/11 (%)	6.78	5.93	6.78	6.31	5.86	7.52	7.59	6.18	7.27	7.13	6.11	5.98
% short term absenteeism	3.06	2.56	3.14	2.81	2.52	3.24	3.62	2.61	3.45	3.37	2.62	2.65
% long term absenteeism	3.72	3.37	3.64	3.49	3.35	4.27	3.97	3.57	3.82	3.76	3.49	3.33
No. of employees on half pay	2	4	7	6	6	10	9	11	10	8	9	8
No. of employees on no pay	3	1	6	4	4	5	5	4	2	1	1	2

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

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

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

COMPARATIVE ANALYSIS OF % REDUCTIONS BETWEEN NIAS AND HSC TRUSTS							
	% ABSENCE	% ABSENCE	% REDUCTION	% ABSENCE	% REDUCTION	% ABSENCE	% REDUCTION
	07/08	08/09		09/10		10/11	
REGIONAL	6.03%	5.65%	6.3%	5.49%	2.8%		
NIAS	8.38%	6.99%	16.6%	6.72%	3.9%	TO DATE 6.87%	
PFA TARGET REDUCTION			PFA TARGET 10% REDUCTION		PFA TARGET 5.5%		PFA TARGET 5.20% MARY

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

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

PFA7.6... STAFF HEALTH AND WELLBEING

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

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

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

TA7.4... GRIEVANCE MANAGEMENT

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

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

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

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

TA7.5... DISCIPLINARY MANAGEMENT

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

Discipline Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of disciplinary cases	1*	1	0	2	0	4	2	1	0	2	1	5
Number of HPC referrals	0	0	0	2	0	2	0	0	0	1	0	3
Number of suspensions	0	0	0	2	0	0	2	1	0	2	1	3
Decision to suspend is reviewed every 4 weeks	0	0	0	2	0	0	2	1	0	2	1	3
Formal investigations ongoing	1	1	0	0	0	2	0	0	0	1	1	5
Formal investigations completed as soon as is reasonable	0	0	0	2	0	1	1	0	0	1	0	0

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

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

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

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

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

TA7.6... HARMONIOUS WORK ENVIRONMENT

TA7.6... Harmonious Work Environment	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Harmonious Work Environment; As part of its overall commitment to equality of opportunity, the Northern Ireland Ambulance Service is fully committed to promoting a harmonious working environment where every employee is treated with respect and dignity, and where no employee feels threatened, intimidated, victimised or harassed.					
Performance Commentary Harassment complaints continue to be managed in line with the Trust's Harassment Procedure					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop robust HR Protocols to support application of the Procedure	Oct 2010	A3	A3	A3	A2
Develop and implement HR performance management framework to monitor application of the Procedure and resultant learning	Nov 2010	A3	A3	A3	A3
Review Trust Harassment Policy and Procedure	Nov 2010	A3	A3	A3	A2
Risk Commentary. The likelihood that the Trust will not deal with all harassment complaints quickly and effectively is unlikely, with the consequences being assessed as minor, therefore the risk to the Trust is very low. Failure to address harassment complaints as quickly as possible will not impact on Service delivery. The risk to the Trust in failing to address harassment complaints quickly and effectively relates to the impact on staff morale that may impact on absence levels, and industrial relations climate.					

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

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

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

TA7.7... Industrial Tribunals

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

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

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

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

TA7.8... TRAINING

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

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

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

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

TA7.9... Knowledge and Skills Framework

TA7.9... Knowledge and Skills Framework	Performance Assessment ON TRACK FOR ACHIEVEMENT	Risk Assessment LOW			
Objective Knowledge and Skills Framework : Implement Knowledge and Skills Framework (KSF)					
Performance Commentary. The Trust continues to implement KSF in partnership in line with the Agenda for Change Joint Working Group’s Regional Action Plan and through participating in the regional KSF sub-group.					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Develop KSF Action Plan	Sept 2010	A3	A3	A3	A1
Agree KSF Action Plan	Sept 2010	A3	A3	A3	A1
Implement KSF Action Plan	Oct 2010	A3	A3	A3	A2
Risk Commentary. The likelihood of not achieving the objective is assessed as unlikely, with the consequence insignificant to the provision of an Ambulance Service in the year 2010/2011. The National Terms and Conditions are being adhered to, including the provision for gateway progression as KSF is rolled out within the Trusts.					

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

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

TA7.10... COMPLAINTS & COMPLIMENTS

TA7.10... Complaints & Compliments	Performance Assessment ON TRACK FOR ACHIEVEMENT		Risk Assessment LOW		
Objective					
Complaints & Compliments: NIAS will seek to respond promptly and effectively to Complaints & Compliments and apply learning from each to improve performance.					
Performance Commentary.					
Responding to complaints within the 20 working days timeframe remains a challenge for the Trust due to the completing priorities of the investigating officers, who are employed as front line Officers. An escalation plan to assist in the timely response to complaints is being developed for implementation. The Regional Complaints Group (HSC Board, PHA et al) noted that while the timescales for responding to complaints in NIAS are high, the numbers of complaints reopened are low which indicates that most complainants are satisfied with the response issued. <u>The Group commented that in all cases the onus and greater importance should be attributed to satisfactorily resolving complaints rather than meeting target timescales.</u>					
Key Actions (to deliver objective)	Due Date	Progress Update			
		Q1	Q2	Q3	Q4
Acknowledge Complaints within 2 Working Days	Ongoing	N/A	N/A	N/A	A2
Respond to Complaints with 20 Working Days	Ongoing	N/A	N/A	N/A	X
Review and implement Policy and Procedure	July 2011	A3	A2	A2	A3
Develop Action Plan for implementation of performance management framework to monitor application of the Procedure and learning outcomes	July 2011	A3	A3	A3	A3
Implement Level 1 Investigation Training	May-2011	A3	A3	A2	A3
Risk Commentary.					
The likelihood of not achieving the target is unlikely and the consequence of non-achievement has been assessed as moderate/minor. However there are mechanisms in place to review learning and improve performance. The associated risk is low. Failure to meet the key actions will not directly impact on delivery of an Ambulance Service to patients.					
	APR 2010- MAR 2011		2009-10 (total)		
COMPLAINTS RECEIVED	Count	%	Count	%	
Total complaints received at 31/03/2010	85		98		
HANDLING TIMES OF COMPLAINTS					
Acknowledged within 2 working days	81	95%	86	88%	
Acknowledged after 2 working days	4	5%	12	12%	
Response within 20 working days	14	19%	26	27%	
Response after 20 working days	60	81%	62	63%	

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

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

Average Response time (Working days)	47			
Complaints Investigations ongoing	11	13%	10	10%
Cases referred to NI Ombudsman	3		N/A	
SERVICE AREA OF COMPLAINTS				
Accident & Emergency (plus RRV)	34	43%	37	37%
Patient Care Service	16	19%	31	32%
Control & Communications	29	34%	26	27%
Other	3	4%	3	3%
Voluntary Car Service	0	0%	1	1%
NATURE OF COMPLAINTS RECEIVED				
Staff Attitude	26	31%	37	38%
Ambulance Late/No Arrival	28	33%	46	47%
Clinical Incident	19	22%	13	13%
Suitability of Equipment/Vehicle	4	5%	2	2%
Other	7	8%	0	0%
Patient Property	1	1%	0	0%
COMPLIMENTS RECEIVED				
TOTAL COMPLIMENTS	112		87	
SERVICE AREA OF COMPLIMENTS RECEIVED				
Accident & Emergency (plus RRV)	97	86%	33	38%
Control & Communications	4	4%	21	24%
Patient Care Service	11	10%	30	35%
Voluntary Car Service	0	0%	0	0%
Other	0	0%	3	3%

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

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

TA7.11... MEDIA MANAGEMENT

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daily Media - Response within same day												
Number of enquiries received	*	8	23	14	30	22	28	21	38	17	16	19
Number of responses issued on day of receipt	*	8	23	14	30	22	28	21	38	17	16	19
Weekly Media - Response within three days												
Number of enquiries received	*	3	14	4	5	3	4	9	18	3	6	4
Number of responses issued within three days of receipt	*	3	14	4	5	3	4	9	18	3	6	4
Number of responses resulting in Media Coverage	*	11	30	14	33	23	31	28	54	15	22	21

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

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

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

TA7.12... COMMUNITY EDUCATION

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of visits delivered	14	19	22	16	13	23	31	27	18	10	14	12
Performance Assessment	A3	A3	A3	A3	A3	A3	A3	A3	A3	A3	A3	A1

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

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

TA7.13... STATUTORY COMPLIANCE

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

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

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

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

APPENDIX 1

TABLE TEMPLATE

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

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

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



Emergency Preparedness & Response

Annual Report to PHA/HSCB

From:	April 2010	To:	March 2011
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Report Completed by:	W Newton
Position in Trust:	Emergency Planning Officer

1. Introduction

This report reflects the activity of the Northern Ireland Ambulance Service for the period April 2010 to March 2011. The Ambulance Service responded to 1 declared major incident and 16 Potential Major Incidents this year. Training was a high priority; this included taking part in 28 exercises to test the Major Incident Plan and specific training for areas like powered respirator protective suit (PRPS) and decontamination equipment.

The 3 year project to introduce a Hazardous Area Response Team (HART) in Northern Ireland was completed in March 2011.

The emergency planning function is a responsibility within the Medical Directorate.

The lines of responsibility are;

Medical Director

Emergency Planning Officer

Three Assistant Emergency Planning Officers

Two administrative support staff

The Trust has an Emergency Planning Committee who meet to review the Major Incident Plan when it is due review. The Committee is made up of a representative from emergency planning (chair), operations, training and control.

The Emergency Planning Officer (EPO) writes a monthly report to the Medical Director including all the monthly emergency planning activity.

The Medical Director compiles a report for Trust Board bi-monthly.

Emergency planning is a standing item on the Agenda for the Assurance Committee who meet quarterly and report directly to Trust Board.

2. Notification of Incidents to Trust

The number of incidents alerted to the Trust shows an increase on the same period last year.

Table 1 identifies the incidents that were alerted in the time period April 2010 to March 2011

Table 1 Incidents notified to Trust via the 999 system or by direct line with Airports, Police Service of Northern Ireland (PSNI) or the Northern Ireland Fire and Rescue Service (NIFRS).

Date	Time	Incident	Level of Response Activated/Outcome
2010 12 April	00.25	Explosion at military base, Old Hollywood Road, Belfast	Activated = Potential Major Incident One patient taken to hospital, 50+ persons evacuated to local hall Incident stood down
19 April		House fire / NIFRS and NIAS treated as HAZMAT call	Activated = Potential Major Incident Incident stood down
22 April	23.30	Explosion at PSNI station Newtownhamilton	Activated = Potential Major Incident Two patients taken to hospital Incident stood down
11 May		Airport Alert to the George Best Belfast City Airport for aircraft with 120 souls on board, report of smoke in the cab	Activated = Airport Alert No persons taken to hospital Incident stood down
23 June		Airport Alert to the George Best Belfast City Airport for a helicopter with engine failure	Activated = Airport Alert No persons taken to hospital Incident stood down
11 July		Road Traffic Collision = vehicle being driven into crowd	Activated = Major Incident declared Nine patients were taken to hospital
8 August		Airport Alert to the City of Derry Airport for a helicopter crash landing on the runway	Activated = Airport Alert No persons taken to hospital Incident stood down
12 August	00.01	Airport Alert to the Belfast International Airport for a military aircraft having landing difficulties	Activated = Airport Alert No persons taken to hospital Incident stood down
19 August	17.48	Road Traffic Collision = bus in collision with lorry	Activated = Potential Major Incident. Three children and 1 adult taken to hospital, a further twelve children were taken to a youth hostel. Incident stood down

Date	Time	Incident	Level of Response Activated/Outcome
20 September		Airport Alert to the Belfast International Airport for a military aircraft having landing difficulties. No indication of number of souls on board was given	Activated = Airport Alert No persons taken to hospital Incident stood down
30 September	21.06	Airport Alert to the George Best Belfast City Airport for aircraft with 57 souls on board, report of oil pressure problems	Activated = Airport Alert No persons taken to hospital Incident stood down
5 October	00.13	Explosion outside bank, Londonderry	Activated = Potential Major Incident Incident stood down after 4 minutes
14 October		Road Traffic Collision, Belfast = bus with 50 children on board in collision with a car	Activated = Potential Major Incident. Two children were taken to hospital, a further 40 children were taken back to school. Incident stood down
23 October	16.09	Helicopter crashed, Mourne Mountains	Activated = Potential Major Incident No persons taken to hospital Incident stood down
24 October	16.18	Possible downed light aircraft in the Bangor area	Activated = Potential Major Incident No persons taken to hospital Incident stood down
28 October		Helicopter crashed, Mourne Mountains	Activated = Potential Major Incident Four persons taken to hospital Incident stood down
30 October		Fire in Night Club, Cookstown	Activated = Potential Major Incident No persons taken to hospital Incident stood down after 29 minutes
13 November		Gas leak, Belfast	Activated = Potential Major Incident One person taken to hospital Incident stood down

Date	Time	Incident	Level of Response Activated/Outcome
19 November		Airport Alert to the Belfast international Airport for a helicopter with engine problems	Activated = Airport Alert No persons taken to hospital Incident stood down
24 November	10.13	Airport Alert to the George Best Belfast City Airport for aircraft with 24 souls on board, report of oil pressure problems	Activated = Airport Alert Five patients assessed at scene but no persons taken to hospital Incident stood down
14 December		Airport Alert for Dublin airport	Activated = Airport Alert No ambulance vehicles were dispatched. Incident stood down
23 December	21.51	Gas leak in shop	Activated = Potential Major Incident No persons taken to hospital Incident stood down after 9 minutes
30 December	18.15	Airport Alert to the Belfast International Airport for light aircraft with 5 souls on board.	Activated = Potential Major Incident No persons taken to hospital Incident stood down
2011 1 January	02.31	Road Traffic Collision, Belfast = bus with 8 persons on board in collision with a car with 5 persons on board	Activated = Potential Major Incident 3 patients taken to Craigavon hospital Incident stood down from Potential Major Incident at 02.42
6 January	18.36	Airport Alert to the George Best Belfast City Airport for aircraft ground incident with 69 souls on board.	Activated = Airport Alert No persons taken to hospital Incident stood down
10 January	17.59	Airport Alert to the George Best Belfast City Airport for aircraft with 33 souls on board.	Activated = Airport Alert No persons taken to hospital Incident stood down at 18.16
14 January		Chemical in a school classroom	Activated = Potential Major Incident No persons taken to hospital Incident stood down

Date	Time	Incident	Level of Response Activated/Outcome
28 February	08.23 Escalated to potential at 08.42	Road traffic collision on the M2. Up to 15 cars involved in a series of accidents	Activated = Potential Major Incident 8 persons taken to Antrim Area Hospital Incident stood down 09.46
1 March		Airport Alert to the St Angelo Airport for aircraft incident with unknown number of souls on board.	Activated = Airport Alert No persons taken to hospital Incident stood down
16 March		Airport Alert to the George Best Belfast City Airport for aircraft incident	Activated = Airport Alert No persons taken to hospital Incident stood down
19 March	16.36	Airport Alert to the St Angelo Airport for aircraft incident with 2 souls on board.	Activated = Airport Alert No persons taken to hospital Incident stood down
25 March	14.02	Capsized boat near harbour. Ambulance crew responded on RNLI rescue boat.	Activated = Potential Major Incident No persons taken to hospital Incident was stood down
29 March	15.07	Road Traffic Collision involving a bus, a car and a motor cycle.	Activated = Potential Major Incident No persons taken to hospital Incident was stood down

Major Incidents

On 11 July 2011 a Major Incident was declared for a report of a vehicle driven into a crowd at the bonfire on the Donegal Road, first report was 4-5 casualties, four crews despatched to scene, first report back to Control stated that there were 9 patients so an additional 4 crews were despatched. The Emergency Equipment vehicle and the Mobile Control vehicle were held on station for deployment.

Good learning point: during the incident there was an Officer in the Police silver command room, this enabled the two Services to manage the incident with the resources on duty without having to call in additional crews.

The Trust is represented on all the emergency planning groups for the airports and as such participates in regular reviews of recent incidents at the airfields. Any issues that have been identified have been minor and any issues raised by the Trust are always acted upon by the airport management.

The Trust alerts the other Health & Social Care Trusts when incidents as listed above are happening in their area. One issue raised by another Trust was the form of words used to alert them of a Potential Major Incident, Major Incident Declared or Airport Alert.

3. Incidents responded to by Trust

On 10 February 2011 a plane that left Belfast City Airport crash landed at Cork Airport, 6 persons dead, 4 in ICU, 2 walking wounded.

A silver command post set up at BCA, one Assistant Emergency Planning Officer and the Hazardous Area Response Team Manager were tasked to silver command room. The Clinical Training Manager and the Emergency Planning Officer attended the silver command room for second briefing. The Emergency Planning officer travelled to Dublin to meet with the Air Accident Investigator, a trip to Cork Airport for the emergency responders to share knowledge and experiences is in the process of being planned.

4. Emergency Preparedness Training

Individual Specialised Training

On 8 April 2011 nine Rapid Response Vehicle (RRV) staff were trained on the Powered Respirator Protective Suit chemical Personal Protective Equipment.

On 26 April 2011 one Officer attended a one-day workshop with the Police Service of Northern Ireland Close Protection Unit to discuss Chemical, Biological, Radiation, Nuclear (CBRN) and multi- agency interoperability to deal with an incident involving a principle.

One Officer attended the CBRN Silver Commanders course in the Police National CBRN training centre, Ryton.

One Officer attended the CBRN Bronze Commanders course in Winterbourne-Gunner, Salisbury.

One Officer attended the UK Disaster Education Seminar held in Northern Ireland Fire Rescue Service Training School, Boucher Road, Belfast.

Two Managers attended a Disaster Recovery Workshop with the Business Services Organisation.

Four Officers attended Radiation Awareness Training held by Medical Physics Agency Northern Ireland (training done in conjunction with HART).

The Risk Manager attended the Risk Management in Civil Protection Course in the Emergency Planning College, England.

One Officer attended training for the National Resilience Extranet. This was a pilot hosted in Castle Buildings to assess the usefulness of the National Resilience Extranet to be rolled out to the greater health family.

On 5 and 12 November 2011 a number of Officers attended a radiation awareness training day in Lissue conducted by the Medical Physics Agency Northern Ireland.

Four Officers attended the Police Service of Northern Ireland, Emergency Planning Conference in Enniskillen.

Two Officers attended a conference at the George Best Belfast City Airport titled "The Role of Faith Communities in an Aircraft Accident".

On 4 February 2011 one Officer attended an Operations study day with the MOD at HQNI, Lisburn.

On 8 March 2011 one Officer attended a training day for a marauding firearms incident in Manchester.

The EPO attended Complaints Level 2 training in Dungannon.

Group Trust Staff Training

On 17 May 2011 the Emergency Planning Officer gave a presentation on the Emergency Planning for the new Rapid Response Vehicle Desk Control Officers.

On 11 October 2011 an Assistant Emergency Planning Officer gave an introduction to Major Incident Medical Management and Support (MIMMS) presentation to the Paramedic in Training course held in Derrynoid.

On 3 February 2011 the Emergency Planning Team held a PRPS training day at Lissue. This was open to Officers to attend.

On 23 March 2011 six staff attended a MIMMS course in Derrynoid.

During the last week of March four days of CDE training were held for Control staff.

5. Exercises

On 29 April 2010 there was a walk-through decontamination exercise held in Lissue. 12 RRV staff took part in the full decontamination exercise.

On 4 May 2010 2 Officers attended an exercise with the MOD. This also involved test driving an ambulance into the camp using a temporary entrance/road.

On 22 June 2010 one Officer and REMDC staff participated in a tabletop exercise for the setting up of an emergency support centre. NIAS used this exercise to hold a reach-back/availability exercise with local Officers.

On 1 September 2011 5 Officers observed at Exercise Wigeon which was a mud rescue exercise held at the City of Derry Airport.

On 11 September 2010 there was a live exercise held at the City of Derry Airport.

On 18 September 2010 two Officers attended a tabletop exercise held in the Joey Dunlop leisure centre, Ballymoney. This was an exercise of a rest centre.

On 14 and 15 September 2010 one Officer observed exercise Flame which was a chemical, biological, radiation and nuclear (CBRN) exercise held in England. This was a multi-agency exercise involving four police services. NIAS were asked to attend as part of the "Inner cordon gateway control" development work they are involved in with the PSNI.

On 23 September 2010 two Officers attended exercise Lagan, which was a tabletop exercise of the River Lagan Emergency Plan.

On 1 October 2010 one Officer attended a tabletop exercise "Argus Health". This was a pilot exercise to assess the usefulness of the exercise to be rolled out to the greater health family.

On 2 & 3 October 2010 NIAS took part in a two-day two-part exercise at the George Best Belfast City Airport. The Saturday night part of the exercise involved a deployment of a HART team into the Hazardous area in conjunction with NIFRS staff.

On 7 October 2010 one Officer attended an Argus exercise in the House of Fraser Belfast.

On 12 October 2010 two Officers participated in a pod deployment exercise. This was held as part of the Health Countermeasures meeting and coincided with a visit of the Chief Medical Officer (CMO) to the HART team.

On 13 October 2010 three Officers attended a tabletop exercise held by the BHSCT.

On 2 and 17 November 2010 one Officer attended exercise Argus Victoria Square and Exercise Argus small business.

On 24 November 2010 the two Assistant Emergency Planning Officers attended an exercise in Sligo. This was a tabletop exercise with an element of cross-border working and tasking under mutual aid.

On 25 November 2010 two staff attended exercise Fusion held in the NIFRS training centre.

On 25 January 2011 an Assistant Emergency Planning Officer attended as an observer on a Survivor Reception Centre exercise at the Belfast International Airport.

On 25 February 2011 two Officers attended an exercise held in Ballykilner training camp.

On 22 March 2011 one Officer attended a tabletop exercise as part of the planning for this year's North West 200.

On 23 March 2011 1 Officer attended a tabletop exercise "exercise girling".

On 31 March 2011 1 Officer and two HART staff attended a live training and exercise for illicit drug labs.

6. Controls Assurance Standards

Trust score against Controls Assurance Standard is based on the completed self assessment pro forma. The internal audit was completed on 12 April 2011, however it was discovered that internal audit had not forwarded the correct questions. Therefore it has been proposed that the questions used for the 2010 self assessment be used for this year.

7. Business Continuity Management progress

An Assistant Emergency Planning Officer has been nominated to co-ordinate Business Continuity Plan (BCP) on behalf of the Medical Director.

NIAS will not achieve PfA target set by DHSSPSNI in relation to having a fully tested BCP in place by the end of March 2011. This is consistent with the other HSC Trusts as discussed at the meeting of the HSC Business Continuity Planning Group chaired by the DHSSPSNI on 10 March 2011.

In draft form:

- Business Continuity Strategy
- Business Continuity Policy

All existing plans have been captured and identified whether in draft, tested or implemented.

Four CRITICAL activities identified:

1. Call-taking
2. Information processing
3. Ambulance dispatch
4. Medical care

Existing plans reviewed to ensure that the areas which directly influence these critical activities have been tested, activated and reviewed or debriefed:

Regional Emergency Medical Dispatch Centre (REMDC), OPERATIONAL DIVISIONS, REMDC- specific ICT INFRASTRUCTURE

All other areas will be captured during the next phase of the programme which will run throughout the next financial year

8. Emergency Preparedness & Response Audit

NIAS took part in a national ambulance service peer review of Business Continuity Planning.

9. Areas of future risk in relation to emergency preparedness & response within the trust.

The Major incident Plan is due for a 2-yearly review in July 2011. Completing this whilst also considering the efficiency savings that will be required in the next comprehensive spending review may require for some radical thinking.

The review of the HSE Event Safety Guide nationally may require changes to the ambulance service approach to event planning in Northern Ireland (to be completed in time for the Olympics 2012).

10. Action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.

The implementation of the Hazardous Area Response Team (HART) as capability within NIAS from 1 April 2011 will require a concerted effort across the whole of the operational department of NIAS. The HART Manager will develop a training plan for the consolidation of the training and to build on the extensive work already achieved.

NIAS COMPLAINTS CLOSED MARCH 2011

Ref	Description	Outcome	Action taken	Upheld?
COMP/232	Complaint regarding the attitude and behaviour of a paramedic during a 999 call.	Complaint partly upheld. Paramedic involved admitted having difficulty in finding the location of the incident and being stressed as a result on arrival. Paramedic advised that the main concern was for the patient and apologises for any offence caused.	Letter of explanation and apology issued. Staff member reminded of standards expected of NIAS personnel.	Partially Upheld
COMP/250	Complaint received via DHSSPSNI regarding the behaviour of a member of staff. Complainant alleges that staff member made threatening gestures to him.	Matters raised in the complaint to be examined under the Trust's Disciplinary Procedure.	Matter referred to Disciplinary Procedure.	Not Upheld
COMP/238	Complaint regarding a delay of 7 hours in non emergency transport for a patient.	Complaint upheld. Investigation found that delay was caused by high volume of patient transport requests received for this day. First available transport was allocated to call.	No Action identified. Letter of explanation and apology issued.	Upheld
COMP/229	Complaint from MLA regarding non-emergency transport provision for a patient on a number of occasions.	Complaint Upheld. Investigation found that transport could not be provided due to the high demand for non-emergency transport received on the days transport was requested for this patient.	Letter of explanation and apology issued. Review of transport arrangements for this patient to be undertaken to ensure that future transport is undertaken.	Upheld
COMP/231	Complaint regarding the handling of a 999 call. Complainant alleges that an ambulance did not arrive and the parents had to transport their son to hospital.	Complaint Upheld. The investigation found that the procedure for communicating with the caller during this incident was not followed correctly and resulted in the caller not being fully informed of the actions being taken by Ambulance Control in dealing with this call.	Letter of explanation and apology issued. Staff involved to receive training to prevent reoccurrence.	Upheld
COMP/241	Complaint from MLA regarding a delay in transferring a patient from Tyrone County Hospital to Erne Hospital.	Complaint partially upheld. Investigation found that ambulance was not requested as an emergency but with a timeframe of one hour. However due to the high level of emergency calls being dealt with ambulance transport was delayed for this patient.	Letter of explanation and apology issued. Review to be undertaken into how this call was managed and corrective action to reduce likelihood of reoccurrence.	Partially Upheld
COMP/227	Complaint from NHSCT regarding the administration of analgesic drug Tramadol to a patient.	Complaint not upheld. Investigation found that crew acted in accordance with clinical protocols and training.	Letter of explanation issued. No action identified.	Not Upheld
COMP/246	Complaint alleging that a member of staff who is his neighbour assaulted him at his home. Member of staff was in allegedly in uniform.	Complaint upheld. Matters raised in the complaint to be examined under the Trust's Disciplinary Procedure.	Matter referred to Disciplinary Procedure.	Not Upheld
COMP/237	Complaint regarding the alleged inappropriate use of a non-emergency ambulance.	Investigation found that there was no evidence of inappropriate use of a non-emergency ambulance.	Letter of explanation provided. No action identified.	Not Upheld

NIAS COMPLAINTS CLOSED MARCH 2011

Ref	Description	Outcome	Action taken	Upheld?
COMP/218	Complaint regarding the behaviour of ambulance personnel during a 999 call.	The investigation found that there are differing accounts of the incident and could not find any evidence to substantiate the claim that offensive language was used by ambulance personnel.	Letter of explanation and apology issued. Staff member reminded of standards expected of NIAS personnel.	Partially Upheld
COMP/248	Complaint from MLA regarding why a patient was taken to the Ulster Hospital rather than the Downe Hospital.	Investigation found that as the patient had suffered a significant injury the crew transported the patient to the Ulster Hospital as per the agreed protocol for the South Eastern Health Area.	Letter of explanation provided. No action identified.	Not Upheld

COMPLIMENTS RECEIVED MARCH 2011

Date Received	Description
28/02/2011	I want to thank the paramedic who attended a call on 24 February for the care and attention.
08/03/2011	I would like to thank the ambulance crew for a call out to a road traffic accident on 1 December 2010. The crew showed excellent patient care and attention. What a good service. I would just like to say thanks (why anyone would want to attack your service, I will never know).
11/03/2011	I write to express my sincere thanks and appreciation for the excellent services rendered by two of your staff. I should also add that the very expert care and attention received from the moment they arrived at home until arrival at hospital was of the highest standard. Their professionalism, care and commitment to duty was exceptional and we feel it is our duty to let the NIAS, especially their Line Managers, know our appreciation for a job "well done". They are certainly good 'ambassadors' for the service. Thank you for the excellent work of the NIAS generally. It is not until we need the service that we really appreciate the very professional job of the paramedics who work in the Service.
11/03/2011	We rang for an ambulance and this was promptly responded to. The crew were very professional and reassured all the family . Please pass on our thanks to the crew.
21/03/2011	Family would like to thank Control Staff and Ambulance Crew for a quick response and a job well done by all.
28/03/2011	I rang to say thank you to both the Control Staff and ambulance crew for the way they handled my call and treatment provided.
28/03/2011	I would like to say thank you to both Control and Ambulance Crew when I required attention. The crew were fantastic and operator was re-assuring. The overall experience was brilliant.
30/03/2011	I would like to express my heartfelt thanks to the two paramedics for the expertise and respect given when a member of my family had need to call on them. Please pass on my gratitude.
31/03/2011	My family and I wish to thank you for the service and given on 1 January 2011. The controller talked us through the procedure. The paramedics were very courteous and caring. I wish to express our deep appreciation for your very professional service. Please convey our gratitude to your staff.

TB/3/19/05/11

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Monday 21 March 2011 at 10.00am
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
Prof M Hanratty	Non Executive Director
Mr S McKeever	Non Executive Director

IN ATTENDANCE:

Mrs S McCue	Director of Finance & ICT
Mr P Nicholson	Assistant Director of Finance
Mr A Phillips	Financial Accounts Manager
Mr J Poole	KPMG External Audit
Mr M Magill	KPMG External Audit
Ms C O'Hagan	NIAO External Audit
Mr D Charles	BSO Internal Audit
Mrs S McMullan	Personal Assistant

Welcome and Introduction to the Meeting

The Chairman welcomed everyone to the meeting and opened the floor for introductions around the table.

1.0 Apologies

Apologies were noted from Mr Denver Lynn, NIAO External Audit and Mr John Allen, DHSSPS.

2.0 Declaration of Potential Conflict of Interest

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

3.0 Minutes of Previous Meeting of the Audit Committee held on 28 January 2011 (for noting)

Mr McKinley thanked everyone for their contribution to the previous minutes. It was noted that these had been previously signed and would be presented to Trust Board on Thursday 24 March 2011.

4.0 Matters Arising

4.1 Audit Committee Self Assessment Checklist

Mr McKinley referred the Committee to item 4.4 from the previous minutes dated 28 January 2011. He highlighted the deadline of 15 April 2011 for completion of the checklist and questioned how NIAS would deliver within the timeframe. After a brief discussion it was suggested that the checklist be circulated to everyone on the Audit Committee and that every effort would be made to comply with the submission date of 15 April 2011.

5.0 Chairman's Business

5.1 Audit Committee Chairs event in November

Mr McKinley advised the Committee that the second Audit Committee Chairs event had taken place and stated that he would circulate the notes which came from it. He continued stating that he found the meeting very helpful and interesting.

Professor Hanratty commented that NIAS secretariat forward bulletins from NICON on an ongoing basis which included aspects of training for Non Executive Directors. Professor Hanratty noted that this information was very useful and supported the drive for training, particularly in areas of governance. She highlighted the potential benefit of the Audit committee Chairs event being extended to include other Non Executive Directors, with the aim of sharing experience and improving good governance in organisations. Mr McKinley agreed to bring the suggestion to the attention of Mr Allen.

6.0 Internal Audit

6.1 Progress Report

Mr Charles reported that there were no final reports to present to Audit Committee at this meeting. He highlighted the progress report to date and advised that there were potentially six reports to be presented at the next Audit Committee on Thursday 26 May 2011. Mr Charles advised that the plan was to have all audit fieldwork completed by Friday 22 April 2011.

There followed a discussion on the various elements of the progress report. With such a significant agenda at the next meeting, Mr McKeever suggested an earlier start time. It was agreed that the start and finish times for the next Audit Committee and subsequent Trust Board meeting on 26 May 2011 would be revisited to ensure that sufficient time was available. It was also agreed to circulate the suite of internal audit reports electronically, as they became available, in advance of the next Audit Committee meeting.

7.0 External Audit

7.1 NIAS Audit Strategy for year ended 31 March 2011

Mr Poole began by confirming that KPMG had been successful in the NIAO tender for the audit of NIAS annual accounts. The contract is for a period of three years commencing with the 2010/11 accounts, with the possibility of extension for a further two years.

Mr Poole introduced the Audit Strategy for the year ended 31 March 2011. He highlighted that the format of the document was standard, with the exception of the specific risks highlighted in the report which have been identified after an initial assessment of the Trust's operating and control environment.

Mr Poole talked the Committee through the report, highlighting the following areas:

- Respective responsibilities and the scope of the audit for public and charitable trust funds.
- The preparation of the financial statements and the records to be provided for inspection.
- The independence of the parties involved and the safeguards in place to ensure independence and objectivity.

- The audit approach, particularly in respect of significant risks that had been identified.
- The reliance placed on internal audit and the arrangements in place to communicate audit matters.
- Materiality and responsibilities in respect of fraud, regularity and probity.
- The preparation of whole of government accounts, processing of personal data, assembly of certified audit files and the timetable and fees.

There followed a detailed discussion on various elements of the strategy. Mr Shields asked Mr Poole to provide more explanation on the assurances offered by Audit re independence and objectivity. Mr Poole explained that both NIAO and KPMG have very detailed rules and procedures to ensure independence and objectivity. These are embedded in the process and include, for example, a requirement to disclose contractual arrangements and personal and professional interests. He emphasised that it was incumbent upon external audit to report all audit matters and highlight any significant areas to those charged with governance.

There followed a discussion on the role of the Accounting Officer, Trust Board, Audit Committee and External and Internal Audit. Mr Poole outlined the process for the Report To Those Charged With Governance to be provided to Audit Committee and Trust Board.

A number of small changes within the strategy were identified. Ms O'Hagan highlighted that the audit fee in the strategy was understated, and also that this was a notional fee and not a hard charge to NIAS.

The challenge that the timetable presented was also noted. Professor Hanratty reflected on the previous year and the time available to consider elements of the annual report. Mrs McCue noted that a lot of work goes into it with very challenging tasks and timetables. The timetable this year required a complete draft of the accounts and the annual report by 6 May 2011.

Mr Poole highlighted the significant risks identified through the initial assessment of the Trust's operations and control environment:

- The ability of the Trust to breakeven
- Agenda for Change
- The accuracy of creditors
- Capital accounting
- Regularity of transactions and financial governance
- Procurement and business case approval
- Statement on internal control

He highlighted the uncertainties that remain in respect of Agenda for Change and the complexity this created in terms of the final accounts. There followed a discussion on the various accounting treatments available, including accruals, provisions and contingent liabilities. Discussions are ongoing with both the HSC Board and the DHSSPS as to the most appropriate way forward.

There followed detailed discussion over the risks and uncertainties that exist. Mr McKeever

highlighted that, regardless of the accounting treatment adopted, it was essential that the commitment of the DHSSPS and HSC Board to fund the full costs of Agenda for Change remained in place. Mrs McCue highlighted that the matter was raised through Trust onitoring Returns, at Trust Board and as part of the Financial Stability Programme Board. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. Mr McKeever highlighted that the costs of Agenda for Change had been met in all other HSC Trusts and that NIAS should not be treated differently.

Mr Poole noted the complexities involved in capital accounting, particularly in respect of impairments and valuations. A new capital accounting manual from the DHSSPS was expected shortly.

Mr Poole outlined the approach in respect of the Statement of Internal Control. He highlighted that the statement should be consistent with the findings of audit and reflect the key aspects of the Trust's governance framework, including the overall risk management and internal control processes. He also highlighted the approach in respect of Controls Assurance Standards. There was also a discussion on the approach in respect of charitable trust funds.

8.0 For Approval

There was nothing under this item on this occasion.

9.0 For Noting

There was nothing under this item on this occasion.

10.0 Any Other Business

It was agreed at this point in the meeting that a request should be made that the Trust Board be put back to 4pm on Thursday 26 May 2011.

There was a brief discussion on the annual report at this point. Miss O'Hagan stated that the completed version should be submitted by 6 May 2011. It was suggested that an electronic version could be circulated for amendments/suggestions by the Non-Executive Directors. Mrs McCue will raise this with the Chief Executive.

11.0 Date, Time and Venue of Next Meeting

The next meeting is planned for Thursday 26 May 2011 at 2.00pm to 4.00pm to consider final accounts for 2010/11 (note this meeting is ahead of the Trust Board meeting to consider the accounts planned for 4.00pm later that same day).

Signed 

(Chairman)

Date 14/04/2011

TB/4/19/05/11

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

19 May 2011

Title:	NIAS Management Statement/Financial Memorandum
Purpose:	Establishment of Framework, agreed with DHSSPS within which NIAS will operate/ Sets out Financial Provisions which the Trust shall observe
Content:	Operating Procedures
Recommendation:	For information only
Previous Forum:	N/A
Prepared by:	Mr Liam McIvor, Chief Executive
Presented by:	Mr Liam McIvor, Chief Executive

Northern Ireland Ambulance Service HSC Trust Management Statement

1. INTRODUCTION.....	3
1.1 This document.....	3
1.2 Trust Founding legislation, functions, duties etc	4
1.3 Classification	5
2. AIMS, OBJECTIVES AND TARGETS	5
2.1 Overall aims	5
2.2 Objectives and key targets	5
3. RESPONSIBILITIES AND ACCOUNTABILITY	6
3.1 The Minister	6
3.2 The Accounting Officer of DHSSPS	6
3.3 The Chief Executive's role as Accounting Officer	8
3.4 The Chief Executive's rôle as Consolidation Officer	12
3.5 Delegation of duties	12
3.6 The Chief Executive's role as Principal Officer for Ombudsman cases.....	13
3.7 The Trust's Board.....	13
3.8 The Chairman's personal responsibilities	15
3.9 Individual Board members' responsibilities.....	17
3.10 Consulting Service users and other interest groups.....	17
4. PLANNING, BUDGETING AND CONTROL	18
4.1 Corporate/Business Plan.....	18
4.2 Reporting performance to the HSCB and the Department.....	19
5 BUDGETING PROCEDURES	20
5.2 Internal audit	20
5.3 Audit Committee.....	21
5.4 Fraud	22
5.5 Additional Departmental access to the Trust	22
6. EXTERNAL ACCOUNTABILITY	23
6.1 The annual report and accounts.....	23
6.2 External audit	24

6.3 VFM examinations	24
7. STAFF MANAGEMENT	25
7.1 General	25
8. REVIEWING THE ROLE OF THE TRUST	26
Appendix 1	27
Documentary requirements	27
Documentation to be copied to the Sponsor Branch for consideration/ comment/ approval.....	28
Documentation to be copied to the Sponsor Branch for information	27

1. INTRODUCTION

1.1 This document

- 1.1.1 Subject to the legislation noted below, this *Management Statement* establishes the framework, agreed with the Department of Health, Social Services and Public Safety (the sponsor Department), within which the Northern Ireland Ambulance Service HSC Trust (hereafter referred to as the Trust) will operate. The term 'Department' throughout this document is used to include the authority of both the Department and its Minister. Only in those cases where reference is intended to his/her personal authority (see, principally, Section 3.1) is the Minister specified.
- 1.1.2 The associated *Financial Memorandum* sets out in greater detail certain aspects of the financial provisions which the Trust shall observe. However, the *Management Statement* and the associated *Financial Memorandum* do not convey any legal powers or responsibilities, nor do they comprise the totality of the guidance, directives etc which have applied and (as determined by the Sponsor Department) continue to apply to the Trust.
- 1.1.3 The document shall be reviewed by the sponsor Department at least every five years. The first review is planned to take place at the end of the 2014-15 financial year
- 1.1.4 In addition, the Trust or the Department may propose amendments to this document at any time. Any such proposals by the Trust shall be considered in the light of evolving Departmental policy aims, operational factors and the record of the Trust itself. The guiding principle shall be that the extent of flexibility and freedom given shall reflect both the quality of the Trust internal controls to achieve performance and its operational needs. The Department shall determine what changes, if any, are to be incorporated in the document. Legislative provisions shall take precedence over any part of the document. Significant variations to the document shall be cleared with DFP after consultation with the Trust, as appropriate. The determination of those issues

that are 'significant' will be made by the Department and DFP on a case by case basis.

- 1.1.5 This MS/FM has been approved by DFP Supply, and signed and dated by the Department after consultation with the Trust.
- 1.1.6 Any question regarding the interpretation of the document shall be resolved by the Department after consultation with the Trust and, as necessary, with DFP (and OFMDFM if appropriate).
- 1.1.7 Copies of this document and any subsequent substantive amendments shall be placed in the Library of the Assembly. Copies shall also be made available to members of the public on the Trust website.
- 1.1.8 A copy of the Management Statement/Financial Memorandum (MS/FM) for the Trust should be given to all newly appointed Board Members, senior executive staff and departmental sponsor staff on appointment. Additionally the MS/FM should be tabled for the information of Board members at least annually at a full meeting of the Board. Amendments made to the MS/FM should also be brought to the attention of the full Board on a timely basis.

1.2 Trust Founding legislation, functions, duties etc

- 1.2.1 The Trust is established by means of an Establishment Order made under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991. The Order is the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995. The Trust does not carry out its functions on behalf of the Crown.
- 1.2.2 The Trust is established for the purposes specified in Article 10 (1) of the 1991 Order. These include any functions of the Department with respect to the administration of health and social care that the Department may direct. The Trust's general powers etc are listed in Schedule 3 of the Order.

1.3 Classification

- 1.3.1 For policy/administrative purposes the Trust is classified as a Health and Social Care body (akin to an executive non-departmental public body) and for national accounts purposes the Trust is classified to the central government sector.

2. AIMS, OBJECTIVES AND TARGETS

2.1 Overall aims

- 2.1.1 The approved overall aims for the Trust are as follows:

To improve health and social well-being outcomes, through a reduction in preventable disease and ill-health, by providing effective, high quality, equitable and efficient health and social care.

2.2 Objectives and key targets

- 2.2.1 The Department determines the Trust's performance framework in light of its wider strategic aims and of current Public Service Agreement (PSA) objectives and targets. The key targets, standards and actions to be delivered by the Trust are defined by the Department within Priorities for Action (PfA) and are approved by the Minister.

3. RESPONSIBILITIES AND ACCOUNTABILITY

3.1 The Minister

3.1.1 The Minister is accountable to the Assembly for the activities and performance of the Trust. His/her responsibilities include:

- keeping the Assembly informed about the Trust's performance, as part of the HSC system;
- carrying out responsibilities specified in the founding legislation including appointments to the Board (including its Chairman) and laying of the annual report and accounts before the Assembly; and
- approving the remuneration scheme for Non-Executive Board members and setting the annual pay increase each year under these arrangements.

3.2 The Accounting Officer of DHSSPS

3.2.1 The Sponsor Department's Accounting Officer (the 'Departmental Accounting Officer') has designated the Chief Executive of the Trust as the Trust's Accounting Officer, and may withdraw the Accounting Officer designation if he/she believes that the incumbent is no longer suitable for the role. The respective responsibilities of the Departmental Accounting Officer and the Accounting Officers of arm's length bodies are set out in Chapter 3 of *Managing Public Money Northern Ireland (MPMNI)*.

3.2.2 In particular, the Departmental Accounting Officer shall ensure that:

- the Trust's plans support the Department's wider strategic aims and will contribute, as appropriate, to the achievement of PSA and PfA targets, standards and actions;
- the financial and other management controls applied by the Department to the Trust are appropriate and sufficient to safeguard public funds, and that the Trust's compliance with those controls is effectively monitored ("public funds" include not only any funds granted to the Trust by the Assembly but also any other funds falling within the stewardship of the Trust); and
- the internal controls applied by the Trust conform to the requirements of regularity, propriety and good financial management.

3.2.3 The Departmental Accounting Officer is also responsible for ensuring that arrangements are in place to:

- continuously monitor the Trust's activities to measure progress against approved targets, standards and actions, and to assess compliance with safety and quality, governance, risk management and other relevant requirements placed on the organisation;
- address significant problems in the Trust, making such interventions as he/she judges necessary to address such problems;
- periodically carry out an assessment of the risks both to the Department's and the Trust's objectives and activities;
- inform the Trust of relevant Government policy in a timely manner; and
- bring concerns about the activities of the Trust to the full Trust Board, requiring explanations and assurances that appropriate action has been taken.

3.2.4 The Planning & Performance Management Directorate within the Department is the sponsoring team for the Trust, forming its primary point of contact with the Department on non-financial management and performance. Regarding such

matters, the team is the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the Trust. It also supports the Departmental Accounting Officer on his/her responsibilities towards the Trust.

- 3.2.5 The relationship between the Trust and its Departmental sponsoring team, based on the principles of good public administration, is articulated through direction and guidance, and on good practice as notified to the Trust. The salient requirements are described at **Appendix 1**.
- 3.2.6 On financial matters, the primary point of Departmental contact for the Trust is Finance Directorate. That Directorate also supports the Departmental Accounting Officer on his/her responsibilities towards the Trust as regards accounting arrangements, budgetary control and other financial matters. In doing so, Finance Directorate liaises as appropriate with the Planning & Performance Management Directorate.

3.3 The Chief Executive's role as Accounting Officer

- 3.3.1 The Chief Executive, as the Trust's Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the Trust. In addition he/she should ensure that the Trust as a whole is run on the basis of the standards (in terms of governance, decision making and financial management) set out in Box 3.1 of *MPMNI*.
- 3.3.2 In addition, the Chief Executive must, within three months of appointment, attend the training course 'An introduction to Public Accountability for Accounting Officers'.

Responsibilities for accounting to the Assembly

3.3.3 These responsibilities include:

- signing the accounts and be responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Department or DFP;
- signing a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- signing a Statement on Internal Control regarding the Trust's system of internal control, for inclusion in the annual report and accounts;
- signing a mid-year assurance statement on the condition of the Trust's system of internal control;
- acting in accordance with the terms of this document and with the instructions and relevant guidance in *MPMNI* and other instructions and guidance issued from time to time by the Department; and
- giving evidence, normally with the Accounting Officer of the Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the Trust.

Responsibilities to the Department

3.3.4 Particular responsibilities to the Department include:

- establishing, with the approval of the Department, the Trust's Corporate/ Business Plan in support of the Department's wider strategic aims and objectives and targets in the PfA and PSAs;

- informing the HSCB of the Trust's progress in helping to achieve the Department's wider strategic aims and objectives, and relevant targets in the PfA and PSAs, demonstrating how resources are being used to achieve those objectives and targets;
- ensuring that timely forecasts and monitoring information on performance and finance are provided to the HSCB including prompt notification of overspends or underspends, and that corrective action is taken;
- ensuring that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the HSCB or to the Department as appropriate and in timely fashion;
- ensuring that a system of risk management, based on Departmental guidance, is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- ensuring that an effective system of programme and project management and contract management is maintained; and
- ensuring compliance with the Northern Ireland Public Procurement Policy;
- reporting on compliance with controls assurance and quality standards to the Department;
- ensuring that an Assurance Framework is developed and maintained;
- ensuring that a business continuity plan is developed and maintained;
- ensuring that effective procedures for handling complaints about the Trust are established and made widely known within the Trust;
- ensuring that effective procedures for handling adverse incidents are established and made widely known within the Trust;

- ensuring that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and OFMDFM;
- ensuring that Lifetime Opportunities is taken into account;
- ensuring that the requirements of the Data Protection Act 1998 are complied with;
- ensuring that the requirements of the Freedom of Information Act 2000 are complied with and that a publication scheme is in place which is reviewed as required and placed on the website; and
- ensuring that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with.

Responsibilities to the Board of the Trust

3.3.5 The Chief Executive is responsible for:

- advising the Board on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be, or have been, issued from time to time;
- advising the Board on the Trust's performance compared with its aims and objectives;
- ensuring that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed; and
- taking action in line with Section 3.8 of *MPMNI* if the Board, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness.

3.4 The Chief Executive's rôle as Consolidation Officer

- 3.4.1 For the purposes of Whole of Government Accounts, the Chief Executive of the Trust is normally appointed by DFP as the Trust's Consolidation Officer.
- 3.4.2 As the Trust's Consolidation Officer, the Chief Executive shall be personally responsible for preparing the consolidation information, which sets out the financial results and position of the Trust; for arranging for its audit; and for sending the information and the audit report to the Principal Consolidation Officer nominated by DFP.
- 3.4.3 As Consolidation Officer, the Chief Executive shall comply with the requirements of the Trust Consolidation Officer Memorandum as issued by DFP and shall, in particular:
- ensure that the Trust has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process; and
 - prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions ["Dear Consolidation Officer" (DCO) and "Dear Consolidation Manager" (DCM) letters] issued by DFP on the form, manner and timetable for the delivery of such information.

3.5 Delegation of duties

- 3.5.1 Chief Executive may delegate the day-to-day administration of his/her Accounting Officer and Consolidation Officer responsibilities to other employees in the Trust. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document

3.6 The Chief Executive's role as Principal Officer for Ombudsman cases

- 3.6.1 The Chief Executive of the Trust is the Principal Officer for handling cases involving the Northern Ireland Commissioner for Complaints. As Principal Officer, he/she shall inform the Permanent Secretary of the sponsor Department of any complaints about the Trust accepted by the Ombudsman for investigation, and about the Trust's proposed response to any subsequent recommendations from the Ombudsman

3.7 The Trust's Board

- 3.7.1 The Board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board must set up an Audit Committee, which complies with the requirements of DAO 07/07 and any subsequent relevant guidance, is chaired by an independent non-executive member, and comprises solely independent members, to provide independent advice on the effectiveness of the internal control and risk management systems.
- 3.7.2 The Board has corporate responsibility for ensuring that the Trust fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources by the Trust. To this end, and in pursuit of its wider corporate responsibilities, the Board shall:
- establish the overall strategic direction of the Trust within the policy and resources framework determined by the Department/Minister;
 - ensure that the Trust's performance fully meets its aims and objectives as efficiently and effectively as possible;
 - ensure that the Department, if appropriate through the HSCB or PHA, is kept informed of any changes which are likely to impact on the strategic

direction of the Trust or on the attainability of its targets, and determine the steps needed to deal with such changes;

- ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority set by the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account all relevant guidance issued by DFP and the Department or other relevant authority;
- ensure that it receives and reviews regular financial information concerning the management of the Trust; is informed in a timely manner about any concerns about the activities of the Trust; and provides positive assurance to the Department that appropriate action has been taken on such concerns;
- ensure that an executive member of the Board has been allocated lead responsibility for risk management;
- constructively challenge the Trust's executive team in their planning, target setting and delivery of performance;
- demonstrate high standards of corporate governance at all times, including using the independent audit committee (see paragraph 3.7.1) to help the Board to address the key financial and other risks facing the Trust; and
- appoint a Chief Executive to the Trust and, in consultation with the Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive which give due weight to the proper management and use of public monies.

3.8 The Chairman's personal responsibilities

3.8.1 The Chairman is accountable to the Minister through the Departmental Accounting Officer. Communications between the Trust Board and the Minister should normally be through the Chairman (who will ensure that the other Board members are kept informed of such communications). He/she is responsible for ensuring that the Trust's policies and actions support the Department's wider strategic policies; and that the Trust's affairs are conducted with probity. Where appropriate, these policies and actions should be clearly communicated and disseminated throughout the Trust.

3.8.2 The Chairman has a particular leadership responsibility on the following matters:

- formulating the Board's strategy for discharging its duties;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Department, the HSCB or the PHA;
- ensuring that risk management is regularly and formally considered at Board meetings;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of propriety;
- representing the views of the Board to the general public; and
- ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board members. Meetings must be open to the public, the public should be advised of meetings through the press and the minutes must be placed on the Trust website after formal approval.

3.8.3 The Chairman shall also:

- ensure that all members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and, within three months of appointment, receive appropriate induction training, including on the financial management, risk management and reporting requirements of public sector bodies and on any material differences which may exist between private and public sector practice within three months of appointment;
- advise the Department of the needs of the Trust when Board vacancies arise, with a view to ensuring a proper balance of professional, financial or other expertise;
- assess, annually, the performance of individual Board members. Board Members will be subject to ongoing performance appraisal, with a formal assessment being completed by the Chair of the Board at the end of each year. Members will be made aware that they are being appraised, the standards against which they will be appraised and will have an opportunity to contribute to and view their report. The Chair of the Board will also be appraised on an annual basis by the Departmental Accounting Officer or an official acting on their behalf; and
- ensure that a Code of Practice for Board Members is in place, based on the NHS *Code of Conduct and Code of Accountability*.

3.9 Individual Board members' responsibilities

3.9.1 Individual Board members shall act in accordance with their wider responsibilities as members of the Board – namely to:

- comply at all times with the Code of Practice (see paragraph 3.8.3) that is adopted by the Trust and with the rules relating to the use of public funds and to conflicts of interest;
- not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organizations; and to declare publicly and to the Board any private interests that may be thought to conflict with their public duties;
- comply with the Board's rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum; and
- act in good faith and in the best interests of the Trust.

3.10 Consulting Service users and other interest groups

3.10.1 The Trust will work in partnership with its patients, clients, other service users and carers, and with stakeholders, to deliver the services/programmes, for which it has responsibility, to agreed standards. It will consult regularly to develop a clear understanding of citizens' needs and expectations of its services, and to seek feedback from patients, clients, other service users and carers, and from stakeholders, and will work to deliver a high quality, safe and accessible service. It will disseminate public information about the services for which it is responsible.

3.10.2 The Trust will in carrying out its equality duties consult in a timely, open and inclusive way and in accordance with the Equality Commission's guiding principles. It will monitor its policies to ensure that as each policy is revised it promotes greater equality of opportunity.

3.10.3 The Trust must prepare its own consultation scheme to be submitted to the Department for approval and to be reviewed regularly.

4. PLANNING, BUDGETING AND CONTROL

4.1 Corporate/Business Plan

4.1.1 Consistent with the timetable for Northern Ireland Executive Budgets, the Trust shall submit annually to the sponsor Department a draft of the Trust's Corporate Plan covering up to three years ahead. The Trust shall have agreed with the sponsor Department the issues to be addressed in the Plan and the timetable for its preparation. The Plan will be subject to Departmental approval.

4.1.2 The Plan shall reflect the Trust's statutory duties and, within those duties, the priorities set from time to time by the Minister. The Plan shall, to the extent required by the Department, demonstrate how the Trust contributes to the achievement of the Department's strategic aims and Programme for Government objectives. Its contents will also reflect the sponsor Department's decisions on policy and resources taken in the context of the Executive's wider policy and spending priorities and decisions.

4.1.3 The first year of the Corporate Plan, amplified as necessary, shall form the Business Plan. The Business Plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives can readily be identified by the sponsor Department.

4.1.4 The Plans will include the following, as directed by the Department:

- key objectives and associated key performance targets (financial and non-financial) for the forward years, and the strategy for achieving those objectives;
- alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;
- a forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by the sponsor Department. These forecasts should represent the Trust's best estimate of all its available income ie not just grant or grant-in-aid; and
- other matters as specified by the sponsor Department.

4.1.5 The Corporate/Business Plan shall be published by the Trust and made available on its website. A summary version shall be made available to staff.

4.2 Reporting performance to the HSCB and the Department

4.2.1 The Trust shall operate management information and accounting systems which enable it to review in a timely and effective manner its financial and non-financial performance against the budgets and targets set out in its agreed Corporate/Business Plan.

4.2.2 The Trust shall take the initiative in informing the **Department** of changes in external conditions which make the achievement of objectives more or less difficult, or which may indicate a change to the budget or objectives as set out in the **Corporate/Business plan**.

4.2.3 The Trust's performance in meeting its Corporate/Business Plan objectives shall be reported to the Department as part of the accountability review process.

4.2.4 Senior Departmental officials will hold biannual accountability reviews with the Trust to discuss the Trust's overall performance, its current and future activities,

any policy developments relevant to those activities safety and quality, financial performance and corporate control/risk management performance, and other issues as prescribed by the Department.

4.2.5 The Trust's performance against key Departmental/Ministerial targets shall be reported in the Trust's annual report and accounts [see Section 6.1 below].

4.2.6 The Department will, at its discretion, request evidence of progress against key objectives.

5 BUDGETING PROCEDURES

5.1 The Trust's budgeting procedures are set out in the *Financial Memorandum*.

5.2 Internal audit

5.2.1 The Trust shall establish and maintain arrangements for internal audit in accordance with *FD (DFP) 07/09 The Treasury's Government Internal Audit Standards (GIAS)*, *HSS(F)21/03 Internal Audit Arrangements between a Sponsoring Department and its Non-Departmental Public Bodies (Trust's) and HSS(F)13/2007 Model HPSS Financial Governance Documents*.

5.2.2. Those arrangements shall also comply with the Department's requirements on foot of HSC (F) 11/2010 which promulgated DAO (DFP) 01/10 *Internal Audit Arrangements between Departments and Arm's Length Bodies*. These include:

- having input to the Trust's planned internal audit coverage, to ensure that shared assurance requirements (in relation to risk areas/topics) are built into the Trust's audit plan and audit strategy;
- arrangements for the receipt of audit reports, assignment reports, the Head of Internal Audit's annual report and opinion etc;

- arrangements for the completion of Internal and External Assessments of the Trust's internal audit function against GIAS including advising that the sponsor Department reserves a right of access to carry out its own independent reviews of internal audit in the Trust; and
- the right of access to all documents prepared by the Trust's internal auditor, including where the service is contracted out. Where the Trust's audit service is contracted out the Trust should stipulate this requirement when tendering for the services.

5.2.3. The Trust shall consult with the Department to ensure that the latter is satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving the appointment are in accordance with GIAS and relevant DFP guidance.

5.3 Audit Committee

- 5.3.1 The Trust shall set up an independent audit committee as a committee of its Board, in accordance with the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD (DFP) 03/06 refers) and in line with the Audit Committee Handbook DAO (DFP) 07/07.
- 5.3.2 The sponsor Department will attend one Trust audit committee meeting per year as an observer, and will not participate in any Audit Committee discussion.
- 5.3.3 The audit committee's meeting agendas, minutes and papers shall be forwarded as soon as possible to the sponsoring team.
- 5.3.4 The sponsor Department will review the Trust's audit committee terms of reference. The Trust shall notify the sponsor department of any subsequent changes to the audit committee's terms of reference.

5.4 Fraud

- 5.4.1 The Trust should establish and maintain arrangements for preventing, countering and dealing with fraud by:
- assessing, identifying, evaluating, and responding to fraud risks;
 - ensuring that the Trust's Audit Committee formally considers the anti-fraud measures in place;
 - reporting immediately all suspected or proven frauds, including attempted fraud to the sponsor Department; and
 - complying with all guidance issued by the Department.
- 5.4.2 The sponsor Department will report suspected and actual frauds immediately to DFP and the C&AG. In addition the Trust shall forward to the sponsor Department the annual fraud return, commissioned by DFP, on fraud and theft suffered by the Trust.
- 5.4.3 The sponsor Department will review the Trust's Anti-fraud policy and Fraud Response Plan. The Trust shall notify the sponsor Department of any subsequent changes to the policy or response plan.

5.5 Additional Departmental access to the Trust

- 5.5.1 In addition to the right of access referred to in paragraph 5.2.4 above, the Department shall have a right of access to all the Trust's records, meetings and personnel for purposes such as audits, operational investigations, and as the Departmental Accounting Officer sees fit (subject to any relevant legal restrictions).

6. EXTERNAL ACCOUNTABILITY

6.1 The annual report and accounts

- 6.1.1 After the end of each financial year the Trust shall publish as a single document an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the Trust. A draft of the report shall be submitted to the Department two weeks before the proposed publication date although it is expected that the Department and the Trust will have had extensive pre-publication discussion on the content of the report prior to formal submission to the Department.
- 6.1.2 The report and accounts shall comply with the most recent version of the Government Financial Reporting Manual (FReM) issued by DFP. The accounts shall be prepared in accordance with any relevant statutes and the specific Accounts Direction issued by the Department.
- 6.1.3 The report and accounts shall outline the Trust's main activities and performance during the previous financial year and set out in summary form the Trust's forward plans. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit.
- 6.1.4 The report and accounts shall be laid before the Assembly and made available, in accordance with the guidance on the procedures for presenting and laying the combined annual report and accounts as prescribed in the relevant finance circular issued by the Department.
- 6.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts shall require the prior written approval of the Department.

6.2 External audit

- 6.2.1 The Comptroller and Auditor General (C&AG) audits the Trust's annual accounts and passes the accounts to the Department who shall lay them before the Assembly. For the purposes of audit the C&AG has a statutory right of access to relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003 .
- 6.2.2 The C&AG has agreed to liaise with the Trust on who – the NIAO or a commercial auditor – shall undertake the actual audit on his behalf. The final decision rests with the C&AG.
- 6.2.3 The C&AG has agreed to share with the Department information identified during the audit process and the audit report (together with any other outputs) at the end of the audit. This shall apply, in particular, to issues which impact on the Department's responsibilities in relation to financial systems within the Trust. The C&AG will also consider, where asked, providing the Department and other relevant bodies with Regulatory Compliance Reports and other similar reports which the Department may request at the commencement of the audit and which are compatible with the independent auditor's role.

6.3 VFM examinations

- 6.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the Trust has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003. Where making payment of a grant, or drawing up a contract, the Trust should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the

transaction including those relevant to matters of professional competence, misconduct etc. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

7. STAFF MANAGEMENT

7.1 General

7.1.1. In line with the arrangements and guidance provided by the Department, the Trust shall have responsibility for the recruitment, retention and motivation of its staff. To this end the Trust shall ensure that:

- its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, domestic circumstances, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;
- the level and structure of its staffing, including grading and numbers of staff, are appropriate to its functions and the requirements of efficiency, effectiveness and economy as agreed by the Department;
- the performance of its staff at all levels is satisfactorily appraised;
- its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the Trust's objectives;
- proper consultation with staff takes place on key issues affecting them;
- adequate grievance and disciplinary procedures are in place;
- whistle blowing procedures consistent with the Public Interest Disclosure (Northern Ireland) Order 1998, as amended, are in place;

- a code of conduct for staff is in place based on Annex 5A of Public Bodies: A Guide for NI Departments (available at www.afmdni.gov.uk). This code should be copied to the sponsor team.

8. REVIEWING THE ROLE OF THE TRUST

- 8.1 The role of, and justification for the Trust shall be reviewed periodically, in accordance with the business needs of the sponsor Department and the Trust. Reference should be made to Chapter 9 of the Public Bodies: a Guide for Northern Ireland Departments.

Signed: _____ Date: _____

On behalf of the Trust

Signed: _____ Date: _____

On behalf of the Department

Appendix 1

1. Documentary requirements

1.1 Documentation to be copied to the Sponsor Branch for information

Monthly (or as the occasion arises)

- Board meeting papers (including draft minutes) for each meeting as and when issued to Committee members
- Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members
- Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee members
-

Annually

- Register of Board members' interests
- The annual report, with the draft submitted to the Department two weeks before the publication date (*separate timetable for the annual accounts, SIC etc, set by Finance Directorate*)
- The Assurance Framework (annually)
- Business Continuity Plan

Once and then when revised

- Code of Conduct for Board members
- Code of Practice for staff
- Audit Committee Terms of Reference
- Audit Strategy
- Assurance/Governance Committee Terms of Reference
- Complaints procedure
- Anti-Fraud policy
- Fraud Response plan
- Whistle-blowing procedures

- Grievance and Disciplinary procedures
- Equality scheme
- Publication scheme
- Consultation Scheme

1.2 Documentation to be copied to the Sponsor Branch for consideration/ comment/ approval

Quarterly

- *[Report on quarterly assessment of progress being made in the delivery of the Trust Delivery plan's aims and objectives]*

Bi-annual

- Corporate Risk Register every six months

Annually

- Annual Statement on Internal Control
- Mid-year Assurance Statement (by end-October)
- Annual report on Compliance with Controls Assurance Standards
- Annual Internal Audit work-plan
- Internal Audit Progress Report
- Annual Fraud return
- Corporate Plan (including the Business Plan)[, and the Trust Delivery Plan]
must be produced, for approval by the Department
- The Head of Internal Audit's end-of-year and mid-year opinion on risk management, control and governance

Once

- Inspection reports by external bodies (e.g. RQIA, MHRA), as agreed with the Sponsor Branch
- All Internal Audit reports with less than satisfactory assurance in line with arrangements agreed with the Sponsor Branch
- NIAO management letters

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Page	Paragraph	Content
3	1-3	Introduction
	4	DEL
	5	Expenditure not proposed in the budget
	6-7	Procurement
4	8-10	Competition
	11	Best value for money
	12	Timeliness in paying bills
	13	Novel, contentious or repercussive proposals
5	14-17	Risk management/fraud
	18	Wider markets
6	19	Fees and charges
	20-22	Grant-in-aid
	23	Fines and taxes as receipts
7	24-25	Receipts from sale of goods or services
	26	Interest earned
	27-28	Unforecast changes in in-year income
8	29-30	Build-up and draw-down of deposits
	31	Proceeds from disposal of assets
	32-33	Gifts and bequests received
	34-35	Borrowing
9	36	Staff costs
	37-42	Pay and conditions of service
10	43-45	Pensions; redundancy/compensation
	46-47	Economic appraisal
11	48-51	Capital expenditure
12	52	Transfer of funds within budgets
	53	Lending, guarantees, indemnities; contingent liabilities, letters of comfort
	54-56	Grant or loan schemes
13	57-59	Gifts made, write-offs, losses and other special payments
	60-61	Leasing
	62-63	Public/private partnerships
14	64-65	Subsidiary companies and joint ventures
	66	Financial investments
	67	Unconventional financing
15	68-69	Commercial insurance
	70	Payment/Credit cards
	71	Hospitality
	72-74	Use of consultants
16	75	Register of assets
	76-77	Disposal of assets
	78-80	Recovery of grant-financed assets
17	81-83	Setting the annual budget
	84	General conditions for authority to spend
18	85	Providing monitoring information to DHSSPS
19	86-87	Banking arrangements

19	88	Relevant documents
20	89-90	Review of financial memorandum

Text of model financial memorandum

I. INTRODUCTION

1 This *Financial Memorandum* sets out certain aspects of the financial framework within which the Trust is required to operate.

2The terms and conditions set out in the combined *Management Statement* and *Financial Memorandum* may be supplemented by guidelines or directions issued by the DHSSPS/Minister in respect of the exercise of any individual functions, powers and duties of the Trust.

3The Trust shall satisfy the conditions and requirements set out in the combined document, together with such other conditions as the DHSSPS/Minister may from time to time impose.

II. THE TRUST'S INCOME AND EXPENDITURE - GENERAL

The Departmental Expenditure Limit (DEL)

4The Trust's current and capital expenditure form part of the DHSSPS Department's Resource DEL and Capital DEL respectively.

Expenditure not proposed in the budget

5The Trust shall not, without prior written DHSSPS approval, enter into any undertaking to incur any expenditure which falls outside the Trust's delegations or which is not provided for in the Trust's annual budget as approved by the DHSSPS.

Procurement

6 The Trust's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002 (refreshed May 2009); *Procurement Guidance Notes*; and any other guidelines or guidance issued by Central Procurement Directorate and the Procurement Board. The Trust shall also ensure that it complies with any relevant EU or other international procurement rules.

- 7 Regional Supply Service (RSS), within the Business Services Organisation, shall carry out procurement activity on behalf of the Trust, governed by a documented Service Level Agreement. Periodic reviews of the Trust's procurement activity should be undertaken. The results of such review will be shared with DHSSPS.

Competition

- 8 Contracts shall be awarded on a competitive basis and tenders accepted from suppliers who provide best value for money overall.
- 9 Single tender action is the process where a contract is awarded to an economic operator (i.e. supplier, contractor) without competition. In light of their exceptional nature, all single tender actions should be subject to Trust Accounting Officer approval. It is advisable that the Trust seek an assurance from RSS, or their legal adviser, to provide assurance for the Accounting Officer that the use of single tender action is legitimate in a particular case. Further information is published in Procurement Guidance Note 02/10 on the 'Award of Contracts without a Competition'. www.cpdni.gov.uk/index/guidance-for-purchasers/guidance-notes.htm
- 10 The Trust shall send to the DHSSPS after each financial year a report for that year explaining any contracts above £5,000 in which competitive tendering was not employed.

Best Value for money

- 11 Procurement by the Trust of works, supplies and services shall be based on best value for money, ie the optimum combination of whole life cost and quality (or fitness for purpose) to meet the Trust's requirements. Where appropriate, a full option appraisal shall be carried out before procurement decisions are taken.

Timeliness In paying bills

- 12 The Trust shall collect receipts and pay all matured and properly authorised invoices in accordance with Annex4.5 and Annex 4.6 of *Managing Public Money Northern Ireland* and any guidance issued by DFP or DHSSPS.

Novel, contentious or repercussive proposals

- 13 The Trust shall obtain the approval of the DHSSPS, and DFP, before:

- incurring any expenditure for any purpose which is or might be considered novel or contentious, or which has or could have significant future cost implications, including on staff benefits;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the DHSSPS;
- making any change of policy or practice which has wider financial implications (eg because it might prove repercussive among other public sector bodies) or which might significantly affect the future level of resources required. (The DHSSPS will advise on what constitutes “significant” in this context).

Risk management/Fraud

- 14 The Trust shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of best practice in corporate governance, and shall develop a risk management strategy, in accordance with the Treasury guidance *Management of Risk: A Strategic Overview (The “Orange Book”)*.
- 15 The Trust shall take proportionate and appropriate steps to assess the financial and economic standing of any organisation or other body with which it intends to enter into a contract or to which it intends to give grant or grant-in-aid.
- 16 The Trust shall adopt and implement policies and practices to safeguard itself against fraud and theft, in line with DFP’s guide *Managing the Risk of Fraud* ..
- 17 All cases of attempted, suspected or proven fraud shall be reported to the DHSSPS who shall report it to DFP and the NIAO as soon as they are discovered, irrespective of the amount involved.

Wider markets

- 18 In accordance with the wider markets policy, the Trust shall seek to maximise receipts from non-Consolidated Fund sources, provided that

this is consistent with (a) the Trust's main functions (b) its corporate plan as agreed with the DHSSPS. DHSSPS will confirm with the DFP Supply Officer that such proposed activity is appropriate.

Fees and charges

- 19 Fees or charges for any services supplied by the DHSSPS shall be determined in accordance with Chapter 6 of MPMNI.

III. THE TRUST'S INCOME

Grant-in-aid

- 20 Grant-in aid will be paid to the Trust in instalments, on the basis of need. The Trust shall submit a monthly written application to the Department forecasting its cash requirements and shall certify that the conditions applying to the use of revenue funds have been observed to date and that further grant-in-aid is now required for purposes appropriate to the Trust's functions.
- 21 The Trust should have regard to the guidance in DAO (DFP) 04/03 and to the general principle enshrined in Annex 5.1 of *Managing Public Money Northern Ireland* that it should seek grant-in-aid according to need.
- 22 Cash balances accumulated during the course of the year shall be kept at the minimum level consistent with the efficient operation of the Trust. Grant-in-aid not drawn down by the end of the year shall lapse. However, where draw-down of grant-in-aid is delayed to avoid excess cash balances at year-end, the DHSSPS will make available in the next financial year (subject to approval by the Assembly of the relevant Estimates provision) any such grant-in-aid required to meet any liabilities at year end, such as creditors.

Fines and taxes as receipts

- 23 Most fines and taxes (including levies and some licences) do not provide additional DEL spending power and should be surrendered to the DHSSPS.

Receipts from sale of goods or services

- 24 Receipts from the sale of goods and services (including certain licences), rent of land, normally provide additional DEL spending power. If a body wishes to retain a receipt or utilise an increase in the level of receipts, it must gain the prior approval of DHSSPS.
- 25 If there is any doubt about the correct classification of a receipt, the Trust shall consult the DHSSPS, which may consult DFP as necessary.

Interest earned

- 26 Interest earned on cash balances cannot necessarily be retained by the Trust. Depending on the budgeting treatment of this receipt, and its impact on the Trust's cash requirement, it may lead to commensurate reduction of grant-in-aid or be required to be surrendered to the NI Consolidated Fund via DHSSPS. If the receipts are used to finance additional expenditure by the Trust, DHSSPS will need to ensure it has the necessary budget cover.

Unforecast changes in in-year income

- 27 If the negative DEL income realised or expected to be realised in-year is less than estimated, the Trust shall, unless otherwise agreed with the DHSSPS, ensure a corresponding reduction in its gross expenditure so that the authorised provision is not exceeded. [NOTE: For example, if the Trust is allocated £100 resource DEL provision by the DHSSPS and expects to receive £10 of negative DEL income, it may plan to spend a total of £110. If income (on an accruals basis) turns out to be only £5 the Trust will need to reduce its expenditure to £105 to avoid breaching its budget. If the Trust still spends £110 the DHSSPS will need to find £5 of savings from elsewhere within its total DEL to offset this overspend.]
- 28 If the negative DEL income realised or expected to be realised in the year is more than estimated, the Trust may apply to the DHSSPS to retain the excess income for specified additional expenditure within the current financial year without an offsetting reduction to grant-in-aid. The DHSSPS shall consider such applications, taking account of

competing demands for resources, and will consult with DFP in relation to any significant amounts. If an application is refused, any grant-in-aid shall be commensurately reduced or the excess receipts shall be required to be surrendered to the NI Consolidated Fund via the DHSSPS.

Build-up and draw-down of deposits

- 29 The Trust shall comply with the rules that any DEL expenditure financed by the draw-down of deposits counts within DEL. The Trust shall maintain and manage cash balances as working balances only. These shall be held at a minimum level throughout the year. Any interest earned on overnight deposits must be returned to DHSSPS.
- 30 The Trust shall ensure that it has the necessary DEL provision for any expenditure financed by draw-down of deposits.

Proceeds from disposal of assets

- 31 Disposals of land and buildings are dealt with in Section VI below.

Gifts and bequests received

- 32 The Trust is free to retain any gifts, bequests or similar donations, subject to paragraph 33. These shall be treated as receipts and must be notified to the DHSSPS. [NOTE: Donated assets do not attract a cost of capital charge, and a release from the donated assets reserve should offset depreciation in the operating cost statement. The latest FReM requirements should be applied]
- 33 Before accepting a gift, bequest, or similar donation, the Trust shall consider if there are any associated costs in doing so or any conflicts of interests arising. The Trust shall keep a written record of any such gifts, bequests and donations and of their estimated value and whether they are disposed of or retained.

Borrowing

- 34 Normally the Trust will not be allowed to borrow but when doing so the Trust shall observe the principles set out in Chapter 5 and the associated annexes of MPMNI when undertaking borrowing of any kind. The Trust

shall seek the approval of the DHSSPS and, where appropriate, DFP, to ensure that it has any necessary authority and budgetary cover for any borrowing or the expenditure financed by such borrowing. Medium or long term private sector or foreign borrowing is subject to the value for money test in *Section 5.7 of MPMNI*.

- 35 Any expenditure by the Trust financed by borrowing counts in DEL

IV. EXPENDITURE ON STAFF

Staff costs

- 36 Subject to its delegated levels of authority the Trust shall ensure that the creation of any additional posts does not incur forward commitments which will exceed its ability to pay for them.

Pay and conditions of service

- 37 The staff of the Trust whether on permanent or temporary contract, shall be subject to levels of remuneration and terms and conditions of service (including superannuation) as approved by the DHSSPS and DFP. The Trust has no delegated power to amend these terms and conditions.
- 38 Current terms and conditions for staff of the Trust are those set out in its Employee Handbook. The Trust shall provide the DHSSPS and DFP with a copy of the Handbook and subsequent amendments.
- 39 Annual pay increases of Trust staff must be in accordance with the annual FD letter on Pay Remit Approval Process and Guidance issued by DFP. Therefore, all proposed pay awards must have prior approval of DHSSPS and the Minister for Finance before implementation.
- 40 The travel expenses of Board Members shall be tied to the rates allowed to senior staff of the Trust. Reasonable actual costs shall be reimbursed.

41 The Trust shall operate a performance-related pay scheme which shall form part of the general pay structure approved by the DHSSPS and DFP.

42 The Trust shall comply with the EU directive on contract workers [Fixed Term Employees Regulations (Prevention of Less Favourable Treatment)].

Pensions; redundancy/compensation

43 Trust's staff shall be eligible for a pension provided by :

- **Either** the Health and Social Care Superannuation Scheme **or** the Health and Social Care Pension Scheme.

44 Staff may opt out of the occupational pension scheme provided by the Trust. However, the employer's contribution to any personal pension arrangement, including a stakeholder pension, shall be limited to the national insurance rebate level.

45 Any proposal by the Trust to move from the existing pension arrangements, or to pay any redundancy or compensation for loss of office, requires the approval of the DHSSPS and DFP. Proposals on severance payments must comply with DAO (DFP) 17/05.

V. NON-STAFF EXPENDITURE

Economic appraisal

46 Trusts are required to apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending or saving public money, including European Union (EU) funds, and any other decisions or proposals that involve changes in the use of public resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:

- a. involve capital or current spending, or both;
- b. are large or small;

c. are above or below delegated limits(see Appendix A).

47 Appraisal itself uses up resources. The effort that should go into appraisal and the detail to be considered is a matter for case-by-case judgement, but the general principle is that the resources to be devoted to appraisal should be in proportion to the scale or importance of the objectives and resource consequences in question. Judgement of the appropriate effort should take into consideration the totality of the resources involved in a proposal.

General guidance on economic appraisal that applies to Trusts can be found in:

- The Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE) See <http://www.dfpni.gov.uk/eag>
- The HM Treasury Guide, *The Green Book: Appraisal and Evaluation in Central Government*.
- Capital Investment Manual

Capital expenditure

48 Subject to being above an agreed capitalisation threshold, all expenditure on the acquisition or creation of fixed assets shall be capitalised on an accruals basis in accordance with relevant accounting standards. Expenditure to be capitalised shall include the (a) acquisition, reclamation or laying out of land; (b) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and (c) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels.

49 Proposals for large-scale individual capital projects or acquisitions will normally be considered within the Trust's corporate and business planning process. Subject to paragraph 51, applications for approval within the corporate/business plan by the DHSSPS and DFP if necessary, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the

Board. Regular reports on the progress of projects shall be submitted to the DHSSPS.

- 50 Approval of the corporate/business plan does not obviate the Trust's responsibility to abide by the economic appraisal process.
- 51 Within its approved overall resources limit the Trust shall, as indicated in the attached Appendix on delegations, have delegated authority to spend up to £500,000 on any individual capital project or acquisition. Beyond that delegated limit, the DHSSPS and where necessary, DFP's prior authority must be obtained before expenditure on an individual project or acquisition is incurred.

Transfer of funds within budgets

- 52 Unless financial provision is subject to specific Departmental or DFP controls (eg, where provision is ring-fenced for specific purposes) or delegated limits, transfers between budgets within the total capital budget, or between budgets within the total revenue budget, do not need Departmental approval. The one exception to this is that, due to HM Treasury controls, any movement into, or out, of depreciation and impairments within the resource budget will require departmental and possibly DFP approval. [NOTE: Under resource budgeting rules, transfers from capital to resource budgets are not allowed.]

Lending, guarantees, indemnities; contingent liabilities; letters of comfort

- 53 The Trust shall not, without the DHSSPS' and where necessary, DFP's prior written consent, lend money, charge any asset or security, give any guarantee or indemnities or letters of comfort, or incur any other contingent liability (as defined in Annex 5.5 of MPMNI), whether or not in a legally binding form.

Grant or loan schemes

- 54 Unless covered by a delegated authority, all proposals to make a loan to a third party, whether one-off or under a scheme, together with the terms and conditions under which such loan is made shall be subject to prior approval by the DHSSPS, and where necessary DFP. If loans are to be made under a continuing scheme, statutory authority is likely to be required.

55 The terms and conditions of a grant or loan to a third party shall include a requirement on the receiving organisation to prepare

accounts and to ensure that its books and records in relation to the grant or loan are readily available for inspection by the Trust, the DHSSPS and the C&AG.

56 See also below under the heading *Recovery of grant-financed assets* (paragraphs 78-80).

Gifts made, write-offs, losses and other special payments

57. Proposals for making gifts or other special payments (including issuing write-offs) outside the delegated limits set out in the Appendix A of this document must have the prior approval of the DHSSPS and where necessary DFP.

58 Losses shall not be written off until all reasonable attempts to make a recovery have been made and proved unsuccessful.

59 Gifts by management to staff are subject to the requirements of HSS(F)13/2007.

Leasing

60 Prior Departmental approval must be secured for all property and finance leases. The DHSSPS must have capital DEL provision for finance leases and other transactions which are, in substance, borrowing (paragraphs 34-35 above).

61 Before entering into any lease (including an operating lease) the Trust shall demonstrate that the lease offers better value for money than purchase.

Public/Private Partnerships

62 The Trust shall seek opportunities to enter into Public/Private Partnerships where this would be more affordable and offer better value for money than conventional procurement. Where cash flow projections may result in delegated spending authority being breached, the Trust shall consult the DHSSPS. The Trust should also ensure that it has the necessary budget cover.

- 63 Any partnership controlled by the Trust shall be treated as part of the Trust in accordance with guidance in the FReM and consolidated with it [subject to any particular treatment required by the FReM]. Where the judgment over the level of control is difficult the DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment).

Subsidiary companies and joint ventures

- 64 The Trust shall not establish subsidiary companies or joint ventures without the express approval of the DHSSPS and DFP. In judging such proposals the DHSSPS will have regard to the Department's wider strategic aim[s] objective and current Public Service Agreement.
- 65 For public expenditure accounts purposes any subsidiary company or joint venture controlled or owned by the Trust shall be consolidated with it in accordance with guidance in the FReM subject to any particular treatment required by the FReM. Where the judgment over the level of control is difficult, the DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with the DHSSPS and DFP, such subsidiary companies or joint ventures shall be subject to the controls and requirements set out in this *Management Statement* and *Financial Memorandum*, and to the further provisions set out in supporting documentation.

Financial investments

- 66 The Trust shall not make any investments in traded financial instruments without the prior written approval of the DHSSPS, and where appropriate DFP, nor shall it aim to build up cash balances or net assets in excess of what is required for operational purposes. Funds held in bank accounts or as financial investments may be a factor for consideration when grant-in-aid is determined. Equity shares in ventures which further the objectives of the Trust shall equally be subject to Departmental and DFP approval unless covered by a specific delegation.

Unconventional financing

- 67 The Trust shall not enter into any unconventional financing arrangement without the approval of the DHSSPS and DFP.

Commercial insurance

- 68 The Trust shall not take out any insurance without the prior approval of the DHSSPS and DFP, other than third party insurance required by the Road Traffic (NI) Order 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted under Annex 4.5 of MPMNI.
- 69 In the case of a major loss or third-party claim, DHSSPS shall liaise with the Trust about the circumstances in which an appropriate addition to budget out of the DHSSPS' funds and/or adjustment to the Trust's targets shall be considered. DHSSPS will liaise with DFP Supply where required in such cases.

Payment/Credit Cards

- 70 The Trust, in consultation with the DHSSPS, shall ensure that a comprehensive set of guidelines on the use of payment cards (including credit cards) is in place. Reference should be made to HSS (F) 11/2003.

Hospitality

- 71 The Trust, in consultation with the DHSSPS, shall ensure that a comprehensive set of guidelines on the provision of hospitality is in place. Reference should be made to DAO(DFP) 10/06 (revised).

Use of Consultants

- 72 The Trust shall adhere to the guidance issued by DFP, as well as any produced by the DHSSPS in relation to the use of consultants. Please see the delegated limits set out in Appendix A.
- 73 The Trust will provide DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

- 74 **Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.**

VI. MANAGEMENT AND DISPOSAL OF FIXED ASSETS

Register of assets

75The Trust shall maintain an accurate and up-to-date register of its fixed assets.

Disposal of assets

- 76 The Trust shall dispose of assets which are surplus to its requirements. Assets shall be sold for best price, taking into account any costs of sale. Generally assets shall be sold by auction or competitive tender [unless otherwise agreed by the DHSSPS], and in accordance with the principles in MPMNI.
- 77 All receipts derived from the sale of assets (including grant financed assets, see below) must be declared to the DHSSPS, which will consult with DFP if necessary, on the appropriate treatment.

Recovery of grant-financed assets

- 78 Where the Trust has financed expenditure on capital assets by a third party, the Trust shall set conditions and make appropriate arrangements to ensure that any such assets individually above a value of £500 are not disposed of by the third party without the Trust's prior consent.
- 79 The Trust shall therefore ensure that such conditions and arrangements are sufficient to secure the repayment of the NI Consolidated Fund's due share of the proceeds of the sale, in order that funds may be surrendered to the DHSSPS.
- 80 The Trust shall ensure that if the assets created by grants made by the Trust cease to be used by the recipient of the grant for the intended purpose, a proper proportion of the value of the asset shall be repaid to the Trust for surrender to the DHSSPS. The amounts recoverable under the procedures in paragraphs 78-79 above shall be calculated by reference to the best possible value of the asset and in proportion to the NI Consolidated Fund's original investment(s) in the asset.

VII. BUDGETING PROCEDURES

Setting the annual budget

81 Each year, in the light of decisions by the DHSSPS on the Trust's updated draft corporate plan the DHSSPS will send to the Trust:

- a formal statement of the annual budgetary provision allocated by the DHSSPS in the light of competing priorities across the DHSSPS and of any forecast income approved by the DHSSPS;
- and
- a statement of any planned change in policies affecting the Trust.

82 The Trust's approved annual delivery plan (TDP) will take account both of its approved funding provision and of any forecast receipts, and will include a budget of estimated payments and receipts together with a profile of expected expenditure and of draw-down of any Departmental funding and/or other income over the year. These elements will form part of the approved TDP for the year in question.

83 Any grant-in-aid provided by the DHSSPS for the year in question will be voted in the DHSSPS' Estimate and will be subject to Assembly control.

General conditions for authority to spend

84 Once the Trust's budget has been approved by the DHSSPS [and subject to any restrictions imposed by Statute/the Minister /this MSFM], the Trust shall have authority to incur expenditure approved in the budget without further reference to the DHSSPS, on the following conditions:

- the Trust shall comply with the delegations set out in Appendix A of this document. These delegations shall not be altered without the prior agreement of the DHSSPS and DFP;

- the Trust shall comply with the conditions set out in paragraph 13 above regarding novel, contentious or repercussive proposals;
- inclusion of any planned and approved expenditure in the Trust's budget shall not remove the need to seek formal Departmental, and where necessary, DFP, approval where such proposed expenditure is above the delegated limits set out in Appendix A or is for new schemes not previously agreed; and
- the Trust shall provide the DHSSPS with such information about its operations, performance, individual projects or other expenditure as the DHSSPS may reasonably require (see paragraph 85 below).

Providing monitoring information to the DHSSPS

85 Trust shall provide the DHSSPS with, as a minimum, information on a monthly basis which will enable the satisfactory monitoring by the DHSSPS of:

- the Trust's cash management;
- its draw-down of any grant-in-aid;
- the expenditure for that month;
- forecast outturn by resource headings; and
- other data required for the DFP Outturn and Forecast Outturn Return.

VIII. BANKING

Banking arrangements

86 The Trust is currently a member of the HSC 'pool' of bank accounts. The Trust's Accounting Officer is responsible for ensuring that the Trust's banking arrangements are in accordance with the requirements of Annex 5.7 of *MPMNI*. This responsibility remains even with the current banking pool arrangements. In particular, he/she shall ensure that the arrangements safeguard public funds and that their implementation ensures efficiency, economy and effectiveness.

87 He/she shall therefore ensure that:

- these arrangements are suitably structured and represent value-for-money. The HSC pool of accounts will be comprehensively reviewed leading to competitive tendering, at least every three to five years;
- sufficient information about banking arrangements is supplied to the DHSSPS' Accounting Officer to enable the latter to satisfy his/her own responsibilities;
- the Trust's banking arrangements shall be kept separate and distinct from those of any other person or organisation; and
- adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash.

IX. COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE

Relevant documents

88 The Trust shall comply with the following general guidance documents:

- This document (both the *Financial Memorandum* and the *Management Statement*);
- *Managing Public Money Northern Ireland (MPMNI)*;
- *Public Bodies - a Guide for NI Departments* issued by DFP;

- *Government Internal Audit Standards*, issued by DFP;
- The document *Managing the Risk of Fraud* issued by DFP;
- The Treasury document *The Government Financial Reporting Manual (FReM)* issued by DFP;
- Relevant Dear Consolidation Officer and Dear Consolidation Manager letters issued by DFP;
- *Regularity, Propriety and Value for Money*, issued by Treasury;
- The Consolidation Officer Letter of Appointment, issued by DFP;
- Other relevant guidance and instructions issued by DFP in respect of Whole of Government Accounts;
- Other relevant instructions and guidance issued by the central Departments (DFP/OFMDFM) including Procurement Board and CPD guidance;
- Specific instructions and guidance issued by the DHSSPS;
- Recommendations made by the Public Accounts Committee, or by other Assembly/Parliamentary authority, which have been accepted by the Government and which are relevant to the Trust.

X. REVIEW OF FINANCIAL MEMORANDUM

⁸⁹The *Management Statement* and *Financial Memorandum* will normally be reviewed at least every five years .

90 DFP Supply will be consulted on any significant variation proposed to the *Management Statement* and *Financial Memorandum*.

Signed: _____ Date: _____

On behalf of the Trust

Signed: _____ Date: _____

On behalf of the Department

APPENDIX A

DELEGATED EXPENDITURE LIMITS

General

These delegated expenditure limits have been agreed by the Department and the Department of Finance and Personnel.

1. PURCHASING ALL GOODS AND SERVICES

Table 1 Delegated Authority for the Purchase of Goods and Services
(All costs exclude VAT)

THRESHOLDS	NUMBER/TYPE OF TENDER REQUIRED	AUTHORISATION
Up to £2,000	No Quotations necessary	The Chief Executive/The appropriate officer as notified to the DHSSPS
>£2,000 - £30,000	4 Selected Tenders	The Chief Executive/The appropriate officer as notified to the DHSSPS
> £30,000 – EC Thresholds	Publicly advertised tender competition	The Chief Executive/The appropriate officer as notified to the DHSSPS

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, the Trust should undertake a comprehensive business case of all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

For any purchase where the minimum number of quotations/tenders is not obtained, the purchase may proceed if the accounting officer is satisfied that every attempt has been made to obtain competitive offers and that value for money will be achieved. In these cases, the accounting officer should complete a report and records of all correspondence should be retained on file including any justification given and/or approvals obtained.

2. CAPITAL PROJECTS

The Chief Executive [appropriate officer as notified to the DHSSPS], may authorise capital expenditure on discreet capital projects of up to £500,000. Capital projects over this amount require the approval of the DHSSPS, and may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the DHSSPS and DFP.

3. DISPOSAL OF SURPLUS EQUIPMENT

See paragraphs 76-77.

4. LEASE AND RENTAL AGREEMENTS

See paragraphs 60-61.

5. APPROVAL OF INFORMATION TECHNOLOGY PROJECTS

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The principles of appraisal, evaluation and management apply equally to proposals supported by information communication technology (ICT) as to all other areas of public expenditure. ICT-enabled projects should be appraised and evaluated according to the general guidance in the Northern Ireland Guide to Expenditure Appraisal and Evaluation ([NIGEAE](#)) and managed using the new [Successful Delivery \(NI\)](#) guidance which was issued in June 2009.

The purchase of IT equipment and systems should be in line with the guidance Procedures and Principles for Application of Best Practice in Programme/Project Management (PPM), (available at www.dfpni.gov.uk/successful-delivery) and be subject to competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated authority for each IT project is set out in Table 2.

**Table 2 Delegation Arrangements for Information Technology
Projects, Systems And Equipment**
(All costs exclude VAT)

THRESHOLDS	AUTHORISATION
Up to £250,000	The Chief Executive/The appropriate officer as notified to the DHSSPS
Projects over £250,000	The Chief Executive with prior approval from the DHSSPS

6. ENGAGEMENT OF CONSULTANTS

General

The Trust has authority to appoint consultants for a **single contract** without recourse to the DHSSPS up to a **total** cost of £20,000, and subject to any guidance as may be issued by DFP or the DHSSPS.

The Trust will provide the DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

Economic appraisal

A full business case should be prepared for all consultancy assignments expected to exceed £10,000. A proportionate business case should be prepared for all assignments below this threshold.

7. LOSSES AND SPECIAL PAYMENTS

The [Chief Executive] [appropriate officer as notified to the DHSSPS], with prior approval from the DHSSPS, will have the authority to write off losses and make special payments up to:

- (a) Cash losses – up to £10,000 per case/incident

- (b) Stores/Equipment losses – up to £10,000 per case/incident
- (c) Constructive losses and fruitless payments – up to £10,000 per case.
- (d) Compensation payments
 - i. Made under legal obligation, e.g. by Court Order – Complete delegation
 - ii. For damage to personal property of staff – up to £2,000 per case
 - iii. Where written legal advice is that the Trust should not fight a court action because it is unlikely that it would win – up to £250,000 per case
- (e) Claims abandoned or waiver of claim – up to £10,000 per case
- (f) Extra contractual payments – Nil
- (g) Ex gratia payments – up to £10,000 per case (Pensions payments are not covered by this threshold)
- (h) Extra statutory and extra regulatory payments – no delegation, all proposals must be submitted to the DHSSPS for approval

The prior approval of the DHSSPS must be obtained for amounts above these values.

A summary note of the losses in any financial year should be included in the Trust's accounts.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the appropriate officer as notified to the DHSSPS, for amounts below the delegated limit, and the DHSSPS, where appropriate.

TB/5/19/05/11



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

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Date: 14th April 2011

CRL ALLOCATION 2011/12

This letter details the initial Capital Resource Limit (CRL) allocations for Northern Ireland Ambulance Service for 2011/12.

The total **indicative** Capital Resource Limit (CRL) allocation 2011/12 for NIAS will be **£4,200,000**, plus **£300,000** for General Capital. However, this allocation (£4.2m) will remain indicative until NIAS provide Capital Resource Group with a full breakdown of the projects, respective allocations and estimated monthly spend profile that will comprise the £4,200,000. Once this information is received CRLs will be issued and monitored at individual project level rather than as a block allocation as in previous years.

You should also provide details at a similar level for projects that NIAS intends to undertake across the Budget 2010 period using indicative annual allocations of £6m/£6m/£5m. It is stressed that the allocations beyond 2011/12 will remain wholly indicative until confirmed by the new Minister.

Please use the attached spreadsheet to provide details at individual project level of the total in-year allocation and monthly spend profile. The completed spreadsheet should be returned to Seamus Comiskey at the email address below **no later than 3rd May 2011. Only when this information is received will your CRL allocation be formally confirmed for 2011/12.**

As you have been made aware these monthly profiles play a key role in providing assurances to DFP and the Executive on our ability to manage the capital budget. They also form the basis of DFP monthly borrowing requirements. In this light you will appreciate that it is essential that the profiles you provide are as accurate and

realistic as possible. Accrued expenditure as detailed on NIAS monthly returns to Finance Directorate will be closely monitored throughout the financial year, to ensure that profiles remain current and to ensure that potential slippage is kept to an absolute minimum. Where significant variances occur between profiled and actual expenditure, particularly where potential slippage is identified or where spend is consistently lower than the profiles provided, your CRL could be reduced to reflect the revised position. **It should no longer be assumed that significant underspends against monthly profiles can be end-loaded to the last 3 months of the financial year.**

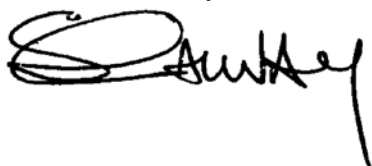
With the removal of End Year Flexibility (EYF) you should assume that any year-end underspend against your CRL allocation on any project will not be made available in the following year. Pressures in the following year resulting from such underspends will have to be met by NIAS. It is therefore critical that you advise of potential slippage as early as possible in the financial year and no later than December Monitoring Round to allow it to be reallocated and spent before year end. Where funds can be reallocated in this way every effort will be made to ensure that notified slippage will be made available to NIAS in the following year/s.

Finally, I would remind you of the following points which **must** be adhered to before formally committing to expenditure:

- **It is the responsibility of NIAS to ensure that the appropriate business case and/or any other approvals are fully in place before incurring expenditure against the notified CRL.**
- **It is the responsibility of NIAS to ensure that the cumulative spend over the life of a project does not exceed the figure notified in the appropriate approval letter/s.**
- **NIAS must not enter into contractual commitments for construction work or purchase of equipment until the associated expenditure profile has been agreed and sanctioned by Health Estates Investment Group (HEIG), and where appropriate a pre-contract certificate completed.**
- **If any contract is signed without the relevant approval being obtained from HEIG, NIAS will be responsible for meeting any over-commitment against the approved budget profile that results from entering into the contract.**

If there is anything you wish to discuss please contact Seamus Comiskey on 028 90 528267 or seamus.comiskey@dhsspsni.gov.uk.

Yours sincerely

A handwritten signature in black ink, appearing to read 'S. Galway', with a long vertical stroke extending downwards from the end.

Stephen Galway

Enc:

Breakdown of allocation

Monthly profiling template

CC:

Seamus Comiskey
Paul Nicholson

TB/6/19/05/11

2011 No. 164

HEALTH AND SOCIAL CARE

The Health and Social Services Trusts (Membership and Procedure) Amendment Regulations (Northern Ireland) 2011

Made - - - - - *24th March 2011*

Coming into operation - *26th May 2011*

The Department of Health, Social Services and Public Safety makes the following Regulations in exercise of the powers conferred on it by Article 10(6) of the Health and Personal Social Services (Northern Ireland) Order 1991(a).

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Health and Social Services Trusts (Membership and Procedure) (Amendment) Regulations (Northern Ireland) 2011 and shall come into operation on 26th May 2011.

(2) In these Regulations “the principal Regulations” means the Health and Social Services Trusts (Membership and Procedure) Regulations (Northern Ireland) 1994(b).

Amendment of Regulation 11 of the principal Regulations

2. In Regulation 11 (*Disqualification for appointment of chairman and non-executive directors*) of the principal Regulations delete sub-paragraph (g) and amend sub-paragraph “(h)” to read “(g)”.

Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on
24th March 2011



Diane Taylor
A senior officer of the
Department of Health, Social Services and Public Safety

(a) S.I. 1991/194 (N.I. 1); Article 10 was amended by S.I. 1994/429 (N.I. 2) and 2003 c.3 (N.I.)
(b) S.R. 1994 No. 63 as amended by S.R. 2007 No. 82

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations remove the disqualification for appointment relating to persons who hold a paid appointment or office with a trade union which represents the interests of members who are employed by a health and social services body.

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The Department of Health, Social Services and Public Safety (the Department) has made the following Regulations in exercise of the powers conferred on it by sections 10(1) and 10(2) of the Health and Social Services (Northern Ireland) Order 1972 (S.I. 1972 No. 1204) (the Order).

Citation, commencement and extent

1. (1) These Regulations may be cited as the Health and Social Services (Northern Ireland) Order 1972 (S.I. 1972 No. 1204) (the Order) and shall come into operation on 26th May 2011.

(2) In these Regulations, "the Order" means the Health and Social Services (Northern Ireland) Order 1972 (S.I. 1972 No. 1204).

Amendment of Regulation 17 of the Health and Social Services (Northern Ireland) Order 1972

2. In Regulation 17 (A person who is disqualified from appointment as a director or non-executive director) of the principal Regulations, the words "and paragraph (n)" shall be deleted.

Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on 24th March 2011



Diana Taylor
A senior officer of the
Department of Health, Social Services and Public Safety

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NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

19 May 2011

Title:	Summary of NIAS Responses to Consultations 1 March – 30 April 2011
Purpose:	To advise Trust Board of consultation responses in the period 1 March to 30 April 2011
Content:	Table summarising NIAS responses to consultations
Recommendation:	Trust Board to note responses to consultations
Previous Forum:	N/A
Prepared by:	Ms Michelle Lemon, Asst Director Equality, Patient Experience and Communications
Presented by:	Ms Roisin O'Hara, Director of Human Resources

SUMMARY OF NIAS RESPONSES TO CONSULTATIONS 1 MARCH – 30 APRIL 2011

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link
8 March 2011	Bi-Lingual Traffic Signs DRD proposed introduction of traffic signs in Irish or Ulster-Scots as well as English in those areas where there is local support.	Recognised that DRD has sought to minimise any negative impact by confining the use of bi-lingual traffic signing to those areas where there is a confirmed level of overall support. Essential that the Roads Service has the support of the local Council for any bi-lingual signing proposal and that DRD monitor the impact and identify any unforeseen consequences.	http://www.drdni.gov.uk/index/publications/publications-details.htm?docid=6719
30 March 2011	DHSSPS Equality Scheme & Action Plan Consultation documents on DHSSPS draft Equality Scheme and Action Plan	Noted that the draft Equality Scheme was based on the Equality Commission for Northern Ireland's model scheme. Welcomed the fact that the draft Scheme sets out how DHSSPS will work closely with Arms Length Bodies, including NIAS, in meeting its statutory obligations. Chapter 1 of the Scheme on the Department's functions should say how many staff are employed by DHSSPS. Paragraph 1.10 – "South Eastern Health and Care Trust" should read "South Eastern Health and <i>Social</i> Care Trust".	http://www.dhsspsni.gov.uk/showconsultations?txtid=46889 http://www.dhsspsni.gov.uk/showconsultations?txtid=46900

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link
12 April 2011	DHSSPS 10-Year Quality Strategy Strategy is intended to protect and improve quality and aims to achieve excellence in terms of safety, effectiveness and patient/client experience.	Welcome the Strategy and agree with the proposed Mission Statement. Detailed consideration should be given to outcome-based quality indicators rather than current performance targets. Patient/client should be directed to appropriate care pathway and recognise that NIAS has a key role in this. Welcome the development of training packages for all staff and use of multi-disciplinary team working. Welcome opportunity to explore affiliation of NIAS training with a local University. Support introduction of a Quality Advisory Forum.	http://www.dhsspsni.gov.uk/showconsultations?txtid=46712
20 April 2011	DHSS Physical and Sensory Disability Strategy Strategy outlines actions required of all HSC Trusts to improve outcomes and services for people who have a physical, communication or sensory disability.	Figures for costs of the Physical and Sensory Disability Programme of Care may not include expenditure on ambulance services. References to transport systems relate to those provided by DRD and do not include DHSSPS transport systems including ambulance services. Support the principle of collaborative working to share scarce resources - this should include engagement of all Trusts.	http://www.dhsspsni.gov.uk/showconsultations?txtid=46845

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link
20 April 2011	<p>DVLA Medical Standards for Driving – Epilepsy, Diabetes, Vision</p> <p>Consultation on proposals to amend Driving Licence standards to take account of EU Regulations.</p>	<p>Note that the purpose of the proposals is to amend UK driving standards to reflect the EU Directive on Driving Licences. Concerned that there is the potential for those with Insulin Dependent Diabetes to be allowed to drive Group 2 Vehicles which might include driving in an emergency situation. This contradicts DVLA's Honorary Medical Advisory Panel's view that those with Insulin Dependent Diabetes should not be permitted to undertake emergency driving. Believe Driving Licence Standards should reflect the Medical Advisory Panel's view on undertaking emergency driving for those with Insulin Dependent Diabetes. In relation to raising the eyesight standard, some drivers could lose their Group 2 entitlement, even though their eyesight has not changed - impact of this needs to be explored. Note potential impact on employers as a consequence of the necessity of regular specialist review appointments and management systems which would need to be in place. Would be helpful to have guidance on how a driver could "demonstrate an understanding of the risks of hypoglycaemia" to aid this.</p>	<p>http://www.dft.gov.uk/dvla/~media/pdf/consultations/Proposals%20to%20amend%20Driving%20Licence%20Standards.ashx</p>

Date of Response	Consultation Title & Summary	Summary of NIAS Response	Link
27 April 2011	<p>East Midlands Ambulance Service – Pre Hospital Career Framework for Ambulance Services</p> <p>Framework commissioned by the Ambulance Chief Executive Group and National HR Directors Group. Aims to clarify core roles, support greater consistency and transferability of roles, define the competences required of staff, support skills escalation and career progression and influence development of training curricula.</p>	<p>Support content of the draft framework, subject to assumption that individual Ambulance Services will be able to apply local adaptation and flexibility in roles and specific competences.</p> <p>NIAS develops Paramedics through its two year Paramedic-in-Training programme. The programme is based on IHCD modules with additional Foundations of Paramedic Practice, and has been approved by HPC. Should NIAS be required to move to a higher education model of training for Paramedics, this will require significant engagement with DHSSPS.</p>	No link available