



***A Meeting of Trust Board to be held at 9.30am
Thursday, 5 December 2019, Belfast Harbour Commissioners Office,
Corporation Square, Belfast, BT1 3AL***

1.0 Welcome, Introductions and Apologies

*[Click on links to
navigate:](#)*

**2.0 Minutes of the previous meeting of the Trust Board
held on 3 October 2019 (*for approval and signature*)**

TB05/12/2019/01

3.0 Matters Arising

4.0 Chair's Update

5.0 Chief Executive's Update

6.0 CRM Update – Mr B McNeill

PRESENTATION

7.0 ORH Demand & Capacity Refresh – Mr B McNeill

TB05/12/2019/02

**8.0 Fire Safety Policy / Procedure – Mr B McNeill
(for approval)**

TB05/12/2019/03

**9.0 Standing Financial Instructions – Mr P Nicholson
(for approval)**

TB05/12/2019/04

10.0 Directors Performance Reports

10.1 Operations

TB05/12/2019/05

10.2 Medical

TB05/12/2019/06

10.3 Human Resource

TB05/12/2019/07

10.4 Finance

TB05/12/2019/08

11.0 Any Other Business

11.1 Meeting dates 2020

12.0 Date & venue of next meeting TBC

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

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

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

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

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

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



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Thursday 5 December 2019, 9.30am, at Belfast Harbour Commissioners
Office, Corporation Square, Belfast***

TB/05/12/2019/01



Minutes of Trust Board

**Thursday 3 October 2019 at 10.00 Boardroom, NIAS Headquarters, Site 30
Knockbracken Healthcare Park, Belfast, BT8 8SG**

Present:

Mrs N Lappin
Mr T Haslett
Mr A Cardwell
Mr J Dennison
Mr W Abraham
Mr D Ashford
Mr M Bloomfield
Mr R Sowney
Mrs R O'Hara
Mr P Nicholson
Dr N Ruddell

Chair
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Chief Executive
Interim Director of Operations
Director of HR & Corporate Services
Interim Director of Finance
Medical Director

In Attendance:

Mr Stephen McCarthy
Mrs G McLeish
Ms S Sellars
Mr B McNeill
Ms V Cochrane

Interim Complaints & Administrative Manager
Interim Operations PA
Board Apprentice
CRM Director
Assistant Director of HR

1.1 Welcome and Introductions

The Chair welcomed Ms S Sellars to her first Trust Board Meeting as Board Apprentice.
There were no apologies noted.

1.2 Procedure

Mr A Cardwell requested clarification around the difference between pecuniary and non-pecuniary interests. The Chair advised that there was no difference for the purposes of this meeting. No conflicts of interest were declared. The Board was confirmed as quorate.

2.0 Minutes of the previous meeting of Trust Board held on 1 August 2019.

Mr W Abraham highlighted that Good Attendance was deferred from the last meeting and asked if it was to be considered at this meeting. The Chief Executive advised that he had discussed this with the Chair and agreed progress on this should be monitored by the Assurance Committee. Mr W Abraham requested that updates should be provided to the Trust Board. The

Chair advised that the Board and Assurance Committee would continue to pay close attention to this important issue.

The minutes of the Board meeting held on 1 August 2019 were approved on the proposal of Mr J Dennison and seconded by Mr A Cardwell.

3.0 Matters Arising

Mr A Cardwell referred to item 18 on page 7 of the minutes and asked if the number of assaults on staff were reducing. Mr M Bloomfield advised that regrettably the number of assaults are increasing, and undertook to circulate the actual numbers.

4.0 Chair's Business

The Chair outlined her activities and meetings attended since the last Trust Board meeting as follows:

- Staff Engagement Sessions – The Chair thanked all Trust Board Members for attending staff engagement sessions and noted that the sessions had been incredibly useful.
- Mr A Cardwell asked about the breakdown of the 288 staff who attended these sessions, in particular front-line staff. Mr M Bloomfield advised that there was appropriate representation of staff from all locations and roles.
- Ms S Sellars advised that she had attended the session at the Farsett Centre, and that staff had asked her to convey to Trust Board that they appreciated the sessions and that they felt they were genuinely listened to.
- Mr J Dennison asked when the outcomes are to be shared with staff. Mr M Bloomfield advised that this would happen after the report is considered by Trust Board.
- The Chair attended the year-end Accountability Meeting, along with the Chief Executive with the Deputy Permanent Secretary of the Department of Health.
- The Chair met with David Simpson MP regarding cover at weekends as well as other elected representatives. They were all encouraging, understanding and keen to assist.
- The Chair attended Cyber Security Training for Executive and Non-Executive Directors. She suggested that this was beneficial for Trust Board members and advised the last session was on 16 October.
- The Chair thanked Non- Executives for attending IPC Training.
- The Chair attended the NIAS Women's Forum along with Ms R O'Hara. One idea which came out of this was the development of a Cancer Pack which supports all staff with a cancer diagnosis.
- Mr A Cardwell requested information around the social media skills mentioned on the flyer. Ms R O'Hara advised that there was a short session on how to use social media within Corporate Guidelines.
- The Chair advised that the Board Secretary post has been advertised,

and was closing on 10 October.

5.0 Chief Executive's Business

Mr M Bloomfield outlined his activities and meetings attended since the last Trust Board meeting as follows:

- A total of 13 staff engagement sessions had taken place during July and August. These had been very useful with an excellent level of engagement and participation by staff. Sessions ranged from 4-5 people up to 50 with a range of issues being identified at each meeting. Mr Bloomfield thanked Board Members and Directors for their support in attending the sessions.
- Mr Bloomfield along with Mr Sowney attended a further Staff Engagement Session with 20 Patient Care Service staff from Northern Division at their request.
- A number of other meetings have also taken place in relation to the development of the Strategic Plan, including with service users, the South Eastern HSC Trust and the Health and Social Care Board. Meetings have also been offered to other HSC Trusts.
- Mr Bloomfield referred to the operational pressures during the summer and in particular the weekend of 9-11 August which resulted in considerable media coverage. He outlined the range of measures the Trust had taken to improve the position, including undertaking operational roles, additional HALO cover, correspondence to other Trusts to improve patient turnaround times, and support from the National Ambulance Service. It was noted that the demand had reduced considerably over that weekend, possibly due to the level of media attention.

Mr Bloomfield also advised that following the media coverage in August, the Chief Medical Officer had arranged visits to a number of stations to support staff at what was a challenging time, and to thank them for the excellent work they do. This has been appreciated by staff.

Following the media coverage there has also been requests for meetings from most of the political parties to understand the reasons for recent pressures and the actions being taken. Mr Bloomfield and Mr Sowney have met with these elected representatives and more meetings are arranged.

- An Infection Prevention and Control (IPC) special measures meeting with the Department had taken place immediately after the year-end Accountability Review meeting. Dr Ruddell and Ms L Charlton had also attended this meeting. The Department had indicated that they were content with the progress being made with IPC, but that the special measure would remain in place until the remaining improvement notice is lifted. Mr Bloomfield also advised that he had met with RQIA along with Dr N Ruddell, Ms Charlton and a number of

other staff following the inspections undertaken by RQIA at the end of July. The RQIA had identified a small number of issues in relation to standards, but the main issue to be addressed was the progress required on implementation of the IPC training strategy, which was approved by Trust Board on 1 August.

- National 999 Day – 9 September 2019. This was marked by an event at HEMS where the 999th HEMS mission was celebrated.

6.0 Draft Trust Delivery Plan 2019/20

Mr P Nicholson referred to the above plan and thanked Ms S Williamson for her role in co-ordinating it.

Mr P Nicholson highlighted the various sections of the plan, including the following key financial information:

- At the time of submission, RRL of £85.1m which includes a number of assumptions, for example in relation to the pay award and increased superannuation costs. These assumptions continue to be refined as the year progresses.
- A requirement to deliver £1.6m of savings. Plans are in place to deliver this amount in year, however these are all non-recurrent in nature and are not sustainable in the longer term, for example levels of vacancies.
- Capital investment of £8m all subject to business case, procurement and implementation.

Mr W Abraham commended the report and the work that had gone into producing it. He asked if the financial assumptions are listed separately. Mr Nicholson directed him to the table on page 71 which lists the key income assumptions for the year.

Mr T Haslett asked about the two standards assessed as not achievable on pages 40 and 41. With regard to ambulance turnaround times, it was noted that this has been a challenge for some time and is largely out with the control of NIAS to resolve. Mr Sowney described work that is ongoing within NIAS to try to improve the position, including a review of the role of HALOs, and the early identification of issues requiring escalation through daily huddle. It was agreed this issue needs continued focus to identify ways to reduce handover times, and the Board will seek further updates on the matter.

Mr W Abraham questioned if there was a mechanism to penalise other Trusts with regard to lengthy turnaround times. Mr M Bloomfield advised that this was not possible. The Chair indicated she would be willing to hold a workshop to explore the issues further, however the general view was the issues are well understood, and it was now necessary to escalate the matter with relevant Trusts. The Chair indicated she would discuss this further with the Chief Executive, and raise it as appropriate with other Trust Chairs.

Mr Ashford queried if it was possible to spend the capital allocation of £8 million by the end of March 2020. Mr Nicholson advised that plans and business cases were either in place or under development.

Mr D Ashford also queried the amount of Winter Resilience funding. Mr Nicholson advised that since this report had been issued, the Trust had been advised of a further allocation to support Winter Resilience plans.

The Trust Delivery Plan was approved on the proposal of Mr T Haslett and seconded by Mr D Ashford.

7.0 Update on Proposed New Clinical Response Model

The Chair welcomed Mr B McNeill, CRM Programme Director to the Board meeting. Mr B McNeill provided an update with regard to CRM including the rescheduled date for 'Go Live' of 12 November 2019.

Mr Ashford questioned if this was long enough to resolve the issues that had prevented 'Go Live' on 1 October. Mr McNeill advised that this was considered an appropriate period to resolve the outstanding issues.

The Chair asked about the likelihood of similar problems re-occurring. Mr McNeill advised that the system will be fully tested and assessed up to 12 November. He also advised of the presence of an independent expert working with the team today (Thursday 3 October) to assess system readiness.

The Chair asked about communication to staff with regard to the new 'Go Live' date. Mr McNeill advised that this will be done via a leaflet being emailed to all staff and key stakeholders including GPs and MLAs. He also advised that the media will be contacted in advance of 'Go Live' and offered a briefing.

Mr McNeill advised that some operational staff had expressed a lack of understanding of the changes before the original 'Go Live' date. Briefings are therefore being arranged for staff across all locations in the weeks leading up to 'Go Live' and the project team will remain in place until then.

There were no further questions and a commitment was given to email all members in the event of any issues in advance of 'Go Live' on 12 November.

The Chair thanked Mr McNeill for his update and wished him and the team well for the planned 'Go Live'.

8.0 Property Asset Management Plan

Mr McNeill tabled the above plan for approval.

Mr Abraham questioned if there have been any changes to the ranking on page 79. Mr B McNeill advised that there was not.

Mr Abraham also questioned if the fire risk issues have been cleared. Mr McNeill advised that they had.

Mr Abraham requested that when a plan has previously been presented in draft, could a marked up version be tabled to help Board Members identify the changes. It was noted that all reports should have a cover page which should highlight any changes.

The Chair requested that the number of ambulance stations specified in reports should be consistent, as the Trust Delivery Plan approved earlier stated a different number.

The Property Asset Management Plan was approved on the proposal of Mr J Dennison and seconded by Mr Abraham.

The Chair thanked Mr McNeill for attending the Board meeting, and he left the meeting.

9.0 Assistance to Study Policy

Ms R O'Hara tabled the Assistance to Study Policy for approval.

Mr Abraham requested a definition of 'Professional Development'. Ms R O'Hara explained that there are two types, one which is mandatory i.e. Continuing Professional Development (CPD) and one is non-mandatory, with the latter enhancing staff's knowledge which in turn benefits NIAS and the service provided to patients.

It was noted that the wording on page 103, 3rd paragraph in relation to the cost of a course having to be repaid in the event that it is not completed will be changed from 'will' to 'may'. This is to be assessed on an individual basis.

Mr Bloomfield said that the need to provide assistance to staff for undertaking study was raised regularly during the staff engagement sessions, and he commended the policy to the Board.

The Assistance to Study Policy was approved on the proposal of Mr T Haslett and seconded by Mr R Sowney.

10.0 External Recruitment Update

The Chair welcomed Ms V Cochrane to the Board meeting and invited her to

provide an up-date on this issue.

Ms V Cochrane advised of the main delays when recruiting qualified staff from other UK Ambulance Services or directly from Universities. Including:

- The timescales involved in the Shared Service recruitment process;
- Meeting applicants' preference of a station;
- Pre-employment check, which can only be started on receipt of a signed conditional letter of offer.

Ms Cochrane advised that there has been widespread advertising on-line of career opportunities with NIAS, and Laura Coulter, Western Division, Area Manager, has visited University Information days to engage with students at an earlier stage.

Ms O'Hara advised that the current disparity between banding of Paramedics in NI and the rest of the UK also presented challenges to recruitment.

Mr Haslett queried the difference between 'Bank' posts and other posts. Ms Cochrane advised that 'Bank' posts had no guaranteed hours to be worked.

The Chair advised that consideration needs to be given to monitor this process going forward including which Committee should lead on monitoring progress.

The Chair thanked Ms Cochrane for her update and she left the meeting.

11.0 Equality Staff Return

Ms R O'Hara advised that this return was for noting by the Board as it had already been submitted to the Equality Commission. Mr A Cardwell stated that this was an important document which he believed should be approved by the Board prior to being issued to the Commission. Ms O'Hara advised that the guidance did not require Board approval. The Chair advised that it was best practice for it to be approved by Board before it was issued. Mr Bloomfield requested that this be changed for next year, with Board approval being sought prior to submission to the Equality Commission.

Clarification was sought regarding the detail on page 147 about NIAS' involvement in Pride. It was explained that NIAS staff participate as part of the HSC LGBT Forum, and that the Community Education and Community Resuscitation Team are in attendance at the Pride Village as they do at a range of community events.

Mr Dennison requested that Ms O'Hara advise Trust Board on any feedback from the Equality Commission. The Chair asked Ms O'Hara to establish if the report needs to have Board approval, in which case the Equality Staff Return was approved on the proposal of Mr W Abraham and seconded by Mr D Ashford.

12.0 Engagement Session Feedback

Mr Bloomfield presented the report following 13 staff engagement sessions held over the summer, and thanked John McPoland for producing this. Mr Bloomfield summarised the main themes to emerge from the staff engagement sessions. These were under the two broad areas of current work challenges facing the service and by staff; and how NIAS should develop over the next 5-10 years to best meet patients' needs as part of the wider HSC Transformation Programme. Mr Bloomfield highlighted the excellent contribution from staff during the engagement sessions, and advised that a number of useful suggestions had been made to address current challenges. There was also widespread support for the proposed longer-term strategic direction.

Mr Bloomfield advised of the importance of progressing some of the short-term actions as soon as possible to build confidence among staff that their views were listened to and being acted on. He highlighted a number of the actions to be progressed in the short term, including:

- Additional training for PCS staff to take patient observations;
- Completing the training for EMTs on additional drugs;
- PCS vehicles – reviewing the specification of vehicles including the current single seats.

Mr Haslett referred to the Ballymena Staff Engagement at which a member of staff had asked about incentives to work overtime on hard to fill shifts. Mr Bloomfield advised that this had been looked at and is not possible as it is outside the 'Agenda for Change' terms and conditions.

Mr Bloomfield advised the input from the staff engagement sessions will be reflected in the final long-term strategic direction to be presented to Trust Board in December. The Chair thanked Mr J McPoland for a comprehensive report.

13.0 EU Exit Update

Dr Ruddell up-dated Trust Board with regard to plans for EU Exit. The work undertaken earlier in the year continues to be refined and developed in light of ongoing planning assumptions. Dr N Ruddell advised that media concerns around the availability of drugs does not affect drugs or equipment used by NIAS.

14.0 Performance Reports as at March 2019

14.1 Operations

Mr Sowney highlighted the ongoing issues impacting on response times.

Mr Sowney advised of the ongoing staff engagement he is undertaking to help build staff morale and on management development. He also advised of a bespoke Leadership Development Programme which has recently commenced for 30 Station Officers, Supervisors and Control Managers. He also aims to go out on at least two shifts each month with operational staff. This has proved beneficial in understanding the issues impacting on performance and has allowed him to interact with 300-400 staff.

Mr R Sowney also advised that whilst visiting an MLA in South Down, both he and Mr M Bloomfield took the opportunity to visit Stations in Kilkeel, Newcastle and Newry. This provided a further useful opportunity to meet with staff. The Chair advised that she had recently gone on a 'ride-along' with staff and agreed this provides a useful opportunity to engage in informal discussions with staff. Mr W Abraham advised that he recently had need to call an ambulance and praised the crew, Mr Ian Baxter and Mr Roger Wotherspoon who, he said, were very professional. He was very impressed by how thorough they were and also how proud they were of their job. Mr R Sowney advised that he would pass on Mr W Abraham's appreciation.

14.2 Medical

Dr Ruddell advised that the HEMS Helipad was not yet operational due to work on fire safety still ongoing. The contractor was due on site last month, but the equipment had not arrived. It is now due to be completed on 7 October with CAA sign-off by 17 October.

14.3 Human Resources

Ms O'Hara advised of additional staff recently appointed to the HR Directorate to support the Good Attendance Programme. She provided an update on the main areas of work being taken forward to improve attendance, including a review of the Good Attendance Policy and Occupational Health arrangements. Ms O'Hara advised that the HR and Operations Directorates are now meeting weekly to review staff absence and a range of other issues.

Ms O'Hara also provided an update on Peer Support Programme, and advised that two members of staff have taken on the peer support role on a full-time basis from August for six months to help provide effective and timely support to staff.

14.4 Finance

Mr Nicholson advised of a forecast 'break-even' position as at August 2019. He directed the Board to page 248 with regard to the ICT risk around the telephony issue, and advised that a business case is being developed to

replace the system.

Information – the demand under FOI is increasing and thus the demand on the Information Team who have limited resources and physical space.

Mr Haslett noted the increase in Solicitor requests.

15.0 Application of Trust Seal

Mr Nicholson advised that there have not been any applications.

16.0 Any Other Business

- The Chair advised re HFMA Training next Wednesday. The Department had asked her to encourage Executive and Non-Executive Directors to attend.
- Mr Bloomfield advised that the Annual Board Self-Assessment Tool is currently being completed and will be issued to Board Members for comment before being finalised.

Date of Next Meeting

The meeting of the next Trust Board will be held on Thursday 5 December 2019, location to be confirmed.

Signed: _____
(Chair Person)

Dated: _____

TB/05/12/2019/02

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING 5 DECEMBER 2019



PRESENTATION OF PAPER

Title:	ORH Report. Updating the Demand and capacity Review Modelling. December 2019.
Purpose:	<p>This is an Executive Summary of the ORH Report updating the Demand and Capacity Review completed in 2017.</p> <p>The objective of the report is to determine the capacity required to deliver ambulance response time targets for the introduction of the Clinical Response Model. The report and recommendations contained within will be used to support the business case for additional resources required by NIAS to fully implement the new Clinical Response model.</p> <p>The Board are being provided with an executive summary of the full Report. The Board will receive a presentation from ORH at the 5th December Board meeting; a full copy of the Report will be provided to the Board at that time.</p>
Content:	<p>This Executive Summary highlights the WTE required by staff grade for both Frontline Operations and Emergency Ambulance Control to achieve the standards and indicators proposed in the NIAS consultation for the introduction of the Clinical Response Model, completed in January 2019.</p>
Recommendation:	For approval by Trust Board
Previous Forum:	NIAS Demand and Capacity Steering Group.
Date of SEMT Approval:	N/A



Emergency Service Planning
Emergency Medical Services

Northern Ireland Ambulance Service

**Updating the Demand and Capacity
Review Modelling**

Draft Report

ORH/NIA/6
12 November 2019

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EXECUTIVE SUMMARY

- i. This is the Draft Report for an updated Demand and Capacity Review (DCR) carried out by Operational Research in Health (ORH) for the Northern Ireland Ambulance Service (NIAS). The objective of this review is to determine the underlying capacity required to deliver ambulance response time targets under the new Clinical Response Model (CRM) in 2022/23. This study considers both on-the-road operations and the Emergency Ambulance Centre (EAC).
- ii. In 2017 ORH undertook a similar review for NIAS, identifying the resources needed to meet performance standards in 2021/22 if NIAS were to implement the CRM. This review updates the analysis and simulation modelling, incorporating recent service data and changes to the CRM guidance and protocols since the last review.
- iii. The broad approach used in this review was to use NIAS data to set up simulation models of NIAS operations and the EAC. Once these models were set up to accurately reflect current operations, they were used to test options for change, understand the impacts of changing demand profiles, and identify the resource levels required to deliver different standards of service.
- iv. Analysis of operational abstraction rates showed that the current abstraction rate is 30.5%, which requires a relief rate of 44.0% to cover. NIAS has a high sickness rate, with 13.6% of rostered hours lost to sickness. In the last review it was assumed that NIAS would target reducing sickness so that a relief rate of 36.8% was sufficient to cover abstractions. The same relief rate has been used in operational calculations in this review; to ensure that this relief rate is sufficient, NIAS will need to reduce sickness down to at least 10%.
- v. In the EAC the abstraction rate is 32.3%, requiring a relief rate of 47.7%. The sickness abstraction rate is 13.2%. In agreement with the Steering Group, an efficient relief rate of 37.2% was used in EAC staffing calculations. This assumed a reduced sickness rate of 8%, an allowance of 37.5 hours training per year, and the removal of RPCCA secondments.
- vi. Demand forecasts were created by combining historic demand rates per head of population with population projections taken from the Northern Ireland Statistics Research Agency. Demand is projected to increase by 2.8% per year to 2022/23, although this varies by Local Government District (LGD).
- vii. ORH's EMS simulation model, AmbSim, was successfully set up based on data from November 2018 to March 2019, and was shown to accurately replicate NIAS operations.
- viii. A base 2018/19 CRM model was created which:
 - Incorporated a full-years' worth of demand.
 - Changed the resources in the model from those that went out over the November 2018 to March 2019 period to the current deployments that NIAS

Figure I: Deployments Required to Meet Targets in 2022/23

Table 1: Vehicle Hours per Week

	EA	PCS	RRV	Total
Current Planned Deployments	9,178	716	2,625	12,519
Meeting Targets in 22/23	13,670	764	2,475	16,909
<i>Change</i>	<i>4,493</i>	<i>48</i>	<i>-150</i>	<i>4,390</i>

Table 2: Staff Hours per Week by Grade

	Para	EMT	ACA	Total
Current Planned Deployments	11,803	9,178	1,433	22,413
Meeting Targets in 22/23	16,145	13,670	1,528	31,343
<i>Change</i>	<i>4,343</i>	<i>4,493</i>	<i>96</i>	<i>8,931</i>

Based On the following deployment assumptions:

EA = 1 Paramedic and 1 EMT

FRV = 1 Paramedic

PCS = 2 ACAs

Table 3: FTE Requirements by Staff Grade (Assuming 36.8% Relief)

Para	EMT	ACA	Total
158.4	163.9	3.5	325.8

plans to deploy. (This included removing the voluntary ambulance service (VAS) from the deployment, so that the resources NIAS needs to meet the demand presented to it could be identified.)

- Converted the operational regime within the simulation to the CRM.
- ix. First, a baseline 'do nothing' trajectory was created, modelling performance outturns against the CRM standards each year to 2021/22. In this trajectory, the Category 1 mean respond time lengthened from 12m38s in 2018/19 to 15m14s in 2022/23 as a result of increasing demand.
- x. The following efficiencies were agreed with the Steering Group to be incorporated into the future modelling, creating a new 'efficient' trajectory:
- Increasing the pre-triage sieve capture rate (the early identification of Category 1 calls) to 60%.
 - Cap the length of time vehicles spend at hospital to 30 minutes.
 - Achieving a 6% Hear and Treat rate.
 - Achieving 97% Unit Hour Production (UHP) against the planned deployments.
- xi. The combined impact of these efficiencies was a reduction in the 2022/23 projected Category 1 mean response time of 5m10s, to 10m03s. The 90th percentile Category 1 response time reduced by 9m30s, to 21 minutes. Reductions in the Category 2, 3 and 4 response times meant that all targets in these categories were met.
- xii. Improving UHP is essential if NIAS are going to meet the CRM targets. In the period December 2017 to March 2019, ambulance UHP was 90% and RRV UHP was 67%. If the UHP efficiency is not met (but all the other efficiencies are), the mean response time for Category 1 calls would increase by two minutes, and the 90th percentile would increase by 3.5 minutes. The Category 2 mean response target would also be missed.
- xiii. The vehicle hours that need to be deployed in 2022/23 to meet CRM were identified through simulation modelling, building up the deployments from scratch to identify the optimum deployment.
- xiv. The Category 1 90th percentile target is very challenging to meet in Northern Ireland. Meeting this target results in other standards being well within the target response times.
- xv. To meet all CRM standards in 2022/23, a total of 13,670 ambulance hours need to be deployed per week (an increase of 4,492 from the current plan). An additional 48 PCS hours a week and 153 fewer RRV hours are required (see table 1 of Figure I).

Figure II: EAC Requirement Summary in 2022/23

	EMD	ECO	CSD	Total
Weekly Staff Hours	1,820	840	464	3,124
Staff (FTE) with 37.2% Relief	62.7	28.8	15.9	107.4
Funded Establishment 2019	60	29	10	99.0
Additional to Funded	2.7	-0.2	5.9	8.4

Note: EMD requirement includes Dispatch Assistants.

- xvi. Table 2 of Figure **I** converts the change in vehicle hours per week to staff hours per week by staff grade. The additional staff hours per week are then converted to FTEs by dividing by 37.5 (hours per week) and multiplying by 1.368 (for a relief rate of 36.8%) in Table 3 of Figure **I**.
- xvii. In total, an additional 158 paramedics, 164 EMTs and 4 ACAs are required (326 FTE in total) to meet CRM targets in 2022/23.
- xviii. ORH modelled the staff requirement of Call Handling, Dispatch and Clinical Support Desk (CSD) functions to support the operational trajectory.
- xix. Several efficiencies were agreed for inclusion, including the removal of RPCCAs and the establishment of a new Dispatch Assistant role, taken from the pool of EMDs, to answer crew calls and assist ECOs when required.
- xx. To meet call answer standards in 2022/23, 62.7 EMDs are required. The requirement remains the same in each year due to the efficiencies made negating the demand growth each year. The current funded establishment is 60 FTE.
- xxi. A new dispatch model is proposed, with EAs, RRVs and PCS vehicles integrated on ECO desks. To manage the vehicle requirement and projected workload in 2022/23, five desks are required in the day and evening periods, and three at night. To staff this configuration would require 28.8 ECOs.
- xxii. To achieve the aspired 6% Hear and Treat rate in 2022/23, 15.9 CSD staff are required in 2022/23, providing 24/7 cover. The current funded establishment is 10 FTE.
- xxiii. Across the three EAC positions, an increase of 8.4 FTE is required by 2022/23 (see Figure **II**).

TB/05/12/2019/03

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING 5 DECEMBER 2019



PRESENTATION OF PAPER

Title:	Fire Safety Policy & Fire Safety Procedures
Purpose:	The purpose of this paper is to outline the Trust's Policy and Procedures for the management of risk from fire, fire safety roles and responsibilities, and arrangements for fire safety. They aim to raise fire safety standards across the organisation by ensuring that all managers make suitable arrangements for the management of fire risk, and that all employees take appropriate responsibility for fire safety. They aim to provide an effective fire prevention strategy to ensure the management of fire safety so that fires are unlikely to occur, but if they do occur, they are likely to be controlled or contained quickly, effectively and safely and that everyone in the premises is able to escape to a place of safety easily and quickly. The Policy and Procedures are supported by a number of Standard Operating Procedures (SOPs).
Content:	<p>The existing Policy and Procedures have been reviewed by the Risk Manager, consulted on via the Fire Compliance Group and the Health and Safety Committee. Feedback from the consultation has been reflected in the resultant documentation. Main changes are as follows:</p> <ul style="list-style-type: none">• New Fire Log Book.• Issuing of 'grab bag'.• Increased statutory inspections / tests in line with legislation.• Increased frequency of fire drills.• Addition of controls for personal electronic devices.• Requirement for local managers to notify HQ of any interactions with NIFRS.• Use of DATIX for recording of all fire related incidents.
Recommendation:	For approval by Trust Board
Previous Forum:	Health & Safety Committee & Fire Compliance Group
Date of SEMT Approval:	12 th November 2019
Prepared and Presented by:	Katrina Keating / Brian McNeil



Title:	Fire Safety Policy		
Author(s):	Katrina Keating, Risk Manager. Bryan Snoddy, AD Operations (Performance).		
Ownership:	Brian McNeill, CRM Programme Director		
Date of SMT Approval:	12.11.19	Date of Trust Board Approval:	05.12.19
Operational Date:	05.12.19	Review Date:	05.12.22
Version No:	4.0	Supersedes:	3.0
Key Words:	Fire, Risk Management, Health and Safety, accountability, emergency evacuation, drills, fire precautions, fire safety manual / log book		
Other Relevant Policies / Procedures:	Health and Safety Policy and Procedures, Risk Assessment Procedure, Corporate Risk Management Policy and Strategy, Assurance Strategy, Board Assurance Framework (BAF), Incident Reporting Procedure, Fire Safety Manual / Log Book		

Version Control:			
Date:	Version:	Author:	Comments:
October 2019	4	Risk Manager	Complete review
May 2016	3	AD Ops (Fleet & Estate)	New

1.0 INTRODUCTION:

1.1 Background:

This document has been developed to ensure that the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) provides a safe environment for staff, service users and any other persons who may be affected by Trust activities. It will ensure that NIAS complies with best practice / guidance and its statutory responsibilities as imposed by the Management of Health and Safety at Work (NI) Regulations 2000 and the Fire Safety Regulations (NI) 2010.

1.2 Purpose / Aim:

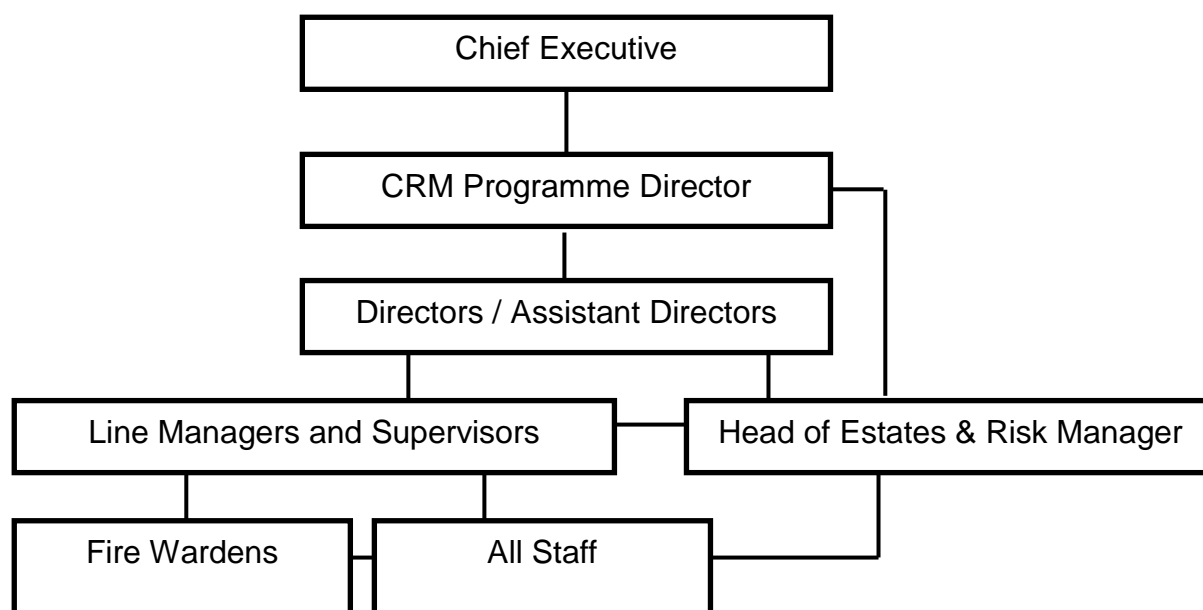
The purpose of this document is to outline the Trusts policy and commitment to the management of risk from fire, fire safety roles and responsibilities, and arrangements for fire safety. It aims to raise fire safety standards across the organisation by ensuring that all managers make suitable arrangements for the management of fire risk, and that all employees engage in, and be responsible for fire safety. It aims to provide an effective fire prevention strategy to ensure the management of fire safety so that fires are unlikely to occur, but if they do occur, they are likely to be controlled or contained quickly, effectively and safely and that everyone in the premises is able to escape to a place of safety easily and quickly. This Policy is supported by the Fire Safety Procedure and a number of Standard Operating Procedures (SOPs).

2.0 SCOPE:

This policy applies to all property and vehicles owned, occupied or managed by NIAS. This policy applies to all those working within, providing services to, or acting on behalf of the Northern Ireland Ambulance Service Health and Social Care Trust. There are no exceptions.

3.0 ROLES AND RESPONSIBILITIES:

Overall accountability for fire safety rests with the Chief Executive. Responsibility for fire safety has been delegated to the CRM Programme Director with support from the Risk Manager and Head of Estates. All line managers and staff have fire safety responsibilities. The following chart depicts the primary organisational and functional fire safety responsibilities:



4.0 KEY POLICY PRINCIPLES:

The Northern Ireland Ambulance Service (NIAS) is committed to ensuring, so far as is reasonably practicable, that Trust staff, properties, and any others who may be affected by Trust undertakings, are protected from the adverse effects of fire and situations which require emergency evacuation. The following general duties, as imposed by the Management of Health and Safety at Work (NI) Regulations 2000 and the Fire Safety Regulations (NI) 2010, will form the focus of the Trusts fire safety provisions:

- Ensuring that fire safety roles and responsibilities are clearly defined.
- Ensuring that suitable arrangements are in place for fire safety information, instruction and training for all staff.
- Ensuring that trained and competent persons are available to provide fire safety advice.
- The carrying out, where applicable, of suitable and sufficient assessments of the risks from fire at all Trust owned, occupied or managed premises.
- The provision of effective evacuation and evacuation procedures at all Trust owned, occupied or managed properties, including arrangements to the satisfaction of NIFRS.
- Ensuring that all employees, patients, clients, service users, and any others who may be affected, are made aware of local evacuation procedures, and that such procedures are practiced as required.
- That there are sufficient evacuation officers and / or fire wardens at all Trust owned, occupied or managed properties, and that such are suitably trained.
- Any fire and unwanted fire alarm signals are investigated and reported.
- Premises, plant and equipment provided are suitable from a fire safety perspective and maintained by a competent person in an efficient and fit state.
- The procurement, placement and maintenance of suitable fire safety equipment at all Trust owned, occupied or managed premises.
- That prevention of fire is given high priority and that active preventative measures are practiced throughout the Trust.
- Suitable governance and assurance arrangements are in place.

Success in fire safety and emergency evacuation management is dependent upon the integration of fire safety into all relevant functions within The Trust.

4.1 Arrangements:

This Fire Safety Policy is supplemented by a Fire Safety Procedure, Standard Operating Procedures, guidance and training courses as are required to address relevant work places and work activities. Further details on these arrangements can be found in the Fire Safety Procedure and associated SOPs. All relevant documentation will be held as follows:

- In Fire Log Books distributed throughout the Trust.
- On SharePoint / 3i / HRPTS.
- Line managers must make relevant fire safety documentation available to staff.

5.0 IMPLEMENTATION OF THE POLICY:

5.1 Dissemination:

- Directors and Assistant Directors will disseminate to all staff.
- It is available on the Internet and SharePoint so that all employees and members of the public / stakeholders can easily have access.
- It is clearly displayed on notice boards in all operational areas.

- It is included in Corporate Induction, and is part of the syllabus in all training programmes / eLearning.

5.2 Resources:

As part of the implementation of this Policy and associated procedures, line management are required to review existing processes to ensure fire safety has been allocated the necessary resources. In most cases no additional resources will be required for the implementation of this Policy.

6.0 **MONITORING:**

This Policy will be reviewed every three years. Feedback from stakeholders will be taken into consideration, along with a review of systems / processes along with ongoing analysis of the actual management of fire safety via the assurance structure.

7.0 **EVIDENCE BASE/REFERENCES:**

NIAS will ensure compliance with current legislation, guidance and best practice, for example the Management of Health and Safety at Work (NI) Regulations 2000 and the Fire Safety Regulations (NI) 2010, HTMs, safety / quality information issued by DoH, NIFRS, HSCB, HSENI etc. We will also ensure compliance with other relevant NIAS Policies and Procedures.

8.0 **CONSULTATION PROCESS:**

This Fire Safety Policy was developed by the Risk Manager with the support of the Fire Safety Compliance Group (agreed October 19). Further consultation was carried out through the Health and Safety Committee (agreed October 19), CRM Programme Director and the Senior Executive Management Team (November 19). The Policy has been approved by Trust Board (December 2019).

9.0 **EQUALITY STATEMENT:**

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment was carried out on the 15th February 2019.

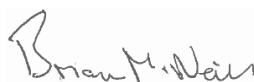
The outcome of the equality screening for this policy undertaken is:

Major impact ☐
 Minor impact ☐
 No impact. ☒

10.0 **SIGNATORIES:**



Katrina Keating



Brian McNeill

Risk Manager
Date: 5th December 2019

CRM Programme Director
Date: 5th December 2019



Title:	Fire Safety Procedures		
Author(s):	Katrina Keating, Risk Manager. Bryan Snoddy, AD Operations (Performance).		
Ownership:	Brian McNeill, CRM Programme Director		
Date of SMT Approval:	12.11.19	Date of Trust Board Approval:	05.12.19
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Version Control:			
Date:	Version:	Author:	Comments:
December 2019	5.0	Risk Manager	Complete review
June 2016	4.0	AD Ops	Published version
December 2012	1.5	AD Ops	Appendices 3 & 10
October 2012	1.4	AD Ops	Fire Compliance Group
April 2012	1.3	AD Ops & Risk Manager	
September 2011	1.2	AD Ops	ASAM MC, Belfast
August 2008	1.1	AD Ops & Risk Manager	
December 2006	1.0		

1.0 INTRODUCTION:

1.1 Background / Purpose:

This document outlines the Trusts Fire Safety Procedures; it should be read in conjunction with the Fire Safety Policy and associated Standard Operating Procedures (SOPs). This procedure aims both to provide a robust fire safety framework, and to raise fire safety standards across the Trust. It aims to ensure that all managers make suitable arrangements for the management of fire risk and that all staff and contractors to engage in, and be responsible for fire safety.

1.2 Aims / Objectives:

The aim of this document is to set out the Trusts arrangements for the consistent management of fire safety across the Trust. It sets out arrangements for the following:

- Fire safety roles and responsibilities / accountability.
- Fire risk assessments and fire safety inspections / checks / action plans.
- Fire safety equipment checks / statutory inspection of fire precautions.
- Fire prevention.
- Fire drills and emergency evacuation.
- Fire safety induction and training.
- Reporting of fire safety related incidents.
- Fire safety governance and assurance.
- Update of Fire Safety Policy / Procedures.
- Ensuring Fire Safety Policy / Procedures are accessible to all staff.

2.0 SCOPE:

This procedure applies to all property and vehicles owned, occupied or managed by NIAS. This policy applies to all NIAS staff and contractors engaged by NIAS. There are no exceptions.

3.0 LEGISLATION:

Main legislation relating to Fire Safety in Trust premises:

- The Fire and Rescue Services (Northern Ireland) Order 2006.
- Management of Health and Safety at Work (NI) Regulations 2000.
- Fire Safety Regulations (Northern Ireland) 2010.

3.1 Main Requirements:

In summary the Trust must:

- Designate responsible person(s).
- Carry out fire risk assessments identifying any possible dangers and risks.
- Eliminate or reduce the risk from fire as far as is reasonably possible and provide general fire precautions to deal with any remaining risk.

- Record the significant findings of the risk assessment and ensure action plans are developed with appropriate timelines and responsible persons.
- Review the risk assessment(s) regularly.
- Take additional measures to make sure there is protection, i.e. if dangerous areas or dangerous substances are used or stored; each substance must be assessed and the risk minimised.
- Consider those who may be especially at risk such as young persons, vulnerable adults / users and persons with disabilities.
- Ensure suitable means for fighting fire and means for giving warning in the event of fire are in place.
- Ensure suitable systems of maintenance are in place.
- Maintain any measures provided for the protection of firefighters.
- Ensure means of escape are free from obstruction at all times, suitable, sufficient, unlocked and indicated by signs/lighting as necessary.
- Create plan to deal with any emergency in the event of fire.
- Ensure that a competent person is nominated to assist with fire safety duties.
- Have arrangements to liaise with the Northern Ireland Fire and Rescue Service (NIFRS) as necessary.
- Provide comprehensible, relevant and adequate fire safety information and training to employees.
- Provide persons other than employees with comprehensible and relevant information on the arrangements for fire safety, e.g. contractors, members of the public, tenants or anyone working in or around Trust premises.
- Co-operate and co-ordinate with other persons with duties under the legislation.

The person responsible / designated for fire safety must ensure that everyone on the premises can escape safely if there is a fire. Everyone must be considered, whether they are employees, visitors or members of the public.

3.2 Enforcement, Notices & Correspondence:

The legislation is enforced by the Northern Ireland Fire and Rescue Service (NIFRS). Officers are permitted to enter and inspect premises, bring any relevant persons or equipment with them, make relevant enquiries, inspect any relevant documents, carry out inspections, take measurements, samples and carry out tests, dismantle items, remove articles, etc. It is an offence to obstruct an Officer carrying out his or her duties, or fail to comply with any requirements imposed by Officer.

In the event of an Officer determining that the use of a premises involves a serious risk, a Prohibition Notice may be served; in the event where there has been a failure to comply with fire safety duties an Enforcement Notice may be served and in the event where an Officer determines that a change is required an Alterations Notice may be served.

The Risk Manager and the Head of Estates must be notified of any and all correspondence from NIFRS. Any documentation received must also be placed in the premises fire log book.

4.0 ROLES AND RESPONSIBILITIES:

4.1 Chief Executive:

Under the legislation, the Chief Executive is the designated “Responsible Person” for fire safety in the Trust. He / she will ensure, so far as is reasonably practicable, that the Trust complies fully with fire safety legislation and guidance. The Chief Executive has delegated executive responsibility to the CRM Programme Director as the Executive Director responsible for fire. The Chief Executive authorises this Policy and the arrangements made under it. The Chief Executive is responsible for satisfying Trust Board that the Policy has been adequately implemented by all Directors.

4.2 Executive Director Responsible For Fire Safety – CRM Programme Director:

The CRM Programme Director is responsible for:

- Ensuring there is a fire safety management structure for the Trust which clearly defines levels of responsibility and lines of accountability for fire safety throughout the entire organisation.
- Ensuring an appropriate level of management is available as necessary.
- Ensuring the fire safety management structure is approved by Trust Board and has been clearly communicated across the Trust.
- Ensuring that fire safety roles are clearly defined for all situations where accommodation is shared with other organisations e.g. leased areas.
- Seeking assurances from other Directors/Assistant Directors as necessary to satisfy the Chief Executive that the requirements of the policy and procedures have been implemented throughout NIAS.
- The proposal and execution of programmes of work relating to fire safety to the Trust.
- Ensuring fire safety is considered in the planning of any change of use of buildings or new developments across NIAS.

4.3 Directors:

All Directors are responsible for ensuring that the requirements of the Fire Safety Policy and Procedures have been implemented throughout NIAS.

4.4 Assistant Directors:

Assistant Directors will raise an internal annual Statement of Fire Safety Compliance to be submitted to the CRM Programme Director by 31st March each year. In the case of Operational Divisions, Area Managers must gain assurance from Station Officer / Supervisors. The Statement of Fire Safety Compliance for each Directorate will then be forwarded by the CRM Programme Director to the Chief Executive by 30 April each year (see Appendix 1 & 2).

4.5 All Line Managers / Facilities Managers As Appropriate:

In accordance with the level of training provided, line managers should be the first point of contact for fire safety issues. Line managers are responsible for:

- Implementing and monitoring Fire Safety Policy and Procedures in their local area.
- Escalating any concerns outside of their technical expertise or control to the Head of Estates or Risk Manager.
- Ensuring staff attend any relevant training.
- Ensuring new staff receive a local induction which includes fire safety and evacuation arrangements for the property (PEEP if required – see below).
- Ensuring that all fire safety instructions are brought to the attention of all their staff and are observed by them.
- Completion of the required checks / inspections / audits as set out by this Policy and Procedures and ensuring accurate records are kept including Fire Log Books.
- Fire Log Books are available on site at all times.
- Carrying out fire evacuation drill in accordance with Fire Safety Policy and Procedures, taking any remedial action as necessary.
- Ensuring adequate arrangements are in place for the evacuation of premises and / or taking charge of evacuations as necessary.
- Investigation of fire related incidents (including false alarms) in accordance with incident investigation procedures utilising DATIX.
- Annual review of fire risk assessment and ensuring that any recommendations from risk assessment reviews and / or fire safety inspections, relevant to their areas of responsibility, are responded to diligently.
- Ensuring the necessary risks are escalated for inclusion in the Trusts risk register (see Risk Management Policy and Strategy).
- Liaising with the Head of Estates on all matters likely to impact on the Fire Safety provision for the relevant premises.
- Preparing a Personal Emergency Evacuation Plan (PEEP) for any staff or visitors to the premises that may require one. Risk Manager can assist as necessary.

4.6 Fire Warden / Member of Staff Discovering a Fire:

There may be occasions when NIAS premises are unmanned or where only one or two members of staff are available. The Trust relies on the support of the team of staff who are routinely familiar with the building to ensure the area is evacuated (see Fire Warden / Member of Staff Discovering a Fire SOP).

Fire Warden training is provided by NIAS and duties include;

- To be familiar with all exit routes from the building in which they normally work.
- To advise others on exit routes.
- Drawing the attention of the line manager to any deficiency or obstruction on these routes.
- Instructing personnel in the area in which they find themselves to vacate the building, pausing only to make any equipment safe.
- Guiding personnel along exit routes and helping those whose routes are obstructed to find alternative routes.
- Instructing personnel outside the building to clear the approach roads and to congregate in the recognised assembly areas and not to re-enter the building until so instructed by the Northern Ireland Fire and Rescue Service.

- Should any person refuse to co-operate with the Fire Warden, to remind such persons of the legal requirement to evacuate, and note the incident for reporting to the line manager.
- Reporting the successful evacuation of their area of responsibility to the line manager present who is responsible for evacuation.
- Taking part in any investigation / debriefs etc. as necessary.

4.7 All Staff:

Staff have a responsibility to comply with the Fire Safety Policy and Fire Safety Procedures and applicable legislation. This will include, but not be limited to:

- Familiarising themselves with the property and vehicle(s) in which they are working (locate and read fire safety procedures, locate fire exits and firefighting equipment, ensure address and telephone number of premises is known etc.). See Appendix 8 for fire extinguisher information.
- Observing all instructions and information relating to fire safety, and participating in training / fire evacuation drills etc. intended to secure fire safety.
- Co-operating with the Trust on all matters relevant to fire safety, in particular:
 - **Carrying out and recording any checks / inspections in compliance with training and as required by Fire Safety Policy and Procedures.**
 - **Supporting and assisting other members of staff as necessary in accordance with any training provided (see SharePoint for an up to date list of trained staff).**
 - Keeping work and storage areas and equipment clean and tidy.
 - Reporting piles of rubbish and poor waste disposal.
 - Keeping flammable substances in proper containers with lids on, in suitable metal storage cabinets. Empty containers should be disposed of safely.
 - Do not smoke in 'no smoking' areas and dispose of cigarettes safely.
 - Keeping fire doors closed.
 - Keeping fire exits clear at all times.
 - Ensuring firefighting equipment and call points are not obstructed.
 - Not obstructing access routes and fire hydrants by careless parking / storage.
 - Ensuring electrical equipment is switched off and preferably unplugged or isolated when not in use or when it is unattended (see section 13.0).
 - Not carrying out any unauthorised adjustment, modification or repair to equipment or wiring.
- Not interfering with any building fabric or equipment provided in connection with assuring fire safety.
- Reporting any obvious defects or short-comings in fire safety provision, arrangements or procedures to line management, e.g. anything obvious such as:
 - Missing extinguishers / fire warning equipment (whistles, gongs, air horns etc.)
 - Discharged / empty extinguishers.
 - Faulty emergency lighting.
 - Faulty fire alarm panel (flashing etc.).
 - Blocked escape routes.
 - Build-up of combustibles.
 - Any suspect electrical equipment or electrical wiring (withdraw from service immediately).

See Appendix 9 for associated memo.

4.8 Head of Estates (HoE):

The Head of Estates is responsible for ensuring arrangements are made in respect of the maintenance of fire safety provision for relevant premises, this will include;

- Fire warning and detection systems are maintained in accordance with the relevant standard.
- Firefighting equipment, including fixed installations and specialist systems, are subjected to a maintenance programme in accordance with the manufacturer's guidelines.
- Means of escape are maintained as required.
- Emergency lighting, escape lighting and signage are maintained and tested in accordance with the relevant standard.
- Portable appliance testing and electrical installation tests are undertaken as required.
- Fire Risk Assessments take place every three years (external competent person).
- Maintenance of records for the above statutory inspections.
- Arrangements / procedures for the control of contractors.
- Ensuring that arrangements are in place to ensure that all works undertaken by contractors, relevant to areas of responsibility, are supervised and where "hot works" are to be carried out, that the appropriate approval is completed, i.e. permit to work recorded, in date and appropriate. All documentation must be copied to the local manager.
- Adherence to relevant legislation and guidance with regards to fire hazard rooms, surface finishes, textiles and furniture, fire precautions etc.
- Obtaining expert technical advice as necessary.
- Adherence to regional and national reporting and learning processes.
- Liaison with regional and national working groups.

All documentation made available to local management for insertion into Fire Log Books.

4.9 Risk Manager (RM):

The Risk Manager will support the CRM Programme Director with the following:

- Development and review of the Fire Safety Policy and Procedures.
- The provision of reports and recommendations to management / committees as necessary in order to manage fire risk.
- Arrangements for fire incident reporting.
- Running of the Fire Compliance Group.
- Fire Safety Training Strategy and arrangements.
- Ensuring that suitable fire safety audits are undertaken, recorded and the outcomes suitably reported
- The development of partnership initiatives with other bodies and agencies involved in the provision of fire safety.
- Liaising with enforcing authorities as necessary.
- Supporting line management in the implementation of Fire Safety Policy and Procedures as necessary.

- Obtaining expert technical advice as necessary.

4.10 Visitors:

Members of the public or other visitors must be advised of the evacuation procedures for any relevant premise they access. To ensure this is accomplished adequate “Fire Action Notices” and maps must be displayed at prominent locations (see Appendix 4). All buildings which the public have access to, must be managed in such a way as to ensure that staff can account for all visitors within the premises at any given time to ensure safe evacuation.

4.11 Contractors:

Where contractors are on site it will be the duty of the relevant person with the responsibility for the works undertaken by them, to ensure the appropriate level of fire safety provision is incorporated within any work schedule, contract agreement or risk assessment and where such works are likely to impact on the existing fire safety provision notification must be communicated to the Head of Estates for his / her consideration. Contractors will also require to be made aware of the emergency evacuation procedure relevant to the area they are working in. Where any work requires be under taken that is likely to involve the application of a naked flame or mechanically induced heat source a “Hot Work Permit” must be acquired from the Estates Department and agreed prior to the commencement of such works. Please also see Health and Safety Guidance for Contractors working on NIAS sites (operational date 13/05/2019, V.1.2).

All contractors are required to report to the Estates Department and be issued with the relevant permissions (documentation made available to local management for insertion into Fire Log Book).

5.0 GOVERNANCE & ASSURANCE:

5.1 Joint Health & Safety Committee:

The Director of Human Resources and Corporate Services and the nominated Trade Union Representative jointly Chair Joint Health and Safety Committee. The Fire Compliance Group reports to the Joint Health and Safety Committee which escalates any matters of concern to the Assurance Committee / Trust Board as necessary.

5.2 Fire Compliance Group:

The Fire Compliance Group will comprise of Staff Side representatives and Management representatives. They will monitor fire safety arrangements within NIAS, will investigate or report on incidents as necessary and recommend appropriate training or fire precautions and monitor the suitability and efficiency of fire precaution arrangements within NIAS.

The Fire Compliance Group is currently chaired by the Risk Manager who escalates matters of concern to the CRM Programme Director and the Joint Health and Safety Committee for discussion and escalation to Assurance Committee / Trust Board as necessary.

6.0 FIRE SAFETY POLICY & PROCEDURE – AVAILABILITY:

It is essential that this Fire Safety Procedure and the Fire Safety Policy is kept in a prominent location within each premises / station (e.g. noticeboards). They must be readily available and accessible at all times.

7.0 FIRE RISK ASSESSMENT:

Each workplace must have a complete and up to date Fire Risk Assessment (FRA) for the building in compliance with The Fire Safety Regulations (NI) 2010. The assessment will be carried out by a competent person appointed by the Trust and will be reviewed every three years and in the event that:

- Material alterations are made to the premises.
- Significant changes are made to the use of the workplace.
- Any other occasion arises which leads to the conclusion that the current assessment is no longer valid.

8.0 STATUTORY INSPECTION / TEST OF FIRE PRECAUTIONS:

Along with local testing, NIAS has contracted a number of companies to carry out statutory inspection of all fire precautions, which require them. The Estates Department maintains these records.

Fire Precaution	Frequency
Portable fire extinguishers, fire blankets and hose reels	Portable fire extinguishers (annually) - all fire safety equipment must be serviced by a competent trained professional, in accordance with current British Standards 5306-6. Fire blankets and hose reels in compliance with relevant British Standards.
Emergency lighting system	A test for the full rated duration of the emergency lights (e.g. 3 hours) must be carried out. The emergency lights must still be working at the end of this test. The result must be recorded and, if failures are detected, these must be remedied as soon as possible.
Emergency lighting testing	All emergency lighting systems must be tested monthly. This is a short functional test in accordance with BS EN 50172:2004 / BS 5266-8:2004. The result must be recorded and, if failures are detected, these must be remedied as soon as possible.
Fire alarm system	6 month intervals - a fire alarm system should be inspected by a competent person at least every 6 months as recommended by British Standards 5839
Fire alarm testing	Weekly - guidance to test weekly comes from British Standard BS 5839.
Fixed fire extinguishing system	Annually - all fire safety equipment must be serviced by a competent trained professional, in accordance with current British Standards 5306-6

Portable appliance testing (PAT)	Annually to triennial depending on level of risk.
Fixed electrical installation	Every five years (every three years in critical areas) based on British Standard 7671:2018

9.0 EMERGENCY EVACUATION PROCEDURE:

Each premises used by NIAS will have a written site specific emergency evacuation procedure appropriate to that premises. It will contain information on:

- Raising the alarm.
- How to call the fire brigade.
- Notifying essential personnel.
- Staff action on hearing the fire alarm.
- Firefighting (if safe to do so).
- Isolation / disconnection of services (as necessary).
- Evacuation / who is responsible for completing checks / roll calls and communicating with NIFRS.
- Who is responsible for helping mobility, sight and / or hearing impaired persons from leaving the building (see Section 9.2 PEEPs).
- The location of fire assembly points.
- The location of all fire extinguishing devices, fire call points and emergency exits.

Local fire and emergency evacuation procedures, maps etc. must be available to all staff at all times and up to date. See Appendix 3 and 4.

9.1 Shared Premises:

Where premises are shared with another organisation there **must be consultation on the development of any procedure**. This will be the responsibility of the relevant line manager. Each deployment point must have clear, visible instructions for staff visiting from outside the area.

9.2 Personal Emergency Evacuation Plan (PEEPs):

Line management must ensure that specific and suitable local emergency evacuation arrangements are in place for all members of staff in their department who have restricted mobility, sensory disabilities or who are temporarily incapacitated.

Once person(s) with disabilities have been identified by line management they should conduct an assessment of their area. Evacuation chairs are provided at various locations and training in their application and use may be coordinated through the Risk Manager or Head of Estates on request.

Individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency (also covers temporary impairment such as short term injuries, temporary medical conditions or those in the later stages of pregnancy) **have a duty to make line management aware of their condition as far as relevant to the individual's Emergency Planning and Egress in case of fire.** The Trust

can only effectively discharge its 'duty-of-care' to individuals who may be affected by an emergency, on being informed of their relevant conditions as soon as reasonably practicable. See separate PEEPs SOP.

9.3 Refuge Areas:

Refuge areas on escape routes are useful in facilitating the emergency evacuation of people with disabilities. Procedures must still ensure the full evacuation of persons using refuges. **UNDER NO CIRCUMSTANCES SHOULD ANYONE BE LEFT FOR THE FIRE BRIGADE TO RESCUE.** It is not their responsibility and there is no guarantee that they will attend quickly.

It is also known that persons in refuges witnessing others evacuating become stressed. There should be appropriate procedures to ensure that persons are accompanied and / or communicated with / PEEP complied with (buddy etc. as necessary). Refuge areas should be equipped with two-way communication.

9.4 Restricting Access:

Where there are no suitable alternative means of egress, or suitable management evacuation procedures, then consideration will have to be given to restricting disabled access.

10.0 VEHICLES:

Due to the nature of work carried out by the Ambulance Service the vehicles constitute a work place under the legislation and guidance. All NIAS vehicles are fitted with fire extinguishers which need to be checked in accordance with the schedule maintenance and inspection programme.

Staff should be familiar with the escape routes available to them from their vehicles and ensure these are not locked or hindered during normal operations. Staff should familiarise themselves with the vehicles and the operation of doors and locks and emergency locking systems in the event of a vehicle fire. Staff should be aware of the location and use of fire extinguishers carried in vehicles.

In all incidents involving a vehicle fire the prime concern is to remove people to a place of safety. Fighting the fire is only necessary to affect an escape. Following a dynamic risk assessment, it may be possible to suppress an engine fire by slightly opening the bonnet and introducing the fire extinguisher into the gap and spraying the engine compartment. If in any doubt, however do not fight the fire.

11.0 SITE ACCESS:

Throughout the Trust, adequate access will be provided for fire-fighting appliances.

Points of access will be agreed with Northern Ireland Fire and Rescue Service (NIFRS) as necessary and any modifications to the access routes, including both permanent and temporary changes, will be discussed in advance with NIFRS.

So far as is reasonably practicable, local management will ensure that access routes and other roads within the site are kept sufficiently clear of parked vehicles and other obstructions, to allow the ready passage of fire brigade appliances.

All members of staff will be made aware that they must not obstruct access routes and fire hydrants by careless parking

12.0 SMOKE FREE:

All members of Trust staff are required to comply with the regional HSC Smoke Free Policy.

13.0 PERSONAL ELECTRONIC DEVICES:

It is essential that personal electrical equipment is used and charged in a safe manner. Staff should be aware of the risk of fire as a result of faulty rechargeable devices, particularly those with lithium batteries, and faulty chargers. Personal devices should not be used unless:

- It displays the CE mark of conformity.
- The charger was supplied with the device (no mixing of chargers / devices).
- It has been visually inspected prior to use and found to be free from defects, cracks, damaged cables, burn marks etc.

Charging of electrical equipment must take place in a safe, controlled environment and consideration should be given to the provision of designated charging locations; local risk assessments should be carried out as necessary.

13.1 Staff Awareness:

All staff are responsible for ensuring their own safety and that of others in the workplace. This involves identifying and taking the appropriate action to remove or minimise fire hazards. The following list outlines common causes of electrical fires which staff should be aware of and, if encountered, they should take action themselves wherever possible or report the matter to the responsible person:

- Charger or battery / device overheating.
- Damage to the lead including fraying, cuts or heavy scuffing, e.g. from floor box covers.
- Damage to the plug, e.g. to the cover or bent pins.
- Signs of overheating, such as burn marks or staining on the plug, lead or the electrical equipment.
- Tape applied to join leads together.
- Coloured wires visible where the leads joins the plug (the cable is not being gripped where it enters the plug).
- Damage to the outer cover of the equipment itself, including loose parts or screws.

If any of the above are discovered whilst an appliance is in use, it should immediately be switched off at the mains and its use discontinued.

13.2 Hazard reduction:

Personal electrical devices should not be charged where water or other liquid spills are likely.

- Chargers should be unplugged when the battery is fully charged.
- Personal rechargeable electronic equipment should be visually inspected prior to use and found to be free from defects, cracks, damaged cables, burn marks.
- Cables should not be trapped under furniture or in floor boxes.
- Devices must not be charged in an oxygen rich environment.
- E-cigarettes should not be used in an oxygen rich environment.
- **Personal electrical devices must not be left unattended.**

14.0 TRAINING:

The Health, Safety & Fire Safety Training Procedure provides a matrix for all health, safety and fire safety training to ensure the appropriate competencies across the Trust (please see separate document for further information). In short, arrangements are as follows:

- Basic Fire Safety Awareness – new starts (corporate induction and during all core training programmes). Once for all. Face to face.
- Fire Safety Awareness – Elearning. Every three years for all.
- Fire Warden Training – as nominated by line management – every three years.
- Evac Chair Training – as nominated by line management – every three years.
- HABC Level 2 Award in Principles of Fire Safety – all line managers, refreshed as recommended by provider.
- NEBOSH National Certificate in Fire Safety and Risk Management. Two per division / area, refreshed as recommended by provider.

NOTE: All staff must be advised of the local emergency evacuation procedures for each of the premises at which they are based. This will be carried out by the local management team. Most other training will either be arranged, developed or delivered by the Risk Manager.

15.0 FIRE DRILLS / FIRE EVACUATIONS:

- **Fire drills / evacuations must be carried out at least every three months for all premises.**
- There is no requirement for evacuation drills at deployment points unless to comply with the local Fire Risk Assessment.

These must be arranged to ensure that all staff members take part in at least one fire evacuation drill every year and must be evaluated and recorded in the Fire Log Book. (see Appendix 6 for a Fire Drill Checklist).

Call points must be tested on a rotational basis and recorded.

All alarms must be treated as full evacuations unless prior warning has been given, not more than five minutes before the alarm. An 'all clear' must be given once any test has been completed.

Unmanned deployment points will have a clear simple instruction for evacuation of the building which will normally contain a maximum of two people, has a direct access and fire exits kept clear.

15.1 Emergency Ambulance Control (EAC) & Non-Emergency Ambulance Control (NEAC):

The emergency evacuation procedure for the EAC will be tested independently of the normal procedure for NIAS Headquarters due to the need to maintain EACs capacity to manage emergency calls. This must be carried out at the frequency identified above and arranged by the Emergency Ambulance Control Manager / Duty Control Manager as appropriate.

NEAC will manage its evacuation drills so as to minimise any potential disruption.

16.0 REPORTING & INVESTIGATION OF FIRES / FIRE RELATED INCIDENTS:

All fires, potential fires (smoke etc.) and unwanted fire signals / false alarms etc. must be reported in accordance with NIAS Incident Reporting Procedures. All fire incidents must be investigated and efforts must be made to prevent unwanted fire alarm signals (see Appendix 5 for further information):

- The member of staff discovering the fire must complete an incident report form (either online via DATIXWeb or on paper).
- Line management responsible for the building must then complete the necessary investigation and documentation in accordance with Incident Reporting Procedures (see Appendix 5).
- The Risk Manager will ensure compliance with RIDDOR.
- The Risk Manager and the Fire Compliance Group will monitor fire incidents / trends and make arrangements for Trust wide learning as necessary.

17.0 LOCAL FIRE PRECAUTIONS / INSPECTION / AUDIT PROCEDURES:

Appendix 9 provides a memo which can be used to remind all staff about the importance of awareness and monitoring during their daily routine. Appendix 10 sets out a template for the weekly checklist. The following table summarises all checks:

Daily / As Occupied	Weekly	Monthly	Quarterly	Six Monthly	Annually
All staff to report any concerns	Supervisor / Designated Person	Station Officer / Designated Person		Area Manager / Designated Person	
<ul style="list-style-type: none"> • Can all fire exits be opened immediately and easily? • Are fire doors clear of obstructions? • Are escape routes clear? • Is the indicator panel showing normal? 	<ul style="list-style-type: none"> • Fire doors not wedged open • Fire doors clear of obstructions and structure intact (action damage / faults) • Fire exits open immediately and easily (not obstructed) • Means of escape clear (free from obstruction) 	<ul style="list-style-type: none"> • Fire Safety Policy, Procedures and Evacuation Procedures / Plans (clearly displayed). Replace if not • Fire escape signs and maps (visible and 	<ul style="list-style-type: none"> • Fire evacuation drill (evaluate and record) • Check / update FRA and Fire Safety Inspection Action Plan 	<ul style="list-style-type: none"> • Monitoring / update of FRA and Fire Safety Inspection Action Plans • Monitoring of Fire 	<ul style="list-style-type: none"> • Annual Statement of Fire Safety • Review emergency evacuation procedure

<ul style="list-style-type: none"> • Are whistles, gongs or air horns in place (if applicable)? • Are luminaires and exit signs in good condition and undamaged? • Is emergency lighting and sign lighting working correctly? • Are all fire extinguishers in place? • Are fire extinguishers clearly visible? • Are vehicles blocking fire hydrants or access to them? 	<ul style="list-style-type: none"> • Fire alarm points (clear / unobstructed) • Detectors not obstructed (address immediately) • Whistles, gongs or air horns in place (if applicable) • Fire alarm test carried out (different call point each week). Action faults. • Escape lighting and exit signs in good condition and working correctly • Portable fire extinguishers present / appear serviceable • Good waste management / house-keeping (quantities low, bins secure) • Emergency access / hydrants clear (vehicles etc. not blocking them) • Inductions carried out for any new staff • Smoking rules being observed • Grab bag available / contents correct 	<ul style="list-style-type: none"> • in good condition). Replace if not • Emergency lighting functional test (record in Fire Log Book) 	<ul style="list-style-type: none"> • Fire Log Book in place and up to date 	Log Book	
All staff – report / escalate any risks as per Risk Management Procedures					

18.0 IMPLEMENTATION OF THE PROCEDURE:

18.1 Dissemination:

- Directors and Assistant Directors will disseminate to all staff.
- It is available on the Internet and SharePoint so that all employees and members of the public / stakeholders can easily have access.
- It is on the notice boards in all operational areas.
- It is included in Corporate Induction and is part of the syllabus in all new training programmes.
- Fire Safety ELearning is available.

18.2 Resources:

As part of the implementation of this Procedure, management are required to review existing processes to ensure fire safety has been allocated the necessary resources. In most cases no additional resources will be required for the implementation of this Policy.

18.3 Exceptions:

This Procedure applies to all those working within, providing services to, or acting on behalf of the Northern Ireland Ambulance Service Health and Social Care Trust. There are no exceptions.

19.0 **MONITORING:**

This Procedure will be reviewed every three years. Feedback from stakeholders will be taken into consideration, along with a review of systems / processes along with ongoing analysis of the actual management of fire safety via the assurance structure.

20.0 **EVIDENCE BASE / REFERENCES:**

NIAS will ensure compliance with current legislation, guidance and best practice, for example the Management of Health and Safety at Work (NI) Regulations 2000 and the Fire Safety Regulations (NI) 2010, HTMs, safety/quality information issued by DoH, NIFRS, HSCB, HSENI etc. We will also ensure compliance with other relevant NIAS Policies and Procedures.

21.0 **CONSULTATION PROCESS:**

This Fire Safety Procedure was developed by the Risk Manager with the support of the Fire Safety Compliance Group (agreed October 19). Further consultation was carried out through the Health and Safety Committee (agreed October 19), CRM Programme Director and the Senior Executive Management Team (November 19). The Procedure has been approved by Trust Board (December 2019).

22.0 **EQUALITY STATEMENT:**

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment was carried out on the 14th February 2019.

The outcome of the equality screening for this policy undertaken is:

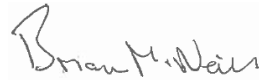
Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No impact.	✓

23.0 SIGNATORIES:



Katrina Keating

Risk Manager
Date: 5th December 2019



Brian McNeill

CRM Programme Director
Date: 5th December 2019

APPENDIX 1 – ANNUAL STATEMENT OF FIRE SAFETY:

I confirm that for the period 1st April 20XX to 31 March 20XX, all premises / departments for which I am responsible have had fire risk assessments / inspections undertaken in compliance with the Management of Health and Safety at Work (NI) Regulations 2000 and the Fire Safety Regulations (NI) 2010, and (please tick the appropriate boxes):

Fire Risk Assessments & Fire Safety Inspections		
1	There are no significant risks arising from the fire risk assessments and fire inspections.	
2	I as the responsible manager, along with the local management team have developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessments and fire inspections.	✓
3	The assessment / inspection programme has identified significant risks, but I as the responsible manager, along with the local management team do not have a programme of work to mitigate those significant risks.	
4	Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.	
5	Fire Risks Assessments have not been completed across the area.	
6	Fire Safety Inspections have not been completed across the area.	
Fire Policy & Procedures		
7	All premises / departments for which I am responsible are in compliance with the organisations Fire Safety Policy and Procedures.	
8	I as the responsible manager, along with the local management team have developed a programme of work to improve compliance with the organisations Fire Safety Policy and Procedures.	✓
9	I as the responsible manager, along with the local management team do not have a programme of work to improve compliance with the organisations Fire Safety Policy and Procedures.	
10	Where a programme to of works to comply has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.	
Enforcement Action		
11	During the period covered by this statement, the area has/has not* been subject to any enforcement action by the fire and rescue authority. Please outline details of enforcement action below.	
12	The area has/has not* any ongoing enforcement action pre-dating this Statement. Please outline details of ongoing enforcement action below.	

Name	Date	Signature	Station / Area

APPENDIX 2 – ANNUAL STATEMENT OF FIRE SAFETY – PROCESS:





Northern Ireland Ambulance Service
Health and Social Care Trust



Emergency Evacuation Plan For:			
Premises Address:		Telephone Number:	
Date:		Review Date:	

If you discover a fire:

- Raise the alarm – shout FIRE and sound the fire alarm by hitting a break glass unit.
- Call the Fire Service without delay – dial 999 and request Fire Service.
- Evacuate the premises.
- Only tackle the fire if you can do so without endangering yourself or others – i.e. if your escape route is clear, the fire is at the very early stages, you know how to use the fire extinguishers provided, suitable extinguishing media is available etc. **Do not put yourself at risk unnecessarily.**

Sound of the alarm:

Describe, e.g. continuous ringing bell, siren etc.

If you hear the fire alarm:

- Evacuate the building or perform evacuation duties as per Fire Warden / Staff Discovering a Fire SOP.
- Assist persons with additional needs as necessary.
- Close windows / doors and isolate any mains/gas if safe to do so.
- **Do not stop** to retrieve personal belongings etc.
- **Do not attempt to use the lift.**
- Proceed to the assembly point / most senior officer / fire officer.
- Advise Emergency Ambulance Control (EAC) to report the fire.
- Remain at the assembly point until the all-clear has been given.

Your assembly point is:

Your alternative assembly point is:

APPENDIX 4 – FIRE ACTION NOTICE:



Fire action

if you discover a fire



Operate nearest fire alarm point



Call the Fire brigade by telephoning 999



Leave the building by the nearest exit.



Report to your assembly point at



Do not stop to collect personal belongings



Do not use lift

APPENDIX 5 – FIRE INCIDENT RECORD:

Complete this form in the event of a fire or alarm activation. Add to DATIX and Fire Log Book.

Ambulance Facility		Age of Premises	
Nature of Incident		Date	
Time of Incident		Duration hh.mm	
Fire Brigade called at		Arrived at	
Fire Extinguished at		Cost of Repairs	
Fire Brigade attended	Y	N	No. in team

FIRE INCIDENT - (Please circle one or more options for the following questions)

Fire Discovered By:						
Employee	Patient	Visitor/passers-by	Sprinkler	Smoke detector	Heat detector	Other

Building Type:					
Station	Deployment Point	HQ	Office	Workshop	Other

Location of fire:					
Training Room		Female Toilets		Store room	Garages
Outside building		Office		Sluice room	Other

Cause of fire:					
Deliberate		Water Heating		Equipment failure	Unknown
Cooking appliance		Hot work		Fixed cable	Other
Space Heating		Lighting		Electric Leads	
Central Heating		Naked Lights		Smoking	

Method of Extinguishment					
None		Fire hose		Smothering	C02,Halon etc
Self-Extinguished		Water		Removal	Fire Brigade
Extinguisher		Equipment Isolated		Sprinkler	Other

Material first ignited:					
Raw Material		Bedding/Mattress		Fittings	Cleaning materials
Vegetation		Upholstery		Food	Waste
Personal clothing		Furnishings		Electrical	Unknown
Other Textiles		Structure		Decorations	Other

Spread of fire within					
Not Applicable		Stored material		Furnishing/lining	Other
Confined to item		Furnishings		Equipment	

Spread of fire beyond room of origin (provide sketch if necessary)					
Not applicable		Adjacent Room(s)		Stairway	Adjacent Buildings
Confined to room		Street		Other Floor(s)	Other
Corridor(s)		Adjacent dept		Roof Void(s)	

Spread of smoke beyond room of origin (provide sketch if necessary)					
Not applicable		Adjacent room(s)		Stairway	Adjacent Buildings
Confined to room		Street		Other Floor(s)	Other
Corridor(s)		Adjacent Dept.		Roof Void(s)	

Route of Fire Spread:					
Not applicable		Spaces/Voids		Open Fire Door	External
Ducts		Defective fire stop		Stairways/lifts	Other

Fire Alarm

Please tick appropriate box for NIAS and NIFRS Cause of alarm signal:

	NIAS	NIFRS	Environmental Effect	NIAS	NIFRS	System Issue	NIAS	NIFRS
Malicious			Cooking Fumes			Fault- Design		
Good intent			Smoking			Procedures not complied with		
Accidental Damage			Insects			Management procedures not complied with		
Alarm Activated by public			Other			Sprinkler alarm – water pressure		
Unknown						Sprinkler alarm - other		

Fire Incident/ Fire Alarm

Extent of evacuation (provide sketch if necessary)					
Unnecessary		Department		Floor	Other
Room only		Street		Other Floor(s)	
Adjacent Rooms		Adjacent Dept.		Adjacent buildings	

Persons Involved:			
	Patients	Staff	Visitors
In Room of Origin			
Evacuated from floor			
Evacuated from Department			

Injuries to Persons:			
	Patients	Staff	Visitors
Burns			
Smoke Inhalation			
Not Applicable			

Additional Information

Signed		Position		Date	
Countersigned		Position		Date	

APPENDIX 6 – FIRE DRILL CHECKLIST:

Name of Building: _____ Date: _____

Immediately Prior To Fire Drill:

Fire Service Pre-warned ☐ Alarm receiving centre pre-warned ☐ Estates in attendance ☐

Fire Drill Actuation:

“Fire” Location: _____

Method of activation of fire alarm: call Point ☐ Automatic detector ☐

Time fire alarm activated Time from alarm to evacuation mins

Assembly point/location to which occupants relocated: _____

Response:	Yes	No	N/A	Notes
Passive Fire Protection				
Alarm Sounders Operated				
Alarm Volume				
Vent Plants shutdown				
Automatic doors closed				
Security locks (maglocks) released				
Corridors seen to be clear				
Final exit doors open				

Response:	Yes	No	N/A	Notes
Fire Safety Staff				
999 call made				
Fire Co-ordinator donned hi-visibility clothing				
Fire warden/staff conducted sweep search				
Assistance to disabled and non-ambulatory				
Person at entrance(s) to block entry/re-entry				
Person from wards/depts. Sent to meet FC at fire panel				
Fire wardens report “All Clear” or otherwise				
Fire Co-ordinators satisfied all personnel are clear				
Evacuation chair used				

Response:	Yes	No	N/A	Notes
All Staff, patients, visitors				
Interior doors closed				
Windows closed				
Evacuation smooth and orderly				
Nearest exits used				
Co-operation of visitors				
Co-operation of staff				
Co-operation of patients				

Overall Response of occupants: ☐ Satisfactory ☐ unsatisfactory

Immediately after drill:

Address staff at assembly point ☐
Fire Service informed drill ☐ complete
Estates Re-set alarm ☐
Debrief key fire safety staff ☐

Additional Information:

APPENDIX 7 – TESTING AND MAINTENANCE OF FIRE SAFETY EQUIPMENT:

Fire safety equipment is provided for the protection of property and safety of all Trust employees and persons who have recourse to Trust property. For this equipment to operate properly when needed it is essential that regular checks/tests are carried out and recorded in the Fire Log Book, and that any defects found are rectified as soon as possible. To this end the following checks, tests and servicing are recommended:

Fire Alarms:

A fire alarm system is a legal requirement in many premises and is an important part of any evacuation procedure. Fire alarm systems should be tested and serviced in accordance with the relevant British Standard. The following are the routine checks to be made:

- a) **Daily / As Occupied** – Fire Warden / local staff to check to ensure that the alarm panel indicates normal or, if not that any fault is recorded in the Fire Log Book and remedial action taken. Also check that any fault previously recorded has received attention.
- b) **Weekly** – Line Manager should check the system by operating at least one detector, call point or end of line switch to ensure proper operation of the system. If batteries are accessible the condition of their connections should be checked. Fuel, oil and coolant levels of any stand-by generators should be checked and topped up if necessary. If a printer is attached it should be checked to ensure that there is sufficient paper, ink or ribbon to last at least two weeks. Any defects should be recorded in the Fire Log Book and remedial action taken.
- c) **Quarterly** – a competent person should check the entries in the log to ensure any reported faults have been actioned. Primary and secondary batteries and their connections should be checked. A detector or call point should be activated in each zone to test the function of the control and indicating equipment. Any link to a manned centre should be tested. Any faults should be recorded in the log and remedial action taken.
- d) **Annually** – a competent person should carry out all tests in Section above in addition to checking each detector for correct operation and visually inspect all cables and equipment to ensure they are secure, undamaged and adequately protected. Any faults should be recorded in the fire log and remedial action taken.

Fire Fighting Equipment:

Basic inspection procedures for portable extinguishers should be carried out by Line Managers as appropriate on a weekly basis and should include:

- Checking the safety clip and indicating devices to determine whether the extinguisher been operated (in the case of a stored pressure extinguisher, the pressure-indicating device is registering in the green segment).
- Checking the extinguisher for any external corrosion, dents or other damage that could impair the safe operation of the extinguisher.
- Checking that the extinguisher is fixed to the wall/column by an appropriate bracket.

A competent person must test all extinguishers annually (this is generally carried out by a contractor, but individual Departments / Sections must initiate the checks). Hose reels should also be included in this annual inspection and fire blankets should be checked in compliance with the relevant standard.

Emergency Lighting:

Emergency lighting or escape lighting plays an important part in ensuring that persons can escape safely from a building, which is on fire. It is therefore essential that regular tests / checks are carried out to ensure that the emergency lighting system operates when required.

- a) **Daily / As Occupied** – a check should be made that any fault previously recorded in the Fire Log Book has been actioned, all lamps in a maintained system are lit, the main control/indicating panel of a central battery bank or generator indicates normal and any fault found is recorded in the log book and any action noted.
- b) **Monthly** – the system should be checked by simulating a power failure and ensuring that all luminaries are operating. Central battery systems should be energised and generators should be started by simulation of a power failure.
- c) **Six monthly** – In addition to the monthly test, all 3hr self-contained luminaries and 3hr battery systems should be energised for a continuous 1hr period.
- d) **Three yearly** – in addition to the monthly test, each self-contained luminaire and battery system should be energised and run for its full duration. After the first three yearly test this test should be carried out annually.

Fire Doors:

Fire doors play an important part in the fire safety plan of any building and the importance of ensuring that all fire doors are kept shut i.e. not wedged open cannot be over emphasised. Fire doors are only effective if they are closed and kept closed during a fire. All half hour fire resistant doors should be checked weekly. Attention should be paid to the following:

- Condition of door (no damage to either face or edges)
- Self closer operating properly.
- Door stops 25mm, glued and screwed in position (or 12mm stops with intumescent strip embedded in door or door frame).
- Glazing, if fitted, in good condition and of same fire resistance as door.
- Glazing slips secure and undamaged.
- Intumescent strip, if fitted, in good condition and secure.
- Smoke brushes, if fitted, in good condition.
- N6 notice “Fire Door Keep Shut” on both sides of door.

Means of Escape:

In the event of a fire, all occupants should be able to evacuate the premises quickly and safely by routes which are clear of combustibles and kept unobstructed at all times. All escape passages and stairways should be inspected **daily / as occupied** or the following:

- Passages and corridors free from obstructions and combustible materials (avoid heaters, electrical equipment, furniture, coat racks, waste materials, vending machines and items in transit).
- Stairways free from obstruction and combustibles.
- Final exit doors clear (both sides) and available i.e. free from any locking devices.
- All doors along escape routes unlocked and available.
- All escape signage in place and in good condition (keep clear, kept shut etc.).

Fire Hydrants:

- Fire hydrants owned by the Trust site will be maintained by a competent person in accordance with BS 5306: Part 1.
- The position of hydrants will be shown by appropriate indicator plates designed in accordance with BS 3251: “Indicator plates for fire hydrants and emergency water supplies”. Periodic checks will be made to ensure that these plates are visible and in good repair, and that the hydrants are accessible.

Electrical Equipment & Systems:

In accordance with the Electricity at Work Regulations, the Head of Estates will ensure that, so far as is reasonably practicable, the danger of fire and other hazards from electrical equipment / systems is prevented by:

- Checking that all electrical equipment and systems are of sound and suitable construction when installed / provided.
- Carrying out appropriate preventive maintenance where danger would otherwise result.
- Ensuring that all maintenance performed on or near electrical equipment and systems is carried out in a safe manner by a “competent person”;
- Ensuring that all electrical equipment and its wiring are inspected periodically, particularly to check that appropriately rated fuses and / or circuit breakers are fitted.

Through instruction and training, all members of staff will be made aware of the precautions and regulations pertaining to electrical equipment and systems, particularly the following points:

Lightning Protection:

The Trust will ensure that, as far as reasonably practicable, all buildings will be adequately protected against lightning.

All new lightning protection systems will comply with the guidance outlined in “Code of Practice for Protection of Structures against Lightning”.

All lightning protection systems will be visually inspected once in every 12-month period, by a suitably qualified/competent person, and a record of the inspections will be maintained.

Fire Safety Grab Bag

- 1 red bag with hi-vis strip or equivalent.
- 2 x fire warden hi – vis for each
- 1 x torch
- 1 x whistle
- Clipboard
- Pen
- Local fire evacuation procedure
- Site map(s)

Please note the above is as a minimum – this may need to increase for larger sites.

APPENDIX 8 – TYPES OF FIRE EXTINGUISHERS:





INTERNAL MEMO

From: Katrina Keating
Risk Manager

To: All Staff

Date: 05/12/2019

Ref: AD/MD/08(1)/KK

FIRE SAFETY – REQUIREMENTS FOR ALL STAFF

All staff have a responsibility to comply with the Fire Safety Policy and Procedures.

In the course of your daily duties please be vigilant with regards to the matters listed in the table below. If you notice anything of concern, please address it promptly if you can (e.g. clear any obstructions) or report it immediately to your supervisor / line manager / designated person.

Line managers, please ensure any issues raised are addressed as a priority.

Escape Routes:
Can all fire exits be opened immediately and easily?
Are fire doors clear of obstructions?
Are escape routes clear?
Fire warning systems:
Is the indicator panel showing normal?
Are whistles, gongs or air horns in place (if applicable)?
Escape lighting:
Are luminaires and exit signs in good condition and undamaged?
Is emergency lighting and sign lighting working correctly?
Firefighting equipment:
Are all fire extinguishers in place?
Are fire extinguishers clearly visible?
Are vehicles blocking fire hydrants or access to them?

Please also remember that fire doors must not be wedged open, and final exits should be securely closed.

As always, if you have any queries please do not hesitate to contact me.



Katrina Keating
RISK MANAGER



WEEKLY FIRE SAFETY CHECKLIST:

Station / Area:		Date:	
Completed By:		Job Title:	

CHECK:	Y (✓)	N (✓)	Actions*			Person Responsible	Notified Date	Date Completed
Fire alarm test carried out (different call point each week). Action any faults.			Call point location/no:					
Fire alarm points (clear / unobstructed)								
Whistles, gongs or air horns in place (if applicable)			N/A					
Fire doors not wedged open								
Fire doors clear of obstructions and structure intact (action damage / faults)								
Fire exits open immediately and easily (not obstructed)								
Means of escape clear (free from obstruction)								
Escape lighting and exit signs in good condition and working correctly								
Fire extinguishing equipment (visible / present)								
Good waste management / house-keeping (quantities low, bins secure)								
Emergency access / hydrants clear (vehicles etc. not blocking them)								
Inductions carried out for any new staff			Record in log book					
Smoking rules being observed								
Grab bag available / contents correct								

***If the problem can be fixed please do so, if not contact supervisor / line management IMMEDIATELY.**

TB/05/12/2019/04

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING 5 DECEMBER 2019



PRESENTATION OF PAPER

Title:	Standing Financial Instructions
Purpose:	Review and update of Standing Financial Instructions
Content:	
Recommendation:	For approval by Trust Board
Previous Forum:	Approved by Audit Committee on 15 October 2019
Date of SEMT Approval:	19 November 2019
Prepared and Presented by:	Prepared by: Andrew Phillips Presented by: Paul Nicholson



Northern Ireland Ambulance Service
Health and Social Care Trust



STANDING FINANCIAL INSTRUCTIONS

December 2019



Title:	Standing Financial Instructions		
Author:	Mr Andrew Phillips, Assistant Director of Finance		
Ownership:	Mr Paul Nicholson, Interim Director of Finance and ICT		
Date of Audit Committee Approval:	15 October 2019	Date of Trust Board Approval:	
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Contents	Page
SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS	1
SECTION B - STANDING FINANCIAL INSTRUCTIONS	3
1. INTRODUCTION	3
2. AUDIT	6
3. RESOURCE LIMIT CONTROL	10
4. REVENUE RESOURCE LIMIT, PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING	12
5. ANNUAL ACCOUNTS AND REPORTS	16
6. BANK ACCOUNTS	17
7. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS	19
8. PROCUREMENT AND CONTRACTING PROCEDURE	22
9. HSC SERVICE AGREEMENTS FOR PROVISION OF SERVICES	29
10. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD, SENIOR EXECUTIVES AND EMPLOYEES	30
11. NON-PAY EXPENDITURE	34
12. GRANTS AND OTHER BODIES	39
13. CASH MANAGEMENT	40
14. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	41
15. STORES AND RECEIPT OF GOODS	45
16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS	47
17. INFORMATION TECHNOLOGY	49
18. PATIENTS' PROPERTY	51
19. CHARITABLE TRUST FUNDS	52
20. ACCEPTANCE OF GIFTS BY STAFF AND LINKS TO STANDARDS OF BUSINESS CONDUCT	57
21. RETENTION OF RECORDS	58
22. RISK MANAGEMENT AND INSURANCE	59
23. HSC TRUST FINANCIAL GUIDANCE	61



SECTION A

1. INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

- 1.1 Save as otherwise permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive).
- 1.2 Any expression to which a meaning is given in the HPSS (NI) Order 1991, the Health and Social Care (Reform) Act (Northern Ireland) 2009 and other Acts / Orders relating to the HSC shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:
- 1.2.1 **"Accounting Officer"** means the HSC Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.
- 1.2.2 **"Trust"** means the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.
- 1.2.3 **"Board"** means the Chair, Executive and Non-Executive members of the Trust collectively as a body.
- 1.2.4 **"Budget"** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- 1.2.5 **"Budget holder"** means the Director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
- 1.2.6 **"Chair of the Board (or Trust)"** is the person appointed by the Departmental Public Appointments Unit to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the member acting as Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.
- 1.2.7 **"Chief Executive"** means the Chief Officer of the Trust. The Chief Executive is the Trust's Accounting Officer.
- 1.2.8 **"Assurance Committee"** means a committee whose functions are concerned with the arrangements for the purpose of monitoring and improving the quality and safety of health and social care for which the Northern Health and Social Care Trust has responsibility.
- 1.2.9 **"Commissioning"** means the process for determining the need for and for obtaining the supply of healthcare, social care and related services by the Trust within available resources.
- 1.2.10 **"Committee"** means a Committee or Sub-Committee created and appointed by the Trust.
- 1.2.11 **"Committee members"** means persons formally appointed by the Board to sit on or to chair specific committees.



- 1.2.12 **"Contracting and procuring"** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
- 1.2.13 **"Director of Finance"** means the Chief Financial Officer of the Trust.
- 1.2.14 **"Funds held on trust"** shall mean those funds which the Trust holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under Article 16 of the HPSS (NI) Order 1991. Such funds may or may not be charitable.
- i. **"Member"** means executive or non-executive member of the Board as the context permits. Member, in relation to the Board, includes its Chair.
- 1.2.16 **"Associate Member"** means a person appointed to perform specific statutory and non-statutory duties which have been delegated by the Board for them to perform and these duties have been recorded in an appropriate Board minute or other suitable record.
- 1.2.17 **"Membership, Procedure and Administration Arrangements Regulations"** means HSS Trusts (Membership and Procedure) Regulations (Northern Ireland) 1994.
- 1.2.18 **"Nominated officer"** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
- 1.2.19 **"Officer"** means employee of the Trust or any other person holding a paid appointment or office with the Trust.
- 1.2.20 **"Secretary"** means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and DoH guidance.
- 1.2.21 **"SFI's"** means Standing Financial Instructions.
- 1.2.22 **"SO's"** means Standing Orders.
- 1.2.23 **"Member acting as Chair"** means the non-executive member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.
- 1.2.24 **"DoH"** means the Department of Health.



SECTION B - STANDING FINANCIAL INSTRUCTIONS

1. INTRODUCTION

KEY POINTS

- Standing Financial Instructions identify the **key financial responsibilities** which apply to everyone working for the Trust;
- Trust Board exercises financial supervision and control via a number of measures;
- The Chief Executive and Director of Finance will delegate financial responsibilities but remain accountable for financial control; and
- **Employees are responsible for:** Trust property, avoiding loss, exercising economy and efficiency in use of resources, complying with the Trust's Standing Orders, Standing Financial Instructions, Financial Procedures and Scheme of Delegation.

1.1 General

- 1.1.1 The Trust shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SO's). **They are the "business rules" that Directors and employees (including employees of third parties contracted by the Trust) must follow when acting on behalf of the Trust.**
- 1.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Standing Orders, and the Scheme of Reservation and Delegation (which includes the Schedule of Decisions Reserved to the Board and the Scheme of Delegation adopted by the Trust).
- 1.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the Trust and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance. **Standing Financial Instructions are mandatory on all Members, Directors and employees of the Trust.**
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.
- 1.1.5 **The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.**



- 1.1.6 Overriding Standing Financial Instructions – If these Standing Financial Instructions are not complied with in any significant or material respect, full details and any justification for non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any significant or material non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

1.2 Responsibilities and Delegation

1.2.1 The Trust Board

The Board exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets within approved allocations / overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);
- (d) defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Reservation and Delegation; and
- (e) ensuring that it receives and reviews regular financial information concerning the management of the Trust and that it is informed on a timely basis about any concerns regarding the activities of the Trust.

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Scheme of Reservation and Delegation. All other powers have been delegated to the Chief Executive or such other committees as the Trust has established.

1.2.2 The Chief Executive and Director of Finance

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accounting Officer, to the Minister for Health. The Chief Executive is personally responsible for safeguarding the public funds for which he/she has charge; for ensuring propriety and regularity in the handling of those funds and for the day-to-day operations and management of the Trust. In addition, he/she should ensure that the Trust meets the standards set out in Managing Public Money NI (MPMNI) in relation to governance, decision making and financial management.

The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chair and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

It is a duty of the Chief Executive to ensure that Members of the Board and, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.



1.2.3 The Director of Finance

The Director of Finance is responsible for:

- (a) implementing the Trust's financial policies and for coordinating any corrective action necessary to further these policies;
- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- (c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;

and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Director of Finance include:

- (d) the provision of financial advice to other members of the Board and employees;
- (e) the design, implementation and supervision of systems of internal financial control; and
- (f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

1.2.4 Board Members and Employees

All members of the Board and employees, severally and collectively, are responsible for:

- (a) the security of the property of the Trust;
- (b) avoiding loss;
- (c) exercising economy and efficiency in the use of resources; and
- (d) conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures, Scheme of Reservation and Delegation and other financial procedures which the Director of Finance may issue.

1.2.5 Contractors and their employees

Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

For all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Director of Finance.



2. AUDIT

KEY POINTS

- Audit Committee is a sub-committee of the Trust Board which will provide an independent and objective view of internal control in the organization;
- It will rely on work performed by Internal Audit and External Audit and other appropriate assurance functions;
- The Director of Finance is responsible for ensuring there are arrangements to review evaluate and reports on the effectiveness of internal financial control; and
- The Director of Finance is responsible for assessing, identifying, evaluating and responding to fraud, bribery and corruption risks and reporting on counter fraud work annually to the Audit Committee.

2.1 Audit Committee

- 2.1.1 In accordance with Standing Orders and the Code of Conduct and Code of Accountability for Board Members of Health and Social Care Bodies 2012, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the Audit and Risk Assurance Committee Handbook (NI) 2018.
- 2.1.2 The Audit Committee will provide an independent and objective view of governance and internal control arrangements by:
- (a) overseeing Internal and External Audit services;
 - (b) reviewing the adequacy of all risk and control related disclosure statements (in particular the mid-year assurance statement and the Governance Statement) together with any accompanying Head of Internal Audit assurance statement, external audit opinion and other appropriate independent assurances prior to endorsement by the Trust Board;
 - (c) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;
 - (d) contributing to the review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
 - (e) monitoring compliance with Standing Orders and Standing Financial Instructions;
 - (f) reviewing schedules of losses and compensations and making recommendations to the Board regarding their approval;
 - (g) reviewing the adequacy of the policies and procedures for all work related to fraud and corruption;



- (h) contributing to the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly; and
- (i) providing, or arranging to have provided, any other assurances that are required by Trust Board.

2.1.3 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the DoH (in the first instance to the Director of Finance).

2.1.4 It is the responsibility of the Director of Finance to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when / if an Internal Audit service provider is changed.

2.2 Director of Finance

2.2.1 The Director of Finance is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit function is adequate and meets the mandatory Public Sector Internal Audit Standards (PSIAS) having due regard to DoH guidance detailing internal audit arrangements between a sponsoring Department and its Arm's Length Bodies;
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities in accordance with the Trust's Fraud Response Plan;
- (d) ensuring that an Annual Internal Audit Report is prepared for the consideration of the Audit Committee [and the Board]. The report must cover:
 - (1) a clear opinion on the effectiveness of internal control in accordance with assurance framework guidance issued by DoH;
 - (2) major internal control weaknesses discovered;
 - (3) progress on the implementation of internal audit recommendations; and
 - (4) progress against plan over the previous year;
- (e) ensuring that an Annual Internal Audit Strategic Audit Plan covering the coming three years is produced, and based on year one of this plan, an Operational Plan for the coming year.

2.2.2 The Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive:

- a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;



- b) access at all reasonable times to any land, premises or members of the Board or employee of the Trust;
- c) the production of any cash, stores or other property of the Trust under the control of a member of the Board or an employee; and
- d) explanations concerning any matter under investigation.

2.3 Role of Internal Audit

2.3.1 Internal Audit will review, appraise and report upon:

- a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- b) the adequacy and application of financial and other related management controls;
- c) the suitability of financial and other related management data;
- d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (1) fraud and other offences;
 - (2) waste, extravagance, inefficient administration; and
 - (3) poor value for money or other causes.
- (e) the adequacy of follow up action taken by management in response to Internal Audit reports; and
- (f) the adequacy of governance arrangements to provide assurance to the Chief Executive and Trust Board.
- (g) the Head of Internal Audit shall provide an annual opinion on the Trust's risk management, control and governance arrangements. This opinion is based upon, and limited to, the results of the Internal Audit work performed during the year as approved by the Audit Committee.

2.3.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.

2.3.3 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Trust.

2.3.4 The Head of Internal Audit shall be accountable to the Director of Finance. The reporting system for internal audit shall be agreed between the Director of Finance, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the Public Sector Internal Audit Standards. The reporting system shall be reviewed at least every three years.



2.4 External Audit

- 2.4.1 The Comptroller and Auditor General (C&AG) for Northern Ireland is the appointed External Auditor for the Trust, who may outsource the delivery of the external audit programme to an appropriately qualified third party organisation.
- 2.4.2 The Audit Committee will consider the performance of the External Auditor. If there are any problems relating to the service provided by an outsourced External Auditor, then this should be raised initially with the External Auditor and referred on to NI Audit Office if the issue cannot be resolved. The Director of Finance will notify the Audit Committee and Trust Board of any such instances.
- 2.4.3 Value-for-money assignments carried out by an External Auditor are directed by a nominated senior officer within DoH. The cost of such assignments is borne by DoH.
- 2.4.4 The Comptroller & Auditor General (C&AG) has a statutory right of access to all relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (NI) Order 2003.

2.5 Fraud and Corruption

- 2.5.1 In line with their responsibilities, the Chief Executive and Director of Finance shall monitor and ensure compliance with all guidance issued by the DoH Counter Fraud Policy Unit on fraud, bribery and corruption.
- 2.5.2. The Director of Finance is responsible for:
 - (a) assessing, identifying, evaluating and responding to risks of bribery or fraud;
 - (b) ensuring appropriate arrangements are in place for deterring, preventing, detecting and investigating fraud or bribery;
 - (c) ensuring that the Trust's Audit Committee formally considers the anti-fraud measures in place;
 - (d) reporting immediately all suspected or proven frauds, including attempted fraud to DoH; and
 - (e) complying with all guidance issued by DoH.
- 2.5.3 The Director of Finance shall nominate a suitable person to carry out the duties of the Fraud Liaison Officer, as specified by the DoH Counter Fraud Policy and guidance.
- 2.5.4 The Fraud Liaison Officer shall report to the Director of Finance and shall work with staff in the Counter Fraud and Probity Service within the Business Services Organisation (BSO) and the Regional Counter Fraud Policy Unit in accordance with the DoH Counter Fraud Policy.
- 2.5.5 The Director of Finance will provide a written report to the Audit Committee, at least annually, on counter fraud work within and on behalf of the Trust.



3. RESOURCE LIMIT CONTROL

KEY POINTS

- The Trust is required to operate within the revenue and capital budgets delegated to it by the DoH / HSC Board; and
- The Trust is required to work closely with Commissioners, the DoH and other HSC organisations to demonstrate efficient use of resources, manage cost pressures and gain approval for service developments and enhancements.

- 3.1 The Trust's revenue and capital expenditure form part of the DoH Department's Resource Delegated Expenditure Level (DEL) and Capital DEL respectively.
- 3.2 The Trust shall not, without prior written DoH 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 DoH or the Health and Social Care Board on its behalf.
- 3.3 The Trust is obliged to act in line with the guidance as set out in circular HSS (F) 17/2009 which deals with the HSC Finance Regime.

This states that the Trust is obliged to:

- (a) contain expenditure within the overall resources allocated subject to any ring fencing constraints;
- (b) maintain a constructive dialogue with other HSC organisations;
- (c) ensure that their services are offered at a price which reflects economic and efficient use of resources, and complies fully with financial requirements;
- (d) provide evidence to Commissioners on input costs in areas with no agreed output measure and agree SBA investment levels;
- (e) comply with SBA investment decisions taken in the context of the gap between provider's costs and benchmark costs and which strike a balance between best practice benchmarks and provider's costs in year;
- (f) work with Commissioners to develop a strategy to address gaps between provider costs and best practice benchmarks;
- (g) identify slippage on ring fenced resources for redeployment by Commissioners;
- (h) take a joint risk sharing approach with Commissioners to the management of cost pressures identified;
- (i) work jointly with Commissioners to reprofile services, incorporating bridging finance milestones and timeframes within SBA;
- (j) work with the DoH and Commissioners to manage the service implications of the capital programme;



Northern Ireland Ambulance Service Health and Social Care Trust



- (k) commission services from the independent sector as part of an agreed strategy which acknowledges and accounts for the short and long run implications for the statutory sector; and
- (l) undertake service developments or enhancements only with the approval of Commissioners except in the most exceptional of circumstances.



4. REVENUE RESOURCE LIMIT, PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

KEY POINTS

- The Chief Executive will submit to the HSC Board a Trust Delivery Plan which takes into account financial targets and forecast limits of available resources;
- The Director of Finance will prepare and submit budgets for approval by Trust Board in line with the Trust Delivery Plan;
- The Chief Executive delegates the management of budgets to budget holders to permit the performance of a defined range of activities;
- The Director of Finance reports monthly on performance against budget to Trust Board; and
- Budget holders are responsible for:
 - remaining within budget;
 - using the budget for the purpose intended;
 - not appointing permanent employees outside available resources; and
 - attending budgetary training.

4.1 Revenue Resource Limit (RRL)

4.1.1 The Director of Finance will:

- (a) periodically review the basis and assumptions used for distributing the Revenue Resource Limit and ensure that this is reasonable and realistic and secure the Trust's entitlement to funds;
- (b) as part of the Trust's Delivery Plan (TDP) for each financial year, submit to the HSC Board for approval a Financial Plan showing the total RRL and other allocations received and their proposed distribution including any sums to be held in reserve; and
- (c) regularly update the Trust on significant changes to the initial Revenue Resource Limit and the uses of such funds.

4.2 Preparation and Approval of Plans and Budgets

4.2.1 The Chief Executive will compile and submit to the Board a Trust Delivery Plan (TDP) which takes into account financial targets and forecast limits of available resources. The TDP will contain:

- (a) a statement of the significant assumptions on which the plan is based;
- (b) details of the organisation's priorities and objectives; and
- (c) details of major changes in workload, delivery of services or resources required to achieve the plan.



- 4.2.2 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:
- (a) be in accordance with the aims and objectives set out in the Trust Delivery Plan;
 - (b) accord with workload and workforce plans;
 - (c) be produced following discussion with appropriate budget holders;
 - (d) be prepared within the limits of available funds; and
 - (e) identify potential risks.
- 4.2.3 The Director of Finance shall monitor financial performance against budget and plan, review them on a monthly basis and report to Trust Board.
- 4.2.4 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.
- 4.2.5 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

4.3 Budgetary Delegation

- 4.3.1 The Chief Executive may delegate the management of budgets to budget holders to permit the performance of a defined range of activities. This delegation must be in writing and must be accompanied by a clear definition of:
- (a) the amount of the budget;
 - (b) the purpose(s) of each budget heading;
 - (c) individual and group responsibilities;
 - (d) authority to exercise virement only within total revenue or total capital; and
 - (e) achievement of planned levels of service.
- and regular reports must be provided.
- 4.3.2 The Chief Executive and delegated budget holders must not exceed the budgetary total Revenue Resource Limit set by the HSC Board.
- 4.3.3 All budget holders must ensure that the necessary business case preparation and approvals have been obtained for expenditure decisions before committing to recurrent revenue expenditure or to support any other proposed investment. Failure to obtain the required approvals will mean that the expenditure has been incurred without the required authority and is therefore deemed to be irregular. This could lead to a qualification of the audit opinion in the Trust's annual financial statements. Budget holders should refer to the latest DoH and Trust guidance on business cases and the NI Guide on Expenditure Appraisal and Evaluation.



- 4.3.4 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement. Where DoH resources allocated for a particular purpose are not required or not required in full for that purpose, approval of the HSC Board must be obtained before any redistribution within the Trust.
- 4.3.5 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.
- 4.3.6 All budget holders are required to regularly review all projected expenditure and identify to the Director of Finance on a timely basis where inescapable expenditure has the potential to breach their delegated budget.

4.4 Budgetary Control and Reporting

- 4.4.1 The Director of Finance will devise and maintain systems of budgetary control, which will include:
 - (a) Monthly financial reports to the Board in a form approved by the Board containing:
 - (1) income and expenditure to date showing trends and forecast year-end position;
 - (2) capital project spend and projected outturn against plan;
 - (3) explanations of any material variances from plan; and
 - (4) details of any corrective action where necessary and the Chief Executive's and / or Director of Finance's view of whether such actions are sufficient to correct the situation.
 - (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
 - (c) investigation and reporting of variances from financial, workload and workforce budgets;
 - (d) monitoring of management action to correct variances; and
 - (e) arrangements for the authorisation of budget transfers.
- 4.4.2 Each Budget Holder is responsible for ensuring that:
 - (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board or its delegated representative;
 - (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
 - (c) no permanent employees are appointed without the approval of the Chief Executive, or his / her delegated representative, other than those provided



Northern Ireland Ambulance Service Health and Social Care Trust



for within the available resources and budgeted establishment as approved by the Board; and

- (d) budget holders should attend such training as is deemed necessary by the Director of Finance.

4.4.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the TDP and a balanced budget.

4.5 Capital Expenditure

4.5.1 The general rules applying to delegation and reporting shall also apply to capital expenditure.

4.6 Monitoring Returns

4.6.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.



5. ANNUAL ACCOUNTS AND REPORTS

KEY POINTS

- The Director of Finance will prepare financial returns and the Annual Report and Accounts for the Trust as required by the DoH; and
- The Annual Report and Accounts will be subject to audit by the Comptroller and Auditor General, laid before the NI Assembly and presented in a public meeting of the Trust.

5.1 The Director of Finance, on behalf of the Trust, will:

- (a) prepare financial returns in accordance with the accounting policies and guidance given by the DoH and the Department of Finance (FReM), the Trust's accounting policies, and International Financial Reporting Standards ;
- (b) prepare and submit an audited Annual Report of the Trust's activities together with its audited consolidated annual accounts to the DoH certified in accordance with issued timetable and guidelines; and
- (c) submit financial returns to the DoH for each financial year in accordance with the timetable prescribed by the DoH.

5.2 The Trust's Annual Report and annual accounts must be audited either by an external auditor appointed by or the Comptroller and Auditor General (C&AG) for Northern Ireland. The Trust's audited Annual Report and annual accounts must be presented to a public meeting and made available to the public after laying before the NI Assembly.

5.3 The Trust shall maintain and publish a Freedom of Information (FOI) Publication Scheme in a format approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the Trust that are made publically available. This will include the Annual Report and Accounts.



6. BANK ACCOUNTS

KEY POINTS

- The Director of Finance is responsible for managing the Trust's banking arrangements and ensuring detailed instructions on their operation are in place; and
- The Trust Board will approve the banking arrangements.

6.1 General

- 6.1.1 The Director of Finance is responsible for managing the Trust's banking arrangements, including establishing and developing the interface with the BSO where it provides banking services on behalf of the Trust. The Director of Finance is also responsible for advising the Trust Board on the provision of banking services and operation of accounts. This advice will take into account guidance and directions issued from time to time by the DoH.
- 6.1.2 The Chief Executive is responsible for ensuring that the Trust's banking arrangements are in accordance with the requirements outlined in Managing Public Money Northern Ireland (MPMNI).
- 6.1.3 The Board shall approve the banking arrangements.

6.2 Bank Accounts

- 6.2.1 The Director of Finance is responsible for:
- (a) the operation of bank accounts;
 - (b) establishing separate bank accounts for the Trust's non-public funds;
 - (c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
 - (d) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn;
 - (e) monitoring compliance with DoH guidance on the level of cleared funds; and
 - (f) setting the parameters for the BSO within the SLA for any of the above as appropriate.

6.3 Banking Procedures

- 6.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts which must include:
- (a) the conditions under which each bank account is to be operated, including the use of electronic banking;



Northern Ireland Ambulance Service Health and Social Care Trust



- (b) those authorised to sign cheques or other orders drawn on the Trust's accounts;
- (c) the limit to be applied to any overdraft;
- (d) record keeping, including bank reconciliations;
- (e) adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash; and
- (f) setting the parameters for the BSO within the SLA for any of the above as appropriate.

6.3.2 The Director of Finance must advise the Trust's bankers in writing of the conditions under which each account will be operated including the nominated officers who are authorised to release monies from the bank accounts.

6.4 Tendering and Review

6.4.1 The Director of Finance will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking in co-operation with other HSC organisations, competitive tenders for the Trust's commercial banking business. The Trust should avail of the regional HSC banking contract, save in exceptional circumstances.

6.4.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board.



7. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

KEY POINTS

- The Director of Finance is responsible for ensuring that BSO Accounts Receivable Shared Services have appropriate procedures in place for the recording, invoicing, debt management, receipting and coding of all income due to the Trust;
- The Director of Finance is responsible for ensuring Trust staff have appropriate guidance regarding the above;
- The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges;
- Trust staff must promptly advise of income due to the Trust and follow the appropriate procedures to ensure an invoice is raised; and
- The Director of Finance is responsible for ensuring adequate security arrangements are in place over stationery, safes, safe keys, cash, cheques etc.

7.1 Income Systems

- 7.1.1 The Director of Finance is responsible for ensuring, via the Service Level Agreement with the BSO, that there is compliance with agreed systems for the proper recording, invoicing, collection and coding of all monies due.
- 7.1.2 The Director of Finance is also responsible for ensuring that the BSO and Trust staff comply with the requirement for the prompt banking of all monies received.
- 7.1.3 The Director of Finance will seek annual assurance from the BSO on the reliability of the information processed by BSO for accounting purposes on behalf of the Trust.
- 7.1.4 The Director of Finance will seek assurance that the BSO systems, controls and processes are subject to audit on an annual basis and that the Trust formally advised of any assurance levels that are categorised as less than satisfactory.

7.2 Fees and Charges

- 7.2.1 The Trust shall follow DoH guidance in setting prices for HSC service agreements.
- 7.2.2 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the DoH or by Statute. Fees or charges for any services supplied shall be determined in accordance with MPMNI. Independent professional advice on matters of valuation shall be taken as necessary.
- 7.2.3 All employees must inform the Director of Finance promptly of money due to the Trust arising from transactions which they initiate / deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.
- 7.2.4 Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the following guidance shall be followed:



- (a) the DoH “Commercial Sponsorship – Ethical standards in the HSC”; and
- (b) the Trust’s policy on Standards of Business Conduct.

7.3 Debt Recovery

- 7.3.1 The Director of Finance is responsible for ensuring that the BSO undertakes the appropriate recovery action on all outstanding debts.
- 7.3.2 Income not received should be dealt with in accordance with the DoH guidance on losses and special payments.
- 7.3.3 Appropriate controls should be put in place to prevent overpayments and measures put in place to detect overpayments. Where overpayments are detected, recovery must be initiated in line with DOH guidance and Trust procedures.
- 7.3.4 The Director of Finance shall ensure that regular reports in the agreed format are provided to the Trust by the BSO in relation to those debts managed by the BSO on the Trust’s behalf.

7.4 Security of Cash, Cheques and other Negotiable Instruments

- 7.4.1 The Director of Finance is responsible for:
 - (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
 - (b) ordering and securely controlling any such stationery;
 - (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
 - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust; and
 - (e) obtaining assurance from BSO that suitable arrangements for the above exist where relevant within the Accounts Receivable Shared Services Centre.
- 7.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 7.4.3 All cheques, postal orders, cash etc., shall be banked in full and intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.
- 7.4.4 All unused cheques and other orders will be subject to the same security precautions as are applied to cash.
- 7.4.5 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any



Northern Ireland Ambulance Service Health and Social Care Trust



loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

- 7.4.6 Any shortfall in cash, cheques or other negotiable instruments, however occasioned, will be reported immediately to the Director of Finance (in accordance with the Trust's losses procedure) and the Trust's Fraud Liaison Officer.



8. PROCUREMENT AND CONTRACTING PROCEDURE

KEY POINTS

- Procurement is defined as “the process of acquisition, usually by means of a contractual arrangement after public competition, of goods, services, works and other supplies by the public service.”;
- The Trust must use the existing Centres of Procurement Expertise for the procurement of works, goods and services;
- The Director of Finance will prepare a Procurement Annual Report and Action Plan;
- The Director of Finance is responsible for ensuring that the Trust has appropriate systems in place for controlling risks associated with purchasing activities; and
- Trust managers and officers must:
 - Ensure they comply fully with Trust guidance on procurement (including Direct Award Contracts) and contract management;
 - Complete a declaration of objectivity and interest if participating in an evaluation process; and
 - Accept tenders from suppliers who provide the lowest cost or the best value for money, being the optimum combination of whole life cost and quality.

8.1 Duty to comply with Standing Orders and Standing Financial Instructions

- 8.1.1 The procedure for making all contracts by or on behalf of the Trust shall comply with all relevant legislation, Northern Ireland Public Procurement Policy, the Standing Orders and Standing Financial Instructions (except where Standing Order No. 3.13 Suspension of Standing Orders is applied).

8.2 Northern Ireland Public Procurement Policy, EU Directives Governing Public Procurement and DoH Mini-Code Guidance, DOH HSC(F) circulars and other professional Estates guidance.

- 8.2.1 Northern Ireland Public Procurement Policy 2002 (as amended and supplemented), Directives by the Council of the European Union, UK Public Contracts Regulations and Guidance on procurement matters promulgated by the DoH prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in the Standing Orders and Standing Financial Instructions.
- 8.2.2 When carrying out procurements within its delegated limits of authority, the Trust must comply with the requirements of public accountability, the law (i.e. key principles of the Treaty for the Functioning of the European Union (TFEU), current EU Public Procurement Directives and current UK Public Contracts Regulations) and best practice (as contained in Departmental Policies and Northern Ireland Public Procurement Policy).



8.3 Scope of Procurement

- 8.3.1 As per the Northern Ireland Public Procurement Policy 2002 (as amended), Public Procurement is defined as “the process of acquisition, usually by means of a contractual arrangement after public competition, of goods, services, works and other supplies by the public service”.
- 8.3.2 These Standing Financial Instructions encompass the procurement of any works, goods, services and personnel from any external supplier in the market place awarded through Direct Award Contract, Quotations, Tenders or Open Competition.
- 8.3.3 It does not cover:
- (a) The supply of services provided internally within the HSC e.g. commissioning of care services from HSC bodies, supply of administration, finance, personnel, ICT support and arrangements with CoPEs;
 - (b) Expenditure which is regulated by DoH directive, such as personal and social services expenditure on boarded-out adults, patient travelling expenses, or others, such as business rates and water and sewerage.

8.4 Procurement Arrangements

8.4.1 General

The Director of Finance will ensure that the Trust has appropriate systems in place for controlling the risks associated with purchasing activities. These include:

- (a) Establishing and documenting accountability, ensuring appropriate top level commitment;
 - (b) Implementing a procurement strategy and work plan;
 - (c) Demonstrating legal compliance;
 - (d) Pursuing best practice and demonstrating best value for money;
 - (e) Managing effective relationships with key suppliers, customers and other stakeholders;
 - (f) Following an appropriate, documented procurement process;
 - (g) Managing contracts and contractor performance ;
 - (h) Professional competence;
 - (i) Monitoring and review of overall performance management; and
 - (j) Audit.
- 8.4.2 The Director of Finance will compile and submit to the Board, or a nominated Committee, a Trust Procurement Strategy and Annual Procurement Plan which take into account key strategic procurement requirements to deliver efficient and effective procurement.



- 8.4.3 The Director of Finance will, on behalf of the Chief Executive, prepare a Procurement Plan and submit for approval by the Trust Board or a nominated Committee. The Annual Procurement Plan will:
- (a) be in accordance with the aims and objectives set out in the Trust Procurement Strategy;
 - (b) be produced following discussion with appropriate CoPEs and other stakeholders;
 - (c) be prepared within the limits of available funds;
 - (d) identify potential risks; and
 - (e) cover all areas of externally sourced expenditure on works, equipment, goods, supplies, service and personnel.
- 8.4.4 The Director of Finance shall monitor performance against the work plan with key stakeholders, review it on a quarterly basis and report to the Board or a nominated Committee.
- 8.4.5 Staff from all key areas involved in procurement shall provide information as required by the Director of Finance to enable a plan to be compiled and progress monitored.
- 8.4.6 The Director of Finance has a responsibility to ensure that adequate training and documented procedures are available to Trust employees commensurate with their roles and responsibilities. These procedures will include appropriate guidance on procurement, the management of contracts and management of contractor performance.
- 8.4.7 The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.
- 8.4.8 The Director of Finance will maintain, and present annually to the Trust's Audit Committee, a register detailing any contracts above £5,000 in which appropriate competitive tendering was not employed.
- 8.4.9 **Duties of Managers and Officers**
- (a) Managers and officers acting on behalf of the Trust must ensure that they comply fully with the Trust guidance on procurement (including Direct Award Contracts) and contract management;
 - (b) Prior to participation in an evaluation process, those officers participating in the evaluation will be required to complete a Declaration of Objectivity and Interests; and
 - (c) Officers participating in an evaluation must accept tenders from suppliers who provide the best value for money overall. This is defined as the most advantageous combination of costs, quality and sustainability to meet customer and Trust requirements. In this context, cost means consideration of the whole life cost; quality means meeting a specification which is fit for purpose and sufficient to meet customer's requirements; and sustainability means economic, social and environmental benefits. Finding value for money involves an appropriate allocation of risk.



8.5 Procurement through a Centre of Procurement Expertise (CoPE)

8.5.1 Goods and Services

The Trust should use the CoPE within BSO Procurement and Logistics Service (PaLS) for the majority of its goods and services procurements. This provides strategic and operational procurement services covering both contracting for goods and services and where no contract exists, negotiating prices and placing orders on behalf of the Trust.

8.5.2 Construction, Works and Design Services

For construction, works and design related services the Trust should use the CoPE within the Department of Finance's Central Procurement Directorate (CPD) – Health Projects.

8.6 Use of Centres of Procurement Expertise (CoPE)

8.6.1 The Director of Finance is responsible for managing the arrangements regarding the procurement and logistics service with the BSO, including setting clarity for the BSO within the Service Level Agreement (SLA) and for advising the Trust Board on the provision of procurement and logistics services. This advice will take into account guidance and directions issued from time to time by the DoH.

8.6.2 The Director of Operations is responsible for managing the procurement of construction works and design services with the Central Procurement Directorate below the Trust delegated limit, adherence to the Estates Procedure Manual by the Trust and for advising Trust Board on the provision of construction works and design services. This advice will take into account guidance and directions issued from time to time by the DoH.

8.6.3 The Director of Finance and the Director of Operations are responsible for seeking assurance that the following are in place within the CoPEs:

- (a) clear and appropriately detailed specifications for all purchases;
- (b) the purchase of all works, goods and services conform to an appropriate method of procurement;
- (c) all potential suppliers are identified through the use of pre-determined criteria that ensure regularity and propriety;
- (d) tenders and contract awards are evaluated through the use of pre-determined criteria that ensure the delivery of best value, where best value is defined as "the most advantageous combination of cost, quality and sustainability to meet customer requirements";
- (e) all contracts for goods, works and services are managed and regularly monitored and reviewed;
- (f) up-to-date legislation and guidance relevant to the management of purchasing is used;
- (g) performance indicators are in place and regularly reviewed; and



- (h) the service is subject to audit to ensure that an appropriate and effective system of managing purchasing is in place and the necessary levels of controls and monitoring are implemented.

8.7 Trust Estates Procurement and Contract Management

- 8.7.1 The Director of Finance is responsible for ensuring compliance by the Trust with the Construction Procurement Directorate – Health Projects Estates Procurement Manual (or equivalent relevant guidance), DoH Mini-code and other relevant guidance as appropriate and for ensuring appropriate monitoring procedures and processes are in place including evidence of compliance.

8.8 Competition

- 8.8.1 Competition promotes economy, efficiency and effectiveness in public expenditure. Works, goods and services should be acquired through public competition unless there are convincing reasons to the contrary, and where appropriate should comply with EU and domestic advertising rules and policy. The form of competition chosen should be appropriate to the value and complexity of the goods and services to be acquired.
- 8.8.2 Contracts shall be placed on a competitive basis and tenders accepted from suppliers who provide best value for money overall.
- 8.8.3 Where a contract is awarded to an economic operator without competition, this is referred as a Direct Award Contract (DAC). In light of their exceptional nature, all DACs should be dealt with in accordance with the advice, requirements and delegations set out in DoH and DoF guidance and in accordance with SLA or any formal general guidance on direct awards given by the relevant CoPE (in addition to complying with any other applicable delegations not arising as a result of DAC status e.g. capital or IT delegations).

8.9 Contracting / Tendering Procedure

- 8.9.1 The Trust shall obtain and follow the advice of the relevant CoPE(s) in relation to the following processes:
 - (a) Invitation to tender;
 - (b) Receipt and safe custody of tenders;
 - (c) Opening tenders and registration of tenders;
 - (d) Admissibility of tenders;
 - (e) Late tenders;
 - (f) Evaluation of tenders;
 - (g) Assessment of financial standing and technical competence of contractors;
 - (g) Exceptions to using approved contractors; and
 - (h) Competitive and non-competitive quotations.



8.10 Authorisation of Tenders and Competitive Quotations

- 8.10.1 Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided in accordance with delegated limits set out in the Trust's Scheme of Reservation and Delegation.
- 8.10.2 Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes.
- 8.10.3 Where the contract to be awarded is a multi-Trust or Regional Contract then the Chief Executive shall nominate in advance a Trust employee(s) to participate in the tender evaluation and adjudicate the contract on behalf of the Trust. In doing so the Chief Executive shall delegate authority to that officer(s) to award the contract on behalf of the Trust.

8.10.4 Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are used which subsequently prove to have a value above such limits shall be reported to the Chief Executive (or appropriate delegated Trust Officer), and be recorded in an appropriate Trust record.

8.10.5 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Director of Finance.

8.11 Private Finance for capital procurement

- 8.11.1 The Trust may consider the use of private sector financing for major capital schemes. In such cases, the Trust shall follow the advice and guidance of the DOH, CPD and the Department of Finance & Personnel in relation to the process to be followed. VFM should be considered as a major element of this advice and guidance.
- 8.11.2 Any proposal to utilise private sector finance must be specifically agreed by the Trust Board and the decision recorded in the minutes of the relevant meeting.

8.12 Health Service Agreements

- 8.12.1 Service agreements between HSC organisations shall not be regarded for any purpose as giving rise to contractual rights or liabilities, but if any dispute arises with respect to such an arrangement, either party may refer the matter to the DoH for determination.

8.13 In-house Services

- 8.13.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.



8.13.2 Appropriate groups shall be established within the Trust to manage the tender process and to present an in-house bid. All groups shall work independently of each other. No member of the in-house tender group shall be permitted to participate in the evaluation of tenders.

8.13.3 The evaluation team shall make recommendations to the Board.

8.13.4 The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.

8.14 Applicability of SFI's on Procurement and Contracting to Charitable Trust funds

8.14.1 These Instructions shall not only apply to expenditure from exchequer (public) funds but also to works, services and goods purchased from the Trust's Charitable Trust funds and from other funds provided to the Trust.



9. HSC SERVICE AGREEMENTS FOR PROVISION OF SERVICES (see overlap with SFI No. 8)

KEY POINTS

- The Chief Executive is responsible for ensuring the Trust enters into suitable Service and Budget Agreements (SBA) with service commissioners for the provision of health and social care services. They should aim to implement the agreed priorities contained in the Trust Delivery Plan.

9.1 Service and Budget Agreements (SBA's)

- 9.1.1 The Chief Executive, as the Accounting Officer, is responsible for ensuring the Trust enters into suitable Service and Budget Agreements (SBA) with service commissioners for the provision of health and social care services.
- 9.1.2 All SBA's should aim to implement the agreed priorities contained within the Trust Delivery Plan (TDP) and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:
- (a) The standards of service quality expected;
 - (b) The provision of reliable information on cost and volume of services;
 - (c) that SBAs build where appropriate on existing investment plans; and
 - (d) That SBA's are based on integrated care pathways.

9.2 Involving Partners and Jointly Managing Risk

- 9.2.1 A good SBA will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The SBA will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

9.3 Reports to Board on SBA's

- 9.3.1 The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the SBA.



10. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD, SENIOR EXECUTIVES AND EMPLOYEES

KEY POINTS

- The Remuneration and Terms of Service Committee is a sub-committee of the Trust Board and makes recommendations to the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other senior executives;
- The funded establishment of any department may not be varied without the approval of the Chief Executive;
- The Director of Finance is responsible for ensuring that appropriate arrangements are in place for payroll processing, that proper controls exist and are operating effectively;
- All employees will be issued with a contract of employment in an approved form which complies with employment legislation; and
- Trust nominated managers have delegated responsibility for:
 - Submitting accurate time records and other notifications in accordance with agreed timetables and in a prescribed format;
 - Submitting manual or electronic contractual amendments on time and in a prescribed format; and
 - Submitting appropriate claims for reimbursement in accordance with agreed timetables and in a prescribed format.

10.1 Remuneration and Terms of Service (see overlap with SO No. 4)

10.1.1 In accordance with Standing Orders the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

10.1.2 The Committee will:

- (a) make recommendations to the Board about appropriate remuneration and terms of service for the Chief Executive and other senior executives including:
 - (1) all aspects of salary (including any performance-related elements/bonuses);
 - (2) provisions for other benefits, including pensions and cars; and
 - (3) arrangements for termination of employment and other contractual terms.
- (b) make such recommendations to the Board on the remuneration and terms of service of the Chief Executive and other senior executives to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the



provisions of any national arrangements for such members and staff where appropriate;

- (c) monitor and evaluate the performance of the Chief Executive and individual senior executives who are remunerated on a senior executive pay scale; and
- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

10.1.3 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of officer members. Minutes of the Board's meetings should record such decisions.

10.1.4 The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by either DoH direction or by the Committee.

10.1.5 The Trust will pay allowances to the Chair and non-executive members of the Board in accordance with the Payment of Remuneration to Chairmen and Non-Executive Members Determination issued by the DoH.

10.2 Funded Establishment

10.2.1 The workforce plans incorporated within the annual budget will form the funded establishment.

10.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.

10.2.3 The Director of Finance shall put appropriate controls in place to ensure that the funded establishment is not exceeded without the prior authority of the Chief Executive.

10.3 Staff Appointments

10.3.1 No officer or Member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless authorised to do so by the Chief Executive or nominated officer (as noted in the Scheme of Reservation and Delegation); and
- (b) within the limit of their approved budget and funded establishment as confirmed by the Director of Finance.

10.3.2 The Board will approve procedures presented by the Chief Executive or nominated officer (for the determination of commencing pay rates, condition of service, etc, for employees. These procedures will reflect elements of this service provision and related processes via BSO Recruitment Shared Service.

10.4 Payroll Processing

10.4.1 The processing of Trust payroll is outsourced to the BSO. The Director of Finance will ensure that there is an appropriate Service Level Agreement and monitoring



arrangements in place with the BSO to ensure that the Trust's responsibilities with regard to payroll processing are addressed, that proper controls are in place and are operating effectively. This includes the need for a robust business continuity plan.

10.4.2 The Director of Finance will seek an annual assurance from the BSO on the reliability of the information processed by BSO for accounting purposes on behalf of the Trust.

10.4.3 The Director of Finance will seek assurance that the BSO systems, controls and processes are subject to audit on an annual basis and that the Trust is made aware of any assurance levels that are categorised as less than satisfactory.

10.4.4 The Director of Finance is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications;
- (b) the final determination of pay and allowances including travel and subsistence, in accordance with DoH guidance;
- (c) making arrangements for ensuring payment on agreed dates; and
- (d) agreeing method of payment.

10.4.5 The Director of Finance will agree and ensure the issue of instructions, including by the BSO where appropriate, regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay, including travel and subsistence to employees and non-executive appointees;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the General Data Protection Regulation / Data Protection Act 2018;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by bank credit to employees and officers;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;
- (k) maintenance of regular and independent reconciliation of pay control accounts;



- (l) separation of duties of preparing records and handling cash if applicable; and
- (m) a system to ensure the recovery from those in and leaving the employment of the Trust of sums of money and property due by them to the Trust.

10.4.6 Appropriately nominated managers have delegated responsibility for:

- (a) submitting manual or electronic time records, and other notifications in accordance with agreed timetables, and in the form prescribed by the Director of Finance;
- (b) submitting manual or electronic claims for re-imbursement of travel and subsistence expenses or other allowances in accordance with agreed timetables, and in the prescribed form by the Director of Finance; and
- (c) submitting manual or electronic termination / contract amendment forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination, retirement or other contractual change. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Director of Finance, HR and BSO Payroll must be informed immediately.

10.4.7 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

10.5 Contracts of Employment

10.5.1 The Board shall delegate responsibility to an officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;
- (b) dealing with variations to, or termination of, contracts of employment; and
- (c) ensuring compliance with the EU directive on contract workers.



11. NON-PAY EXPENDITURE

KEY POINTS

- The Trust Board will approve the level of non-pay expenditure on an annual basis;
- The Chief Executive will set out the list of managers who are authorised to place requisitions for the supply of goods and services and minor works, the financial limit of each requisition and the system for authorisation above that level;
- Non pay expenditure should be committed in accordance with procurement guidance;
- The Director of Finance is responsible for ensuring that appropriate arrangements are in place for processing payments, that proper controls exist and are operating effectively;
- The Director of Finance is responsible for issuing procedural instructions and guidance on obtaining goods, works and services and certification of associated accounts and claims;
- The Director of Finance is responsible for the prompt payment of accounts and claims and in accordance with Government Accounting guidance; and
- **Trust managers and officers must ensure they:**
 - Apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending;
 - Adhere to procurement guidance;
 - Order all goods, services or works on an official order, except works and services executed in accordance with contract and purchases from petty cash;
 - Do not split orders to avoid financial thresholds;
 - Do not place orders for items for which there is no budget provision, unless authorised by the Director of Finance;
 - Only use verbal orders in exceptional circumstances;
 - Do not take goods on loan / trial in circumstances that could commit the Trust to a future uncompetitive purchase;
 - Restrict purchases from petty cash and adequate records are maintained;
 - Do not issue orders to any firm which has made an offer of gifts / rewards or benefits to Directors or employees;
 - Notify the Director of Finance of staff changes to the list of approved signatories in the Trust.

11.1 Delegation of Authority

11.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

11.1.2 The Chief Executive will set out:

- (a) The list of managers who are authorised to place requisitions for the supply of goods and services and minor works; and



- (b) The maximum level of each requisition and the system for authorisation above that level.
- 11.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 11.1.4 Non-pay expenditure should be committed in accordance with the Northern Ireland Public Procurement Policy, Procurement Guidance Notes, DoH circulars and other relevant guidance.
- 11.1.5 The processing of Trust payments is outsourced to the BSO. The Director of Finance will ensure that there is an appropriate Service Level Agreement and monitoring arrangements in place with the BSO to ensure the Trust's responsibilities with regard to the processing of non-pay expenditure are addressed and that proper controls are in place and operating effectively. This should include a business continuity plan.
- 11.1.6 The Director of Finance will seek an annual assurance from the BSO on the reliability of the information processed by BSO for accounting purposes on behalf of the Trust.
- 11.1.7 The Director of Finance will seek assurance that the BSO systems, controls and processes are subject to audit on an annual basis and that the Trust is made aware of any assurance levels that are categorised as less than satisfactory.
- 11.1.8 The Director of Finance shall:
 - (a) prepare procedural instructions or guidance that reflect the Scheme of Reservation and Delegation on the obtaining of goods, works and services incorporating the thresholds;
 - (b) be responsible for the prompt payment of all properly authorised accounts and claims;
 - (c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (1) a list of those senior employees who are authorised to certify invoices and to authorise expenditure;
 - (2) certification, either manually or electronically that:
 - (i) goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - (ii) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - (iii) in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards



quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;

- (iv) where appropriate, the expenditure is in accordance with regulations including taxation and all necessary authorisations have been obtained;
 - (v) the account is arithmetically correct; and
 - (vi) the account is in order for payment.
- (3) a timetable and process for submission of accounts to the BSO for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; and
- (4) instructions to employees regarding the processes for requesting payments of invoices/accounts by the BSO Accounts Payable Shared Service Centre.
- (d) be responsible for ensuring that payment for goods and services is only made by BSO Accounts Payable Shared Service Centre once the goods and services are received.

11.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

11.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust; namely the optimum combination of whole life cost and quality (or fitness for purpose). In so doing, the advice of the CoPE on supply shall be sought.

Where this advice is not acceptable to the requisitioner, the Director of Finance (and / or the Chief Executive) shall be consulted.

Requisitions should be placed using the FPL e-Procurement system for goods and services.

11.2.2 Official Orders

Official orders, either manual or electronic must:

- (a) be consecutively numbered;
- (b) be in a form approved by the Director of Finance;
- (c) state the Trust / HSC terms and conditions of trade; and
- (d) only be issued to, and used by, those duly authorised by the Chief Executive.

11.2.3 System of Payment and Payment Verification

The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with the Public Sector Prompt Payment Policy.



11.2.4 Prepayments

Prepayments are only permitted where exceptional circumstances apply. This excludes normal regular expenditure such as telephone rentals, insurance or other rental agreements. In such instances:

- (a) prepayments are only permitted where the financial advantages outweigh the disadvantages and the risk associated with payment in advance;
- (b) the appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) the Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and
- (d) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

11.2.5 Duties of Managers and Officers

Managers and officers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and:

- (a) they must apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending;
- (b) all contracts (except as otherwise provided for in the Scheme of Reservation and Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;
- (c) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;
- (d) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the DoH;
- (e) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (1) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; and
 - (2) conventional hospitality, such as lunches in the course of working visits.

(This provision needs to be read in conjunction with Standing Order No. 7, the principles outlined in the Standards of Business Conduct and the Trust's policy on Gifts and Hospitality).



- (f) no requisition / order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- (g) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
- (h) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed the next working day by an official order and clearly marked "Confirmation Order";
- (i) orders must not be split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (j) goods must not be taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- (k) changes to the list of employees and officers authorised to certify invoices are notified to the Director of Finance;
- (l) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance; and
- (m) petty cash records are maintained in a form as determined by the Director of Finance.

11.2.6 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within Estates Procurement Manual and the Land Transactions Handbook. The technical audit of these contracts shall be the responsibility of the relevant Director.



12. GRANTS AND OTHER BODIES

KEY POINTS

- Payments to community and voluntary organisations shall comply with procedures laid down by the Director of Finance and in accordance with DoH guidance
- 12.1 Payments to community and voluntary organisations shall comply with procedures laid down by the Director of Finance which shall be in accordance with DoH guidance.
- 12.2 Grants to other bodies for the provision of services to patients or clients shall, regardless of the source of funding, incorporate the principles set out in DoH guidance.
- 12.3 The Trust shall comply with the five main principles that apply to the management and administration of grant making. These are:
- (a) Regularity – funds should be used for the authorised purpose;
 - (b) Propriety – funds should be distributed fairly and free from undue influence;
 - (c) Value for Money – funds should be used in a manner that minimises costs, maximises outputs and always achieves intended outcomes;
 - (d) Proportionate Effort – resources consumed in managing the risks to achieve and demonstrate regularity, propriety and value for money should be proportionate to the likelihood and impact of the risks materialising and losses occurring.; and
 - (e) Clarity of responsibility and accountability – within partnership working arrangements there should be clear documented lines of responsibility and accountability of each partner involved. Those who delegate responsibility should ensure that there are suitable means of monitoring performance.



13. CASH MANAGEMENT

KEY POINTS

- Grant in aid is paid in instalments to the Trust on the basis of need;
- The Director of Finance is responsible for ensuring that cash balances in the Trust are kept to a minimum;
- The Director of Finance is responsible for advising the Trust Board on the performance of any investments held; and
- The Trust is not normally allowed to borrow.

- 13.1 Grant-in-aid will be paid to the Trust in instalments on the basis of need and should not be drawn down in advance of need.
- 13.2 The Director of Finance is responsible for submitting a written application to the DoH, forecasting cash requirements and for drawing down grant-in-aid according to need.
- 13.3 The Director of Finance is responsible for ensuring that cash balances are kept at a minimum level consistent with the efficient operation of the Trust. Any interest earned on overnight deposits may have to be returned to DoH.
- 13.4 Temporary cash surpluses must be held only in such public or private sector investments as authorised by the Board and in accordance with DoH guidance.
- 13.5 Where applicable the Director of Finance is responsible for advising the Board on investments and shall report periodically to the Board, or delegated sub-committee, concerning the performance of investments held.
- 13.6 The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.
- 13.7 Where the Trust proposes to borrow funds, the Director of Finance shall seek the approval of the DoH and where appropriate the Department of Finance to ensure that it has the necessary authority and budgetary cover for any borrowing or the expenditure to be financed by such borrowing. Any expenditure by the Trust that is financed by borrowing shall count towards DEL.



14. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

KEY POINTS

- The Chief Executive will ensure there is an adequate economic appraisal of capital expenditure proposals in line with all relevant guidance;
- For every capital expenditure proposal, the Chief Executive will ensure there is a business case, that the Director of Finance has certified the costs and revenue consequences, and that DoH approval has been secured where appropriate;
- The Chief Executive must obtain DoH approval for all property and finance leases;
- The Chief Executive is responsible for the overall control of assets and maintenance of asset registers, advised by the Director of Finance concerning asset control procedures; and
- Each employee has responsibility for the security of property of the Trust and reporting any loss of assets in accordance with the procedure for reporting losses.

14.1 Capital Investment

14.1.1 The Chief Executive:

- (a) shall ensure that there is an adequate economic appraisal of capital expenditure proposals in line with the Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE), HM Treasury guidance and the DoH guidance;
- (b) shall ensure that there is an approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- (c) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (d) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences.

14.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

- (a) that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:
 - (1) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - (2) the involvement of appropriate Trust personnel and external agencies; and
 - (3) appropriate project management and control arrangements, including post-project evaluation.



- (b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case; and
- (c) that DoH approval is obtained for projects costing more than the Trust's delegated limit for capital schemes.

14.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Land Transactions Handbook.

14.1.4 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with HMRC guidance, and shall put procedures in place for the operation of the scheme.

14.1.5 The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

14.1.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed by delegated limits to procurement; and
- (c) approval to accept a successful tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Land Transactions Handbook guidance and the Trust's Standing Orders.

14.1.7 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes as issued by DoH.

14.2 Private Finance

14.2.1 The Trust should normally test for PFI when considering capital procurement. When the Trust proposes to use finance which is to be provided other than through its allocations, the following procedures shall apply:

- (a) the Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector;
- (b) where the sum involved exceeds delegated limits, the business case must be referred to the DoH or in line with any current guidelines; and
- (c) the proposal must be specifically agreed by the Board.

14.3 Leasing

14.3.1 The Chief Executive must obtain DoH approval for all property and finance leases.



- 14.3.2 Before entering into a lease, the Director of Finance shall ensure that a process is in place to demonstrate that the lease offers better value for money than an outright purchase.

14.4 Asset Registers

- 14.4.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.
- 14.4.2 Each Trust shall maintain an asset register recording non-current assets. The minimum data set to be held within this register shall be as specified in the Capital Accounting Manual as issued by the DoH.
- 14.4.3 Additions to the asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - (c) lease agreements in respect of assets held on the Trust's Statement of Financial Position and capitalised.
- 14.4.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 14.4.5 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 14.4.6 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual issued by the DoH.
- 21.3.7 The value of each asset shall be depreciated and / or impaired using methods and rates as specified in the Capital Accounting Manual issued by the DoH.

14.5 Security of Assets

- 14.5.1 The overall control of non-current assets is the responsibility of the Chief Executive.
- 14.5.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:
- (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;



- (c) identification of all repairs and maintenance expenses;
- (d) physical security of assets;
- (e) periodic verification of the existence of, condition of, and title to, assets recorded;
- (f) identification and reporting of all costs associated with the retention of an asset; and
- (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

14.5.3 All discrepancies revealed by verification of physical assets to the asset register shall be notified to the Director of Finance.

14.5.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to HSC property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

14.5.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.

14.5.6 Where practical, assets should be marked as Trust property.



15. STORES AND RECEIPT OF GOODS

KEY POINTS

- The Chief Executive delegates the control of stores to designated officers in the Trust;
- Designated officers are responsible for security arrangements and the custody of keys for any stores;
- The Director of Finance will set out procedures and systems to control and regulate stores, including a physical check of items in the store at least annually; and
- Designated officers are responsible for the review of slow moving and obsolete items in the stores and adherence to the procedures for the reporting of losses.

15.1 General Position

15.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to annual stock take; and
- (c) valued at the lower of cost and net realisable value.

15.2 Control of Stores, Stocktaking, Condemnations and Disposal

15.2.1 Subject to the responsibility of the Director of Finance for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him / her to departmental employees and stores managers / keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated manager.

15.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager / Pharmaceutical Officer. Wherever practicable, stocks should be marked as Trust property.

15.2.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

15.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

15.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.



- 15.2.6 The designated Manager / Pharmaceutical Officer shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 16 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

15.3 Goods supplied by Centres of Procurement Expertise (CoPE)

- 15.3.1 For goods supplied via central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note and notify the Centre of Procurement Expertise of any shortages or discrepancies using established Trust procedures.

15.4 Goods supplied directly from Suppliers

- 15.4.1 For goods supplied directly from suppliers, the Chief Executive shall identify those authorised to requisition and accept goods. The authorised person shall check receipt against the delivery note and order and notify of any shortages or discrepancies using established Trust procedures.



16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

KEY POINTS

- The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations and ensure these are notified to managers;
- Assets shall be sold for best price, taking into account the costs of sales. Generally assets will be sold by auction or competitive tender;
- Heads of Service are responsible for ensuring that all data held on assets for disposal are dealt with appropriately and securely;
- The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses and special payments in line with DoH guidance; and
- Any employee discovering or suspecting a loss of any kind must either immediately inform their Head of Department or inform the Trust's Fraud Liaison Officer.

16.1 Disposals and Condemnations

16.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

16.1.2 When it is decided to dispose of a Trust asset, the Head of Department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

16.1.3 All unserviceable articles shall be:

- (a) Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance; and
- (b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

16.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

16.1.15 Heads of Department will be responsible for ensuring that all data held on assets for disposal are dealt with appropriately and securely.

16.2 Losses and Special Payments

16.2.1 The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments in line with DoH guidance.



- 16.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance.
- 16.2.3 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud or corruption, the Director of Finance will determine when to inform the PSNI in accordance with the Trust's Fraud Response Plan.
- 16.2.4 The Director of Finance or other nominated officer must notify the BSO Counter Fraud and Probity Services Team on discovery of a loss or suspected loss to public funds or property as a result of fraud, misappropriation, theft, arson or malicious damage.
- 16.2.5 Within limits delegated to it by the DoH, the Board shall approve the writing-off of losses. These delegated limits are noted in the Trust's Scheme of Reservation and Delegation.
- 16.2.6 The Director of Finance shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 16.2.7 For any loss, the Director of Finance should consider whether any insurance claim can be made. Losses shall not be written off until all reasonable attempts to make a recovery have been made and proved unsuccessful.
- 16.2.8 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 16.2.9 No special payments exceeding delegated limits shall be made without the prior approval of the DoH.
- 16.2.10 All losses and special payments must be reported to the Audit Committee at least once per annum.



17. INFORMATION TECHNOLOGY

KEY POINTS

- Director of Finance is responsible for the accuracy and security of the computerised financial data of the Trust;
- The Director of Finance will ensure that contracts for computer services for financial applications with another health organization or other agency clearly define the responsibilities of all parties;
- The Director of Performance and Reform will ensure that risks to the Trust arising from the use of IT are effectively identified and considered; and
- Where computer systems have an impact on corporate financial systems, the Director of Finance will need to be satisfied across a range of measures.

17.1 Responsibilities and duties of the Director of Finance

17.1.1 The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the General Data Protection Regulation / Data Protection Act 2018;
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
- (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

17.1.2 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

17.2 Responsibilities and duties of other Directors and Officers in relation to Computer Systems of a general application

17.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which HSC bodies wish to sponsor jointly) all responsible directors and employees will send to the Director of Finance:

- (a) details of the outline design of the system; and



- (b) in the case of packages acquired either from a commercial organisation, from the HSC, or from another public sector organisation, the operational requirement.

17.3 Contracts for Computer Services with other health bodies or outside agencies

17.3.1 The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

17.3.2 Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

17.4 Risk Assessment

17.4.1 The Director of Finance shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

17.5 Requirements for Computer Systems which have an impact on corporate Financial Systems

17.5.1 Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Director of Finance staff have access to such data; and
- (d) Such computer audit reviews as are considered necessary are being carried out.



18. PATIENTS' PROPERTY

KEY POINTS

- The Trust has a responsibility to securely hold any patients' property received;
- The Director of Finance will provide written instructions on the management of patients property for all staff; and
- Line managers must ensure that staff are appropriately informed of their responsibilities and duties for the administration of patients' property.

- 18.1 The Chief Executive will take all reasonable steps (taking account of the situations confronting ambulance personnel particularly in emergency cases) to ensure that patients property handed in or discovered is securely held.
- 18.2 The Director of Finance must provide detailed written instructions on the collection, custody, recording, safekeeping, and disposal of patients' property for all staff whose duty it is to administer, in any way, the property of patients or clients.
- 18.3 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 18.4 The disposal of patients' property shall be effected by the officer who has responsibility for its security. Such disposal shall be in accordance with the written instructions of the Director of Finance.



19. CHARITABLE TRUST FUNDS (CTF)

KEY POINTS

- The Director of Finance has primary responsibility to the Trust Board (and Charitable Trust Funds Committee if appropriate) for ensuring that Charitable Trust funds are managed appropriately with regard to their purpose and requirements;
- The Director of Finance will arrange for the administration of all new and existing funds;
- The Director of Finance will provide guidelines to Trust officers on how to proceed with donations, legacies and bequests;
- The Director of Finance will deal with all arrangements for fund raising; ensure that appropriate banking arrangements are in place and be responsible for all aspects of the investment of Charitable Trust funds;
- Donated assets will be maintained along with the general estate and inventory of assets; and
- The Director of Finance will ensure regular reporting to the Trust Board (and Charitable Trust Funds Committee if appropriate) and preparation of the Annual Trustees' Report and Accounts.

19.1 Trust responsibilities for Charitable Trust funds are distinct from responsibilities for exchequer (public) funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. The Director of Finance should ensure that each fund is managed appropriately with regard to its purpose and requirements.

19.2 This section of the SFI's should be interpreted and applied in conjunction with the rest of these instructions, subject to modifications contained herein.

19.3 The Director of Finance has primary responsibility to the Board (and Charitable Trust Funds Committee if appropriate) for ensuring that these SFI's are applied and for compliance with the requirements of the Charities Commission for Northern Ireland (CCNI).

19.4 Existing Trust Funds

19.4.1 The Director of Finance should arrange for the administration of all existing Charitable Trust funds. They should ensure that a governing instrument exists for every trust fund and should produce detailed codes of procedure covering every aspect of the financial management of Charitable Trust funds, for the guidance of directors and employees. Such guidelines should identify the restricted or unrestricted nature of certain funds.

19.4.2 The Director of Finance should periodically review the Charitable Trust funds in existence and should make recommendations to the Board (or Charitable Trust Funds Committee if appropriate) regarding the potential for rationalisation of such funds within statutory guidelines.



19.5 New Trust Funds

- 19.5.1 The Director of Finance should arrange for the creation of a new Charitable Trust fund where funds and / or other assets, received in accordance with policies, cannot adequately be managed as part of an existing Charitable Trust fund.
- 19.5.2 The governing document for each new Charitable Trust fund should clearly identify, inter alia, the objectives of the new fund, the capacity to delegate powers to manage and the power to assign the residue of the Charitable Trust fund to another fund contingent upon certain conditions, eg, discharge of original objects.

19.6 Sources of New Trust Funds

19.6.1 Donations

In respect of donations, the Director of Finance should:

- (a) Provide guidelines to officers of the Trust as to how to proceed when offered funds. These include:
 - (1) the identification of the donor's intention;
 - (2) where possible, the avoidance of new Charitable Trust funds;
 - (3) the avoidance of impossible, undesirable or administratively difficult objects;
 - (4) sources of immediate further advice; and
 - (5) treatment of offers of personal gifts.
- (b) Provide secure and appropriate receipting arrangements which will indicate that funds have been accepted directly into Charitable Trust funds and that the donor's intentions have been noted and accepted.

19.6.2 Legacies and Bequests

In respect of legacies and bequests, the Director of Finance should:

- (a) provide guidelines to officers covering any approach regarding:
 - (1) the wording of wills; and
 - (2) the receipt of funds / other assets from executors.
- (b) where necessary, obtain grant of probate, or make application for grant of letters of administration, where the Charitable Trust fund is the beneficiary;
- (c) be empowered to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty; and
- (d) be directly responsible for the appropriate treatment of all legacies and bequests.



19.6.3 Fund Raising

In respect of fund-raising, the Director of Finance shall:

- (a) deal with all arrangements for fund-raising by and / or on their behalf and ensure compliance with all statutes and regulations;
- (b) be empowered to liaise with other organisations / persons raising funds and provide them with an adequate discharge. The Director of Finance shall be the only officer empowered to give approval for such fund-raising subject to the overriding direction of the Board;
- (c) be responsible for alerting the Board to any irregularities regarding the use of the Charitable Trust fund's name or its registration numbers; and
- (d) be responsible for the appropriate treatment of all funds received from this source.

19.6.4 Trading Income

In respect of trading income, the Director of Finance shall:

- (a) be primarily responsible for any trading undertaken; and
- (b) be primarily responsible for the appropriate treatment of all funds received from this source.

19.6.5 Investment Income

In respect of investment income, the Director of Finance shall be responsible for the appropriate treatment of all dividends, interest and other receipts from this source (see below).

19.7 Investment Management

19.7.1 The Director of Finance shall be responsible for all aspects of the management of the investment of Charitable Trust funds. The issues on which he / she should be required to provide advice to the Board should include:

- (a) the formulation of investment policy within the powers of the Charitable Trust fund under statute and within governing instruments to meet its requirements with regard to income generation and the enhancement of capital value;
- (b) the appointment of advisers, brokers, and where appropriate, fund managers. The Director of Finance should agree the terms of such appointments and for such appointments written agreements should be signed by the Chief Executive;
- (c) pooling of investment resources and the preparation of a submission to the DoH for them to make a scheme;
- (d) the participation in common investment funds and the agreement of terms of entry and withdrawal from such funds;
- (e) that the use of Trust investments shall be appropriately authorised in writing and charges raised within policy guidelines;



- (f) the review of the performance of brokers and fund managers; and
- (g) the reporting of investment performance.

19.8 Disposition Management

19.8.1 The exercise of dispositive discretion shall be managed by the Director of Finance in conjunction with the Board. In so doing he / she shall be aware of the following:

- (a) the objects of various funds and the designated objectives;
- (b) the availability of liquid funds within each trust fund;
- (c) the powers of delegation available to commit resources;
- (d) the avoidance of the use of exchequer (public) funds to discharge Charitable Trust fund liabilities (except where administratively unavoidable), and to ensure that any indebtedness to the exchequer (public) funds shall be discharged by Charitable Trust funds at the earliest possible time;
- (e) that Charitable Trust funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the Charitable Trust fund; and
- (f) The definitions of “charitable purposes” as agreed by the DoH.

19.9 Banking Services

19.9.1 The Director of Finance should advise the Board and, with its approval, should ensure that appropriate banking services are available to the Charitable Trust fund. These bank accounts should permit the separate identification of liquid funds to each fund where this is deemed necessary by the DoH.

19.10 Asset Management

19.10.1 Assets in the ownership of or used by the Charitable Trust fund, shall be maintained along with the general estate and inventory of assets. The Director of Finance shall ensure:

- (a) in conjunction with the legal adviser, that appropriate records of all assets owned are maintained, and that all assets, at agreed valuations, are brought to account;
- (b) that appropriate measures are taken to protect and / or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses;
- (c) that donated assets received on trust rather than into the ownership of the Trust shall be accounted for appropriately; and
- (d) that all assets acquired from Charitable Trust funds which are intended to be retained within the Charitable Trust funds are appropriately accounted for, and that all other assets so acquired are brought to account in the name of the Trust.



19.11 Reporting

19.11.1 The Director of Finance shall ensure that regular reports are made to the Board with regard to, inter alia, the receipt of funds, investments, and the disposition of resources.

19.11.2 The Director of Finance shall prepare Annual Trustees' Report and Charitable Trust fund accounts in the required manner which shall be submitted to the Board and DoH within agreed timescales.

19.12 Accounting and Audit

19.12.1 The Director of Finance shall maintain all financial records to enable the production of Charitable Trust fund reports as above and to the satisfaction of internal and external audit.

19.12.2 The Director of Finance shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. He / she will liaise with external audit and provide them with all necessary information.

19.12.3 The Board shall be advised by the Director of Finance on the outcome of the annual audit. The Chief Executive shall submit the Report to Those Charged with Governance to the Board.

19.13 Administration Costs

19.13.1 The Director of Finance shall identify all costs directly incurred in the administration of Charitable Trust funds and, in agreement with the Board, shall charge such costs to the appropriate Charitable Trust accounts.

19.14 Taxation and Excise Duty

19.14.1 The Director of Finance shall ensure that any Charitable Trust fund liability to taxation and excise duty is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.



20. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT

KEY POINTS

- Trust staff are required to comply with the Gifts and Hospitality Policy.
- 20.1 The Director of Finance shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits-in-kind by staff. This policy follows DoH guidance and is also deemed to be an integral part of the Standing Orders, these Standing Financial Instructions and the Gifts and Hospitality Policy.
- 20.2 The Chief Executive shall ensure a written record is maintained of any such gifts, bequests or donations and of their estimated value and whether they are disposed of or retained.



21. RETENTION OF RECORDS

KEY POINTS

- The Chief Executive is responsible for maintaining records in accordance with DoH guidelines, Good Management and Good Records and the Trust Retention and Disposal Schedule.

- 21.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with DoH guidelines as set out in the Good Management Good Records document.
- 21.2 The records held in archives shall be capable of retrieval by authorised persons.
- 21.3 Records held in accordance with latest DoH guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.



22. RISK MANAGEMENT AND INSURANCE

KEY POINTS

- The Chief Executive shall ensure that the Trust has a programme of risk management which is approved and monitored by Trust Board; and
- There are only three exceptions of when the Trust may enter into arrangements for commercial insurance.

22.1 Programme of Risk Management

22.1.1 The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current DoH assurance framework requirements, which must be approved and monitored by the Board.

22.1.2 The Chief Executive shall ensure that the risks the Trust faces are dealt in an appropriate manner, in accordance with the relevant aspects of best practice in corporate governance and shall develop a risk management strategy in accordance with DoH / HM Treasury guidance and MPMNI.

22.1.3 The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities;
- (b) engendering among all levels of staff a positive attitude towards the control of risk;
- (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- (d) contingency plans to offset the impact of adverse events;
- (e) audit arrangements including; Internal Audit, clinical audit, health and safety review; and
- (f) arrangements to review the Risk Management programme.

22.1.4 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Mid-Year Assurance Statement and the Governance Statement within the Annual Report and Accounts as required by current DoH guidance.

22.2 Insurance Arrangements with Commercial Insurers

22.2.1 The Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that arise as a result of the requirement for the Trust to self-insure. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.



- 22.2.2 There is a general prohibition on entering into insurance arrangements with commercial insurers, other than insurance which is a statutory obligation or which is permitted under MPMNI.
- 22.2.3 There are, however, **three exceptions** when Trust's may enter into insurance arrangements with commercial insurers. The exceptions are:
- (a) Trust's may enter commercial arrangements for **insuring motor vehicles** owned by the Trust including insuring third party liability arising from their use;
 - (b) Where the Trust is involved with a consortium in a **Private Finance Initiative contract / Public Private Partnership** and the other consortium members require that commercial insurance arrangements are entered into; and
 - (c) Where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Director of Finance should consult the DoH
- 22.2.4 The Trust falls under Schedule 2 of the Employer's Liability (Compulsory Insurance) Regulations (Northern Ireland) 1999, and therefore is not required to insure against liability for personal injury suffered by its employees.



23. HSC TRUST FINANCIAL GUIDANCE

KEY POINTS

- The Director of Finance will ensure that members of the Trust Board are aware of extant finance guidance from the DoH.

23.1 The Director of Finance shall ensure that members of the Board are aware of the extant finance guidance issued by DoH and that this direction and guidance are followed by the Trust.

TB/05/12/2019/05

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING 5 December 2019



PRESENTATION OF PAPER

Title:	Operations Directorate Performance Report
Purpose:	Up-date Trust Board on Operational Performance, Actions and Activities
Content:	<p>Emergency Ambulance Control (EAC) Update:</p> <ul style="list-style-type: none">• Performance and Activities• Award Scheme <p>Operational Performance Update:</p> <ul style="list-style-type: none">• CAT A Response• Turnaround Time• Staff Development• Flu Vaccination Campaign
Recommendation:	<p>For Noting:</p> <ul style="list-style-type: none">• Increasing numbers of calls• Increased turnaround @ RVH & Ulster Hospital• Leadership Project
Previous Forum:	
Date of SMT Approval:	
Prepared and Presented by:	Robert Sowney, Interim Director of Operations

Emergency Ambulance Control (EAC) Report

EAC Call Taking Statistics

Emergency Ambulance Control has three designations of call covered by Automatic Call Distribution (ACD): Emergency, Routine and Urgent / HCP.

Emergency Call (999) Activity

The number of “999” calls answered now stands at 141, 113 (April 2019-November 2019).

As well as taking calls from the general public NIAS also takes calls from hospitals, GP surgeries and other health care professionals. The average daily calls (i.e all calls including 999, Routine & HCP) to EAC is now stands at 1003 calls per day.

Key Performance Indicator - 999 Call Answer Times

EAC aims to answer telephone calls as quickly as possible and has a target of 90% of all Emergency calls answered in 5 seconds.

Call answer performance up to October 2019 was 76%. A number of risks have been raised in relation to current and forecasted pressures on 999 call answering performance which are as follows:

- Increase in call demand
- Reduction of frontline operational response capacity leading to an increase of duplicate 999 calls.
- Reduction in Emergency Ambulance Control (EAC) Call Taking staff/capacity
- Absence levels of call taking staff (EMD levels at 11.8% for 2018/19)
- Emergency leave/High staff turnover
- Expected/unexpected call surge
- Increase in ambulance calls due to seasonal variations and significant days.

Key Actions from September – November 2019

- New Clinical Response Model code-set successfully introduced on 12 November 2019.
- Briefing sessions and EAC staff training was undertaken in August & September 2019.
- EMD training course continues to be delivered for 8 new staff - training to be completed by December 2019.
- The recruitment and selection process for new EMD Supervisor posts completed with a waiting list created. Once trained these Supervisors will give greater oversight of the function allowing real time performance monitoring.
- Procurement, planning and preparation continues to establish a new Site 5 contingency control room on the site of the old EAST / RMC complex to improve our business continuity and contingency arrangements.

EMD (999 Call Takers) Award Scheme

Emergency Ambulance Control operates an EMD award scheme. Certificates and badges are awarded for randomly selected calls with overall “High Compliance” and for calls with exemplary (100%) Customer Service. Other awards are for Baby Born, Cardiac Life Saver & Non-Cardiac Life Saver. In order to attain these specific awards the call must be reviewed as meeting the standards of “Compliant” or “High Compliance”.

The ongoing call audit process as part of our Quality Assurance of 999 call-taking up to October 2019 shows that EAC continues to meet the IAED Accredited Centre of Excellence standards thus providing clinical assurance that 999 calls are being prioritised appropriately. NIAS is one of only four other national services that have achieved this accreditation.

RESPONSE TIME PERFORMANCE REPORT YEAR END REPORT

For April 2019 to October 2019

Summary of Trends:

1. Cumulative NI Cat A performance from April 2019 – October 2019 was 32.6% (6.9% decrease for same period last year from 39.5%)
2. Average response time across Northern Ireland for Cat A responses in October 2019 was 14 minutes 15 seconds, an increase of 1 minute 59 seconds (from 12 minutes 16 seconds last year).
3. Total cumulative Emergency Call demand for April 2019 to October 2019 (including Cat HCP activity) has increased by 3.1% = 555 calls for the same period last year.
4. Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability. It is noted that in the October 2019 there were substantial increases in the number of lost hours at the Royal Victoria Hospital and Ulster Hospital, Dundonald.

DISCLAIMER

Please note that due to system issues the data provided below may be subject to change at a later stage. Please use in a cautionary manner at this time.

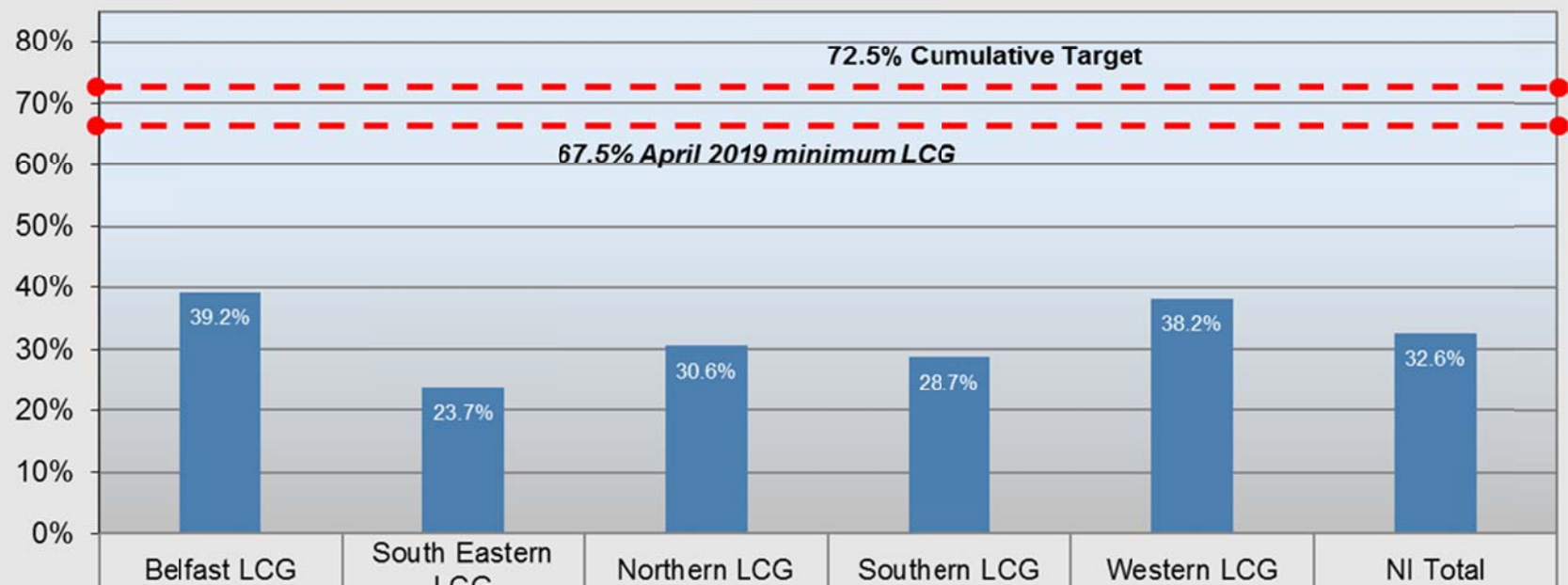
Key Performance Indicator: Resources are deployed in line with the Category/Code and measured through Key Performance Indicators

When the call taking process is completed calls are categorised for deployment as per table:

Call type	Category / code	Key Performance Indicators
999 Potentially immediately life threatening	A (Purple/ Red)	< 8 minutes
999 Serious but not life threatening	B (Amber)	< 21 minutes
999 Neither life threatening or serious	C (Green)	< 60 minutes
Healthcare Professional Calls (HPC)(GPs who 'book' and ambulance after seeing a patient and deciding they need to be admitted to hospital within a set time frame)	HCP Calls	1 hour 2 hours 3 hours 4 hours
Routine	Routine	As agreed with caller and call taker

KEY PERFORMANCE INDICATORS (KPIs) for the Year 2018/19
<i>From April 2019, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG) with 95% of Cat A have a conveying resource <21 min</i>
<i>95% of Category B Response <21 mins</i>
<i>95% Category C Non- Health Care Professional <60mins</i>
<i>Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours</i>

% Cat A Calls Responded to Within 8 Minutes Cumulative from April 2019 to end October 2019

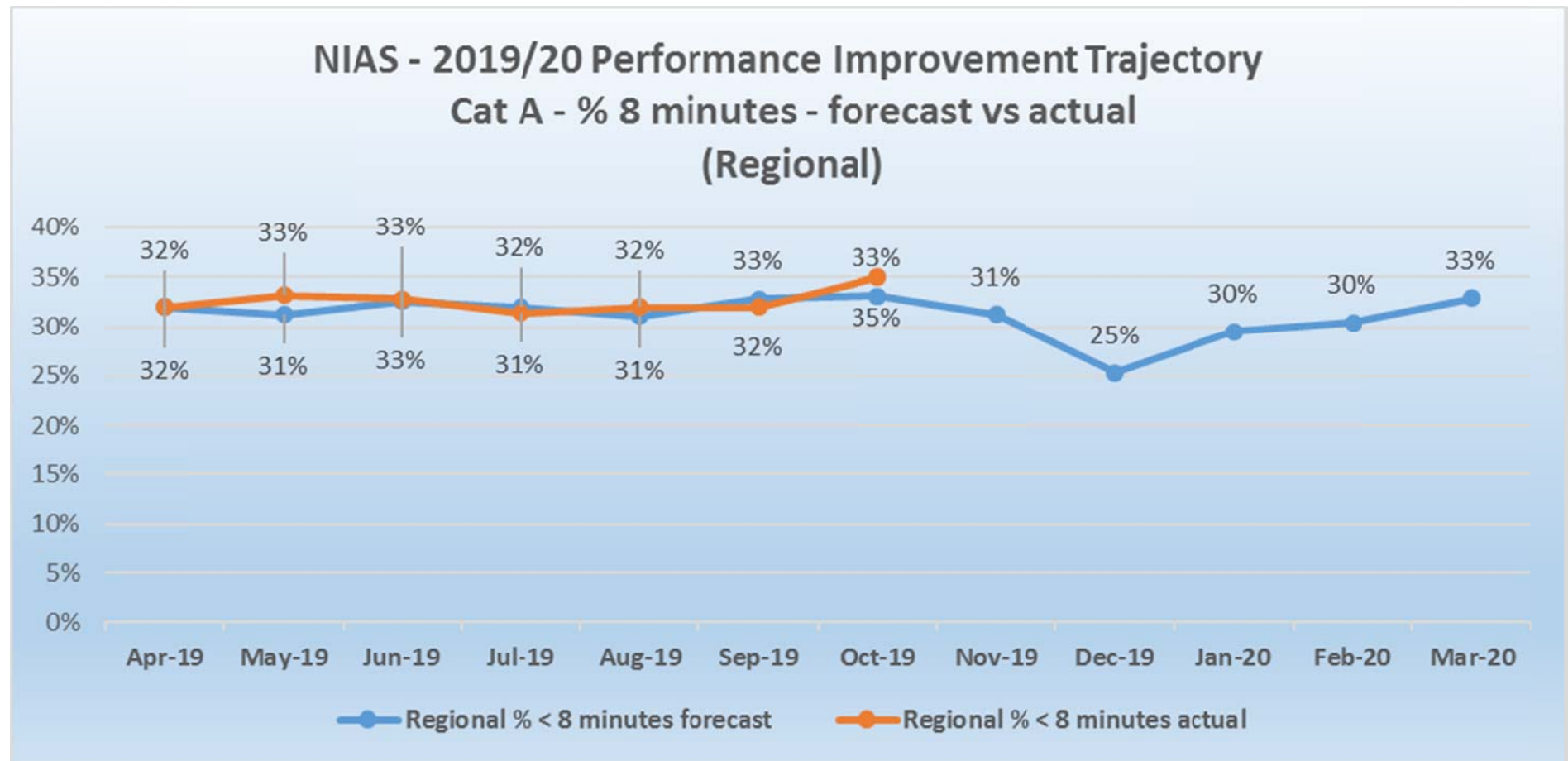


% Cat A Within 8 Min	39.2%	23.7%	30.6%	28.7%	38.2%	32.6%
Cat A within 8 min	3,579	1,448	2,350	1,725	2,131	11,233
Total No. of Cat A	9,120	6,102	7,670	6,008	5,585	34,485

From April 2019, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area.
*Disclaimer may be subject to change at a later date.

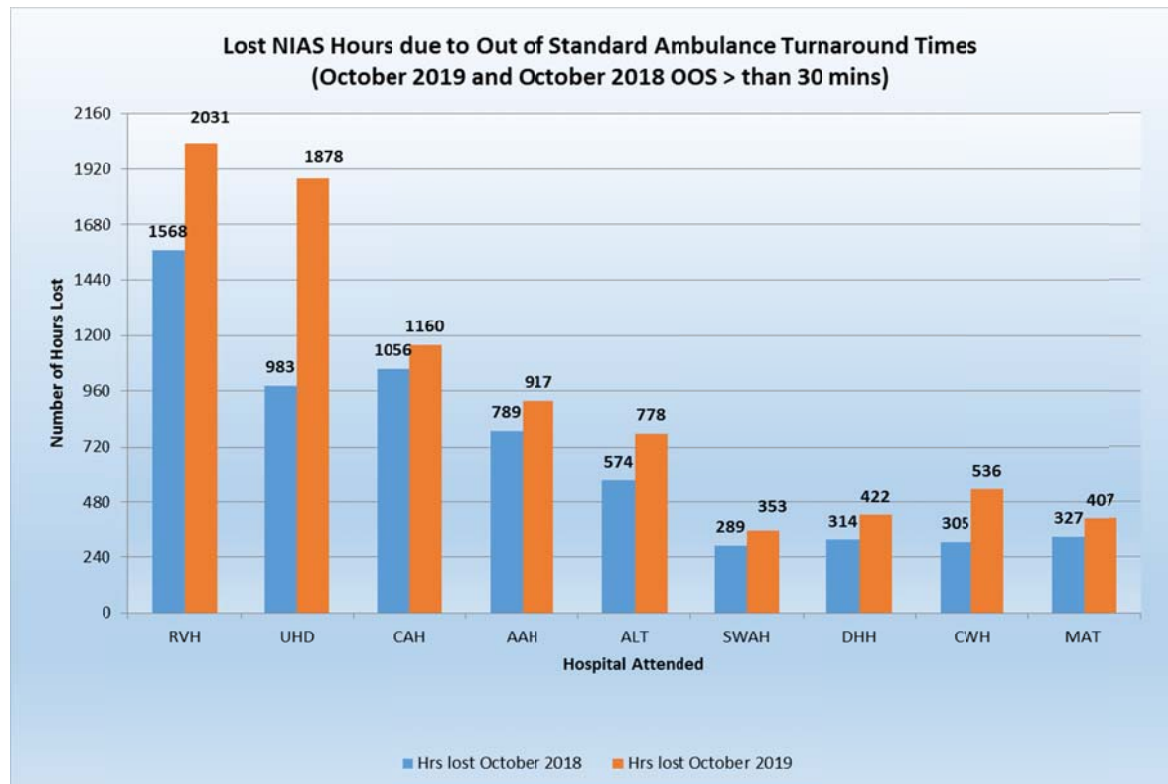
DISCLAIMER: Please note that due to system issues the data provided below may be subject to change at a later stage. Please use in a cautionary manner at this time

Cat A Performance – Performance Improvement Trajectory



Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30minutes – Oct 2019 V Oct 2018

In October 2019 over 8400 hours were lost at ED by ambulances waiting more than 30 minutes to be clear for the next call. Effectively this is equivalent to the loss of 353, 24hr ambulances in the month that were no longer available to respond to emergency calls because they were waiting at ED.



Turnaround action: A Standard Operational Procedure (SOP) has been developed for the HALO role which improves focus on Ambulance clearing and making more crews available by cohorting as necessary.

Staff Development

Station Supervisors

To consolidate the Station Supervisor tier of management, over 30 positions have been recruited to for a period of 12 months. These are to fill existing vacancies within the stations and to provide additional support for IPC matters and attendance management and indeed to provide the full range of supervisor duties. They commenced in October and have received training in relevant NIAS systems.

Management Training

The Interim Director of Operations authorised a bespoke training initiative for our first line managers to include Station Officers and Duty Control Managers. The programme will be

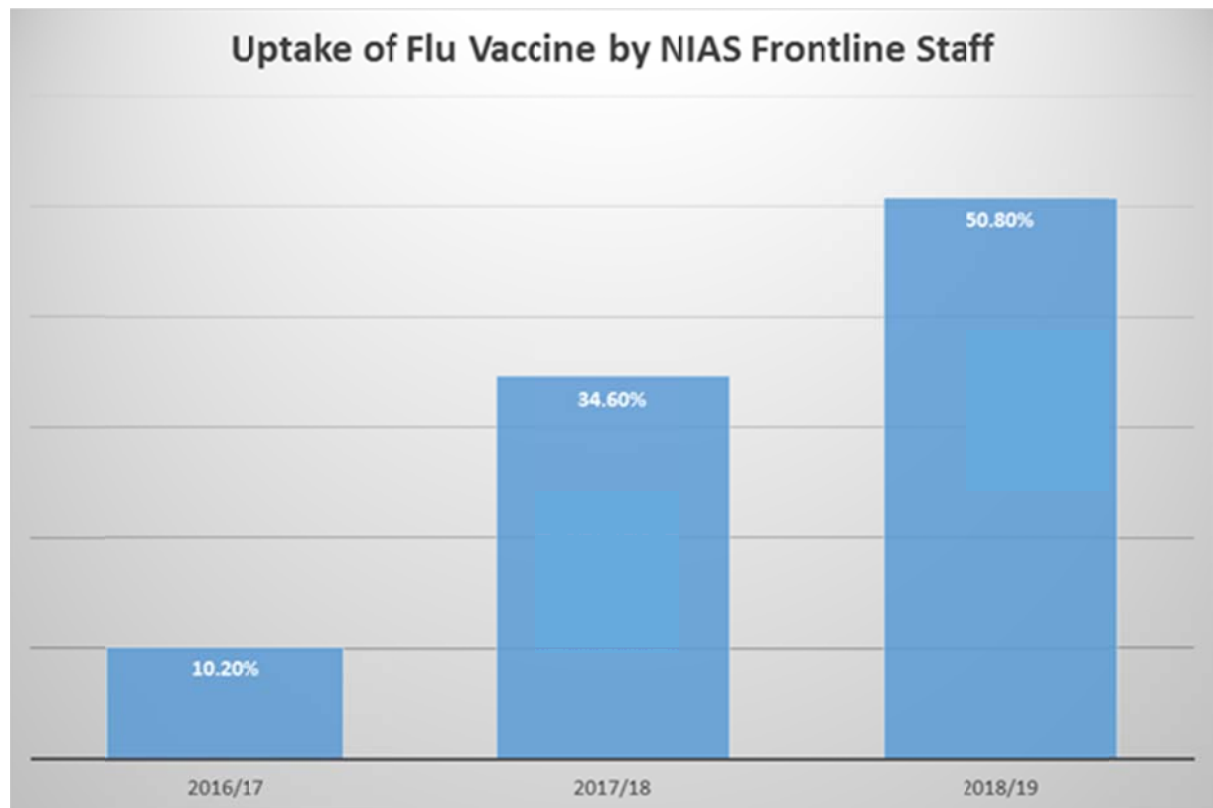
delivered over four days and is expected to refresh and reinforce the various skills, competencies and practices required for these post holders to undertake their roles. 25 staff have registered to attend the course.



Photo above taken at the first session event held 18 October 2019 at the Ivanhoe Hotel, Belfast.

2019/20 flu Vaccination Campaign

The 2019/20 NIAS Flu Campaign commenced on 1st October, 2019 with Peer Vaccinators recruited from suitable staff who were on sick leave and volunteers from Paramedics/HALOs throughout all divisions. Below shows NIAS progress since the Peer Vaccination programme commenced in 2017.



Flu Clinics are being held at NIAS HQ, Ambulance Stations, at Emergency Departments and at Training courses. To publicise our campaign and encourage staff to approach us, two vehicles, no longer suitable for frontline duties, have had a makeover using the NIAS Flu Bug logo (see below photo). This has created a talking point with staff and hopefully will encourage members of the public to receive their vaccination also. IPC compliance has been ensured with the installation of internal cupboards, Sharps/Clinical Waste receptacles etc.



Before becoming a Peer Vaccinator staff must complete a short e-learning session and be familiarised with the Cold Chain, SOP, PGD etc. When staff are vaccinated their information is recorded on Data Collection sheets and scanned to Flu.Fighters@nias.hscni.net where it is collated by the Human Resources Department. The original record is then destroyed.

To date 834 records have been checked, 705 operational and 128 non-operational, 99 records registered vaccination declined, 97 operational and 2 non-operational. In total 734 employees have been vaccinated, **608 operational** out of a total of 1124 and 126 non-operational giving NIAS **54.09 %** of operational staff vaccinated.

The Chief Medical Officer Dr Michael McBride has stated his ambition is for a 100% uptake of medical professionals with direct patient contact to be vaccinated but a minimum uptake target of 50% has been set across all Trusts this year for frontline Health Care workers for 2019/20 flu season.

TB/05/12/2019/06

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

MEDICAL DIRECTORATE

Medical Director
5 December 2019
(Sept-Oct 2019)

Medical Directorate Performance Report for Trust Board

Emergency Planning & Business Continuity	
	<p>The NIAS Business Continuity Lead works within the Emergency Planning Department and has been liaising with all directorates and departments on developing and reviewing continuity plans as well as undertaking exercising of these.</p> <p>The situation regarding EU Exit remains unclear following a further postponement in late October. NIAS continues to cooperate with the Department's co-ordinating group and will be required to provide daily sitreps in the lead up to any EU Exit. This process has been postponed in light of recent political developments.</p>
Risk Management	
<i>Corporate Risk Register</i>	<p>The Corporate Risk Register is reviewed at Trust Board in line with the Internal Audit recommendations relating to overall risk management and Board functioning and is scheduled to be presented at this meeting. The Risk Manager has also undertaken an exercise of identifying levels of governance which exist and provide assurance on a wide variety of Trust activities. The format of this report will be the subject of a workshop later in 2019.</p>
<i>Incident Reporting Procedures</i>	<p>The post of SAI Lead is due for interview on 1 November 2019 and will see a full-time officer dedicated to the co-ordination of SAI reviews. A Director of Quality & Safety was appointed in October 2019 and will have a significant responsibility for the oversight of SAs and embedding of the resultant learning.</p> <p>An increased number of SAs have been noted relating to a delay in response to patients ranging from high priority emergencies to non-critical healthcare professional admissions. Many of these reflect increased pressure of demand, although the issue of hospital turnarounds has also been a factor in releasing crews to respond. Work is continuing to reduce the backlog of open incidents and the appointment of the SAI Lead will help to address this.</p>
<i>Outcomes from Reports, Alerts, etc.</i>	<p>The Senior Management Team is updated weekly on any new potential SAs and a formal report on adverse incidents including SAs involving NIAS are provided to the Assurance Committee.</p> <p>The Medical Director reports on any Coroner's reports, medication and device alerts, NICE guidance and regional learning letters which are applicable to the context of an Ambulance</p>

	Service. All of these areas are eligible for discussion at the Trust's Learning Outcomes Review Group.
Clinical Care	
<i>Infection Prevention & Control</i>	<p>Work continues to address environmental issues including the ongoing replacement of station sluices following approval of the business case for Trust-wide IPC provision.</p> <p>NIAS had a follow-up meeting with the RQIA Review Team. An issue highlighted was the apparent lack of a training strategy, although it was clarified that this was in fact signed off by Trust Board the day after the recent RQIA inspections. It was also noted that a training programme had been specifically held until after the summer period due to operational pressures. The RQIA has determined to maintain the current improvement notice until there is clear evidence of the implementation of the training plan including observation of clinical practice, and has extended the date of the notice until the end of March 2020. They have however undertaken to enter discussions in February 2020 in order to better understand the progress made.</p> <p>The new IPC Lead is due to take up post on 4 November 2019.</p>
<i>Regional Community Resuscitation Strategy</i>	<p>Community</p> <p>Community Resuscitation is included within Health and Wellbeing of the Community Plans of the following Councils – Ards & North Down, Lisburn & Castlereagh, Mid-Ulster Council, Antrim and Newtownabbey, Armagh, Banbridge & Craigavon, Derry City & Strabane. Plans are in place to follow up with Belfast, Causeway Coast & Glens, Mid & East Antrim, Fermanagh & Omagh. Further partnership working is ongoing with NIAS, Councils and SportNI to provide Heartstart training across 5 Council areas who have Community Resuscitation plans. This will build capacity for approximately 60 trainers to deliver training to sports clubs within the agreed Council areas.</p>

	<p>AEDs Number of AEDs now registered on the NIAS interactive map: 1561.</p> <p>Community First Responders A third new CFR scheme in Newtownhamilton went live on 10 September 2019. Currently there is a pause on developing new CFR Schemes until June 2021 to enable Moving & Handling training to take place.</p> <p>Schools Schools teacher training continues as scheduled.</p> <p>Data The Central Survey Unit have confirmed a number of CPR/AED questions to be asked to 11-18 year olds as part of the Children and Young Peoples Behaviour and Attitudes survey. This commenced in October 2019.</p>
<i>Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)</i>	<p>Work has now commenced on establishing the links to the regional data centres. BSO have completed the server build in the data centres and Ortivus have been given remote access. NIAS has received 30 devices and have allowed the training department to use 20 for access to web based training materials for their courses. This will also allow user feedback on the device. Six workshops have been held at all divisions to showcase the device and to begin the clinical configuration of the software. Attendance at some has been disappointing.</p> <p>Technical work on Health and Care Number, CAD and NIECR interfaces is going on in the background.</p> <p>Agreement that the pilot will be rolled out with SE Trust.</p>
<i>Appropriate Care Pathways</i>	<p>The Appropriate Care Pathways continue to be used by staff routinely however during the reporting period, the non-convey rate has dropped to 24.4%. Between Sept – Oct 2019, a number of new ACPs went live including:</p> <ul style="list-style-type: none"> • Daisy Hill Direct Assessment Unit for patients with frailty related / ambulatory care conditions; • Northern Ireland Fire and Rescue Service for patients at risk of harm from fire. <p>In addition, the following ACPs were reviewed:</p> <ul style="list-style-type: none"> • Alcohol Recovery Centre • Lifeline

Both of these pathways can now be used by Emergency Medical Technicians.

The Multiagency Triage Team (MATT) which consists of a paramedic; PSNI officer and Mental Health professional has extended the catchment area in which it operates and now responds to calls within the BHSC area. Also during the reporting period, the MATT provided a presentation to the Police Ombudsman on the role of the team. A training day was held in New Forge and the team won the Outstanding Team award at the SEHSCT Chairman's awards.

Training / Education

The CEC continue to offer a range of short courses to promote the use of pathways. During the reporting period, a meeting was held with the CEC to formalise the arrangements in place and draft a service level agreement. A range of courses were offered on the topics of ear irrigation; managing the tracheal stoma and mental health awareness.. In addition to the CEC courses a further 50 staff attended a paediatric emergencies study day facilitated by the BHSC and College of Paramedics.

Members of the medical directorate have presented at all new staff inductions to promote the use of ACPs. Inductions attended have included:

- AAPs
- New Ambulance Care Attendants

Other key events which occurred in Sept-Oct were:

Quality Improvement

We supported a number of staff complete the SQE programme in partnership with the SEHSCT. SQE topics this year include analgesia for neck of femur fractures; early warning scores and public access defibrillators. In addition, Joanna Smylie continues to attend the Scottish Quality Improvement Fellowship

JRCALC Clinical App

During the reporting period, the business case for the App was submitted and the licences renewed for a further year. The App is now available for paramedics; Emergency Medical Technicians and Ambulance Care Attendants.

Urgent and Emergency Care Review

Members of the medical directorate continue to represent NIAS on a range of the Urgent and Emergency care sub groups. Furthermore, two members of the team co-chair the regional

	<p>navigation sub group and held a workshop on 15th Oct with a range of stakeholders to explore the potential of introducing a single point of contact for out of hours services.</p> <p>Clinical Support Desk During the reporting period, 5 CSD paramedics completed their training and have now been “signed off”.</p> <p>Two members of the team attended the national Manchester Triage Conference.</p> <p>Further recruitments have been commenced for the roles of Clinical Support Desk Paramedic and Clinical Support Desk Hub Manager.</p> <p>Careers Fair Members of the medical directorate were invited to the SHSCT healthcare careers fair. During the event, they spoke with approx. 200 students regarding a career with NIAS</p> <p>Presentations The Transformation and Modernisation team have made a number of presentations regarding their current work streams during the reporting period to a number of forums including:</p> <ul style="list-style-type: none"> • PHA Nursing home forum • Agile conference - Waterfront • Directors of Finance annual conference – Dunsilly Hotel • Palliative Care Conference – La Mon Hotel • SHSCT community falls team – St Luke’s hospital, Armagh <p>Meetings Key meetings attended during the reporting period included:</p> <ul style="list-style-type: none"> • Attendance at national Frequent Caller Network meeting • Regional Sepsis QI group • NEWS 2 group • HSCB & AIIPHC heart failure launch • Frailty network presentation
Helicopter Emergency Medical Service (HEMS)	<p>The helipad on top of the Critical Care building at the Royal Victoria Hospital has now been certified as functional by the Civil Aviation Authority following a successful test of the fire fighting apparatus. The HEMS team are aiming to schedule first test flights following final sign-off by NIFRS.</p>

The Medical Director has met with representatives of all five acute Trusts to progress the issue of the release of doctors to work on the HEMS service as part of their regular job plans. The response to this has been positive and detailed discussions are now being held around the practicalities of contracts and payroll.

The HEMS service has now responded to over 1,000 emergency calls. Two additional consultants have been selected to ease pressure on the rota at peak times and the recruitment for the next wave of HEMS paramedics has been completed which includes the provision of one additional team member.

Personal Public Involvement / Patient Client Experience

Patient and Client Experience Standards (PCES)

The Patient Experience function continues to include focus on:

- collection of patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure learning from 10,000 More Voices leads to improve services;
- engagement with the Comms Team on options for a NIAS 10,000 More Voices awareness and promotional campaign;
- continued promotion of 10,000 More Voices and gathering of more stories from patients and staff, reviewing progress and learning from results with service users;
- promotion of the pilot of the Appropriate Care Pathways survey;
- review of the 10,000 More Voices methodology to deliver more effective outcomes in the context of also delivering on PPI duties; and
- learning from results – ensuring that learning is shared with senior management and lessons learnt are used in training and service delivery.

The Trust has continued to engage with PHA in relation to the promotion of 10,000 More Voices and is seeking to develop a new process for gathering more stories from patients and staff, review progress and learn from results with service users. The Trust also continued to engage with colleagues regionally in relation to the development of the Real Time/Online User Feedback project. In this regard, the Trust continued to contribute to the Project Board in considering further opportunities and a specific resource for this work for the duration of the financial year 2019/20.

The first two meetings of the new NIAS Stakeholder Forum took place in September. Two events brought together stakeholders from service users, third-sector, statutory partners, political parties, and staff. The reason for two events was to make it more accessible for a greater number of attendees. The Chief Executive gave a presentation on the Trust's broad strategic direction. The

CRM Programme Director provided an update on CRM and there was significant engagement around this. A number of other issues were raised by attendees and addressed by the Equality team that has convened the Stakeholder Forum, with the undertaking that key themes would be drawn together. It was agreed that the Forum should meet a number of times per year. A draft ToR is being developed for consideration by the attendees. The next meeting(s) will be organised in January 2020, with the intention that specific areas and issues of NIAS development will proactively form a core part of the Stakeholder Forum's work. The Equality team will be developing and leading the Stakeholder Forum as business owner given its centrality to the future delivery of statutory duties around engagement, consultation, impact assessment, publicity and monitoring. However, other business areas (including Patient Experience, PPI, and wider service user and staff engagement) will have continuous opportunities for involvement as we seek to move towards a more integrated style of coproduction across Directorates.

Staff attitude, behaviour and communication are continuing themes emerging from complaints and we continue to work to address these issues through internal processes including training. We will also prioritise staff attitude and will raise awareness of and communicate the patient experience standards across all staff groups through learning and development programmes including induction training.

Personal and Public Involvement (PPI)

The Trust's Personal and Public Involvement (PPI) Strategy outlines its commitment to involving key stakeholders such as service users, carers and their representatives in the development of services.

Work is continuing on reviewing NIAS's PPI strategy and structure, in the wider context of Trust restructuring. During this reporting period, the Trust met with PHA and regional colleagues through the Regional PPI Forum. As outlined above, the relationship between PPI and Patient Experience work is now being developed in the wider context of Departmental and regional work to bring these work-stream closer on an outcomes-based approach.

The Trust has continued engagement and consultation on a range of transformation policies in development, alongside a specific focus on the PPI standards, taking into account the DoH's recently published guidance on co-production and co-design. PPI values have played a role in the staff engagements around the NIAS strategic discussion.

The first of the new NIAS Stakeholder Forum meetings took place in September. Two events brought together stakeholders from service users, third-sector, statutory partners, political parties, and staff. The reason for two events was to make it more accessible for a greater number of

attendees. The Chief Executive gave a presentation on the broad strategic direction. The CRM Programme Director provided an update on CRM and there was significant engagement around this. A number of other issues were raised by attendees and addressed by the Equality team that has convened the Stakeholder Forum. It was agreed that the Forum should meet a number of times per year. A draft ToR is being developed for consideration by the attendees. The next meeting(s) will be organised in January 2020, with the intention that specific areas and issues of NIAS development will proactively form a core part of the Stakeholder Forum's work, with the undertaking that key themes would be drawn together. The Equality team will be developing and leading the Stakeholder Forum as business owner given its centrality to the future delivery of statutory duties around engagement, consultation, impact assessment, publicity and monitoring. However, other business areas (including Patient Experience, PPI, and wider service user and staff engagement) will have also have continuous opportunities for involvement as we seek to move towards a more integrated style of coproduction across all Directorates.

Clinical Education and Training

The Regional Ambulance Training Centre have delivered an ambitious programme of education and training courses in 2019.

The first cohort of students on the NIAS/Ulster University Foundation Degree in Paramedic Practice (FdSc) have completed their studies and a graduation ceremony is planned for 5 December 2019. Those students who have been successful in obtaining this qualification are now eligible to apply to the HCPC Register and take up paramedic posts with NIAS.

A cohort of existing NIAS EMTs have successfully passed an interview process and joined the bridging programme that will enable them to commence the Foundation Degree in Paramedic Practice in January 2020.

Two Associate Ambulance Practitioner (AAP) courses with a combined total of 37 students completed the classroom-based elements of their training. One cohort are completing their Emergency Driving training before joining the second cohort in Operations as EMTs. These AAP programmes continue to be part of a significant commitment to train large numbers of clinical staff for workforce stabilisation and to enable backfill of EMTs who have stepped into student paramedic roles.

A course for new Ambulance Care Attendants commenced in November. This includes additional observational skills in readiness for taking up ACA positions in stations across the Service.

22 qualified paramedics from an external recruitment have attended NIAS induction days to ensure clinical standards are maintained and new staff are competent in using NIAS equipment safely prior to starting operational shifts.

To support the increased activity in RATC, 6 new Clinical Training Officers have been appointed to the team to provide additional capacity. The new members of the training team have commenced a PGCE with Ulster University to support their new roles. Ulster University are also delivering a Level 6 module in Patient Assessment & Clinical Decision Making for NIAS RATC and Operational staff with the second cohort commencing in January 2020.

A programme of continuing professional development opportunities for clinical staff is being run in conjunction with the HSC Clinical Education Centre. These short courses are attended on a voluntary basis and are open to both EMTs and paramedics wishing to strengthen their skills and knowledge.

EMERGENCY PLANNING REPORT FOR SEPT-OCT 2019

KPI No		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	No of Potential Major Incidents	1											
	No of Declared Major Incidents	1											
	No of Airport alerts												
	Belfast International Airport	1			1		1						
	Belfast City Airport			1	2								
	City of Derry Airport												
	St Angelo Airport												
	Newtownards Airfield												
	Other airfields												
	Business Continuity	1			1	2	3	1					
	Hazardous Material Incidents (HART calls)												
	HART pre-planned deployments		1		3	1							
4	Training sessions	1	3	2		1	2	3					
	Emergency Planning	4	4	5	1	2	2	4					
	HART	2	1	4	1	1	2	1					
	Business Continuity												
5	Exercises												
	Live	1		2			1						
	Tabletop		2	2	1	4	1	2					
	Observer		1					1					
6	Updates or amendments to MIP												
	Events	1	5	3	1	2	2	1					
	HART Calls/ deployments	77	73	110	133	121	138	121					
	GOLD operational				2								

Potential Major Incident

There were no potential major incidents during this period.

Major Incidents

There were no declared major incidents during this period.

Airport Alerts

On 29 September at 0953hrs, a plane made an emergency landing at Belfast International Airport after a “bird strike” with 148 passengers on board. Tasked to the scene were 6 A&E crews, 3 PCS / ICV crews, 2 RRVs, 6 Officers, 2 HART, 1 Doctor, Emergency Equipment Vehicle and Mobile Control Vehicle. Stood down 1017hrs, plane landed safely, no passengers taken to hospital.

HAZMAT / Hazardous Area Response Team (HART) deployments

97 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

31 = Restricted space

14 = In-land Water Operations

4 = Special Services Operations

6 = HAZMAT

107 = Assistance to Ops

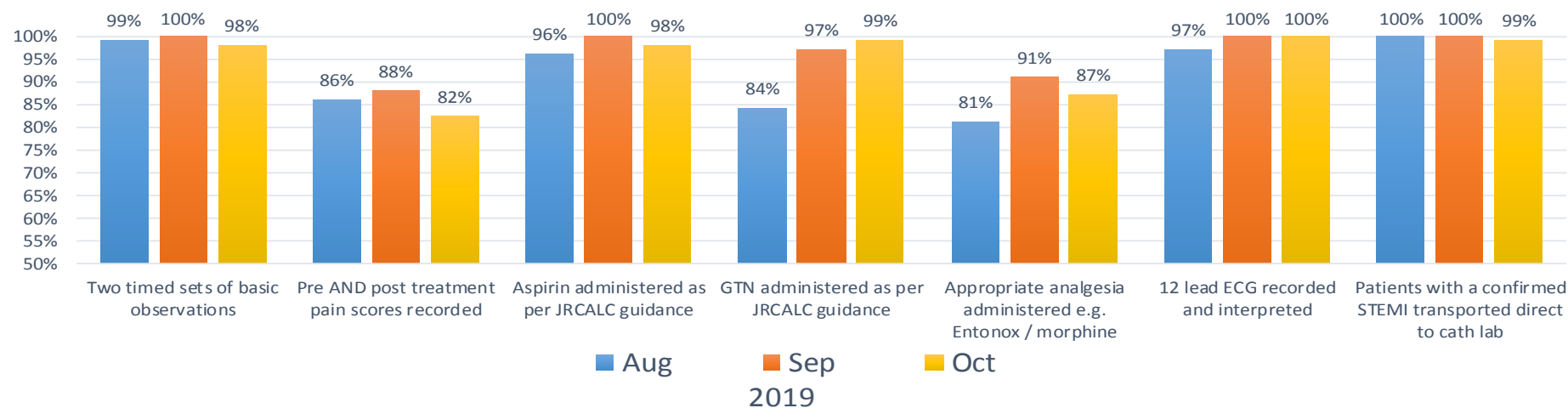


William Newton

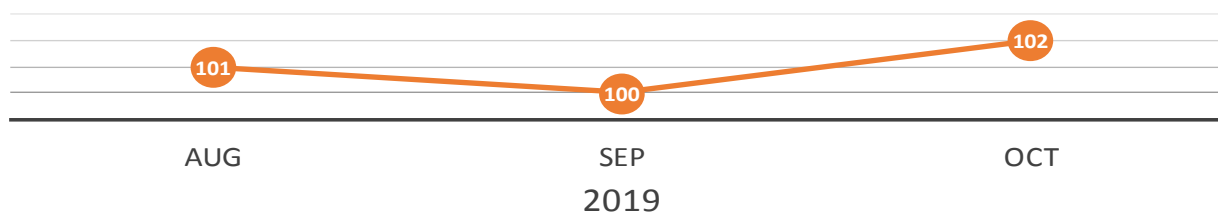
Assistant Director of Emergency Planning



ACUTE CORONARY SYNDROME QUALITY IMPROVEMENT COMPLIANCE

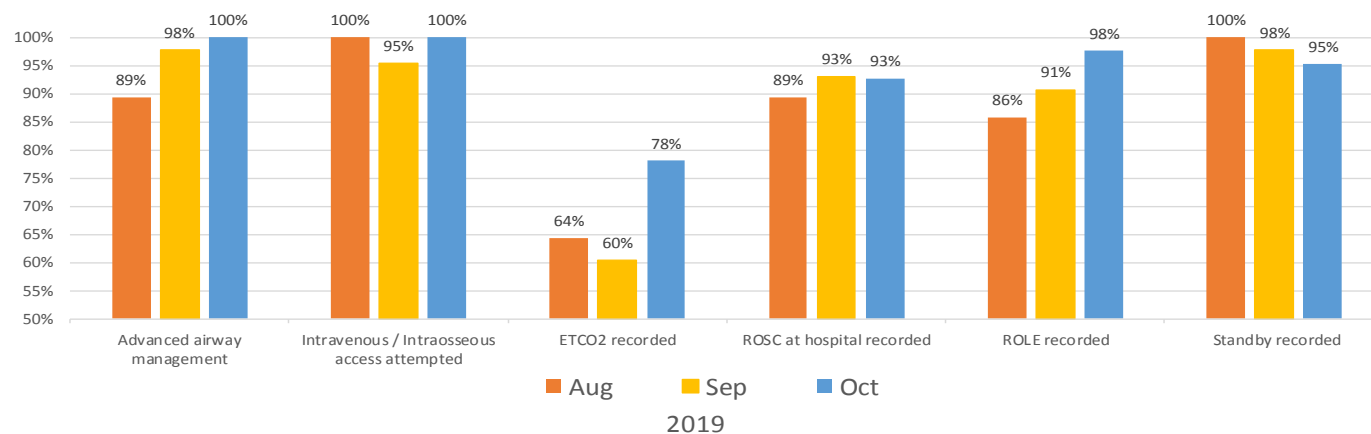
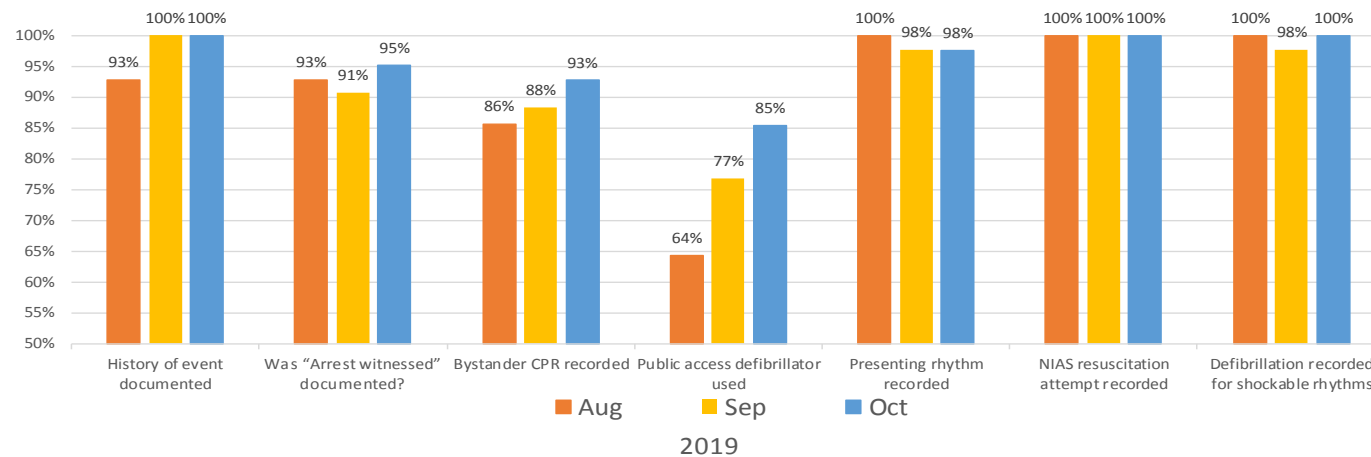


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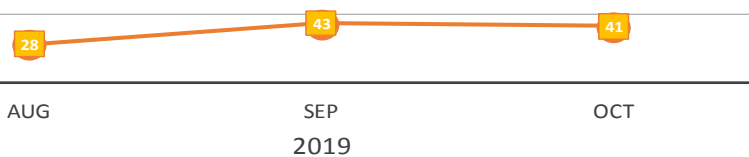




CARDIAC ARREST
QUALITY IMPROVEMENT COMPLIANCE



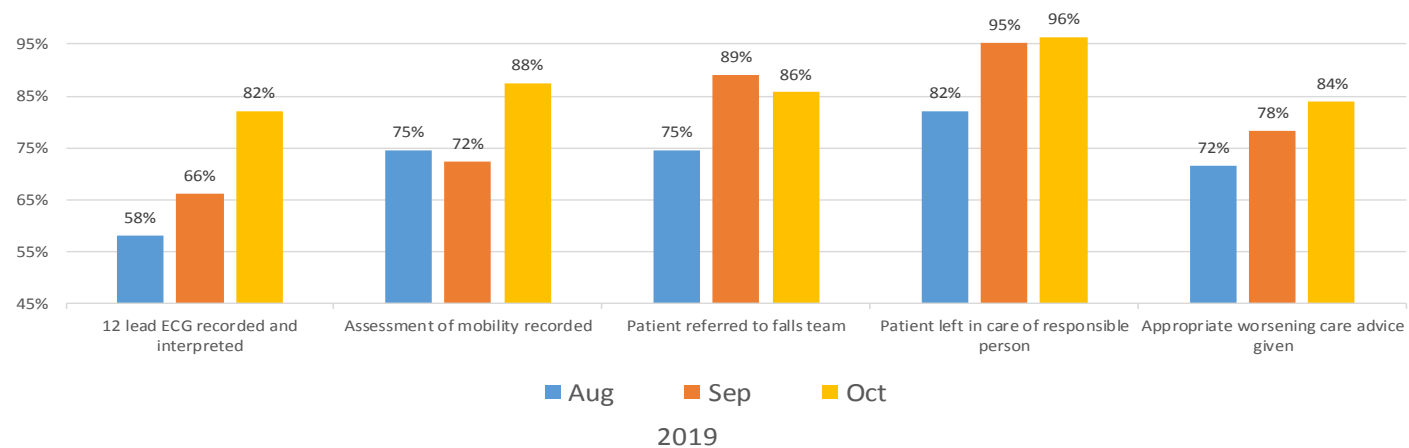
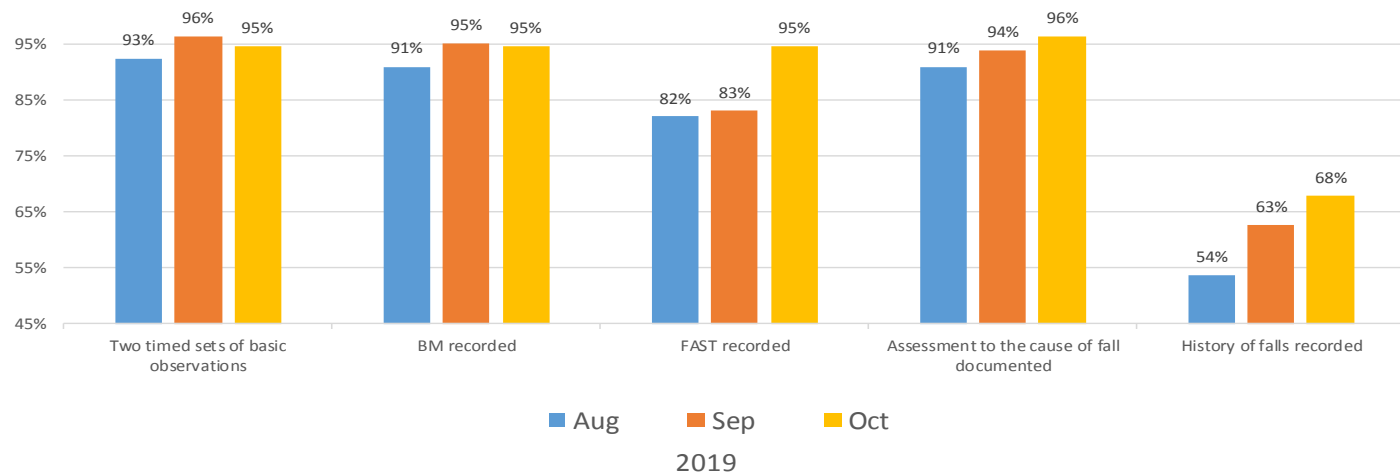
Total PRFs Audited



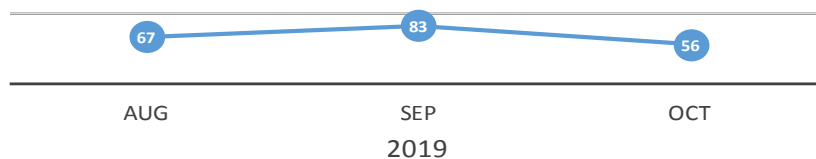


FALLS

QUALITY IMPROVEMENT COMPLIANCE



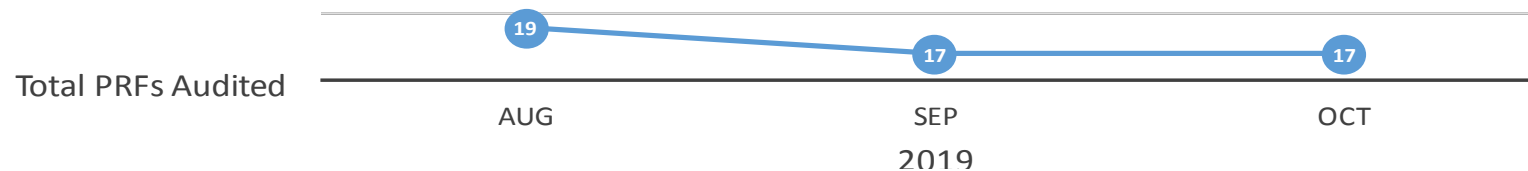
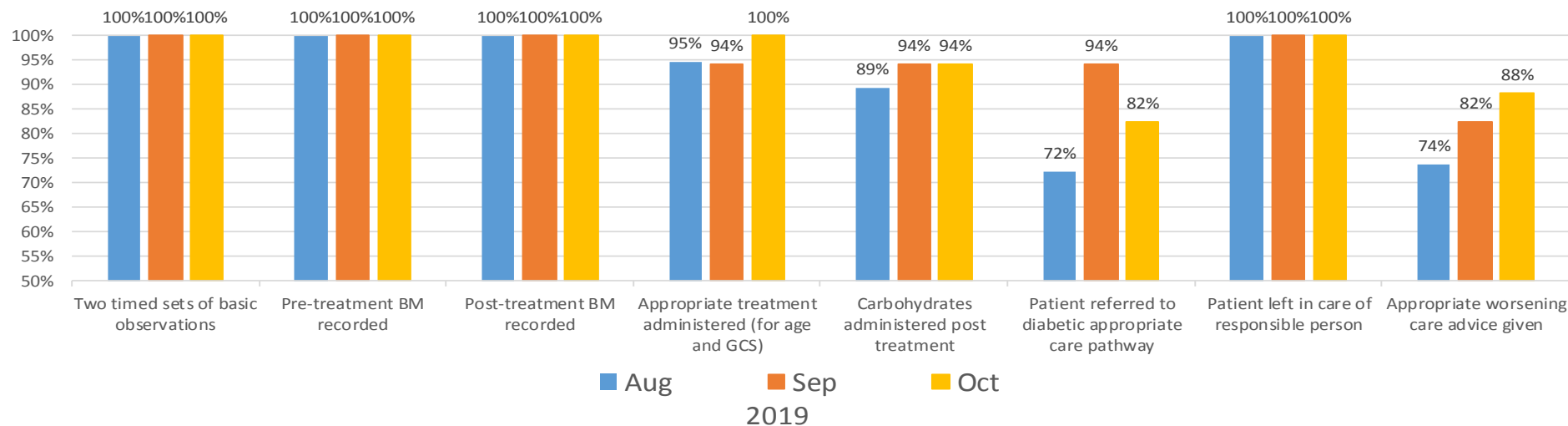
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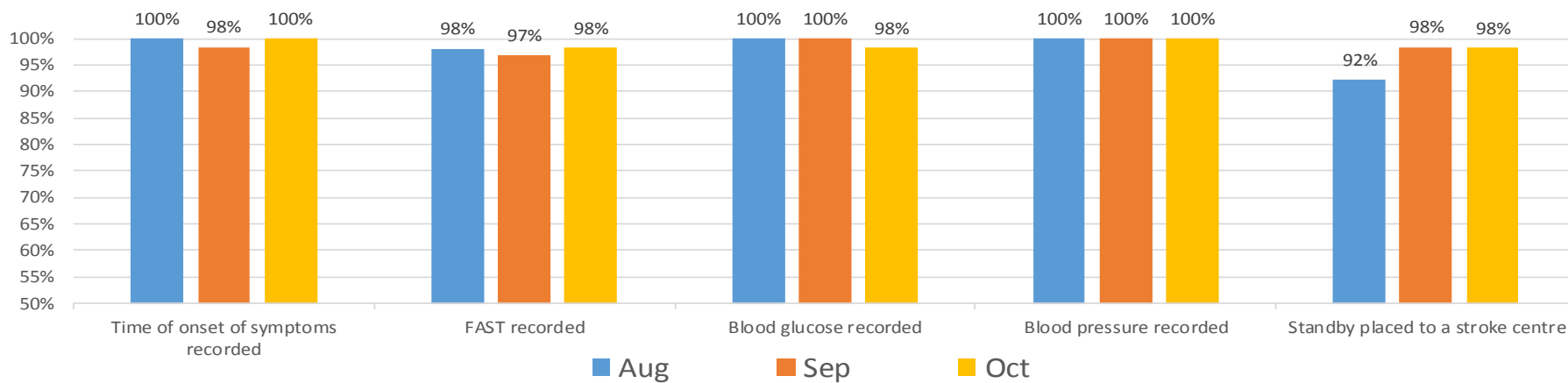
HYPOGLYCAEMIA

QUALITY IMPROVEMENT COMPLIANCE





STROKE
QUALITY IMPROVEMENT COMPLIANCE



Total PRFs Audited



TB/05/12/2019/07

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

(As at 31 October 2019)

Section 1: Human Resources & Corporate Services
HRCS KPI: Shaping & Developing Future Workforce (Workforce Information)

WORKFORCE INFORMATION

Monthly Corporate Workforce Information is published monthly in arrears; consequently the table below reflects the NIAS workforce position as at **31 October 2019**. This information is taken from HRPTS.

OCTOBER 2019	TRUST TOTAL	CX / BOARD	FINANCE / ICT	HRCS	MEDICAL	OPERATIONS
FUNDED (WTE) RECURRENT / (TEMPORARY FUNDING)	1396.28 (41.00)	9.00 (1.00)	37.63 (7.00)	31.15 (7.00)	78.00 (13.00)	1240.50 (13.00)
STAFF IN FUNDED POSTS (WTE) PERM STAFF / (TEMP STAFF)	1276.68 (17.45)	3.00 *(3.00)	21.43 (2.00)	24.05 (1.73)	75.67 (2.00)	1152.53 (8.72)
OVERALL VACANCY LEVELS (WTE)	-143.15	-4.00	-21.20	-12.37	-13.33	-92.25

NB: The above figures do not include individuals who support ELD clinical programmes as required, nor individuals employed on Bank Contracts.

On the basis of the information above @ **31 October 2019**, the Trust has an overall vacancy level of **143.15** WTE posts.

*Non-Executives employed on a Fixed Term Contract.

Section 1: Human Resources & Corporate Services
HRCS KPI: Shaping & Developing Future Workforce (Workforce Information)

WORKFORCE INFORMATION

The following table provides a breakdown of frontline vacancies as at **31 October 2019**.

Post	Funded Est (WTE)	Staff-in-Post (WTE)	Vacancy (WTE)	Bank Staff	Recruitment Activity
Station Supervisor	31.00	42.60	11.60	0	None
Paramedic + Trainee Para	320.40	314.26	-6.14	52	Rolling recruitment for Registered HCPC Paramedics ongoing; 41 Student Paramedics undertaking Bridging; FdSc commences January 2020.
RRV Paramedic	85.20	54.20	-31	0	None
EMT + Trainee EMT	301.40	290.91	-10.49	8	Waiting list established for qualified and trainee EMT's. 38 Trainee EMT's commenced November 2019.
ACA (inc. PCS Sup.) + Trainee ACA	269.50	249.67	-19.83	4	Waiting list established for trainee ACA's. 20 Trainee ACA's commenced November 2019.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

CORPORATE ABSENCE REPORT (@ 31 OCTOBER 2019)

The Trust's sickness absence target for the current Reporting Year (2019/20) has not yet been advised by the Department of Health. Working on last year's Department of Health target to deliver 5% improvement on the previous year's absence levels NIAS target for 2019/20 would be 10.92%. This target is however subject to review.

2019/20 Monthly Sickness Absence including Comparators to Previous Reporting Year (2017/18)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NIAS ABSENCE TARGET (2018/19)	REDUCE SICKNESS ABSENCE RATES BY 5% ON 2018/19 PERFORMANCE TO 10.92%											
NIAS cumulative % hrs lost (18/19)	9.73%	9.88%	10.92%	11.33%	11.36%	11.52%	11.44%	11.25%	11.35%	11.39%	11.41%	11.48%
NIAS monthly % hrs lost (18/19)	9.73%	10.02%	13.09%	12.57%	11.50%	12.32%	11.05%	9.98%	12.09%	11.78%	11.57%	12.21%
NIAS cumulative % hrs lost (19/20)	10.77	10.62%	11.17%	11.40%	11.26%	11.05%	10.94%					
NIAS monthly % hrs lost (19/20)	10.77	10.47%	12.41%	12.06%	10.70%	9.96%	10.35%					
Monthly % hrs lost (S/T)	2.15	2.00%	2.36%	2.37%	2.20%	2.40%	2.50%					
Monthly % hrs lost (L/T)	8.62	8.48%	10.05%	9.69%	8.50%	7.57%	7.85%					
Av. days lost (7.5 hrs) per Employee per Mth	2.29	2.34	2.42	2.70	2.28	1.99	2.28					
Av. NIAS estimated costs (£'000)	£424	£411	£493	£485	£431	£385	£408					
NIAS CUMULATIVE % HRS LOST:	(2018/19) 11.48%					(2019/20 @ 31 Oct 2019) 10.94%				NOT ON TARGET		

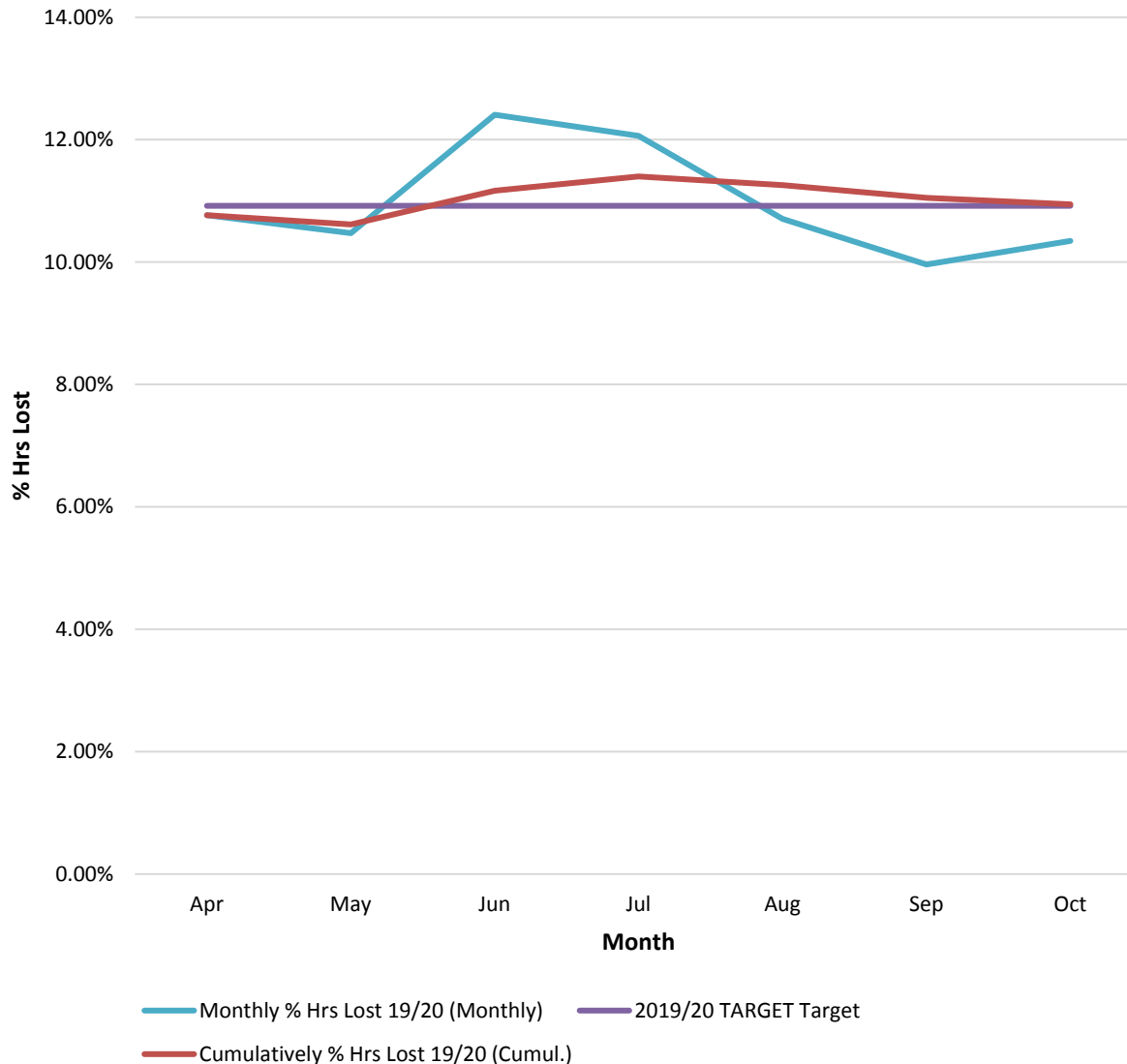
NB:(1)
The

Figures exclude Bank Staff and the Non-Executive Team; (2) The information is reported from HRPTS and, in line with HSC regional reporting, is in % hours lost; (3) In respect of average days lost it should be noted that, whilst the majority of NIAS staff are shift workers (approx 88%), who mostly work 12 hour shifts, the HRPTS calculation automatically divides working days over a standard 5-day week (Monday – Friday, based on a 7.5 hr day).

The Trust continues to take the following measures to address current levels of absence:

- AACE associates have now completed their Review of Attendance Management within NIAS. The findings and recommendations of their Report have been accepted and a Good Attendance Programme structure has been developed to implement the recommendations;
- Recruitment is ongoing for an HR Lead for Attendance Management. An appointment to this post is anticipated for Quarter 2, 2019/20;
- BSO Internal Audit have completed their audit of compliance with the current Attendance Management Policy/Procedure and an action plan to take forward their recommendations has been finalised;
- Collaborative working is ongoing within regional HSC on Attendance Management workstreams;
- Workstreams under the Health & Well-Being Programme ongoing including: Unison Partnership Project; Peer Support Project; Health & Wellbeing workshops for staff.

Comparison of % Hrs Lost due to Sickness Absence



ABSENCE CATEGORIES / REASONS WITH MORE THAN 1% ABSENCES (APR 19 – OCT 19) INCLUDE:

Mental Health	20.87%
Other Reasons*	29.95%
Back problems + Injury / Fracture + Other Musculoskeletal problems	21.74%
Accident / Untoward Incidents at work	8.37%
Gastrointestinal problems	8.29%
Asthma, Chest, Resp.	1.04%
Heart, Cardiac & Circulatory Problems	3.00%
Influenza	1.14%
Pregnancy Related	1.06%
TOTAL	95.46%

ABSENCE CATEGORIES WITH LESS THAN 1% ABSENCES (APR 19 – OCT 19) (4.04%) INCLUDE:-

Blood Disorders;
 Burns/Poisoning/Frostbite/Hypothermia; Dental/Oral Problems; Endocrine/Glandular Problems; ENT; Eye Problems; Genitourinary & Gynaecological Conditions; Headache/migraine; Infectious Diseases; Nervous System Disorders; Skin Condition; Substance Abuse; Tumours and Cancers; Viral Illness.

* ABSENCE REASONS RECORDED WITHIN "OTHER REASONS" CATEGORY (APR 19 – OCT 19) INCLUDE:

Chronic Fatigue	0.64%
General Debility	73.65%
Hospital Investigation	10.77%
Post Surgery Debility	14.93%

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Staff to Achieve High Quality Performance (to promote a culture of performance management, developing sound systems for managing performance and underperformance issues effectively and constructively)

England Ambulance Services	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
	Not available at time of print	Not available at time of print	Not available at time of print	Not available at time of print	Not available at time of print	Not available at time of print	Not available at time of print					
East Midlands Ambulance Service NHS Trust												
East of England Ambulance Service NHS Trust												
Yorkshire Ambulance Service NHS Trust												
South Central Ambulance Service NHS Foundation Trust												
London Ambulance Service NHS Trust												
S/East Coast Ambulance Service NHS Foundation Trust												
North East Ambulance Service NHS Foundation Trust												
North West Ambulance Service NHS Trust												
West Midlands Ambulance Service NHS Foundation Trust												
South Western Ambulance Service NHS Foundation Trust												
<i>By Staff Group - Ambulance</i>												
<i>By Organisation Type - Ambulance</i>												
	2017/18	2018/19	2019/20									
Scottish Ambulance Service	7.67%	5.39%	Not available									
	Apr-Jun 17	Jul-Sep 17	Oct-Dec 17	2017	Jan-Mar 18	Apr-Jun 18	Jul-Sep 18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	Jul-Sep 19	
Welsh Ambulance Service	6.30%	6.90%	7.40%	6.80%	8.10%	7.50%	7.60%	7.90%	Not available	Not available	Not available	
Information Source:												
1. NHS Digital (www.digital.nhs.uk)												
2. ISD Scotland (www.isdscotland.org)												
3. Stats Wales (www.statswales.gov.wales)												

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Staff to Achieve High Quality Performance (to promote a culture of performance management, developing sound systems for managing performance and underperformance issues effectively and constructively)

GOOD ATTENDANCE PROGRAMME

This report provides an update of actions taken against key deliverables of the Good Attendance Programme, as reported to the Good Attendance Programme Board on 5 November 2019. Trust Board are advised that there were initial delays in delivering key actions due to capacity/resource issues for HR and Operational Management.

Attendance Management Policy & Related Procedures

- ❖ GOOD ATTENDANCE (GA) WORKSHOP held with key stakeholders on 7 August 2019 to review the Attendance Management Policy & Procedure (AMP&P) and agree rollout, implementation, training needs and a communications plan. FOCUS GROUPS held in September and detailed work completed on review/refresh.
- ❖ 1 November 2019 launch date of refreshed AMP&P postponed due to further consultation request by TUs. TUs have not committed to dates for further consultation as a direct consequence of ongoing industrial action.
- ❖ Consultation with Trade Unions on ANNUAL LEAVE POLICY ongoing.
- ❖ LIGHTER DUTIES POLICY under review using SQE methodology. Mapping exercise will be held with all relevant stakeholders early to mid-January 2020.

Management Support/Capacity

- ❖ HR MANAGER (AM) recruited to and commenced appointment wef 1 October 2019.
- ❖ OPS PERFORMANCE MANAGER (AM) recruited to and commenced appointment wef 4 November 2019.
- ❖ GA ADMINISTRATOR appointed and commenced wef July 2019.
- ❖ Temporary Senior HR Advisers (GA) (x5) appointed to each Division, during September, October and November 2019 alongside existing Senior HR Adviser (EAC/NEAC), to support operational managers in managing attendance. Temporary funding secured to support this pilot until 31 March 2020.
- ❖ Weekly OPS/HR COLLABORATIVE MEETINGS established to manage complex cases.
- ❖ Suite of standard AM REPORTS available to managers with effect from 1 April 2019.
- ❖ AM TOOLKIT has been constructed and will be launched with the AMP&P refresh.
- ❖ TRAINING on implementation of the AMP&P available via real-time support of HR Advisers. A classroom based AM Training programme has also been developed and will be launched in conjunction with the AMP&P refresh.
- ❖ TEMPLATE DOCUMENTATION available to managers.

Occupational Health Improvements

- ❖ OH workshop held on 11 September 2019 with key stakeholders, facilitated by AACE, the purpose of which was to undertake an initial review of existing NIAS OH arrangements together with a GAP analysis against 'text book' OH services and benchmarking undertaken of other NHS Ambulance Trust OH SLAs.
- ❖ Proposal for use of alternative OH service providers presented and agreed by GA Programme Board on 1 October 2019 to supplement existing OH capacity. Five Independent providers have been established across the region and use of these has commenced 18 November 2019.
- ❖ Monitoring systems have been established to monitor the efficiency and effectiveness of Occupational Health Services.

Health & Wellbeing Initiatives

- ❖ HEALTH AND WELLBEING ANNUAL WORKPLAN in place.
- ❖ Work on JOINT PARTNERSHIP HEALTH & WELL BEING PRIORITIES continues.
- ❖ PEER SUPPORT COORDINATORS (x2) commenced in August 2019.
- ❖ Work continues around Peer Support including H&WB Peer Support Workshops 1st Nov & 4th Nov.
- ❖ HEALTH AND WELLBEING Proposal date of completion 20th Dec.
- ❖ Good Attendance Programme Board informed of plan for 'Best in Blue Light Services' changes within two years.

TRUST BOARD COMPLAINTS REPORT

Information correct as of September 2019

ACTION PLAN TO ADDRESS INTERNAL AUDIT RECOMMENDATION

The Trust received a recommendation from Internal Audit to *take urgent action to clear the backlog of open complaints, focusing on the oldest first*. The following actions have been taken to address this recommendation:

1. An additional Complaints Manager has been recruited on a temporary basis to manage Complaints received by the Trust from June 2019 onwards. This enabled the Administration & Complaints Manager to focus specifically on closing the backlog of 85 open complaints, i.e. complaints received by the Trust pre-June 2019.
2. Following a review of duties in October, the former Administration & Complaints Manager's current key role is to focus specifically on managing Corporate Administration.
3. A second temporary Complaints Manager was recruited in October to focus specifically on closing the backlog of complaints.
4. Work is in progress to develop a job description and personnel specification in order to recruit a substantive Complaints (and Claims) Manager.

REPORT PRESENTATION

This report is presented as follows:

Section 1: Current Open Complaints (i.e. complaints received by the Trust from June 2019 onwards)

Section 2: Backlog of Open Complaints – Progress Report

Section 3: Statistical Analysis of all Complaints

Work is in progress to refine future Trust Board reports in accordance with the requirements of the related policy. Future reports will include an analysis of complaints to detail the investigation undertaken; actions taken as a result (or proposed) to prevent reoccurrence; and to consider any lessons that can be learned, shared and the results in terms of service improvement; Future reports will also include an analysis of compliments in terms of lessons learned, shared and any resultant service improvement.

In addition, data relating to the following Key Performance Indicators (KPI's) will begin to be captured with the implementation of DATIX-Web from January 2020 onwards, and reported on at the end of Q4 2019-2020:

KPI 1: Acknowledge 100% of complaints within 2 working days

KPI 2: Respond to 100% of complaints within 20 working days or within the timescale agreed with the complainant for complex cases

KPI 3: Send reminders to Investigation Manager in accordance with Escalation Plan

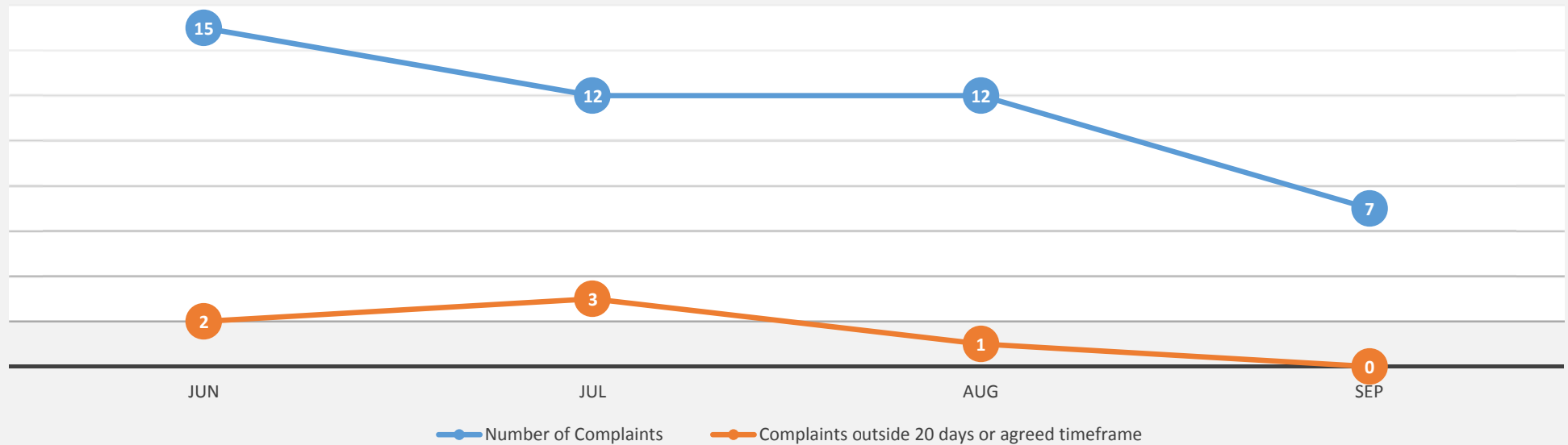
KPI 4: Escalate investigations outside of target timescales in accordance with Escalation Plan

SECTION ONE COMPLAINTS RECEIVED FROM JUNE 2019

Table 1: Complaints received by Month and Service Area

SERVICE AREA	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative Total to Date
EAC			3	5	1	3							
NEAC			1	1	3	3							
Belfast Division			5	3	0	0							
South Eastern Division			2	0	2	0							
Northern Division			2	0	2	0							
Southern Division			2	1	3	0							
Western Division			0	1	1	0							
Other			0	1	0	1							
Total:			15	12	12	7							46

Current Open Complaints by month with those outside 20 days or agreed timeframe



SECTION TWO

BACKLOG OF COMPLAINTS – PROGRESS REPORT

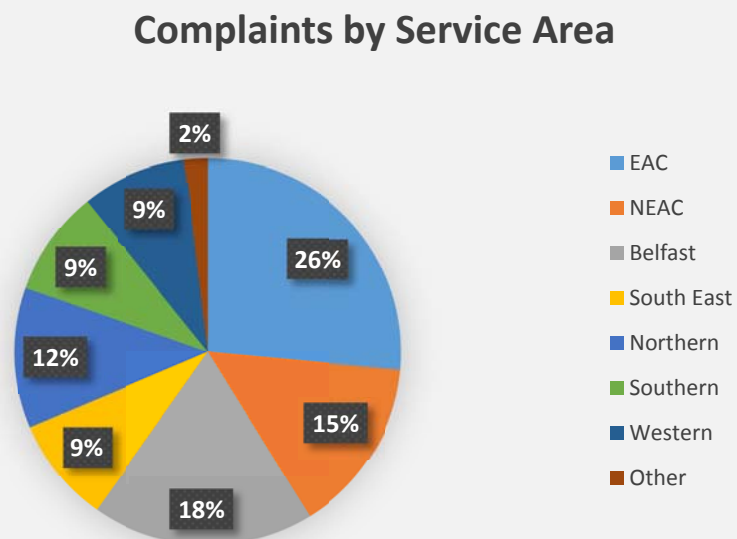
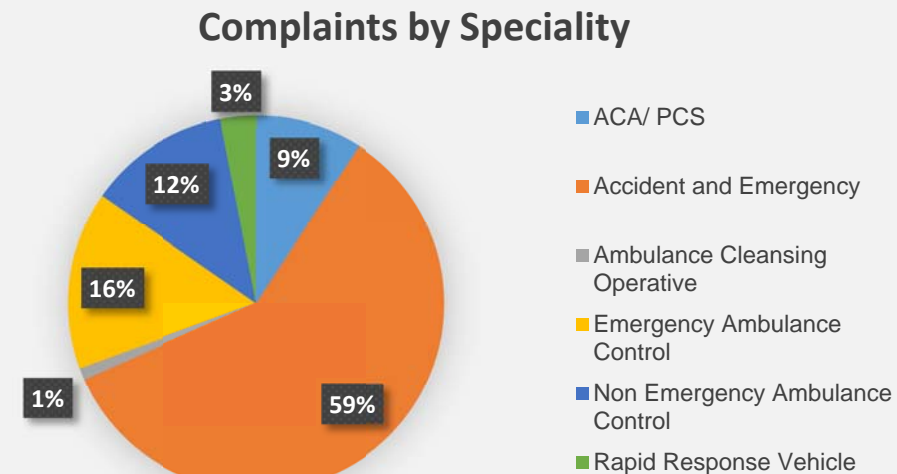
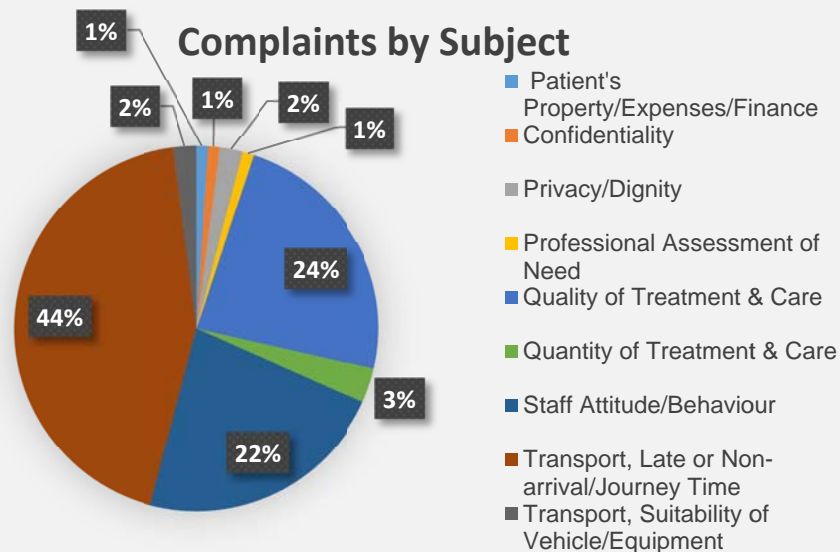
Table 2: Backlog of complaints by Service Area (pre-June 2019)

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative Total to Date
Total backlog of open complaints	85	85	85	85							
Cases Closed	0	0	0	0							
Remaining backlog carried forward	85	85	85	85							

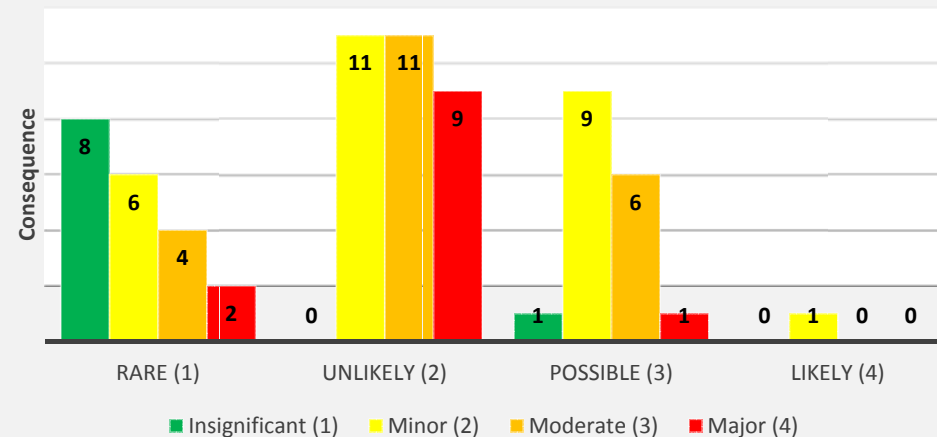
UPDATE ON PROGRESS: *During October and up until 27th November 2019, a total of 20 (24%) complaints from the pre-June 2019 backlog have been closed.*

SECTION THREE

STATISTICAL ANALYSIS OF ALL OPEN COMPLAINTS (CURRENT AND BACKLOG)



Complaints Risk: Consequence by Likelihood



TB/05/12/2019/08

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT
October 2019 (Month 7)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a breakeven position for the seven months ending 31 October 2019 (Month 7), subject to key risks and assumptions in respect of Agenda for Change, investment and efficiency savings. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.

Financial position at the end of October 2019 (Month 7)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		10,042	15,225	20,294	25,593	30,784	35,998					
Other Expenditure		2,410	3,696	5,376	6,953	8,423	9,871					
Expenditure Total		12,452	18,921	25,670	32,546	39,207	45,869					
Income		147	220	299	436	520	576					
Net Expenditure		12,305	18,701	25,371	32,110	38,687	45,293					
Net Resource Outturn		12,305	18,701	25,371	32,110	38,687	45,293					
Revenue Resource Limit (RRL)		12,305	18,701	25,374	32,110	38,687	45,293					
Surplus/(Deficit) against RRL		0	0	3	0	0	0	0	0	0	0	0

Forecast financial position at the end of March 2020

The Trust is also currently forecasting a breakeven position at the end of 2019/20, subject to a number of assumptions particularly in respect of Agenda for Change, investment and efficiency savings. The Trust is required to identify savings proposals to address a forecast £1.6m savings requirement in 2019/20.

The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and maintaining financial balance.

Capital Spend

The Trust has received a Capital Resource Limit (CRL) allocation of £8.345m (previously £8.032m). This allocation allows the Trust to continue with planned cyclical fleet replacement. Within this allocation, £4.345m has been earmarked for specific ICT schemes and also contingency control room arrangements.

Prompt Payment of Invoices

The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.

Performance by number of invoices paid for each of these measures is shown below.

A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	2,324	2,686	2,466	2,344	1,783	2,207	2,659						16,469
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,124	2,510	2,254	2,229	1,723	2,033	2,530						15,403
% bills paid on time	91.4%	93.4%	91.4%	95.1%	96.6%	92.1%	95.1%						93.5%
Total bills paid within 10 working days (14 calendar days)	1,509	1,909	1,976	1,790	1,403	1,461	1,978						12,026
% bills paid on time	64.9%	71.1%	80.1%	76.4%	78.7%	66.2%	74.4%						73.0%

Business Services Organisation (BSO) Procurement & Logistics Service (PaLS) Key Performance Indicators (KPI's)

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. Performance to the end of October 2019 (Month 7) is as follows:

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	3.37	3.21	2.97	3.67	4.21	5.35	3.94					
Percentage of Products Supplied on First Request % (Target 95%)	99.10%	99.90%	99.80%	99.80%	99.20%	100.00%	99.90%					
Number of Lines Issued (Stock and Non Stock Line)	1,456	1,285	1,312	795	1,290	1,236	1,822					
Value of Spend £k (Stock and Non Stock)	675	218	321	296	989	2,817	1,055					

Information Technology Systems - System Availability

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

September – November Service Issues

In the last report there was an update on work that had been undertaken to stabilise the telephone system following a period of disruption. As a result of this, over the past 3 months the telephone system has remained stable.

There was a separate issue at the Non-Emergency Control Room with PTS system that caused problems for 6 hours on the evening of Friday 13 September. This was resolved and there has not been any subsequent problems.

During September essential work was undertaken to upgrade the systems to ensure compliance with Microsoft operating systems going end of life in January 2020. Unfortunately during the process there were performance problems that led to the Emergency Control having to revert to paper fall back processes for a period of 3 hours. The problem was resolved and the upgrade completed satisfactorily.

Information Technology Systems - Developments

Any system developments are reported in this section

A lot of focus over this last period has been in supporting the go live of the new Clinical Response Model (CRM) Code Set to ensure there were no technical problems that could lead to a delay. Close coordination with Control Room and Information staff ensured that application updates, change controls and fault resolutions were safely managed. Technical performance measures were also developed to monitor the CAD during the go live process. This approach will be adopted during future system changes. CRM went live on 12 November with no technical issues

To support future Disaster Recovery (DR) and management arrangements for the Computer Aided Dispatch (CAD), the Trust is in the process of implementing the Assured Continuity of Service (ACS) module. This will simplify and speed up processes that are necessary in a DR scenario as well as some standard upgrades. The first stage of implementing ACS was completed whilst the main system was off line during the Microsoft upgrade work. The second stage is planned for February.

The building 'Foyle' adjacent to HQ has now been made IT ready and work has commenced on relocation of staff.

During the past period there have been successful upgrades to virtualise PCS and the Paramount call triage system.

Work is underway to develop a business case to replace the aging telephony and ICCS (telephony for the control Room) systems. The requirement will also support the plans for Site 5 and enhanced disaster recovery arrangements.

The Reach project: The rollout of the new Mobile Data system to A&E vehicles is now complete and operational. The rollout to the Non-emergency fleet commenced on 30 September and completed in mid-October 2019. There was a period of dual working with the legacy system until the new installations were complete. A few older vehicles remain that are being changed over as part of business as usual fleet replacement cycle.

The REACH requirements have been reviewed by the project team and prioritised for delivery with early engagement with key stakeholders underway. High level timeline:

- system design configuration by end November 2019
- system commissioning by end February 2020
- pilot by April 2020, roll out by June 2020
- completed by November 2020.

Radio replacement project – work delayed due to implementation of CRM. Work on ICCS rescheduled for January 2020. Roll out of radios dependant on reconfiguration in control.

ICT Help Desk Performance

Key* - Immediate 4 Hours, Urgent 1 Day, High 2 Days, Medium 3 Days, Low 7Days

	Sept		Oct	
	No of Calls	Variance	No of Calls	Variance
Target to Respond to 95%				
Immediate	10	100%	18	100%
Urgent	42	100%	51	98%
High	8	100%	13	100%
Medium	523	98%	605	98%
Low	478	100%	546	100%
Total	1061		1233	

Information Governance/Informatics – Developments: 01/09/2019 to 31/10/2019

Developments in the provision of Information are reported in this section.

- **Control Assurance – Information Management: Self-Assessment completed for 2018/19**
- **Review of Information Asset Owners across the Trust**
- **Review of IG Policies and Procedures**
- **Corporate Induction and Specialist IG training for AAP Course**
- **Supporting the Operations Directorate with the implementation of the Clinical Response Model (CRM). This has included the Information Team supporting updating Technical Guidance to support this implementation. Business analytics is key in supporting this project and work processes have included attendance at meetings, visit to South West Ambulance Service by Information Analysts/Corporate Manager to review BI in those areas; development of new reports; liaison with software house; development of Testing Scenario documentation to support the go live of the CRM to ensure that data reporting is accurate and timely**
- **Supporting Medical Directorate and Transformation Collaborative with Quality Improvement Templates and data analysis. These continue to be developed and monitored. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)**
- **ACP monitoring aspects reviewed. ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required ie quality improvement**
- **Ad hoc data requests to support FOIs and acute service modernisation included Newry, Mourne and Downe performance, Musgrave PSNI attendances, Hoax calls, Drugs and Alcohol, Independent Ambulance Activity, Winter Pressures Planning, Cross Boundary activity across Trust areas, Ambulance Turnaround Times etc**
- **Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures, analytics and business intelligence**
- **Patient Report Forms and 999 calls to support inter-face incidents, Serious Adverse Incidents, Child Protection Issues, Vulnerable adults etc; PRFs to support quality assurance of Quality Improvement**
- **AED (Automatic External Defibrillators) Location Interactive Tool being updated on monthly basis**
- **Interactive tool being updated regularly to support HEMs/Clinical Support Desk**

The Information Team has developed a suite of reports to support performance management which includes daily, weekly, monthly analysis of operational performance; hospital turnaround times; non-emergency transportation etc. These are shown in the Operations section of this Report. Clinical indicators are available in the Medical Directorate's section. Assurance in the area of IG is sought through the Information Governance Steering Group, chaired by DOF&ICT as SIRO with Medical Director as Caldicott Guardian. Minutes are reported to Assurance Committee.

**INFORMATION GOVERNANCE SUMMARY OF FREEDOM OF INFORMATION, GENERAL DATA PROTECTION REGULATIONS
(SUBJECT ACCESS), PSNI REQUESTS AND SOLCITOR ENQUIRIES PROCESSING LEVELS**

Summary 2019/20 requests compared with same period in 2018/19:

	April 2019 to October 2019	April 2018 to October 2018	% Increase / (Decrease)
1 Freedom of Information Requests Received	153	133	+15%
1a Freedom of Information Questions Received	356	415	-14%
2 General Data Protection Regulations, Subject Access Requests Received	58	36	+61%
3 Police Service of Northern Ireland Requests Received	288	275	+4.7%
4 Solicitor Enquiries Requests Received	506	351	+44%
Total (1a) not included in Count	1,005	795	+26.4%

1. **FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2019 to 31/10/2019**

Freedom of Information Act (2000) relates to any information held in an electronic or manual format and can be accessed by anyone who requests it. Exemptions are limited and unless they specifically apply, information must be released. Personal information is accessible using the General Data Protection Regulations (see following):

2019-20 Data

Freedom of information	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 01/04/19 to 31/10/19	Total 01/04/18 to 31/10/18
Number of Requests Received	15	31	26	30	20	18	13						153	133
Number of Questions Received	37	75	39	61	64	55	25						356	415
Completed Requests processed within 20 days or less	7	24	23	28	7	15	10						114	102
Completed Requests exceeding 20 days	8	3	3	1	3	2	0						20	14
REQUESTS Still Being Processed (within 20)	0	0	0	1	9	0	3						13	
REQUESTS Still being processed (outside 20)	1	4	1	0	1	1	0						8	
Stood Down	0	0	1	0	0	2	2						5	
Number of Records Fully Disclosed	24	51	24	46	12	20	5						182	
Vexatious Requests	0	0	0	0	0	0	0						0	
Number of Records for which records not held	10	7	0	6	6	15	3						47	
Requests where exemptions wholly/partially applied	2	0	0	1	0	0	0						3	
Questions stood down	0	0	3	0	0	10	9						22	
QUESTIONS Still Being Processed (within 20)	0	0	0	8	36	4	8						56	
QUESTIONS Still Being Processed (outside 20)	0	17	12	0	10	0	0						39	
Referrals for Independent Review	0	0	0	0	0	0	0						0	
Appeals to the Information Commissioner	0	0	0	0	0	0	0						0	
Requestor Type														
Member of Public	5	18	14	12	9	8	4						70	
Local Government	0	0	1	0	2	0	0						3	
Staff Member	3	4	7	5	1	1	1						22	
Media	2	4	0	5	4	4	3						22	
Student	0	4	0	1	0	1	0						6	
Commercial Company	2	1	2	2	3	1	0						11	
Solicitor	1	0	0	1	0	0	1						3	
WhatDoTheyKnow.com	2	1	2	4	1	2	4						16	
NHS	0	0	0	0	0	0	0						0	
Trade Union	0	0	0	0	0	0	0						0	

%age completed within 20 working days	
Apr '19 - Oct '19	74.51%
Apr '18 - Oct '18	76.69%

Data will be subject to amendments

2. DATA PROTECTION ACT 1998/GENERAL DATA PROTECTION REGULATION – SUBJECT ACCESS MONITORING

The General Data Protection Regulation/Data Protection Act 1998 allows an individual to have the right to see and/or receive a copy of personal data held about them on both electronic and manual records and to have any incorrect data amended or deleted.

Processing (Subject Access) for the Period 01/04/2019 to 31/10/2019

General Data Protection Regulations/Data Protection Act 2018 – Subject Access	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 19 – Oct 19	April 18 – Oct 18
Number of Requests Received	7	6	9	4	6	8	18						58	
Completed Requests processed within 30 days or less	5	2	4	3	4	6	11						35	
Completed Requests exceeding 30 days	2	3	5	1	1	0	0						11	
Requests still being processed in line with 30 days	0	0	0	0	0	0	0						0	
Outstanding Requests exceeding 30 days	0	1	0	0	1	2	6						10	
Request received and action taken but identity not confirmed or requestor stood down the request or requestor has not made further contact	3	0	0	3	0	0	1						7	1
COMPLIANCE RATE – 70%														
Patient	2	1	3	1	1	0	5						13	
NIAS Staff Member	1	1	0	1	2	2	7						14	
External Agency ie Solicitor acting on behalf of patient/staff	2	3	5	0	3	6	6						25	
Relative of Patient	2	1	1	2	0	0	0						6	

- There are a number of subject requests from 2018/19 that remain outstanding relating to staff requests for disciplinary files, HR records etc - these are currently being prioritised
- For requests that have been received but awaiting further information these are not included in count of number of requests received

3 POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law 01/04/2019 to 31/10/2019

Purpose: for the prevention, investigations and detection of crime; for apprehension and prosecution of offenders; or to prepare a file for Coroners Court etc.

Requests include the release of call incident logs, 999 calls, radio transmissions, staff names/shift patterns, Patient Report Form, and staff witness statements in line with legislative requirements to assist with PSNI investigations, for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults.

<i>Requests will relate and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 19 - Oct 19	Apr 18- Oct 18
Number of Requests Received (based on receipt of correspondence date)	51	41	34	49	42	33	38						288	275

4 SOLICITOR ENQUIRIES 01/04/2019 to 31/10/2019

Requests for Information which fall under the remit of the Data Protection Act 1998/General Data Protection Regulations and/or Access to Health Records (NI) Order 1993

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 19 – Oct 19	Apr 18- Oct 18
Number of Requests Received (based on receipt of correspondence date)	65	63	77	99	65	66	71						506	351

5 DEPARTMENT OF HEALTH – REQUESTS FOR INFORMATION

Processing for the Period 01/04/2019 TO 31/10/2019

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr 19 – Oct 19
DHSSPS/AQ's/CORs/TOF's/INV's													
Assembly Questions (Oral)	0	0	0	0	0	0	0						0
Assembly Questions (Written)	0	0	0	0	0	0	0						0
CORs/SCORs Received	1	2	3	0	2	3	1						12
TOFs Received	0	0	0	0	0	0	0						0
INVs Received	0	0	0	0	0	0	0						0

As no Government is currently in operation within Northern Ireland, requests have been limited since March 2017



Northern Ireland Ambulance Service Health and Social Care Trust

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