

## OPERATIONS DIRECTORATE

### **Ministerial Priorities for Action: Principal Standards and Targets**

<b>Target OP 01</b>	<i>From April 2008 the NIAS should respond to an average of 70% of Category A (life - threatening) calls within eight minutes, with performance in individual Board areas being improved to at least 62.5 by March 2009.</i>																											
<b>Performance Assessment</b>	<i>There has been a downturn in performance during August, September and October. This has been due to difficulties associated with the rollout of the mobile data solution. These issues have now been addressed and performance improvement plans are now in place focusing on Emergency Control , Rapid Response deployment plans, use of information systems to inform performance management strategies and the implementation of category c pilot.</i>																											
<b>Key Elements of Plan for Delivering Target</b>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>																
Additional RRV cover	A1	A1	A1	A1	A1	A1	A1																					
Additional ICV cover	A2	A2	A2	A2	A1	A1	A1																					
Additional A&E cover	A2	A2	A2	A2	A2	A2	A2																					
Category C Pilot	A3	A3	A3	A3	A2	A2	A2																					
<b>Cumulative Year to Date Category A Performance - % of calls with response less than 8 minutes</b>																												
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>																
Northern Ireland	69.5	69.5	69.3	69.3	68.8	68.1	67.4																					
EHSSB	78.7	79.5	78.9	79.2	78.6	78.0	77.1																					
NHSSB	59.5	57.9	58.5	58.8	58.5	57.9	57.4																					
SHSSB	58.7	59.5	59.1	60.4	59.8	58.8	58.1																					
WHSSB	67.6	67.8	67.4	65.4	64.3	63.2	62.6																					
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Northern Ireland	69.5	69.5	68.7	69.6	66.6	64.4	63.6																					
EHSSB	78.7	80.2	77.7	80.0	76.4	75.1	72.1																					
NHSSB	59.5	56.5	59.6	59.6	57.3	54.4	54.6																					
SHSSB	58.7	60.2	58.3	64.5	57.9	53.1	53.9																					
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<b>Target OP 02</b>	<i>Fractures: (PSA 3.3) By March 2009, 95% of patients will, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. (increasing to 98% by March 2009). Related Ministerial target: Trusts should ensure that from April 2008 75% patients wait, where clinically appropriate, no longer than 48 hours for inpatient fracture treatment increasing to 95% by March 2009.</i>																											

A1=Achieved; A2=Substantially Achieved;  
A3=On Track for Achievement; A4=Delayed  
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<b>Performance Assessment</b>	<i>Road shows being held with stakeholders to discuss criteria and booking process for PCS Transport. Business case completed for e booking systems. Discussions ongoing ref additional resources. Meeting with Regional Fracture group identified no major problems with NIAS transport any problems were due to short notice requests.</i>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Key elements of plan for delivering target.												
Additional resources	A3	A3	A3	A3	A3	A3	A3					
Review of PCS booking procedures	A3	A3	A3	A3	A3	A3	A3					

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# OPERATIONS DIRECTORATE

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**OPERATIONS DIRECTORATE**

<b><u>Supplementary Standards and Targets</u></b>												
<b>Target OP 03</b>	<i>Ambulance services: For 2008-09, the Northern Ireland Ambulance Service will seek to respond to 95% of Emergency calls within 18 minutes (EHSSB) or 21 minutes (NHSSB:SHSSB:WHSSB)</i>											
<b>Performance Assessment</b>	<i>NIAS continues to focus on Pfa A8 target as a priority.</i>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Cumulative Year to Date Emergency Call Performance - % less than 18/21 minutes												
Northern Ireland	94.04	93.98	93.79	93.79	93.59	93.32	93.26					
EHSSB	95.49	95.3	95.05	95.1	95.02	94.86	94.76					
NHSSB	92.75	92.45	92.01	92.12	91.89	91.52	91.46					
SHSSB	93.16	93.74	93.97	94.14	93.85	93.53	93.45					
WHSSB	92.63	92.91	92.81	92.28	91.85	91.42	91.46					
Monthly Emergency Call Performance - % less than 18/21 minutes												
Northern Ireland	94.04	93.93	93.4	93.8	92.79	91.9	92.94					
EHSSB	95.49	95.11	94.57	95.26	94.69	94.06	94.22					
NHSSB	92.75	92.18	91.12	92.48	90.98	89.42	91.16					
SHSSB	93.16	94.29	94.41	94.66	92.74	91.92	92.99					
WHSSB	92.63	93.14	92.62	90.78	90.14	89.26	91.69					
<b>Target OP 04</b>	<i>Ambulance services: For 2007-08, the Northern Ireland Ambulance Service will seek to respond to 95% of Urgent Calls within 15 minutes of the time specified by the clinician requesting transport.</i>											
<b>Performance Assessment</b>	<i>NIAS continues to focus on Category A calls as a priority, though this target will be closely monitored as we deal with anticipated winter pressures.</i>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Cumulative Year to Date Urgent Call Performance - % within 15 minutes												
Northern Ireland	59.43	59.21	58.08	59.32	59.11	59.61	59.53					
EHSSB	56.35	58.69	56.95	58.87	58.71	59.26	58.56					
NHSSB	62.78	58.89	57.25	58.6	57.98	58.24	58.55					
SHSSB	60.23	59.85	59.93	59.92	60.3	61.11	61.98					
WHSSB	64.45	61.11	62.14	61.79	61.34	61.67	62.04					
Monthly Urgent Call Performance - % within 15 minutes												
Northern Ireland	59.43	58.98	55.69	63.13	58.24	62.1	59.05					
EHSSB	56.35	61.1	53.39	64.83	57.95	62.08	54.62					
NHSSB	62.78	54.88	53.8	63.17	55.48	59.43	60.28					
SHSSB	60.23	59.42	60.1	59.92	61.84	65.32	66.87					
WHSSB	64.45	57.5	64.43	60.75	59.57	63.22	64.24					
<b>Target OP 05</b>	<i>NIAS will seek to secure recurring investment for rolling fleet replacement to replace vehicles within 5 years of purchase.</i>											
<b>Performance Assessment</b>	<i>Fleet Strategy has been approved by Department of Health. Work ongoing secure Business Case Approval to spend.</i>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Accident & Emergency Vehicles - % of fleet less than 5 years old												
Northern Ireland	37.1	32.6	32.6	31.8	31.8	31.8	31.8					
EHSSB	31.0	31.0	31.0	28.6	28.6	28.6	28.6					
NHSSB	41.7	36.1	36.1	36.1	36.1	36.1	36.1					
SHSSB	39.3	28.6	28.6	28.6	28.6	28.6	28.6					
WHSSB	38.5	34.6	34.6	34.6	34.6	34.6	34.6					
Non-Emergency Vehicles - % of fleet less than 5 years old												
Northern Ireland	44.8	44.8	46.7	53.3	53.3	47.6	47.6					
EHSSB	43.8	43.8	46.9	50.0	50.0	50.0	50.0					
NHSSB	60.7	60.7	64.3	75.0	75.0	71.4	71.4					

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SHSSB	38.1	38.1	38.1	47.6	47.6	38.1	38.1						
WHSSB	33.3	33.3	33.3	37.5	37.5	25.0	25.0						
<i>Target OP 06</i>													
<i>NIAS will seek to introduce additional deployment locations during 2008-9.</i>													
<i>Revised list for 08/09 which includes Minister's request for a deployment point in Irvinestown.</i>													
<i>Performance Assessment</i>													
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
Additional Locations													
Carrickfergus	A2	A2	A2	A2	A1	A1	A1						
Comber	A2	A1	A1	A1	A1	A1	A1						
Bangor Centre	A2	A2	A2	A2	A2	A2	A2						
Ballynahinch (Site Changed)	A2	A2	A3	A3	A3	A3	A3						
Irvinestown	A3	A3	A3	A3	A3	A3	A2						
Newry						A3	A3						

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## FINANCE DIRECTORATE

<b>Ministerial Priorities for Action: Principal Standards and Targets</b>												
<b>Target FN 01</b>	<i>Finance: The Department and all HPSS organisations should live within the resources allocated and achieve financial balance.</i>											
<b>Performance Assessment</b>	<i>The financial position at 30 September 2008 Month 4 is a deficit of £182k excluding adjustments for provisions. The deficit is largely due to delays in cash releasing efficiency savings required as part of the Comprehensive Spending Review. The Trust continues to monitor the financial position closely and to liaise with the Department and Commissioners with a view to achieving breakeven at the year end.</i>											
<i>2008/09</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
			<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>
Income			12,449	15,711	19,792	23,858						
Less Expenditure												
Pay			10,358	12,893	16,404	19,850						
Non-Pay			2,332	3,053	3,715	4,457						
Depreciation			792	1,056	1,239	1,487						
Expenditure Total			13,482	17,002	21,358	25,794						
Retained Surplus/(Deficit)			(1,033)	(1,291)	(1,566)	(1,936)						
Add Back												
Forecast Depreciation & Cost of Capital			944	1,234	1,461	1,754						
Breakeven Surplus/(Deficit)			(89)	(57)	(105)	(182)						
<b>Ministerial Priorities for Action: Supplementary Standards and Targets</b>												
<b>Target FN 02</b>	<i>During 2008/09, Boards and Trusts should achieve the efficiency targets specified in the Department's financial allocation letter.</i>											
<b>Performance Assessment</b>	<i>At the time of writing Departmental approval has been given to outline plans to deliver savings of £1.236 million in 2008/9 rising to £2.719M in 2009/10, and increasing again to £4.449M by 2010/11. A full consultation exercise is underway with key stakeholders</i>											
<i>2008/09</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Implement plans to deliver efficiency savings	A4	A4	A4	A4	A4	A4						
<b>Target FN 03</b>	<i>Trusts should co-operate fully with the implementation of the Department's strategy for the identification, use and disposal of surplus assets, with the monthly finance returns to the Department reflecting actual and proposed disposals.</i>											
<b>Performance Assessment</b>	<i>Each month additions and disposals of fixed assets are notified to DHSSPS as part of Health Service monitoring returns. This target is largely focused on the disposal of Health Service estate. NIAS's returns indicate that there are £3,000 of disposals to date this year for 'out of standard' vehicles. As the business case for fleet replacement has now been approved, plans to introduce these new vehicles and dispose of out of standard vehicles later in the year are being developed</i>											
<i>2008/09</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Submit Returns	A1	A1	A1	A1	A1	A1						
Asset Disposals	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>	<i>£k</i>
Proposed Disposals		0	0	3	3	3						
Actual Disposals		0	0	3	3	3						
<b>Other NIAS Standards and Targets</b>												
<b>Target FN 04</b>	<i>NIAS will seek to ensure that invoices are paid promptly within 30 days for 95% of both volume and value.</i>											
<b>Performance Assessment</b>	<i>Following action to address a decline in performance due to staff absence and delays in authorisation, performance against this target has improved. The cumulative position for this prompt payment of invoices target is as follows:</i>											
<i>2008/09 cumulative to:</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Invoices paid within 30 days (%)												
Volume	95.90%	89.10%	86.30%	86.50%	88.50%	88.40%						
Value	98.80%	96.70%	88.00%	94.50%	94.70%	94.70%						

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## FINANCE DIRECTORATE

<i>Target FN 05</i>	<i>NIAS will direct available capital funds to priority areas identified.</i>											
<b>Performance Assessment</b>	<p style="text-align: center;"><i>Conditional approval has been provided on 10th Nov for NIAS's capital expenditure programme. Consequently, the Trust has received a CRL allocation for 2008/09 of £5.344M. This amount includes the general capital allocation of £700K which has been provisionally earmarked against Fleet, Estate and Information Technology. This also includes a further £144K which has been made available for a service development. Priorities for the remaining £4.5M are seen as replacement ambulance vehicles and medical equipment. Cumulative actual capital expenditure by the end of September 2008 (Month 6) is as follows:</i></p>											
<i>2008/09</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
<b>Capital Spend - Priority Areas</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>
Estate			0	0	0	0						
Fleet			0	0	25	25						
Information Technology			0	40	40	40						
Control & Communications			0	0	0	0						
Equipment - Defibrillators			0	0	0	0						
Other			0	0	0	0						
<b>Total</b>			<b>0</b>	<b>40</b>	<b>65</b>	<b>65</b>						
<i>Target FN 06</i>	<i>NIAS will seek to respond to Freedom of Information Requests within the 20 days turnaround time in legislative principles</i>											
<b>Performance Assessment</b>	<p style="text-align: center;"><i>Requests continue to be received from members of the public, staff and journalists. One information request made in September 2008 was withdrawn as the information was available on the Trust's website and the requestor was advised of this. Information releases include Service Level Agreements, road traffic collision data, Risk Register etc. In line with Section 20 of the Act, the Information Commissioner requires the Trust to implement a new Publication Scheme to be effective from 1 January 2009. The Trust continues to work towards this.</i></p>											
<i>Key Actions</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Number of Requests Received	2	2	2	0	2	1	6					
Completed Requests processed within 20 days or less	2	2	1	0	1	0	4					
Completed Requested exceeding 20 days	0	0	1	0	1	0						
Number of Records Fully Disclosed	2	0	0	0	0	0	4					
Vexatious Requests	0	0	0	0	0	0	0					
Number of Records for which records not held	0	0	0	0	0	0	0					
Requests where exemptions wholly/partially applied	0	0	0	0	0	0	0					
Referrals for Independent Review	0	0	0	0	0	0	0					
Appeals to the Information Commissioner	0	0	0	0	0	0	0					

**MEDICAL DIRECTORATE**

<b><u>Ministerial Priorities for Action: Principal Standards and Targets</u></b>												
<b>Target MD 01</b>	<i>The Northern Ireland Ambulance Service should ensure that, by March 2009, paramedic-administered thrombolysis is available throughout NI.</i>											
<b>Performance Assessment</b>	<i>The extension of paramedic-delivered thrombolysis to the whole of N. Ireland on a phased basis, commencing during 2008/9 with extension to 12-lead defibrillator-equipped paramedics in Southern and Northern Divisions before extending into Eastern Division. Phase two will be the extension to all emergency ambulances with paramedics which requires significant capital investment in replacement defibrillators and staff training extending over 2008/9 and 2009/10. Training of RRV Paramedics in the administration of thrombolysis is now complete and all RRVs are equipped with 12-lead telemetry. Revisions to the thrombolysis protocol have been made in keeping with recent research evidence and two new drugs are currently being introduced. Further local training in the new protocols is being arranged at local level. Business case for 12-lead monitor defibrillators submitted and specification finalised and submitted to RSS for invitations to tender. Confirmation of arrangements for transmission of ECGs agreed with the hospitals.</i>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Phased extension of paramedic-led thrombolysis to whole of Northern Ireland	A3	A3	A3	A3	A3	A3	A3					
Monitoring of thrombolysis administration by paramedics within 60 minutes of call for help	A3	A3	A3	A3	A3	A3	A3					
<b>Target MD 02</b>	<i>Healthcare associated infection: To prevent healthcare acquired infection in keeping with DHSSPS strategies through the development of trust specific policies and procedures for the prevention and control of infection and regular monitoring and reporting of infection to Trust Board and ensure compliance with the DHSSPS Infection Control Controls Assurance Standard.</i>											
<b>Performance Assessment</b>	<i>The Infection Control Group continues to meet on a regular basis. Terms of Reference and Key Action Points have been agreed. A range of cleaning and infection control materials has been identified and is being rolled out throughout the Service. A NIAS Infection Control Policy is being developed in accordance with local and national guidelines. Current arrangements for the cleaning of vehicles are currently under review. Arrangements are being developed for a review of current NIAS practice by the Cleaner Hospitals Campaign on behalf of DHSSPS. Reports will continue to be provided to Clinical Governance Committee. No healthcare acquired infections arising within the Trust have been reported within the current year.</i>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Development of Trust Specific Policies & Procedures	A3	A3	A3	A3	A3	A3	A3					
Compliance with targets and controls assurance standard	A3	A3	A3	A3	A3	A3	A3					
Healthcare Acquired Infections reported to Trust (Untoward Incident Reports)	0	0	0	0	0	0	0					
<b><u>Supplementary Standards and Targets</u></b>												
<b>Target MD 03</b>	<i>Trusts should have an action plan in place to address the recommendations from the forthcoming RQIA governance reports.</i>											
<b>Performance Assessment</b>	<i>RQIA inspection undertaken in March 2008. Draft report received last week of August 2008 and considered by Risk Management Committee September 2008. Action plan regarding recommendations currently being developed.</i>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Develop Action Plan	N/A	N/A	N/A	N/A	N/A	A3	A3					
Assessment of progress in plan delivery.	N/A	N/A	N/A	N/A	N/A	A3	A3					

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## MEDICAL DIRECTORATE

<b>Target MD 04</b>	<i>To develop clinical performance indicators to ensure and improve the quality of care delivered to patients, to minimise risk and ensure compliance with accepted best practice as part of Trust governance processes and systems. Develop clinical audit and supervision to assure governance requirements in relation to the quality of care provided.</i>												
<b>Performance Assessment</b>	<i>Clinical performance indicators for the management of chest pain, stroke, asthma and cardiac arrest have been developed, audit of clinical performance in these areas has commenced and initial results will be presented to Clinical Governance Committee. NIAS continues to participate in national audits of myocardial infarction and cardiac arrest. Benchmarking will be undertaken using Healthcare Commission clinical performance indicators for UK Ambulance Services.</i>												
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
Develop Clinical Performance Indicators	A3	A3	A3	A3	A3	A3	A3						
Monitoring and reporting of performance against indicators	A3	A3	A3	A3	A3	A3	A3						
<b>Target MD 05</b>	<i>Introduce revised arrangements for pharmacy provision within NIAS with full implementation of the recommendations of the NIAS Pharmacy Review.</i>												
<b>Performance Assessment</b>	<i>New pharmacy policy and procedures finalised, ratified by Trust Board and approved by DHSSPS inspection unit and Home Office. Relevant legislative requirements now met and infrastructure substantially in place. Move to single pharmacy provider and introduction of new procedures will commence on 24 November 2008 in the Eastern Division with roll out to other Divisions in subsequent weeks. Training of Station Supervisors in new arrangements has commenced. Some manufacturing problems regarding morphine and nitrates notified and should be resolved by January 2009.</i>												
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
Implementation of new pharmacy arrangements	A3	A3	A3	A3	A3	A3	A3						
Licence for possession and supply of controlled drugs	A3	A3	A3	A3	A3	A1	A1						
Introduction of controlled drugs and monitoring of use	A3	A3	A3	A3	A3	A4	A4						
<b>Target MD 06</b>	<i>Further development of community engagement / user focus and involvement / staff engagement.</i>												
<b>Performance Assessment</b>	<i>The Trust is committed to continuing to promote a patient-centred service by improving the quality and effectiveness of user and public involvement as an integral part of its governance arrangements. The Trust is working to implement DHSSPS guidance on Personal and Public Involvement with the Medical Director as the nominated lead. A multi-disciplinary group has been established within the Trust and an action plan developed. Implementation will be reported to the Trust's Clinical Governance Committee.</i>												
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
Develop PPI Strategy	A3	A3	A3	A3	A3	A3	A3						
<b>Target MD 07</b>	<i>To pilot and introduce systems and processes for the alternative management of non life threatening calls (Cat C) with the further development of alternative care pathways to support care in the community and alternatives to hospital attendance by emergency ambulance.</i>												

A1=Achieved; A2=Substantially Achieved;  
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## MEDICAL DIRECTORATE

<b>Performance Assessment</b>	<p><i>The development of alternative care pathways to meet the needs of the patient more appropriately and as an alternative to hospital admissions with the development of referral systems to other healthcare providers at the time of initial contact such as:- Primary care; Community nursing; Mental health services; Crisis response teams etc. Category C pilot with Dalriada Urgent Care completed and evaluation by NHSSB Family Practitioner Unit currently being undertaken. Arrangements for pilot of secondary triage of Category C calls by Doctors in Ambulance Control continue to progress with technology in place and recruitment in progress. Training of Doctors involved in pilot will commence end November 2008 with commencement early December 2008. NIAS continues to engage with Commissioners and other HSC Trusts e.g. WHSSB, Regional GP Out of Hours Project Board to develop alternative pathways for unscheduled care. Treat and Leave protocols currently being developed for a number of conditions. Presentation by NIAS to Institute of Healthcare Management scheduled for end November 2008.</i></p>											
	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Completion and evaluation of GP OOH Cat C pilot	A3	A3	A3	A3	A3	A2	A2					
Implementation of Cat C call triage by clinician in Ambulance Control	A3	A3	A3	A3	A3	A3	A3					

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## HUMAN RESOURCES DIRECTORATE

<b><u>Ministerial Priorities for Action: Principal Standards and Targets</u></b>													
<b>Target HR01</b>	<i>Each Trust should ensure that, during 2008 - 09, levels of absenteeism are reduced by 10% below average 2006 -07 levels, working towards a regional target of 5.2% in 2010 - 11</i>												
<b>Performance Assessment</b>	<i>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.</i>												
<b>Key Actions</b>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
Target Absenteeism %	5.63	5.69	6.04	5.79	7.01	6.71							
NIAS Absenteesim Rate %	7.51	7.01	6.89	6.73	6.58	6.62							
<b><u>Ministerial Priorities for Action: Supplementary Standards and Targets</u></b>													
<b>Target HR02</b>	<i>Each Trust should ensure that by March 2009, the number of admin and clerical staff as a proportion of all Trust staff is reduced to 19.5%</i>												
<b>Performance Assessment</b>	<i>The Trust is currently at a ratio of 5% of admin and clerical to all Trust staff which is extremely low in comparison to other Trusts.</i>												
<b>Key Actions</b>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
PFA Target %	19.5	19.5	19.5	19.5	19.5	19.5	19.5						
NIAS Actual %	5.0	5.0	3.41	3.41	3.41	3.88	3.98						
<b>Target HR03</b>	<i>Each Trust should ensure that during 2008 - 09, staff turnover (excluding admin and clerical staff ) is reduced by 5% compared to the position in 2007 -2008.</i>												
<b>Performance Assessment</b>	<i>Staff turnover continues to be extremely low for NIAS</i>												
<b>Key Actions</b>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
Staff turnover Target = 2.85%													
Staff turnover Actual	0.71	1.06	0.44	0	0	0.44	0.17						
<b>Target HR04</b>	<i>All HSS Organisations (Trusts) should ensure that they have in place a plan for full implementation by January 2009 of the new HSC Complaints Procedure</i>												
<b>Performance Assessment</b>	<i>The Trust is working towards the implementation of the new HSC Complaints Procedure and currently revising policy, procedural documentation, leaflets, training aspects to deliver same. The appointment of a new Complaints and Admin Manager will assist in facilitating this. A regional bid has also been made for Project Management support to assist with the implementation of the new procedure and which is currently being assessed.</i>												
<b><u>Other NIAS Standards and Targets</u></b>													
<b>Target HR05</b>	<i>NIAS will seek to deliver the Training identified within the Training Plan for 2008-09</i>												
<b>Performance Assessment</b>	<i>Training continues to be provided in line with the Training Plan.</i>												
<b>Key Actions</b>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	
Key Areas													
<b>Core Training</b>	A3	A3	A3	A3	A3	A3	A3	A3	A3				
Paramedic In Training Stage 1	A3	A3	A3	A3	A3	A3	A3	A3	A3				
Paramedic in Training Stage 2	A3	A3	A3	A3	A3	A3	A3	A3	A3				
Ambulance Care Attendant (ACA)	A3	A3	A3	A3	A3	A1	A1	A1					
<b>Mandatory Refresher Training</b>	A3	A3	A3	A3	A3	A3	A3	A3					
Paramedic CPD	A3	A3	A3	A3	A3	A3	A3	A3					
EMT CPD	A3	A3	A3	A3	A3	A3	A3	A3					
Paramedic in Training Places	A3	A3	A3	A3	A3	A3	A3	A3					
PCS	A3	A3	A3	A3	A3	A3	A3	A3					
<b>Professional Development</b>													
Pre-Hospital Thrombolysis	A3	A3	A2	A2	A2	A2	A2	A2					
12 Lead ECG/Defib	A3	A3	A3	A3	A3	A4	A4	A4					
PEPP	A4	A4	A4	A4	A4	A4	A4	A4					
Care and Responsibility	A3	A3	A3	A3	A3	A3	A3	A3					
IHCD Ambulance Driving Instructor Training	A3	A3	A3	A3	A3	A4	A4	A4					
First Aid - Control Staff	A3	A3	A3	A3	A3	A1	A1	A1					

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## HUMAN RESOURCES DIRECTORATE

<i>Target HR06</i>	<i>NIAS will seek to respond promptly and effectively to Complaints &amp; Compliments and apply learning from each to improve performance.</i>											
<i>Performance Assessment</i>	<i>Complaints continue to be managed in line with the Trust's Complaints Policy.</i>											
<i>Key Actions</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>
Complaints Received - Nature of Complaint	<b>9</b>	<b>7</b>	<b>3</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>8</b>					
Late/No Arrival	8	6	1	5	5	3	1					
Confidentiality	0	0	0	0	0	0	0					
Patient Property	0	0	0	0	0	0	0					
Staff Attitude	1	1	2	3	1	2	6					
Suitability of Equipment	0	0	0	0	0	0	0					
Suitability of Vehicle	0	0	0	0	0	0	0					
Quality of Treatment	0	0	0	1	0	2	0					
Other	9	0	0	0	0	0	1					
Complaints Received - Key Area Indicated	<b>9</b>	<b>7</b>	<b>3</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>8</b>					
Accident & Emergency (plus RRV)	1	1	2	4	2	4	5					
Patient Care Service	0	1	0	0	1	0	1					
Control & Communications	8	5	1	5	4	2	2					
Voluntary Car Service	0	0	0	0	0	0	0					
Complaints Response Performance												
Complaints acknowledged within 2 days	7	2	3	9	7	4	8					
Complaints response within 20 days	5	5	3	5	4	5	8					
Done in 21 to 30 days	4	2	0	1	2	2	0					
Done in >31 days	0	0	0	4	1	0	0					
Complaints Referred												
Complaints with Independent Review	0	0	0	0	0	0	1					
Complaints with Ombudsman	0	0	0	0	0	0	0					
Compliments Received - Key Area Indicated												
Accident & Emergency	6	1	7	5	4	1	5					
Patient Care Service	0	0	0	0	1	0	1					
Control & Communications	0	0	1	2	1	0	0					
Voluntary Car Service	0	0	0	0	0	0	0					

A1=Achieved; A2=Substantially Achieved;  
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