



***A Meeting of Trust Board to be held at 2.00pm on
Thursday, 4 February 2016 in The Kilmorey Arms Hotel, 41-43 Greencastle
Street, Kilkeel, Co Down, BT34 4BH***

| Welcome, Introduction and Format of Meeting | | Paper Enclosed | Timing Guide |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------|--------------|
| 1.0 | <u>Apologies</u> | | 14:00 |
| 2.0 | <u>Procedure:</u> Declaration of potential Conflict of Interest: Quorum: | | |
| 3.0 | <u>Minutes of the previous meeting of the Trust Board held 3 December 2015</u> (for approval and signature) | TB/1 04/2/16 | 14:05 |
| 4.0 | <u>Matters Arising:</u> Action Log from 3 December 2015: | TB/2 04/2/16 | 14:10 |
| 5.0 | <u>Chairman's Business</u> | | |
| | 5.1 Chairman's Update | | 14:20 |
| | 5.2 Visit to Kilkeel Ambulance Station | | 14:25 |
| 6.0 | <u>Chief Executive's Business</u> | | |
| | 6.1 Chief Executive's Update | | 14:30 |
| 7.0 | <u>Performance Report as at 31 December 2015</u> | | |
| | 7.1 Highlight Reports by each Director: Operations, Finance, Human Resources, Medical | TB3 04/2/16 | 14:35 |
| | 7.2 Chief Executive Report – Trust Delivery Plan Report on Commissioning Priorities 2015-16 | TB4 04/2/16 | 15:10 |
| 8.0 | <u>Items for Approval</u> | | |
| | 8.1 Gifts and Hospitality Policy | TB5 04/02/2016 | 15:25 |
| | 8.2 Terms of Reference - Audit Committee | TB6 04/02/2016 | 15:40 |
| | 8.3 Terms of Reference – Remuneration Committee | TB7 04/02/2016 | 15:50 |
| | 8.4 Smoke Free Policy | TB8 04/02/2016 | 16:00 |
| | | <i>To follow</i> | |
| 9.0 | <u>Items for Information</u> | | |
| | 9.1 Long Service Medal Ceremony -23 March 2016 | | 16:15 |

| | | | |
|------|--------------------------------------------|---------------------------|-------------|
| 9.2 | HSC Trust Management Statement | TB9 04/02/2016 | 16:25 |
| 10.0 | <u>Items for Noting</u> | | |
| 10.1 | Audit Committee Minutes -12 October 2015 | TB10 04/02/2016 | 16:40 |
| 11.0 | <u>Application of Trust Seal</u> | | 16:45 |
| 12.0 | <u>Forum for Questions</u> | | 16:50 |
| 13.0 | <u>Any Other Business</u> | | 16:55 |
| 14.0 | <u>Summary & Forward Agenda</u> | | 17:00 |
| | | Total Approx Time: | 3hrs |

Next meeting of Trust Board will be held on Thursday, 7 April 2016 in the Western Division (venue to be confirmed)

Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

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

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

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

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

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



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

***Trust Board Meeting to be held on Thursday, 4 February 2016 at 2.00 pm in
The Kilmorey Arms Hotel, 41-43 Greencastle Street, Kilkeel,
Co Down, BT34 4BH***

TB/1 04/02/16



***Minutes of a Trust Board Meeting held
Thursday, 3 December 2015 at 2.00pm, in The Burrendale Hotel and Country
Club, 51 Castlewellan Road, Newcastle, Co Down, BT80 8NG***

Present:

| | |
|------------------|-------------------------------|
| Mr P Archer | Chairman |
| Mr L McIvor | Chief Executive |
| Mrs S McCue | Director of Finance & ICT |
| Dr D McManus | Medical Director |
| Mr J Wright | Acting Director of Operations |
| Mr N McKinley | Non-Executive Director |
| Mr A Cardwell | Non-Executive Director |
| Dr J Livingstone | Non-Executive Director |

In Attendance

| | |
|----------------|-----------------------------|
| Miss K Baxter | Executive Administrator (T) |
| Mrs J Pattison | Senior Secretary (T) |

Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the Trust Board.

1.0 Apologies

Mr B McNeill, Director of Operations
Ms R O'Hara, Director of Human Resources & Corporate Services
Mr T Haslett, Non-Executive Director
Mr W Abraham, Non-Executive Director

2.0 Procedure: Declaration of potential Conflict of Interest/Pecuniary Interests Quorum.

No potential Conflicts of Interest/pecuniary Interests were declared and the Board was confirmed as quorate.

3.0 Minutes of the Previous Meeting of the Trust Board held on 1 October 2015.

The members accepted the minutes as a true reflection of discussions held on the proposal of Dr J Livingstone, seconded by Mr A Cardwell.

Action: Approved

**4.0 Matters Arising:
Action Log**

All actions completed and can be removed from the log.

Matters Arising

None

5.0 Chairman's Business

5.1 Chairman's Update

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

5.2 Visit to Newcastle Ambulance Station

The Chairman on behalf of the Board paid tribute to the staff and Officers of Newcastle Ambulance Station. The Chairman stated that this was an interesting visit but members were only able to talk to Officers and see the facilities as the crew were out on a call. Dr Livingstone commented that he has been a member of the Board for three years and it is very useful to visit stations and communicate with staff.

During discussion it was suggested that the Board should visit the Royal Victoria Hospital to see the changes in Emergency Department admissions.

ACTION: Chairman to contact the Chair of the Belfast Trust to arrange site visit for members to the Royal Victoria Hospital.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

The Chief Executive gave a brief outline of some of his activities since the last Board Meeting which included the following:-

- 18 November 2015 – attended a Strategic Leadership Group meeting.
- 19 November 2015 – attended Directory of Services (DOS) meeting.
- 27 November 2015 – attended a Transformation Programme Board meeting. The Chief Executive commented that a Transforming Your Care Newsletter has been issued by NIAS.
- Work is ongoing in relation to Performance Improvement Plan to improve Category A performance over the busy Christmas period.
- Work ongoing in relation to Financial Planning 2015/16 and 16-17 Budgetary Controls.
- 2 December 2015 – Engagement took place in relation to Air Ambulance following a public meeting on the 30 November 2015. The Chief Executive commented that it was good to see this development progressing.

7.0 Performance Report as at 31 October 2015

7.1 Operations

The Acting Director of Operations updated members on the report. The following issues/comments were raised:

As at the 31th October 2015:-

The Acting Director of Operations informed the Board that the Operations Directorate Report is comprised of three sections:-

- (1) an analysis of performance against demand and the various contributing factors;
- (2) a brief synopsis of key Control & Communication elements of the Service and the relevance to performance; and
- (3) Fleet and Estates.

The Acting Director of Operations gave a brief update on Performance and it was noted that :-

- Category A Performance in October was 57%. From August to October there was an increase of 3.6% in emergency activity.
- Recruitment is still ongoing.
- Voluntary Ambulance Service (VAS) and Private Ambulance Service (PAS) supplementing our position
- Meetings between RRV paramedics and RRV Controllers are to be held to refocus attention.
- Regional taxi contract for transporting low dependency patients commenced 1 December 2015.

The Acting Director of Operations gave a brief update on Control and it was noted that:-

- There was a focus on RRV.
- The splitting of East desk for a week in December and for a week in January 2016 for comparison.
- IAED accreditation ongoing and the figures indicate we remain on the continuum towards gaining accreditation.
- A number of awards have been presented re Baby Born and Cardiac Life Saver.
- There will be a new report tabled at next Trust Board meeting identifying the risk associated when a call is coded too high or too low.
- NIAS Directory of Services (DOS) now live / MDT changes.

The Acting Director of Operations gave a brief update on Fleet and Estates and it was noted that:-

- Age profile of fleet continues to improve.
- The Fleet Strategy is in the papers. The main focus is on size and design of PCS fleet.
- Telemetry rolling out to assist green call response and safety.
- Contracts now in place for maintenance and recovery.
- Environmental Group, Facilities Group, are examples of work being undertaken.

Finance and ICT

The Director of Finance & ICT updated members on the report. The following issues were raised.

As at the 31st October 2015:

- Page 1 - NIAS Savings Proposals
Summary 2015/16. It was highlighted that the Trust is working to deliver savings of £1.2m in 2015/16 and on track to achieve.
- Page 2 - Financial Performance. The Director of Finance and ICT indicated that the financial position at the end of October 2015 was a small surplus of £3k, However the Trust is currently forecasting a breakeven position at year end (31 March 2016), subject to a number of key risks and assumptions. In particular EMT, Paramedic and RRV Paramedic staff are currently being paid without prejudice, at Band 4 and Band 5 on account, subject to the outcome of the matching process.
- Page 3 - Capital Spend. The Director of Finance & ICT indicated that the Trust had received a Capital Resource Limit (CRL) of £7.608m (previously £7.481m) for 2015/16. This has been allocated against Fleet Replacement, Estate and IT and General Capital. The Trust was allocated £0.563m to allow for the completion of the planned fleet replacement programme for 2015/16, is included in the CRL of £7.608m.
- Page 5 - Prompt Payment of Invoices. The Director highlighted that performance figures had been updated in October (Month 7) and performance for the month had met and exceeded the target set for the first time in the year. The target of 95% of invoices paid within 30 days will not be achieved cumulatively for the year 2015/16. This was largely due to the days of processing lost due to implementation of the new Finance, Procurement and Logistic (FPL) System. However a range of plans are in place to improve and maintain performance in this area over the rest of the year, however the cumulative target of 95% of invoices within 30 calendar days can no longer be met. The established 10 working day target is currently at 50% and NIAS will be working towards the regional target of 60%.
- The Director of Finance updated the Board on page 7 - Information Technology Systems – System Availability.
- Page 10 and the Director of Finance highlighted summary of new projects carried out by the Information

Team to support the operational performance management which includes daily, weekly and monthly analysis.

- Page 11 - Freedom of Information activity. The Director of Finance indicated that 76% of requests had been processed within 20 working days from 01/04/15 – 31/10/15. This includes an additional 19 questions received against the same monitoring period of 2014/15 with request in total being down by 19. The Director also highlighted that from 01/04/15 – 31/10/15 80% of requests under DPA processing (subject access) were processed within 40 calendar days.

Human Resources and Corporate Services

In the absence of the Director of HR&CS the Chief Executive updated members on the report. The following issues/comments were raised:

As at the 31st October 2015:

- Page 2 - Job Evaluation. The Chief Executive highlighted that NIAS continues to face significant industrial relations issues and challenges. The Trust has received a response from the RQA Team and a Communiqué providing an update to Staff would be issued on Friday 11th December 2015.
- Page 2 - Recruitment Activity. The Chief Executive informed members that Ambulance Care Attendants (ACAs) have commenced with their training nearing completion and Emergency Medical Technicians (EMTs) commenced training in November. Work is ongoing to finalise offers for a further cohort of EMT's and ACAs in 2016.
- Page 4 - Attendance Management. The Director highlighted that the percentage absence calculation within HRPTS has recently been fixed and further Trust Board Reports will include percentage sickness figures. It was also highlighted that the HR Department supports Attendance Management in line with its Health & Wellbeing Attendance Management Action Plan and HR provide professional advice and support to managers to support management of attendance. SLA meetings continue between HR and Occupational Health as do meetings with Care Call to address prevalent issues related to staff absence e.g. Stress Management.
- Page 5. The Chief Executive highlighted that NIAS continues to face significant industrial relations issues and challenges. The Trade Unions notified Management Side on 21 July 2015 at Joint Consultative Negotiating Committee (JCNC) that they were withdrawing from all job evaluation processes. Management are continuing to manage this situation.
- The Chief Executive advised members that Transforming Your Care will receive 700k non-recurrent funding for 2016-17.
- The Board were directed to Page 4 of the TYC Report and the Chief Executive highlighted that delay to Job Description matching had set back recruitment to the Clinical Support Desk. However contingency plans were agreed at Transformation Modernisation Programme Board on 13 October 2015 for 3 month pilot of enhanced GP model from 2nd December 2015.

- The Chief Executive briefed members on Complaints / Compliments and highlighted that there is good engagement through the Complaints Workshop. It was noted that 18% of Complaints are being responded to within 20 days.
- It was stated that the full Complaints Report and the Patient Experience Stories be reinstated into the Human Resources and Corporate Services Trust Board Report.

ACTION

- 1) The Director of Human Resources & Corporate Services to issue Communiqué to staff.
- 2) Director of Human Resources & Corporate Services to reinstate the full Complaints Report and Patient Experience Stories into the Trust Board report.

Medical

The Medical Director updated members on the report. The following issues/comments were raised:

As at the 31st October 2015:

- Updates to the Trust's Major Incident Plan approved by Trust Board on 1 October 2015 have been made as part of the ongoing two yearly cycle of review. The Plan is currently being printed and will be distributed in both hard copy and electronic format for easy access by Officers during an incident. A review of on call arrangements to support emergency planning incident response and Business Continuity is being undertaken and recommendations will be brought forward in Quarter 4.
- Implementation of the Regional Community Resuscitation Strategy has been slow. The Implementation Group chaired by the Medical Director continues to meet and a number of workstreams are ongoing. NIAS submitted a bid for recurrent funding in December 2014 to support a team of Community Resuscitation Development Officers in accordance with the Strategy but are still awaiting a decision from HSCB. The Board were advised that if funding is declined further implementation of the initiative will be significantly curtailed. NIAS continues to support the Strategy and tribute was paid to the staff involved and for their ongoing work which in the absence of funding, is in addition to their normal roles. An electronic map is being developed to show the location of defibrillators which will further enhance responses involving the public.
It was suggested by Board Members that the Chairman write to the Health Minister with a request that support be given in relation to the implementation of the Strategy.
- A revised Patient Report Form (PRF) was introduced in August 2015. Some minor amendments were identified and these have been addressed. Feedback from staff has been positive and will be presented to the Assurance Committee in December 2015.
- Electronic Patient Report Form (ePRF) – an outline Business Case has been submitted to the Department and agreed by them and is

now ready for submission to the Department of Finance (DFP). NIAS are still awaiting confirmation of conditional support for revenue funding from Commissioners and a decision has been delayed and had been expected at the end of September 2015. NIAS will continue to press the HSCB for a decision to avoid any further delays which would impact on project deadlines.

Mr McKinley asked if Performance Reports containing raw data could have a simple narrative drawing the Board's attention to specific insights and issues.

ACTION: Chairman to consider how best to secure support for the Implementation of the Regional Community Resuscitation Strategy.

7.2 Chief Executive Report Trust Delivery Plan Report on Commissioning Priorities 2015-16

The Chief Executive updated the Board on the Trust Delivery Plan Report on Commissioning Priorities.

8.0 Items for Approval

8.1 Fleet Strategy 2014-2019

Due to an oversight by the Operations Directorate, the Fleet Strategy has already been implemented prior to receiving Trust Board approval. Trust Board approved the Strategy retrospectively.

Action: Approved.

9.0 Items for Information

None

10.0 Items for Noting

10.1 Minutes of Assurance Committee held on 6 October 2015

Noted

10.2 Annual Quality Report 2014/15

Noted

11.0 Application of Trust Seal

- The Trust Seal was used on the 18 August 2015 for the Licence for Newtownards Ambulance Station.
- The Trust Seal was used on the 19 November 2015 for the Lease for Newmills Ambulance Station Coleraine.

12.0 Forum for Questions

No questions were received.

13.0 Any other Business

None

14.0 Summary & Forward Agenda

No Items

Date, Time and Venue of Next Meeting

The next meeting of Trust Board will be held on Thursday, 4 February 2016 at 2.00pm in Southern Division (venue to be confirmed).

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

Signed: _____
Chairman

Date: _____

TB/2 04/02/16



Trust Board Public Meeting - Action Log

At each Board Meeting, action points are recorded throughout the meeting to note items which need further development, additional work or raise other issues which need to be considered or discussed. This document has been created to keep a record of these action points. **This list will be issued after each meeting as a reminder to the relevant Directors.**

| Date of Meeting | No | Minute Reference | Agenda Item (topic) | Allocated To | Action |
|-----------------|----|------------------|--------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------|
| 3 December 2015 | 1 | 5.2 | Visit to Newcastle Ambulance Station | Chairman | Chairman to contact Chair of Belfast Trust to arrange site visit for members to the RVH. |
| | 2 | 7.1 | Performance Report | Director of HR&CS | Staff communique to be issued re update on Job Evaluation process |
| | 3 | 7.1 | Performance Report | Director HR&CS | Full Complaints Report and Patient Experience Stories report to be reinstated into HR&CS Trust Board Performance Report. |
| | 4 | 7.1 | Performance Report | Chairman | Chairman to consider how best to secure support for the Implementation of the Regional Community Resuscitation Strategy. |

TB/3 04/02/16

**PERFORMANCE REPORT AS
AT 31 DECEMBER 2015**

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT OPERATIONS DIRECTORATE

**Director of Operations
03/12/2015**

The Operations Directorate report is comprised of two sections.

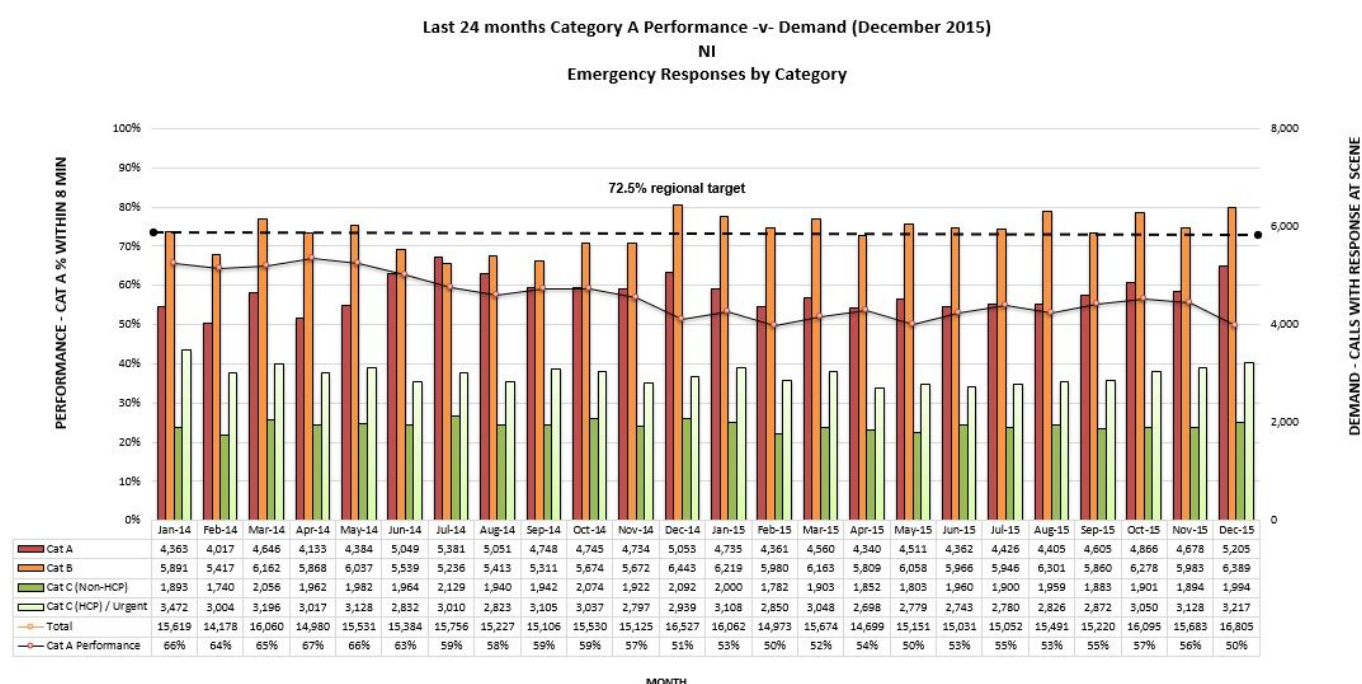
Section 1 is an analysis of performance against demand and the various contributing factors.

Section 2 is the Fleet and Estates report.

SECTION 1 - PERFORMANCE

1. OVERALL PERFORMANCE

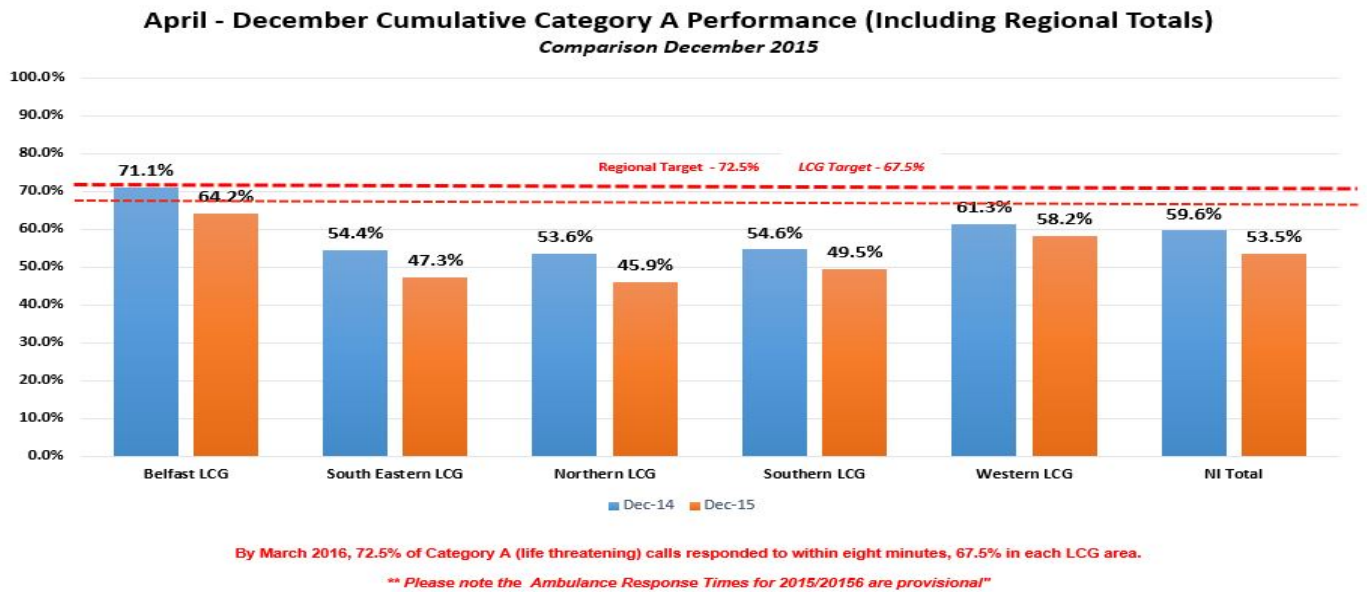
(i). Emergency and Urgent Call Trends over the last 24 months



- The chart above shows the trends over the last two years across Emergency and Urgent calls (including HCP calls). As can be seen from above the seasonal trends in activity are very similar year on year with Cat A performance however continuing its downturn.
- Overall activity in Dec 2015 increased by 2% (equivalent to 24 more calls each day of the month) compared to Dec 2014. Overall activity also increased compared to the previous month Nov 2015 (by 5.5% which is the equivalent to 61 more calls each day of the month). This explains why December is generally a very challenging month in terms of response and meeting demand.
- Emergency activity rose by 0.3% when compared to Dec 2014 and by 7.6% (which is equivalent to 40 additional emergency calls each day) when compared to the previous month.
- Urgent calls including HCP calls increased by 0.4% when compared to the same time last year and by 2.3% when compared to the previous month.

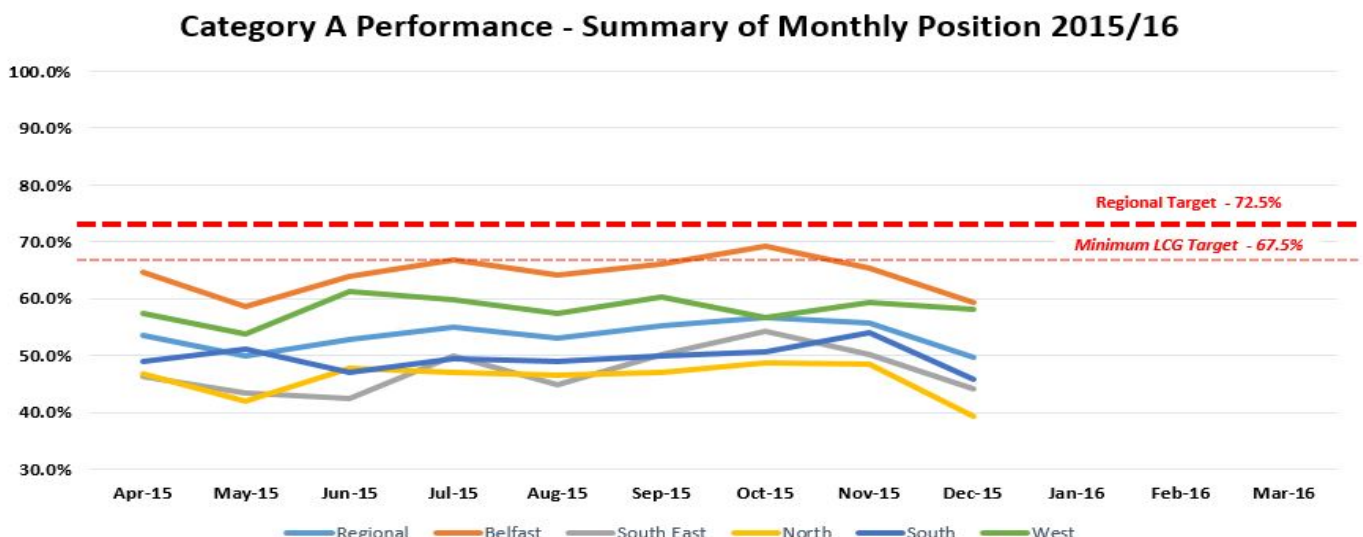
- Non-Urgent calls fell by 4.7% when compared to Dec 2015 and increased by 3.9% compared to the previous month (Nov 2015). This equates to an average of 530 non-urgent journeys (i.e. PCS) per day in Dec 2015 compared to 509 in Nov 2015 and 555 in Dec 2015.

(ii). Cumulative Cat A performance



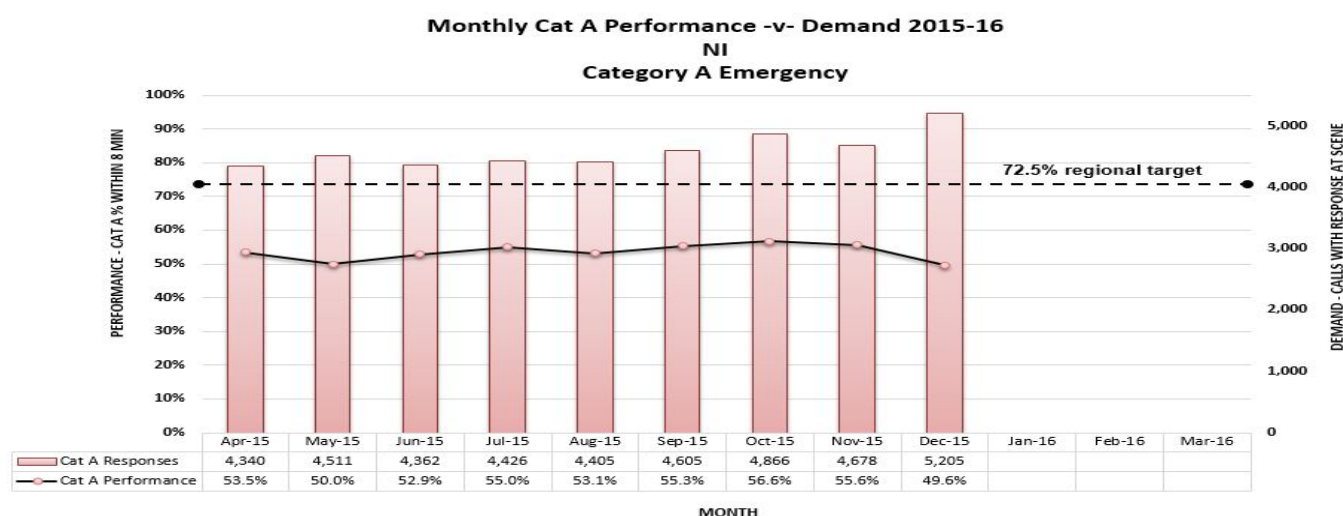
- From the chart above, NIAS has not met the Cat. A target either regionally or at LCG level.
- Cumulatively Cat. A demand has dropped by 4.3% compared to the same time frame last year (April to December). The cumulative number of Cat A calls responded to within 8 mins has also significantly dropped (14.2%) compared to the same timeframe.

(iii). Monthly Cat A performance



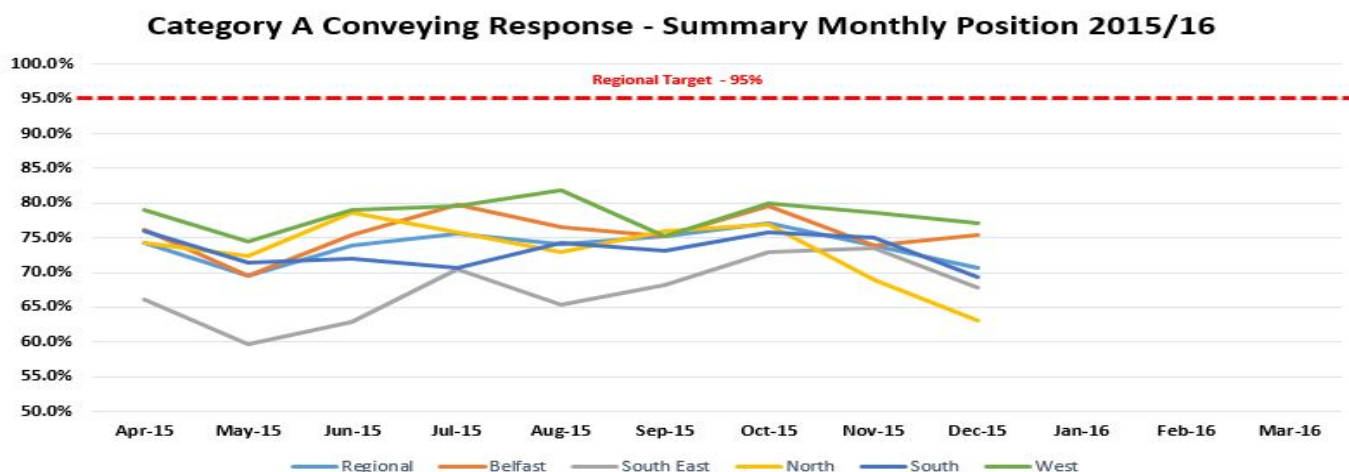
- There has been a 1.7% reduction in Cat A performance for the month of December 2015 compared to December 2014 (from 51.3% to 49.6%). The most noticeable drop occurred in Northern LCG which achieved a Cat A response of 39.4%.

- The average Cat A response regionally in Dec 2015 was 11.41 minutes (with Belfast achieving an average of 9.01 minutes in an urban environment and Northern LCG averaging a Cat A response of 16.16 minutes).
- There has been a regional increase of 3% (equivalent to 5 extra Cat A call each day) compared to the same month last year. This trend is replicated across all the LCG, especially in Western (up by 10.5%), South Eastern (up by 4.4%) and Northern (up by 4.9%). However Southern LCG demand fell by 3.5%.
- The number of Cat A responses within 8 minutes has fallen slightly (by 0.3%) compared to Dec 2014 with the most noticeable drop occurring in Northern LCG.
- The table below shows how the increase in demand for Cat A responses directly relates to the compliance with the commissioner target.



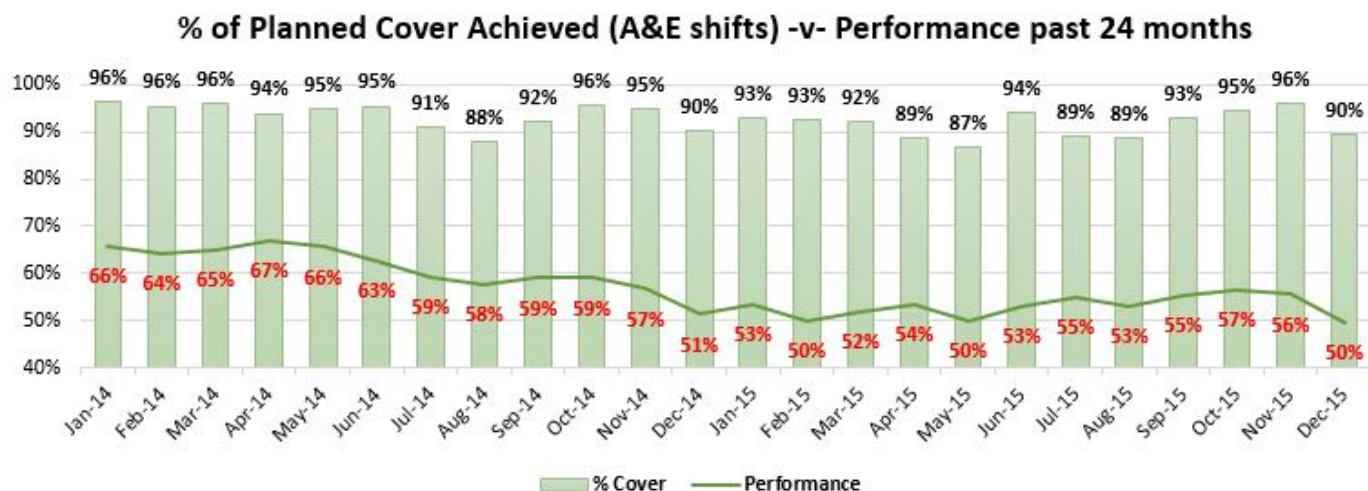
(iv). Monthly Regional and LCG Category A conveying response

NIAS 2014/15 Target – “NIAS should ensure an average of 95% of Category A (life-threatening) calls have a conveying resource at scene within 21 minutes”



- The chart above shows that NIAS conveying standard are not being achieved in any of the LCGs. However, there has been an improvement in the rate of conveying within 21 mins for Cat A calls in Belfast LCG.

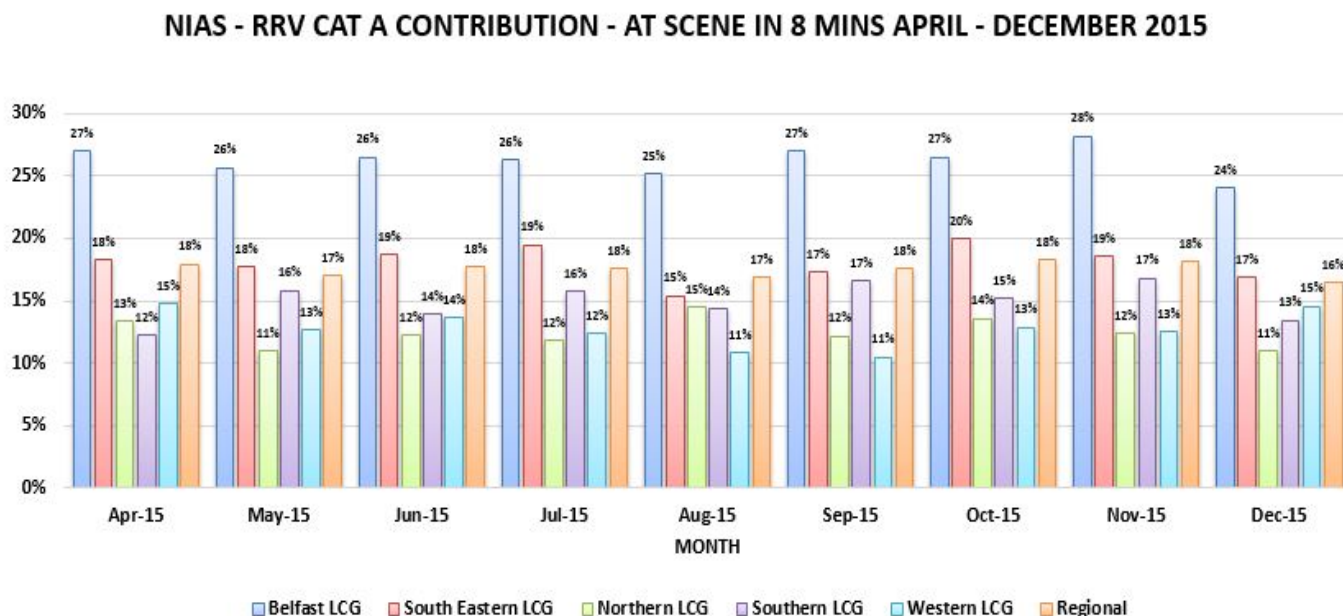
2. PLANNED v ACTUAL COVER



- The chart above shows compliance in planned production hours compared to the actual production hours produced. The above figures include core hours and any additional extra hours required (to support non-recurrently funded services and additional ad hoc pressures at local level such as bank holidays, public events, etc.)

3. NON CONVEYING RESOURCE CONTRIBUTION TO CATEGORY A PERFORMANCE

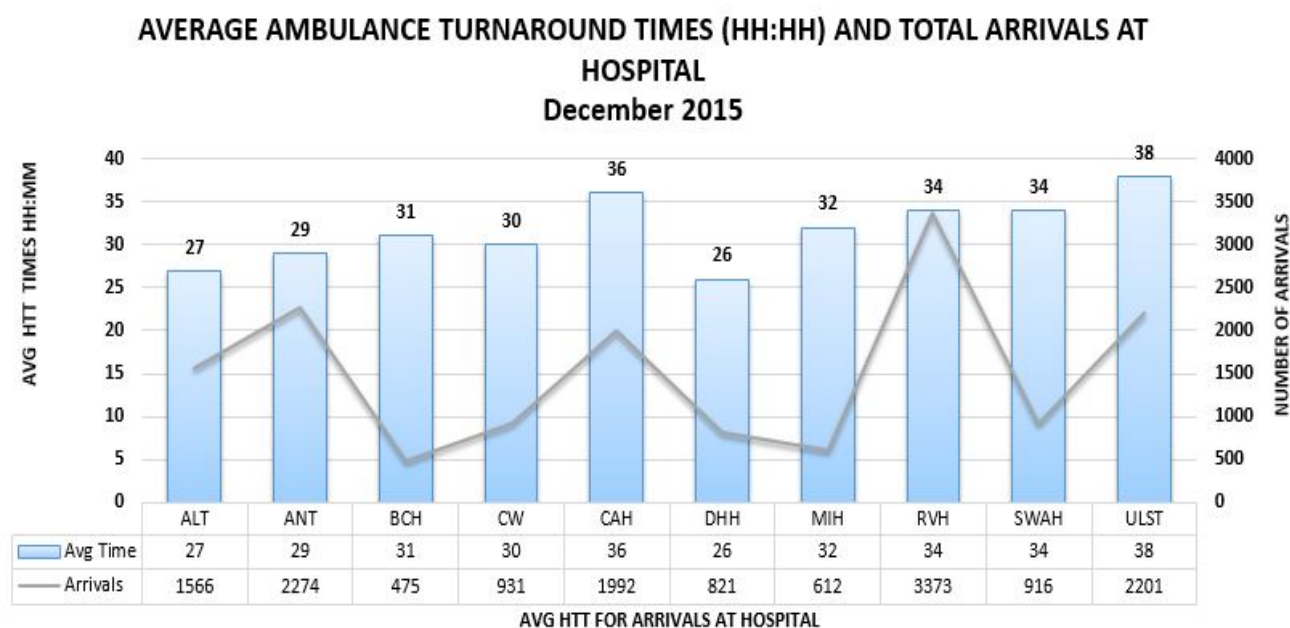
(i). Rapid response vehicle contribution to Category A performance



- The above chart shows how effective RRVs are in urban environments such as the Belfast LCG area (where it contributed 24% towards Cat response times within 8 minutes). More rural LCG areas, such as Northern and Southern LCG, with 11% and 13.5% respectively are known to benefit from this type of paramedic responses more in their larger town areas.

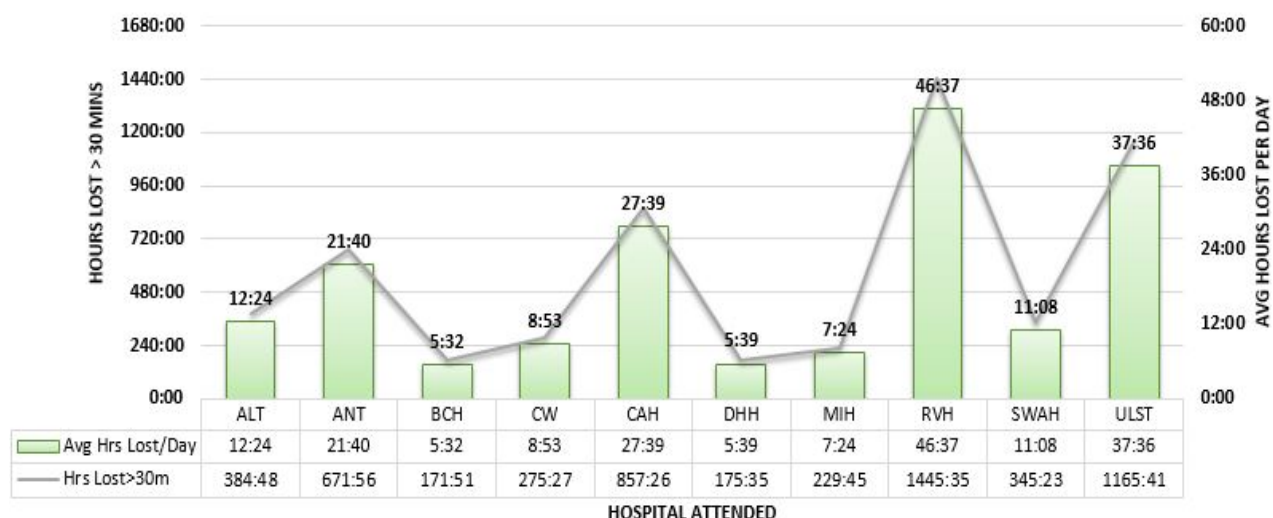
4. AMBULANCE TURNAROUND TIMES

- The table below shows the average ambulance turnaround time at the respective hospitals. The agreed national standard and the NIAS Indicator of performance consider ambulance turnaround times of 30 minutes or less as “in-standard”.



- In Dec 2015 50.8% of all ambulance turnaround times were “in-standard” (i.e. completed within 30 mins) compared to 54% in Dec 2014.
- There was little variance in the proportion of lengthy ambulance turnaround times (i.e. greater than 1 hour) across the main EDs regionally in Dec 2015 (5.4%) when compared to the same time last year (5%). However there was a significant increase in the number and proportion of extremely lengthy ambulance turnaround times (i.e. over 2 hours) in Dec 2015 (74) compared to Dec 2014 (24) with 4 lasting over 5 hrs.
- As can be seen from the chart above the total loss of production hours due to out of standard ambulance turnaround times has increased by 21% compared to same time last year, with an additional 1047 hrs lost during Dec 2015 compared to Dec 2014.
- This loss of NIAS ambulance production hours equates to 8 ambulances lost each day of December compared to 6.6 ambulances lost in Dec 2014. Of the 8 ambulances lost 1.9 are in the RVH, 1.6 in the Ulster and 1.2 in Craigavon.

HOURS LOST >30 MINS AT HOSPITAL AND AVERAGE HOURS LOST PER DAY December 2015



5. DIVERTS

- There were 41 divers in Dec 2015 compared to 21 in Dec 2014. They lasted a total of 202 hours compared to 178 hours in Dec 2014. This is an increase of 13.5%.
- Of the 41 divers 5 were full 999 divers and 27 a combination of surgical/medical divers.
- Of the 41 divers 36 were intra Trust (within the same trust boundary).

6. ACTIONS FOR IMPROVEMENT

- The Operations Directorate continues to progress with the action outlined in the Performance Improvement Plan for 2015/6 with the majority either completed or on track.
- A specific plan set to achieve 60% Cat A.
- The stabilization of the workforce through the recruitment programme has been revised and a number of training courses have been brought forward.
- The use of Voluntary and Private Ambulance Service providers especially over the Christmas and New Year holidays has proven very welcomed. NIAS continues to monitor usage and quality of services delivered in line with the approved contract.
- We are currently recruiting four WTE Hospital Ambulance Liaison Officers (HALO) to work in collaboration with Emergency Department staff in RVH, Ulster, Craigavon and Antrim Hospitals to improve patient handover and crew turnaround times. This initiative should help improve patient experience, release crews to be available for calls, assist ED staff in managing Patient Flow pressures.

SECTION 2 - FLEET AND ESTATES

SECURING THE INFRASTRUCTURE

Objectives

- NIAS is committed to investing in the fleet and estate necessary to deliver safe, high quality ambulance services
- To achieve a fleet profile of vehicles that is less than 5 years old.

Controls Assurance Progress report

Controls Assurance standards are continually reviewed in NIAS and in Operations the following are maintained:

- (i) Buildings and Land
- (ii) Environmental Management
- (iii) Fire Safety
- (iv) Fleet and Transport
- (v) Security
- (vi) Waste Management

CONTROLS ASSURANCE PROGRESS:

| | RAG | Rating (75% in all criteria) | Comment |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|-------------------|
| Buildings & Land | 80.0% | Substantive | Agreed with Audit |
| Environmental Mgt | 79.5% | Substantive | Self Assessed |
| Fire Safety | 89.7% | Substantive | Self Assessed |
| Fleet & Transport | 83.8% | Substantive | Self Assessed |
| Security | 83.3% | Substantive | Self Assessed. |
| Waste Management | 84.0% | Substantive | Self Assessed |
| Performance Commentary: All achieved greater than 75% in all criteria. Buildings and land achieved substantive after further evidence provided to audit. | | | |

FLEET PROFILE 2015/16:

| % Fleet Profile (less than 5 years old) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--------------------------------------------|------|------|------|------|------|------|------|------|------|-----|-----|-----|
| Emergency Ambulances | 78.4 | 78.4 | 78.4 | 87.1 | 89.7 | 95.7 | 96.6 | 96.6 | 96.6 | | | |
| Non-Emergency Ambulances | 94.3 | 94.3 | 87.7 | 86.8 | 83.0 | 83.0 | 83.0 | 83.0 | 83.0 | | | |
| Rapid Response Vehicles | 73.8 | 73.8 | 73.8 | 76.2 | 83.3 | 85.7 | 85.7 | 88.1 | 88.1 | | | |
| Support Vehicles | 36.7 | 36.7 | 36.7 | 40.0 | 40.8 | 40.8 | 44.9 | 44.9 | 42.9 | | | |

PERFORMANCE COMMENTARY :

Additional Vehicles retained not in Establishment: 8, over 5 years old.

2014/15 :

Commissioning is ongoing.

A&E: Complete

PCS: Delayed

RRV, cars: 10 operational out of 11

Specialist Vehicle: control. commissioning

Fleet improvement Proposals for 2015/2016:

Introduction of new carry chair with clip-on tracks to aid descent of stairs will be rolled out with new vehicles.

Fleet Maintenance contract has been awarded in West.
Fleet recovery contract issued quarterly pending completion of tender.

2015/16

A&E and PCS conversion awarded.
PaLS will not allow award for 3 year period, must be quoted annually.

ESTATE CAPITAL PROGRAMME

Ballymena:

Building progressing well, due to complete late February 2016.
NIAS purchased items to be delivered January and February.
Some systems testing, commissioning and training beginning in January.

Enniskillen:

Archaeological survey completed, no significant finds. Report submitted to planning and approval awaited.

OTHER

Uniform - NIAS samples obtained. Sizing exercise commenced. Insignia and identification reviewed. Roll out planned for Summer 2016.

Estates - NIAS participating in Regional Minor Works Design Consultancy tender, NIAS Building Survey tender and NIAS Facilities Management tender.
Minor Schemes spend estimated at £150k.

Fire – Station audit visits complete, no significant issues. EAC issues outstanding.

Energy - NIAS participating in Regional CAG re energy contracts for 2016.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT

04/02/2016

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently forecasting a breakeven position at year end, subject to key risks and assumptions in particular in respect of the required level of savings and the level of investment to support delivery and developments. In addition, 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.

The position at the end of December 2015 (Month 9) is a small surplus of £8k.

| Financial Breakeven Assessment (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------------------------|-----|-------|--------|--------|--------|--------|--------|--------|--------|-----|-----|-----|
| Staff Costs | | 8,090 | 12,193 | 16,318 | 20,554 | 24,718 | 28,880 | 33,058 | 37,217 | | | |
| Other Expenditure | | 1,651 | 2,593 | 3,467 | 4,347 | 5,282 | 6,200 | 7,091 | 8,094 | | | |
| Expenditure Total | | 9,741 | 14,786 | 19,785 | 24,901 | 30,000 | 35,080 | 40,149 | 45,311 | | | |
| Income | | 73 | 110 | 182 | 224 | 262 | 299 | 338 | 367 | | | |
| Net Expenditure | | 9,668 | 14,676 | 19,603 | 24,677 | 29,738 | 34,781 | 39,811 | 44,944 | | | |
| Net Resource Outturn | | 9,668 | 14,676 | 19,603 | 24,677 | 29,738 | 34,781 | 39,811 | 44,944 | | | |
| Revenue Resource Limit (RRL) | | 9,668 | 14,685 | 19,620 | 24,677 | 29,737 | 34,784 | 39,817 | 44,952 | | | |
| Surplus/(Deficit) against RRL | | 0 | 9 | 17 | 0 | (1) | 3 | 6 | 8 | | | |

NIAS Savings Proposals Summary 2015/16

12-Jan-16

The Trust is working to deliver a savings requirement of £1.2m in 2015/16 which is on track for delivery. The Trust assumes that no further efficiency savings are required in 2015/16.

| Ref # | Scheme | Detail Per TDP | Current Year Effect (£k) | OVERALL STATUS | Screening | Engagement | Monitoring of Impact | Monitoring of Finance | Update 12 January 2016 |
|-------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|------------------|--------------------|----------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Non-Emergency Patient Transportation | NIAS spends c. £10Million p.a. on the direct cost of non-emergency services. This proposed saving of £200,000 represents 2%. NIAS does not propose to reduce the number of patients transported by PCS rather to increase the number of patients transported per journey, where appropriate, thereby increasing the efficiency and productivity of the PCS service. | 200 | Started - on track | Complete | Started - on track | Started - on track | Started - on track | On Track Recurrently |
| 3 | Administration/Management Costs | Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of support services. | 100 | At risk of delay | At risk of delay | At risk of delay | At risk of delay | Started - on track | AT RISK - VES engagement will commence 8 October 2015. Savings requirement allocated to Directorates to achieve non recurrently against management and administration (non front line) budget lines. Monthly monitoring returns provided to DHSSPS. |
| 4 | Non Pay Expenditure | Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of non-pay expenditure. | 100 | Started - on track | Complete | Not Required | Not Required | Started - on track | On Track Recurrently |
| 5 | Reduction in expenditure associated with training and development | NIAS spends in the order of £2 Million p.a. on training. This proposed saving of £300,000 represents 15%. A review of training focused on mandatory training requirements has identified opportunities for more cost-effective provision without impacting on delivery of mandatory clinical training. | 300 | Started - on track | Complete | Started - on track | Started - on track | Started - on track | On Track Recurrently |
| 6 | Fuel Savings | Specific saving associated with reduced price of fuel. | 100 | Started - on track | Complete | Not Required | Not Required | Started - on track | On Track Recurrently |
| 7 | Constraining expenditure on minor schemes for estates | Continued restraint to be exercised on estate repair, maintenance and refurbishment. | 200 | Started - on track | Complete | Started - on track | Started - on track | Started - on track | On Track Non Recurrently |
| 8 | Constraining expenditure on replacement/introduction of non-critical medical equipment | Continued restraint to be exercised on replacement/introduction of non-critical medical equipment. | 200 | Started - on track | Complete | Started - on track | Started - on track | Started - on track | On Track Non Recurrently |

Capital Spend

The Trust has received a Capital Resource Limit (CRL) of £7,526m (previously £7,608m). This has been allocated against Fleet Replacement, Estate, IT and General Capital. This revised allocation takes into account revised expenditure forecasts and estimated slippage for both Ballymena and Enniskillen Ambulance Stations and also General Capital.

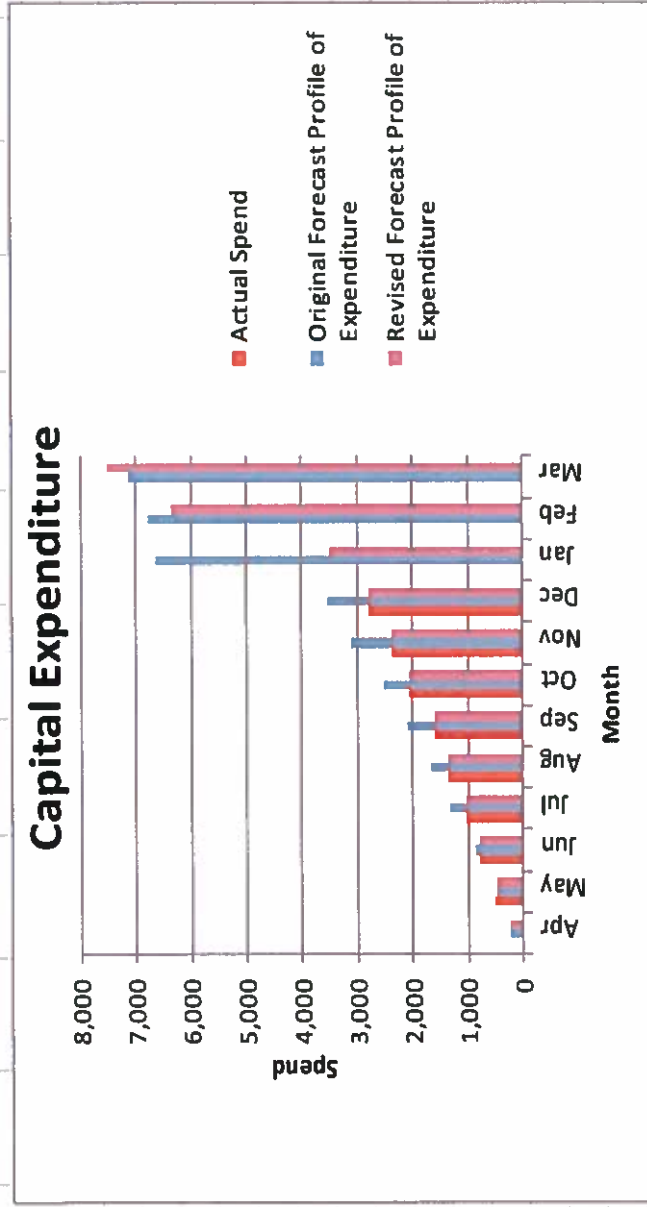
Cumulative capital spend at the end of December 2015 (Month 9) is shown in the table overleaf.

Asset Disposals

The profile of planned asset disposals is linked to the forecast capital spend profile.

| Asset Disposals (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Proposed Disposals | | 10 | 22 | 27 | 39 | 39 | 40 | 117 | 120 | | | |
| Actual Disposals | | 10 | 22 | 27 | 39 | 39 | 40 | 117 | 120 | | | |

| Cumulative Capital Spend (£k) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------------------------------|-----|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Fleet | | 0 | 114 | 114 | 114 | 114 | 114 | 114 | 114 | | | |
| Estate | | 490 | 670 | 924 | 1,244 | 1,479 | 1,934 | 2,269 | 2,686 | | | |
| Medical Equipment | | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| IT Equipment | | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| General Capital | | 12 | 0 | 0 | 16 | 16 | 16 | 16 | 16 | | | |
| Actual Spend | | 502 | 784 | 1,038 | 1,374 | 1,609 | 2,064 | 2,399 | 2,816 | | | |
| Original Forecast Profile of Expenditure | 242 | 490 | 869 | 1,323 | 1,674 | 2,085 | 2,526 | 3,137 | 3,538 | 6,624 | 6,779 | 7,116 |
| Revised Forecast Profile of Expenditure | 242 | 490 | 784 | 1,038 | 1,374 | 1,609 | 2,064 | 2,399 | 2,816 | 3,494 | 6,352 | 7,526 |



Prompt Payment of Invoices

The target of 95% of invoices paid within 30 days was missed in 2014/15 largely due to the days of processing lost during preparation for and implementation of the new Finance, Procurement and Logistic (FPL) system. All payment processing functions transferred to Accounts Payable Shared Service Centre in mid December 2014.

Performance by number of invoices paid for each of these measures is shown below. Performance figures have been updated at December 2015 (Month 9). Performance in the last quarter of 2015 (October to December) has met and exceeded the targets set for the first time in the year.

A range of plans are in place to improve and maintain performance in this area over the rest of the year, however the cumulative target of 95% of invoices within 30 calendar days can no longer be met. As aged invoices are cleared and paid, performance between months can vary significantly. The Trust has established a target of 50% (2014/15 40%) of invoices paid within 10 days and will be working towards the regional target of 60%.

| Number | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Cumulative |
|---------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|-----|------------|
| Total bills paid | 1,433 | 1,164 | 1,900 | 839 | 1,560 | 1,806 | 1,329 | 1,266 | 1,424 | | | | 12,721 |
| Total bills paid within 30 calendar days of receipt of undisputed invoice | 1,161 | 867 | 1,484 | 779 | 1,227 | 1,519 | 1,273 | 1,208 | 1,387 | | | | 10,905 |
| % bills paid on time | 81.0% | 74.5% | 78.1% | 92.8% | 78.7% | 84.1% | 95.8% | 95.4% | 97.4% | | | | 85.7% |
| Total bills paid within 10 working days (14 calendar days) | 733 | 646 | 974 | 506 | 884 | 1,043 | 995 | 878 | 1,066 | | | | 7,725 |
| % bills paid on time | 51.2% | 55.5% | 51.3% | 60.3% | 56.7% | 57.8% | 74.9% | 69.4% | 74.9% | | | | 60.7% |

Business Services Organisation (BSO) 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. Figures for December 2015 were not available in time for this report. Performance against these KPI's to the end of November 2015 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) | 4.81 | 4.24 | 3.17 | 3.66 | 3.17 | 4.02 | 3.42 | 3.55 | | | | |
| Percentage of Products Supplied on First Request % (Target 95%) | 99.60% | 99.04% | 99.35% | 98.96% | 99.66% | 98.52% | 99.17% | 99.17% | | | | |
| Number of Lines Issued (Stock and Non Stock Line) | 1,224 | 1,014 | 972 | 1,068 | 864 | 887 | 1,366 | 1,096 | | | | |
| Value of Spend £k (Stock and Non Stock) | 135 | 158 | 135 | 571 | 1,414 | 315 | 266 | 2,246 | | | | |

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.

4 November 2015 – Loss of Telephony in Non-emergency Ambulance Control (NEAC) Altnagelvin

There was a fault on the NEAC telephony system resulting in the message "This number is temporarily out of order" presenting to callers. The fault was cleared by support providers BT rebooting the call pilot server. The fault reoccurred on two more occasions (6th and 9th November) and was only fixed when the support providers replaced the call touch server on 9th November.

13 November 2015 – Mobile Data Fault

A number of vehicles were reported as "unable to logon to Mobile data system". This fault continued for approximately 15 hours before a software fault was diagnosed by support providers and a fix applied. There was minimal disruption to service as not all the fleet was effected and contingency radio communications were used for those vehicles effected by the fault.

Information Technology Systems - Developments

Any system developments are reported in this section.

Work is ongoing on a project to upgrade the Network infrastructure between NIAS HQ and the remote Ambulance stations and outposts across Northern Ireland. This project is nearing completion with 42 sites migrated to the new network and 5 sites still outstanding.

The overall aim of the project is to provide a robust NIAS network provision fit for purpose to meet the current and future requirement that can sustain the demands placed upon it by both the needs of managers at remote sites and operational users.

ICT Help Desk Performance

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

| Target to Respond to 95% | Nov | | Dec | |
|--------------------------|-------------|-------------|--------|-------------|
| | No of Calls | Within time | Actual | No of Calls |
| Immediate | 16 | 16 | 100% | 6 |
| Urgent | 45 | 45 | 100% | 40 |
| High | 23 | 23 | 100% | 22 |
| Medium | 518 | 505 | 97% | 466 |
| Low | 794 | 794 | 100% | 646 |
| Total | 1396 | | | 1180 |

ICT Planned Maintenance November 2015 – system upgrades Critical Systems

| | Availability | Maximum down time | Actual | Exceeded Maximum Down Time |
|----------------|--------------|-------------------|--------|----------------------------|
| C3 A&E | 740 | 4 Hours | 0 | No |
| C3 PCS | 740 | 4 Hours | 0 | No |
| Pro-QA | 740 | 4 Hours | 0 | No |
| ICCS A&E | 740 | 4 Hours | 0 | No |
| ICCS PCS | 740 | 4 Hours | 0 | No |
| DTR | 740 | 4 Hours | 0 | No |
| Voice Recorder | 740 | 4 Hours | 0.5 | No |
| Mobile Data | 740 | 4 Hours | 0 | No |

These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.

ICT Planned Maintenance November 2015 – system upgrades Corporate Systems

There was no planned maintenance to Corporate Systems during this period.

ICT Planned Maintenance December 2015 – system upgrades Critical Systems

| | Availability | Maximum down time | Actual | Exceeded Maximum Down Time |
|----------------|--------------|-------------------|--------|----------------------------|
| C3 A&E | 740 | 4 Hours | 0 | No |
| C3 PCS | 740 | 4 Hours | 0 | No |
| Pro-QA | 740 | 4 Hours | 0 | No |
| ICCS A&E | 740 | 4 Hours | 0 | No |
| ICCS PCS | 740 | 4 Hours | 0 | No |
| DTR | 740 | 4 Hours | 0 | No |
| Voice Recorder | 740 | 4 Hours | 0.3 | No |
| Mobile Data | 740 | 4 Hours | 0 | No |

These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.

ICT Planned Maintenance December 2015 – system upgrades Corporate Systems

| | Availability | Maximum down time | Actual | Exceeded Maximum Down Time |
|----------------|--------------|-------------------|--------|----------------------------|
| E-mail | 206 | 4 Hours | 0 | No |
| File Server | 206 | 4 Hours | 0.20 | No |
| Virtual Server | 208 | 2 Hours | 0 | No |
| BlackBerry | 206 | 4 Hours | 5 | No |
| Promis | 206 | 4 Hours | 0.5 | No |

These are business support systems which need to be available on a 24/7 365 basis. It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.

Information Governance – Developments: 01/11/2015 to 31/12/2015

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

- *Ongoing work on policy and procedures to support Information Governance across the Trust.*
- *Analysis of historical clinical datasets held in Command and Control systems for support for service development of frequent callers, other pathways under the remit of Transforming your Care. Review of weekly reports and monthly report currently being undertaken with work already way. Supporting TYC colleagues with MDT developments, roll out of Directory Of Services, clinical quality indicators, additional reports to support Alcohol Recovery Centre, Epilepsy and Respiratory monitoring etc*
- *Ad hoc datasets to internal/external stakeholders included – Southern Falls activity, investigation of records to support complaints, Regional Trauma Network developments including datasets and using Geographical Information System to produce drive times, Top 50 Frequent callers, Downe Hospital activity/average travel times, Hoax Callers, Discharge activity re: winter pressures, First Responders Analysis, frequent caller reports, CPD to support Paramedics with HCPC requirements.*

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 Operations 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

Freedom of Information, Data Protection (Subject Access) and Departmental requests

REPORT FOR FREEDOM FOR INFORMATION PROCESSING FOR THE PERIOD OF 01/04/12015 to 31/12/2015

The 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 Data Protection Act (see following)

| Freedom of information | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total (2015-16) | Total (2014-15) |
|-----------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|--------------------|
| Number of Requests Received | 4 | 11 | 11 | 8 | 6 | 15 | 19 | 9 | 6 | | | | 89 | 120 |
| Number of Questions Received | 20 | 32 | 64 | 48 | 31 | 43 | 52 | 14 | 33 | | | | 337 | 350 |
| Completed Requests processed within 20 days or less | 4 | 8 | 8 | 7 | 4 | 11 | 15 | 5 | 5 | | | | 67 | 97 |
| Completed Requests exceeding 20 days | 0 | 3 | 2 | 1 | 0 | 4 | 1 | 2 | 0 | | | | 13 | 22 |
| REQUESTS Still Being Processed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| REQUESTS Still being processed (outside 20) | 0 | 0 | 1 | 0 | 2 | 0 | 2 | 2 | 1 | | | | 8 | |
| Stood Down | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | 1 | |
| Number of Records Fully Disclosed | 20 | 25 | 53 | 43 | 17 | 43 | 27 | 8 | 28 | | | | 264 | |
| Vexatious Requests | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| Number of Records for which records not held | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | | | | 4 | |
| Requests where exemptions wholly/partially applied | 0 | 7 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | | | | 12 | |
| Questions stood down | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 0 | | | | 9 | |
| QUESTIONS Still Being Processed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| QUESTIONS Still Being Processed (outside 20) | 0 | 0 | 8 | 0 | 14 | 0 | 15 | 6 | 5 | | | | 48 | |
| Referrals for Independent Review | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 2 | |
| Appeals to the Information Commissioner | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| Requestor Type | | | | | | | | | | | | | | |
| Member of Public | 3 | 2 | 4 | 5 | 2 | 3 | 7 | 2 | 5 | | | | 33 | |
| Local Government | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | | | | 3 | |
| Staff Member | 1 | 5 | 2 | 1 | 1 | 8 | 4 | 1 | 0 | | | | 23 | |
| Media | 0 | 1 | 0 | 2 | 1 | 1 | 2 | 5 | 0 | | | | 12 | |

DATA PROTECTION ACT 1998 – SECTION 7: SUBJECT ACCESS MONITORING

REPORT FOR DPA PROCESSING (SUBJECT ACCESS) FOR THE PERIOD OF 01/04/2015 to 31/10/2015

The 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.

| Data Protection Act 1998 – Section 7, Subject Access | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr 15 – Oct 15 |
|---------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------------|
| Number of Requests Received | 2 | 4 | 2 | 1 | 3 | 1 | 1 | 2 | 2 | | | | 18 |
| Completed Requests processed within 40 days or less | 2 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | | | | 11 |
| Completed Requests exceeding 40 days | 0 | 1 | 0 | 1 | - | 0 | 0 | 1 | 0 | | | | 3 |
| Identity Not Confirmed and therefore could not be further processed | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | | | | 4 |
| Patient | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 1 | 1 | | | | 6 |
| NI/AS Staff Member | 2 | 2 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | | | | 10 |
| External Agency | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | 2 |
| Relative of Patient | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 |

- **From 01/04/2015 to 31/10/2015: 61% of Subject Access Requests processed within 40 calendar days**
(this is based on this requests that were fully processed ie identity and fee received)

POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law for the Period of 01/04/2015 to 31/12/2015

Purpose:

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

| | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------------|------------------------|
| <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 15 – Dec 15 | Apr 14 – Dec 14 |
| Number of Requests Received (based on receipt of correspondence date) | 25 | 18 | 28 | 21 | 44 | 27 | 31 | 35 | 35 | | | | 264 | 279 |

SOLICITOR ENQUIRIES for the Period of 01/04/2015 to 31/12/2015

REQUESTS FOR INFORMATION WHICH FALL UNDER THE REMIT OF THE DATA PROTECTION ACT 1998 AND/OR ACCESS TO HEALTH RECORDS (NI) ORDER 1993

| | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr 15 – Dec 15 | Apr 14 – Dec 15 |
|-----------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|------------|------------------------|------------------------|
| | | | | | | | | | | | | | | |
| Number of Requests Received (based on receipt of correspondence date) | 42 | 37 | 31 | 48 | 44 | 65 | 65 | 64 | 28 | | | | 424 | 430 |

DEPARTMENT OF HEALTH AND SOCIAL SERVICES – REQUEST FOR INFORMATION for Period of 01/04/2015 to 31/12/2015

| DHSSPS/AQ's/CORs/TOF's/INV's | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April 15 – Dec 15 |
|-------------------------------------|------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|------------|--------------------------|
| Assembly Questions (Oral) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 |
| Assembly Questions (Written) | 3 | 9 | 4 | 7 | 4 | 5 | 4 | 8 | 4 | | | | 48 |
| CORs Received | 2 | 0 | 2 | 2 | 4 | 2 | 1 | 1 | 0 | | | | 14 |
| TOFs Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 |
| INVs Received | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | 0 |



15/16 - PRF v PATIENT NUMBERS COMPARISON

Summary

| Month | Emergency Calls responded to (KA34) | Patient Journeys | | | Total | Completed PRFs (Formic) | Difference |
|----------------|-------------------------------------|------------------|-------------|---------------|---------------|-------------------------|------------|
| | | Emergency | Urgent | Routine | | | |
| April 2015 | 14699 | 12323 | n/a | 353 | 12676 | 15161 | +2,485 |
| May 2015 | 15151 | 12610 | n/a | 357 | 12967 | 15743 | +2,776 |
| June 2015 | 15031 | 12537 | n/a | 360 | 12897 | 15886 | +2,989 |
| July 2015 | 15052 | 12297 | n/a | 399 | 12696 | 15659 | +2,963 |
| August 2015 | 15491 | 12770 | n/a | 420 | 13190 | 16168 | +2,978 |
| September 2015 | 15220 | 12731 | n/a | 357 | 13088 | 15911 | +2,823 |
| October 2015 | 16096 | 13343 | n/a | 457 | 13800 | 16136 | +2,336 |
| November 2015 | 15683 | 13167 | n/a | 463 | 13630 | 12970 | -660 |
| December 2015 | 16805 | 13744 | n/a | 446 | 14190 | 7856 | -6,334 |
| January 2016 | | | | | | | |
| February 2016 | | | | | | | |
| March 2016 | | | | | | | |
| Total | 139228 | 115522 | 3612 | 119194 | 123634 | | |

* Note: due to a change in protocol urgents calls were reclassified as Category C emergencies in June 2014

Please note figures for 2015/2016 are provisional and will rise as data processing is ongoing.

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCE AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

2016 / 02 / 04

Section 1: Human Resources & Corporate Services**HRCS KPI: Shaping & Developing Future Workforce (Workforce Information, Recruitment, Job Evaluation)****WORKFORCE INFORMATION**

| DECEMBER 2015 | TRUST TOTAL | CX/ BOARD | FINANCE/ ICT | HRCS | MEDICAL | OPERATIONS |
|----------------------------------------------|--------------------|----------------|-----------------|-----------------|----------------|--------------------|
| FUNDED WTE | 1295.54 | 7.00 | 30.63 | 68.15 | 8.00 | 1181.76 |
| SUBSTANTIVE-IN- POST (WTE) PERM/(TEMP) | 1158.32 (31.88) | 1.00 (6.00) | 26.10 (1.00) | 60.98 (3.00) | 7.00 (1.00) | 1063.24 (20.88) |
| STAFF-IN- POST/HEADCOUNT | 1218 | 7 | 28 | 65 (72*) | 8 | 1110 (1124*) |
| VACANCY LEVELS (WTE) | -105.34 | 0.00 | -3.53 | -4.17 | 0.00 | -97.64 |

The Trust's Corporate Workforce Information Report is produced retrospectively on a quarterly basis by the HR Department. Information is reported via the HRPTS system and reconciled between the HR, Finance and Operations Departments for validation purposes. Whilst the latest Corporate Workforce Information Report details information at 30 September 2015, for the purposes of this report, the table above shows an indicative, unverified position as at 31 December 2015. These figures may require amendment for next Trust Board, once the validation process has been completed.

NB: *Figures do not include Sessional GP's who constitute 0.14 WTE nor does it include individuals who support ELD clinical programmes, as required. These individuals have been included in Headcount figures (in brackets) in the respective Directorates.*

On the basis of the information above, the Trust has an overall vacancy level of **105.34** WTE posts @ 31 December 2015. This compares to an overall vacancy level of 213.70 WTE posts @ 30 June 2014. The reduction in vacancy levels is attributable to the commenced a workforce stabilisation programme in June 2014 which included the undertaking of a rigorous recruitment campaign to recruit to front-line operational posts.

It should also be noted that the NIAS funded establishment increased from 1245.54 in June 2014 to 1295.54 in December 2015. This represents a total of 50 additional posts (vacancies) essentially to front-line services.

RECRUITMENT ACTIVITY

From June 2014 to date approximately 176 appointments have been made to the following operational posts: -

- 23 Paramedics
- 63 Ambulance Care Attendants (ACAs)
- 74 Emergency Medical Technicians (EMTs)
- 16 Emergency Medical Dispatchers (EMDs)

An estimated further 62 appointments to operational posts, taken from current waiting lists, are expected during 2016. This includes 42 ACA and 20 EMT posts.

JOB EVALUATION - PARAMEDICS, RRV PARAMEDICS AND EMTS

Further to the report to Trust Board in December 2015, NIAS has received Partnership correspondence from the Regional Quality Assurance (RQA) team indicating that the RQA team had reached a conclusion "that the current banding levels ie: EMT (Band 4); Paramedic (Band 5) and RRV Paramedic (Band 5) remain unchanged". This outcome requires to be validated through the production of a Job Evaluation report and NIAS are supporting the RQA team in the production of this report. Once the Job Evaluation report is provided, it will be made available to all relevant staff, who will have the right to request a review of the outcome. All relevant staff were advised of this position in December 2015 and will be formally notified of the outcome of their job evaluation process following completion of the Job Evaluation Report.

Section 1: Human Resources & Corporate Services

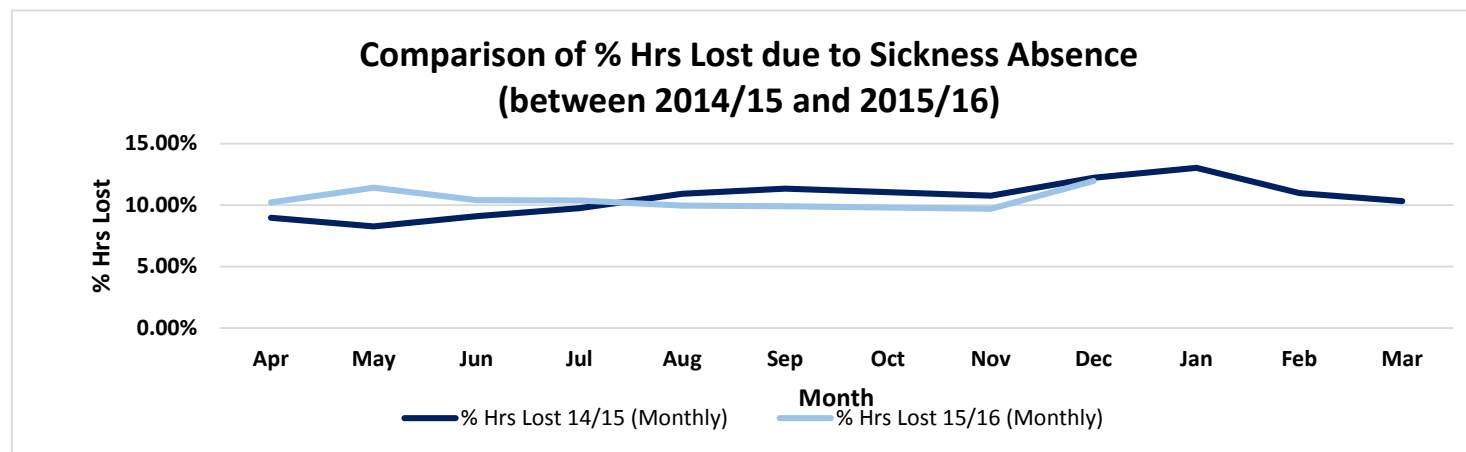
HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

CORPORATE ABSENCE REPORT (AS AT 31 DECEMBER 2015)

NIAS's sickness absence target, as agreed with the DHSSPSNI, is **"to improve or maintain sick absence rates on 2014/15 levels"**. This report provides summary information of the Trust's sickness absence for the period 1 April 2015 to 31 December 2015. The information reported is from HRPTS and is in % hours lost (in line with HSC regional reporting).

- NB: (1) Prior to the introduction of HRPTS, the legacy system (HRMS) reported the sickness absence rate in % days lost. Consequently, NIAS's % absence rates have been recalculated for the previous reporting year (Apr 2014 – Mar 2015) for comparison purposes. % figures shown below are therefore based on the newly applied calculation.
- (2) Whilst the majority of staff are shift workers (approx. 88%), the HRPTS calculation automatically divides working hours over a standard 5-day week (Monday – Friday, based on a 7.5 hr day).
- (3) The figures exclude Bank Staff and the Non-Executive Team.

| ATTENDANCE MANAGEMENT | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------------------------------------------|-------------------------------------------------------------------|---------------|-------------------------|--------|--------|--------|---------------------------------------|--------|---------------|--------|--------|--------|
| DHSSPSNI Absence Target set | "IMPROVE OR MAINTAIN SICK ABSENCE RATES ON 2014/15 LEVELS" | | | | | | | | | | | |
| NIAS absenteeism monthly % hrs lost (15/16) | 10.22% | 11.42% | 10.41% | 10.36% | 9.96% | 9.91% | 9.81% | 9.70% | 11.97% | | | |
| NIAS absenteeism monthly % hrs lost (14/15) | 8.98% | 8.27% | 9.11% | 9.76% | 10.93% | 11.33% | 11.05% | 10.76% | 12.22% | 13.03% | 10.96% | 10.32% |
| Monthly % hrs lost (S/T) | 2.49% | 2.47% | 2.00% | 1.85% | 1.61% | 2.05% | 1.97% | 3.14% | 3.68% | | | |
| Monthly % hrs lost (L/T) | 7.73% | 8.95% | 8.41% | 8.51% | 8.35% | 7.86% | 7.84% | 6.56% | 8.29% | | | |
| Av. days lost per Empee per Mth | 2.21 | 2.30 | 2.27 | 2.34 | 2.06 | 2.12 | 2.10 | 1.99 | 2.69 | | | |
| NIAS ABSENTEEISM CUMULATIVE % HRS LOST | | | (2014/15) 10.16% | | | | (2015/16 @ 31 Dec 2015) 10.44% | | | | | |



FLU VACCINE UPTAKE:
13.47%
 133 OPS STAFF
 34 CONTROL / ADMIN STAFF
 REGIONAL UPDATE 2014/15
 = APPROX 25%

Section 1: Human Resources & Corporate Services

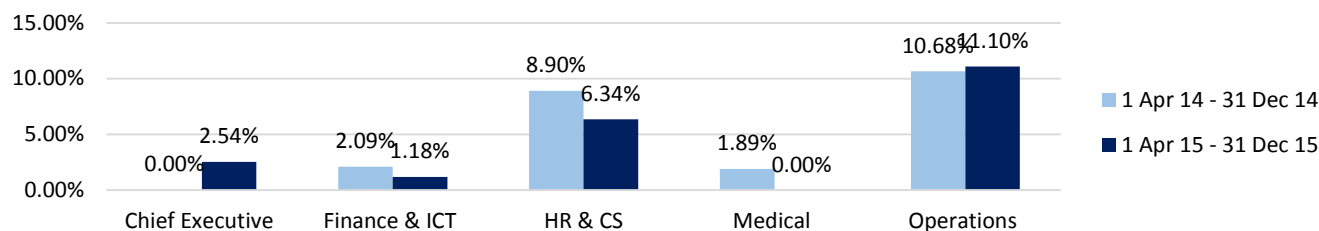
HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

CUMULATIVE DIRECTORATE ABSENCE

The following table shows each Directorate's % absence, in terms of long term and short term absence, for the period 1 April 2015 to 31 December 2015 against the previous period's absence. The table also shows the average days lost by Directorate.

| NIAS % Directorate Absence by Short/Long Term Cumulative Absence for the period 1 April 2015 to 31 December 2015 (showing comparative data for previous year) | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|--------------|------------------|--------------|-----------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| Directorate (WTE) | Total Scheduled Hrs (1 Apr 15 - 31 Dec 15) | Long Term | | Short Term | | Total % Absence Hrs (1 Apr 15 - 31 Dec 15) | Total % Absence Hrs (1 Apr 14 - 31 Dec 14) | Av Days Lost per Employee during Reporting Period |
| | | Absence Hrs | % LT Hrs | Absence Hrs | % ST Hrs | | | |
| Chief Executive | 1,477.50 | 0.00 | 0.00% | 37.50 | 2.54% | 2.54% | 0.00% | 0.56 |
| Finance & ICT | 40,742.25 | 352.50 | 0.87% | 129.75 | 0.32% | 1.18% | 2.09% | 0.28 |
| HR & CS | 132,940.04 | 6,802.50 | 5.12% | 1,630.26 | 1.23% | 6.34% | 8.90% | 1.38 |
| Medical | 13,494.50 | 0.00 | 0.00% | 0.00 | 0.00% | 0.00% | 1.89% | 0.00 |
| Operations | 1,540,708.04 | 134193.89 | 8.71% | 36783.23 | 2.39% | 11.10% | 10.68% | 2.41 |
| Grand Total | 1,729,362.33 | 141,348.89 | 8.17% | 38,580.74 | 2.23% | 10.40% | 10.26% | 2.27 |

Cumulative % Absence by Directorate for period 1 April 2015 to 31 December 2015 (showing comparative data for previous year)
DHSSPSNI Target: **To Improve or Maintain Sickness Absence Rates on 2014/15 Levels**



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Section 1: Human Resources & Corporate Services

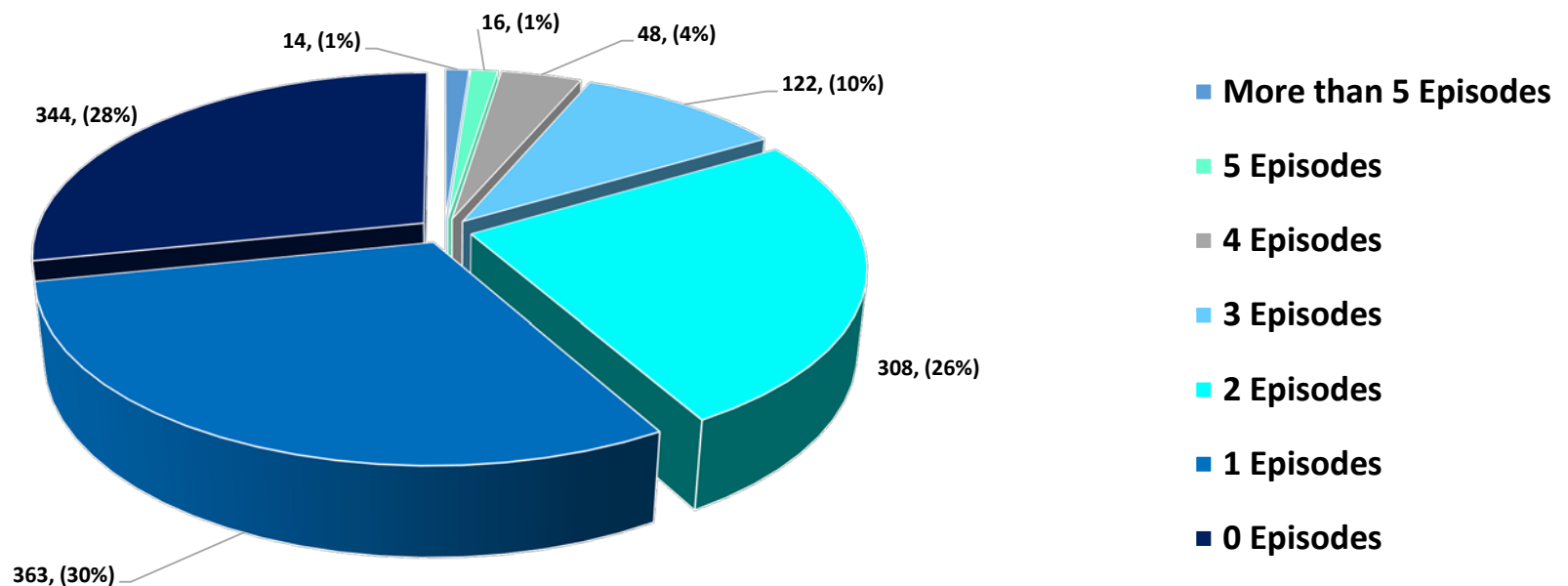
HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

EPISODES OF ABSENCE

Absence continues to be managed in line with the Trust's Health and Wellbeing Attendance Management Action Plan and HR staff continue to provide professional advice and support to managers in managing attendance. A robust performance management system is in place to support the management of attendance. The NIAS Attendance Management Procedure is such that the management of escalation of an individual's sickness absence levels is in line with the number of episodes of absence they have ("trigger points").

The chart below shows the number of staff, by episodes, who were absent in a rolling 12 month period (1 January 2015 – 31 December 2015).

**No. of Employees by Episodes of Absence
in a Rolling 12 Month Period
(1 January 2015 to 31 December 2015)
as a % of Total Workforce**



Section 1: Human Resources & Corporate Services

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

REASONS FOR ABSENCE

There are approximately 350 sickness reasons available within HRPTS for recording purposes. Each reason is grouped into one of 26 Categories. The chart below shows the top 5 Categories of Absence during the reporting period with all other Categories grouped as "Other" for the purposes of this report.

Mental Health related illnesses = includes Anxiety, Depression, Grief / Bereavement, Stress and Work Related Stress

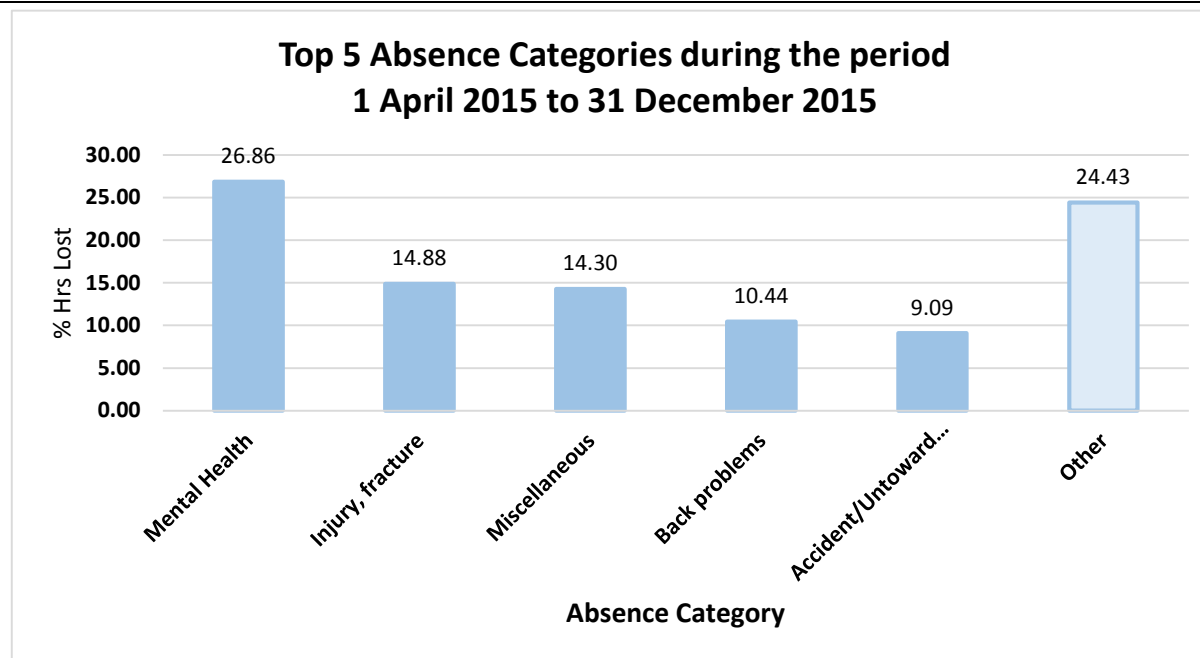
Injury, fracture related illnesses = includes All fractures, Sprains, Strains and Skeletal injuries

Miscellaneous related illnesses = includes Chronic Fatigue, General Debility, Hospital Investigations, Post Surgical Debility, and Post Viral Fatigue

Back Problems related illnesses = includes Back Ache/Pain, Disc problems, Lumbago, Sciatica, Scoliosis, Spinal Stenosis, Spondylitis, Spondylosis

Accident / Untoward Incident at Work related illnesses = includes Industrial Injury, RTC, Work-Related Accident, and Untoward Incidents

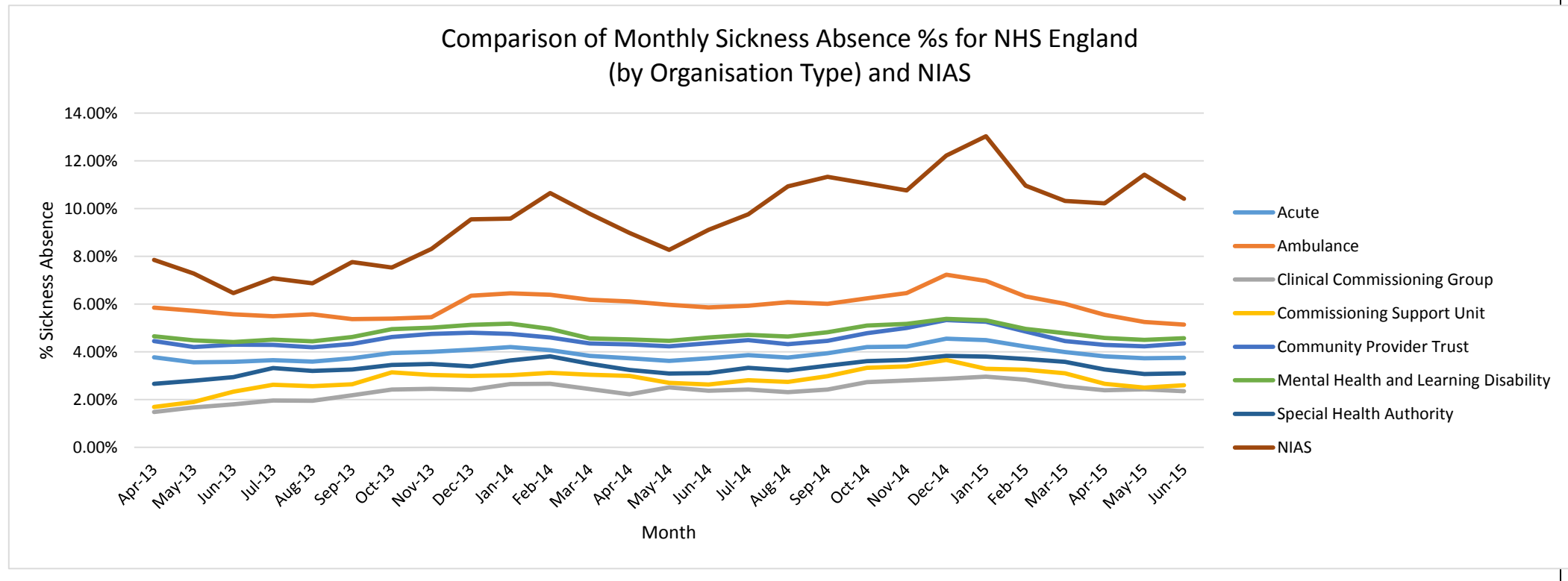
Other = includes all other Categories of absence for example Cancer, Cardiac, ENT, Pregnancy related, 'Flu etc



Section 1: Human Resources & Corporate Services

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

The HR Dept conducts benchmarking exercises in respect of its absence information. At present, regional HSC information has not been published for the current financial year however NHS England Sickness Absence Rates are available, and have been used to compare the Trust's % absence figures, as depicted below for the period April 2013 – June 2015.



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)

Disciplinary Cases:

| Position as at Dec 2015 | TRUST TOTAL | Patient Care | Wilful Damage | Criminal Conduct | Fraud | Failure to comply with Trust Policy / Procedure |
|----------------------------|-------------|--------------|---------------|------------------|----------|-------------------------------------------------|
| Total Ongoing Cases | 16 | 5 | 0 | 4 | 2 | 5 |
| HCPC Referrals | 0 | 0 | 0 | 0 | 0 | 0 |
| Suspensions | 2 | 0 | 0 | 2 | 0 | 0 |
| New Cases | 2 | 0 | 0 | 1 | 0 | 1 |

Grievance Cases:

| Position as at Dec 2015 | TRUST TOTAL | Transfer | Application of T&C | Recruitment | Job Evaluation | Equal Opps | Employee Relations Processes | Promotion | Pay |
|----------------------------|-------------|----------|--------------------|-------------|----------------|------------|------------------------------|-----------|----------|
| Total Ongoing Cases | 26 | 1 | 15 | 1 | 1 | 2 | 3 | 2 | 1 |
| Informal Stage | 4 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1 |
| Formal Stage 1 | 18 | 0 | 13 | 1 | 0 | 1 | 1 | 1 | 0 |
| Formal Stage 2 (Appeal) | 4 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 |
| New Cases | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 |

Working Well Together / Harassment Cases:

| Position as at Dec 2015 | TRUST TOTAL |
|---------------------------------|-------------|
| Total Ongoing Cases | 2 |
| Informal Resolution / withdrawn | 0 |
| Inv Ongoing | 1 |
| Formal Stage 1 | 1 |
| Formal Stage 2 (Appeal) | 0 |
| New Cases | 0 |

Commentary (Employee Relations/Industrial Relations):

NIAS continues to face significant industrial relations issues and challenges. From the day of industrial action which took place on 13 March 2015 and the overtime ban which took place in May 2015 (all relating to regional/national concerns in areas such as pensions and pay) more recently Trade Union Side have entered into dispute with NIAS regarding issues relating to Job Evaluation. Trade Union Side notified Management Side at NIAS Joint Consultative Negotiating Committee (JCNC) on 21 July 2015 that they were withdrawing from all job evaluation processes. Management is continuing to manage this situation. The Trade Union position remains unchanged.

Case File Closures:

| Position as at Dec 2015 | April | May | June | July | August | September | October | November | December | January | February | March |
|-------------------------|-----------|----------|----------|----------|----------|-----------|----------|----------|----------|---------|----------|-------|
| Grievance | 11 | 4 | 1 | 3 | 1 | 0 | 1 | 1 | 0 | | | |
| Disciplinary | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | | | |
| Harassment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | |
| Total | 13 | 4 | 1 | 3 | 2 | 0 | 1 | 2 | 1 | | | |

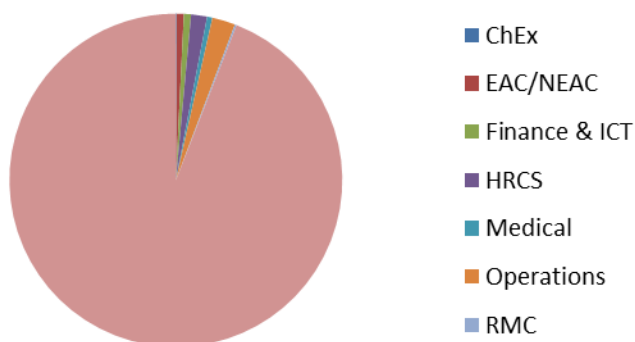
Section 1: Human Resources & Corporate Services

HRCS KPI: Modernisation & Reform (BSTP)

HRPTS Deployment Within NIAS:

| Aug 2015 Position | Trust Total | Operations | EAC/NEAC | RMC | HRCS | Finance & ICT | Medical |
|------------------------------------------------------------------------------|-------------|------------|----------|--------|---------|---------------|---------|
| % staff with access to ESS/HRPTS (as % of total staff at end Aug 2015) | 14.06 % | 4.41 % | 0.67 % | 0.92 % | 5.24 % | 2.16 % | 0.67 % |
| % Managers with access to MSS/HRPTS (as % of total Managers at end Aug 2015) | 82.22 % | 47.78 % | 7.78 % | 1.11 % | 15.56 % | 8.89 % | 1.11 % |

% of Staff with ESS access



BSTP UPDATE

HRPTS:

The HRPTS system was implemented within NIAS on 18 February 2014 in line with the NIAS HRPTS Deployment Plan. The Deployment Plan recognised that deployment of HRPTS within NIAS would be significantly limited due to IT infrastructure issues and that it would only be possible to deploy Employee Self Service (ESS) to 18.9% of NIAS workforce. Currently 14% of NIAS employees, as at August 2015, are able to access ESS with 82% of NIAS Managers having access to MSS. Deployment of HRPTS within NIAS remains significantly hampered due to IT Infrastructure limitations particularly at station level where a substantial majority of NIAS employees are based. Work is currently ongoing regionally to explore alternatives to provide for full deployment. Work is planned to reinforce ESS/MSS usage within the Trust.

BENEFITS REALISATION:

Regional meetings continue to take place in relation to BSTP Benefits Realisation. NIAS continues to contribute to regionally activities aimed at ensuring continual improvement and system optimisation.

SHARED SERVICES

NIAS continues to engage with BSO Shared Services in planning the transition of the Recruitment & Selection (R&S) function.

The transition to Shared Services will impact directly on staff within the HR Department. Work is currently underway to support staff through this transitional period. In February 2015 the Trust saw the move of the NIAS Payroll function to the BSO Shared Services organisation. Fortnightly meetings continue to take place between BSO Payroll SS, Human Resources & NIAS Payroll to address transitional process issues.

Section 1: Human Resources & Corporate Services
HRCS KPI: Compliments, Complaints & Claims
COMPLAINTS MANAGEMENT

| HANDLING TIMES OF COMPLAINTS | | | | | | | | | | | | | | | |
|------------------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----|-----|-----|-----|---------------|------|-----------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | % | 2014-15 |
| Complaints Received | 16 | 18 | 7 | 8 | 7 | 23 | 9 | 18 | | | | | 106 | | 229 100% |
| Total A&E & PCS Activity | 28127 | 27962 | 28820 | 28795 | 28339 | 29209 | 29725 | 28961 | | | | | 229938 | | |
| % Complaints/Activity | 0.06% | 0.06% | 0.02% | 0.03% | 0.02% | 0.08% | 0.03% | 0.06% | | | | | 0.05% | | |
| Acknowledged within 2 working days | 16 | 18 | 7 | 8 | 7 | 23 | 9 | 18 | | | | | 106 | 100% | 229 99% |
| Acknowledged after 2 working days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0% | 0 1% |
| Response within 20 working days | 0 | 2 | 0 | 0 | 2 | 10 | 5 | 8 | | | | | 27 | 25% | 29 13% |
| Response after 20 working days | 12 | 13 | 6 | 4 | 4 | 7 | 3 | 3 | | | | | 52 | 49% | 64 30% |
| Complaints Investigations ongoing | 4 | 3 | 1 | 4 | 1 | 6 | 1 | 7 | | | | | 27 | 25% | 136 36% |
| Average Response Time (Working days) | | | | | | | | | | | | | | | 44 |
| Cases referred to NI Ombudsman (cases ongoing) | 1(3) | 0(4) | 1(5) | 0(5) | 0(5) | 0(5) | 0(5) | 0(5) | | | | | 5 | 5% | 2 1% |

| SERVICE AREA OF COMPLAINTS | | | | | | | | | | | | | | | |
|----------------------------|-----------|-----------|----------|----------|----------|-----------|----------|-----------|----------|----------|----------|----------|------------|-------------|-----------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | % | 2014-15 |
| Accident & Emergency | 8 | 5 | 4 | 7 | 4 | 5 | 5 | 10 | | | | | 48 | 45% | 89 39% |
| Patient Care Service | 0 | 4 | 1 | 1 | 2 | 2 | 0 | 0 | | | | | 10 | 9% | 27 12% |
| Control & Communications | 8 | 9 | 2 | 0 | 1 | 16 | 4 | 8 | | | | | 48 | 45% | 103 45% |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0% | 8 3% |
| Voluntary Car Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0% | 2 1% |
| TOTAL | 16 | 18 | 7 | 8 | 7 | 23 | 9 | 18 | 0 | 0 | 0 | 0 | 106 | 100% | 229 100% |

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

NATURE OF COMPLAINTS RECEIVED

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2015-16 | % | 2014-15 | |
|------------------------------|-----------|-----------|----------|----------|----------|-----------|----------|-----------|----------|----------|----------|----------|------------|-------|------------|-----|
| Staff Attitude | 6 | 4 | 3 | 5 | 4 | 8 | 5 | 5 | | | | | 40 | 37.7% | 85 | 37% |
| Ambulance Late/No Arrival | 8 | 11 | 4 | 2 | 3 | 15 | 4 | 9 | | | | | 56 | 52.8% | 103 | 45% |
| Clinical Incident | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | 6 | 5.7% | 18 | 8% |
| Suitability of Equip/Vehicle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | | | | 3 | 2.8% | 1 | 0% |
| Other | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | 1 | 0.9% | 21 | 9% |
| Patient Property | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0.0% | 1 | 0% |
| TOTAL | 16 | 18 | 7 | 8 | 7 | 23 | 9 | 18 | 0 | 0 | 0 | 0 | 106 | | 229 | |

COMPLIMENTS RECEIVED

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | 2015-16 | % | 2014-15 | |
|-----------------------|-----------|----------|----------|----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|-----------|-------|------------|-----|
| Accident & Emergency | 27 | 1 | 9 | 6 | 11 | 13 | 10 | 17 | | | | | 94 | 94.9% | 176 | 95% |
| Control | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | 2 | 2.0% | 2 | 0% |
| Patient Care Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0.0% | 4 | 2% |
| Voluntary Car Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0.0% | 1 | 0% |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | | | | | 3 | 3.0% | 3 | 2% |
| TOTAL | 28 | 1 | 9 | 7 | 11 | 13 | 11 | 19 | 0 | 0 | 0 | 0 | 99 | | 186 | |

Section 1: Human Resources & Corporate Services**HRCS KPI: Supporting Trust Priorities****CLOSED COMPLAINTS OCTOBER – NOVEMBER 2015**

| | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Comp/968 | Delay in emergency ambulance reaching patient, ambulance took approx one hour. Patient subsequently died. | Complaint not upheld. Call coded correctly given the information provided. | Letter of explanation issued. |
| Comp/981 | Complaint regarding the non arrival of non-emergency transport. | Complaint not upheld. No request was received for transport | Letter of explanation issued. No further action required. |
| Comp/972 | Refused non-emergency transport. | Complaint not upheld. Requests for transport are accepted from Healthcare Professionals only. | Letter of explanation issued. No further action identified. |
| Comp/918 | Anonymous complaint regarding Facebook posts from staff member | Complaint upheld. | Staff member reminded of NIAS social media policy. |
| Comp/960 | Patient felt the way the crew handled the transfer of her husband from ambulance to her home was incorrect. She also felt his attitude was poor. | Complaint not upheld. Crew acted appropriately during this call. | Letter of apology and explanation issued. |
| Comp/945 | Patient not informed that ambulance was cancelled until morning of appointment after he was ready. He wasn't happy with this, he is an elderly gentleman and it had taken him some effort to prepare for this appointment. | Complaint not upheld. No booking received for specified date. | Letter of explanation issued. No action identified. |
| Comp/952 | Complaint regarding treatment of patient and attitude of staff who allegedly commented "pity we didn't leave it 10mins we wouldn't have got this call". | Complaint closed. Insufficient information received to proceed. | No further action. |
| Comp/965 | Complaint regarding attitude of staff. Complainant did not need an ambulance but his parents called by mistake. However he said one of the crew was very rude. | Complaint withdrawn. | No further action. |
| Comp/969 | Complaint regarding staff attitude where one of the crew allegedly accused an epileptic patient of "putting it on". | Complaint not upheld. Crew found to have acted appropriately during this call. | Letter of explanation issued. No further action identified. |
| Comp/989 | Complaint regarding the conduct of an ambulance on an emergency call where drivers were forced into the bus lane risking fines when the ambulance could have used the bus lane. | Complaint not upheld. Driver was correct in not using the bus lane. | Letter of explanation issued. |

| | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Comp/990 | Complaint regarding the delay of an emergency ambulance where it took over 1 hour to arrive. | Complaint upheld. No available resources at the time the call was received. Ambulance arrived within 37 minutes. | Letter of apology and explanation issued, no further action required. |
| Comp/974 | Delay in non-emergency transport which resulted in the elderly patient who had been medically prepared for her appointment being sick due to stress of waiting for the ambulance to arrive. | Complaint upheld. Delay was due to another patient being collected which took longer than anticipated. | Letter of apology and explanation issued. Notes put on master booking to avoid situation arising again. |
| Comp/979 | Complaint regarding the delay of an ambulance where the ambulance arrived over an hour after the RRV. | Complaint upheld. No resources available at the time the call was received | Letter of explanation and apology issued. No further action identified. |
| Comp/914 | Complaint where the patient felt the crew dissuaded her from attending hospital. She went to the hospital the following morning and it was confirmed she had suffered a heart attack. | Complaint upheld. Staff could have been more persuasive in getting patient to attend hospital | Letter of apology and explanation issued to receive remedial training in relation to the identification of NSTEMI |
| Comp/935 | Complaint regarding NEAC where the patient was waiting in the reception of the cancer centre for nearly eight hours. | Complaint upheld. The investigation found that there was a breakdown in communication. | |
| Comp/977 | Patient had to travel by car when the ambulance arranged by GP failed to turn up after two hours. | Complaint not upheld. Request was received but later cancelled by Our of Hours GP | Letter of explanation issued. No further action identified. |
| Comp/961 | Complaint regarding time Non-emergency ambulance arrived to collect the patient/complainant. | Complaint upheld. Control room was very busy with a high demand for transport. | Letter of apology and explanation issued. |
| Comp/955 | Patient was in the car at A & E, his back was very painful and he could no move. An ambulance was called to transfer him from the vehicle. The patient felt that one of the crew was very mocking towards him in his comments. | Complaint upheld. Crew member acted inappropriately. | Letter of explanation and apology issued. Crew member to be counselled on how he communicates with patients. |
| Comp/978 | Complaint regarding the delay of an ambulance and the attitude of staff. | Complaint upheld. Call had been coded as greed and a non-emergency ambulance had been arranged to collect patient however on arrival she required pain relief and an emergency ambulance was required. Crew did not act appropriately during this call. | Letter of apology and explanation issued. Staff involved have been spoken to regarding inappropriate comments. |
| Comp/948 | Complaint regarding way in which crew spoke to complainants mother reducing her to tears. | Complaint partially upheld. It is possible that one of the crew may have made a comment. | Letter of apology and explanation issued. Staff have been reminded of the importance of acting in a professional manner. |

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Comp/926 | Alleged failure by crew to diagnose back injury. | Complaint not upheld. As incident occurred over 9 years ago crew were unable to explain why the patient was walked to ambulance. | Letter of explanation issued. No further action identified. |
| Comp/949 | Crew refused to let complainant out even though sitting parked, said attitude was not great. | Complaint upheld. | Letter of apology issued. Crew to be counselled on the expected standards of conduct. |
| Comp/959 | Complaint regarding the patient's wife not being correctly informed where the patient was being taken. It was her understanding that her husband was going to Erne, the nursing home stated that crew informed them of this and after much ringing around she found out he was taken to Altnagelvin. | Complaint upheld. Crew did not advise Nursing Home of destination hospital | Letter of apology and explanation issued. All frontline staff to be reminded to advise families etc. of destination hospital. |
| Comp/983 | Complaint regarding staff attitude at an incident where the female crew member was rude to family member. | Complaint not upheld. Correct clinical care provided. No evidence that crew acted inappropriately. | Letter of apology and explanation issued. Crew to be counselled on the importance of how their attitude can be perceived. |
| comp/994 | Complaint regarding delay of an emergency ambulance which took over 38 minutes to arrive. | Complaint withdrawn. | File closed. Complainant called back to discuss and wants to close complaint. |
| Comp/993 | Complaint regarding the delay of ambulance where patient had an appointment with the Cancer Centre and the Consultant was unable to wait. | Complaint upheld. Crew late leaving to pick up patients. | Letter of apology and explanation issued. No further action. |
| Comp/963 | Alleged non-emergency vehicle clipped complainant's wing mirror. Paramedic allegedly got out and was verbally abusive. | Complaint not upheld. No independent witness to support allegation. | Letter of explanation issued. No further action identified. |
| Comp/991 | Complaint regarding the non arrival of transport to discharge elderly patient home from hospital and had to be transported with difficulty by the family. | Complaint not upheld. No request for transport was received. | Letter of explanation issued. No further action identified. |
| Comp/998 | Complaint regarding the crew not having sufficient oxygen to transport terminally ill patient. | Patient not transported by NIAS. | Letter of explanation issued. |
| Comp/1000 | Crew walked in front of patient and attitude seemed abrupt. | Complaint upheld. Crew were not found to have been rude but did not act inappropriately. | Crew to be reminded of the expected standards of behaviour. |
| Comp/984 | Complaint regarding the delay of an ambulance and treatment provided by crew at the scene. Patient subsequently passed away. | Complaint partially upheld. Ambulance was delayed in arriving however the crew acted appropriately. | Letter of apology and explanation issued. No further action identified. |
| Comp/985 | Delay of patient being transferred from the RVH to Antrim Hospital. | Complaint not upheld. Response was sent within one hour of receiving request. | Letter of explanation issued. No further action identified. |

| | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Comp/913 | Complaint regarding the treatment of a patient at a road traffic accident where the patient subsequently died. | Complaint not upheld. Crew found to have acted appropriately. | Letter of explanation issued. |
| Comp/975 | Delay of 50minutes for an emergency call. | Complaint upheld. Delay due to high demand for ambulance services at the time the call was received. | Letter of apology and explanation issued. No further action identified. |
| Comp/992 | Complaint regarding the crew leaving patient at scene and had to be brought to hospital by car when was drifting in an out of consciousness. | Complaint not upheld. Crew withdrew to outside the house while awaiting the PSNI when patient was driven past. | Letter of explanation issued. No further action identified. |
| Comp/1002 | Complaint regarding the cancellation of non-emergency transport. | Complaint not upheld. Insufficient notice was received for the request. | Letter of explanation issued. No further action identified. |
| Comp/973 | Complaint regarding reckless driving of an ambulance. | Complaint upheld. Staff member found to be driving at inappropriate speed. | Letter of explanation and apology issued. Staff member to under emergency response driver training and his driving will be monitored for 6 months. |
| Comp/980 | Complaint regarding attitude of crew. Nurse manager states that crews are usually lovely and are in and out all the time. There was a bit of "banter" but the staff nurse believes it went too far. | Complaint upheld. Crew found to have acted inappropriately. | Letter of apology and explanation issue. Crew reminded of the expected standards of conduct. |
| Comp/1007 | Complaint regarding the cancellation of an ambulance to transport an elderly gentleman to hospital to have the cast from his leg removed. Daughter had booked day off work and now her father has to wait a further two weeks before another appointment could be made for him. This is very distressing for the gentleman and his daughter | Complaint not upheld. Patient had not been booked correctly. | Letter of explanation issued. No further action identified. |
| Comp/908 | Complaint regarding attitude of staff and discussing patient in a derogatory manner. | Complaint upheld. Crew found to have acted inappropriately. | Letter of apology and explanation issued. No further action identified. |
| Comp/1009 | Complaint regarding attitude and comment made by one of the crew saying that "dementia patients were a burden on hospitals". | Complaint upheld. Crew acted inappropriately | Apology issued. Crew to be reminded of the expected standards of behaviour. |
| Comp/988 | Patient wife felt as though crew didn't want to take her husband to hospital. They aided her to put him in the car | Complaint upheld. Crew did not act appropriately and should have taken this gentleman to hospital | |
| Comp/1003 | Complaint regarding a crew member asking a young disabled man why he was parked in a disabled parking space at a garage. | Complaint upheld. Crew member had no right to question the young man. | Letter of apology and explanation issued. No further action identified. |

| | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| Comp/1006 | Complaint regarding the transfer of a child. Mother wants to know why given injuries the child not taken to the RVH. | Complaint withdrawn. Ambulance response was appropriate. Complaint is with the Northern Trust. | No further action identified. | |
| Comp/987 | Complaint regarding comments made at A & E Department, commenting on a RTA the complainants wife was involved in. | Complaint upheld. | Crew will be spoken to regarding any alleged comments they may have made. | |
| Comp/927 | Nurse Manager complained about crew taking patient's equipment on ambulance with them. | Complaint upheld. Crew did not adhere to the request which was to transport the patient by stretcher. | Letter of apology and explanation issued. Crew reminded of their responsibilities with regard to transporting patients as requested. | |

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Trust Priorities

Claims 2015/16

| | C/O | A | M | J | J | A | S | O | N | D | J | F | M | Total |
|----------------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| Employers Liability | 29 | | | | | | | | | | | | | |
| Claims Received | | 1 | 2 | 0 | 1 | 0 | 1 | 3 | 0 | | | | | 8 |
| Claims Settled | | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | | | | | 5 |
| Cases Ongoing | | | | | | | | | | | | | | 37 |
| Public Liability | 2 | | | | | | | | | | | | | |
| Claims Received | | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | | | | | 2 |
| Claims Settled | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Cases Ongoing | | | | | | | | | | | | | | 4 |
| Clinical Negligence | 8 | | | | | | | | | | | | | |
| Claims Received | | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | | | | | 3 |
| Claims Settled | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Cases Ongoing | | | | | | | | | | | | | | 11 |

Lessons Learned:

4 Employee Liability cases settled

Learning:

- Memo to all Station Officers to check all shorelines and charging point leads on stations.
- Memo to Staff to advise that grit boxes are provided at stand by points and staff are to ensure these areas gritted.

Commentary:

The Trust aims to ensure that all claims:

- Are dealt with promptly and efficiently within an organisational culture of openness which encourages all parties to resolve disputes, reduce delays and costs, and which ultimately reduces the requirements for litigation.
- Where litigation has been instigated that, without good reason, indefensible claims are not defended or settlement is delayed.
- Application of the risk management systems and processes detailed in the Trust's Risk Management Strategy to the management of claims including ensuring that all claims are thoroughly investigated, learning identified and improvements made so as to reduce the risk of further similar adverse events again occurring in the future.

Categories of Claims Received 2015/16

| Categories | Slips & Trips | Quality of Treatment | Needle Stick Injury | Equip / Vehicle Faults | RTA's |
|---------------------|---------------|----------------------|---------------------|------------------------|-------|
| Employee Liability | | | 1 | 5 | 2 |
| Public Liability | 2 | | | | |
| Clinical Negligence | | 3 | | | |

Section 2: Education, Learning & Development**HRCS KPI: Support Trust Priorities; Modernisation & Reform; Shaping & Developing Future Workforce; Education, Learning & Development****Development and delivery of the 2015/16 element of the agreed Education, Learning and Development Plan:**

Delivery of the 2015/16 element of the ELD plan is on target. The ELD Plan reflects the Trust-wide changes in service delivery and has a specific focus on clinical priorities, particularly the provision of accredited training to support external and internal recruitment of emergency and non-emergency staff; a revised post-qualification assessment, training and development programme that maintains and updates clinical skills as well as introduces new topics to support the implementation of TYC-led initiatives and embed these into standard practice.

Knowledge and Skills Framework (KSF) Personal Development & Contribution Reviews (PDCR) 2015/16

Each Directorate has responsibility for ensuring staff within their remit have the opportunity to undertake an annual individual KSF PDCR and to monitor compliance. This provides staff and managers with the opportunity to reflect on and appraise how each individual has personally contributed to the Trust's Strategic Aims and Values. Overall Trust compliance will be reported on by the KSF management side lead on a 6 monthly basis i.e at 30/09/2015 and 31/03/16.

| | April to Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------|---------------|-----|-----|------|-----|-----|-----|
| Operations | Nil | N/A | N/A | Nil | | | |
| Medical | Nil | N/A | N/A | 100% | | | |
| Finance & ICT | Nil | N/A | N/A | Nil | | | |
| HR & CS | Nil | N/A | N/A | 7% | | | |

ELD Highlight report:

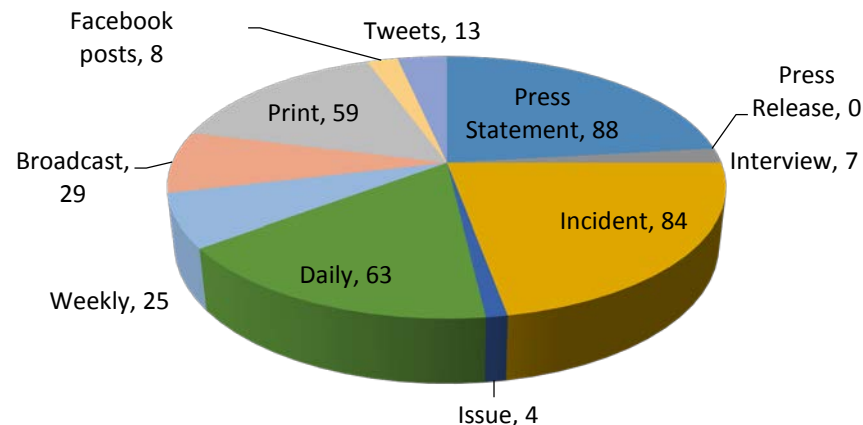
- The withdrawal of IHCD Modules remains on the HRCS local risk register. An options appraisal identifying alternative programmes of delivery for paramedic training has been reviewed by SEMT. NIAS continues to engage with the DHSSPS and Commissioners regarding the future delivery of paramedic training in NI.
- Delivery of the RATC 2015/16 core clinical training programme for 4 EMT cohorts and 4 ACA cohorts continues to be delivered to plan and the 2016/17 training plan is being finalised to ensure effective delivery to meet the Trust's workforce needs. To date in 2015/16 this has provided Operations with an additional 20 fully operational EMTs plus another 23 on practice placement and 64 fully operational, qualified ACAs.
- The delivery of a new CPD programme for emergency and non-emergency operational staff commenced in September 2015. This programme is complemented with a refreshed work book that includes mandatory and statutory training.
- Following the pilot of a new quality improvement project this has now been extended to all Divisions. This will enable the implementation of a revised audit system with observation of practice to reinforce and evaluate the delivery of new clinical pathways into paramedic practice.
- Introduction of new OFQUAL regulated clinical and driving courses for EMTs and ACAs is planned for 2016/17. These courses which are within the Qualification Credit Framework (QCF) will provide EMTs with a level 4 and ACAs with a level 2 qualification that will allow greater capacity for future educational progression of our operational workforce.

| Section 3: Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication HRCS KPI: Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>NIAS Responses to Consultations November/December 2015</u> | | | |
| Date of Response | Consultation Title & Summary | Summary of NIAS Response | Link to Consultation |
| 13/11/2015 | Belfast Trust – Delivery of Mental Health Services for People Living in Belfast | If it is envisaged that NIAS will provide transport for patients to relocated Day Services, this will have resource and cost implications. | http://www.publichealth.hscni.net/consultation-future-lifeline-crisis-intervention-service |
| 13/11/2015 | PHA – Lifeline Crisis Intervention Service Beyond 2015 | <p>NIAS agrees with the proposed model for the telephone helpline element being commissioned from NIAS regionally. This would allow for all of the benefits outlined in the proposal to be realised, given that NIAS is a regional organisation with experience in the provision of a 24/7 telecommunications service and management of emergency responses.</p> <p>In order for the benefits to be realised, NIAS would need to be appropriately resourced to ensure adequate numbers of call takers at an appropriate skill level by hour of day and day of week. The capital investment to support this service delivery in terms of accommodation and infrastructure including technology must be adequately resourced. The timing of the implementation of this service needs to be given careful consideration in view of this.</p> | http://www.publichealth.hscni.net/consultation-future-lifeline-crisis-intervention-service-now-closed |
| 23/11/2015 | DELNI – Employment of People with Disabilities | NIAS welcomes proposals within the strategy to proactively promote current disability employment retention services and examples of good practice among employers and the development of a disability employment one-stop service for employers. | https://consultations.nidirect.gov.uk/departments-for-employment-and-learning/employment-for-people-with-disabilities |
| 23/11/2015 | Northern Trust – Future of Whiteabbey Minor | NIAS conveys or refer patients to Minor Injury Units across Northern Ireland, and in line with services in GB would be keen to see these services enhanced to Urgent Treatment | http://www.northerntrust.hscni.net/about/2642.htm |

| | | | |
|--|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Injuries Unit | <p>Centre status in order that more patients could avail of these services rather than channelling patients into the current configuration of Emergency Departments.</p> <p>Retaining this facility would provide for urgent care needs for the population of the Whiteabbey and Carrickfergus area as well as reducing conveyance and turnaround times for crews who would otherwise be transporting to Antrim and Belfast Hospitals.</p> <p>A visible presence and local knowledge of an MIU in Whiteabbey will also encourage the general public in the area to use alternatives to the ED.</p> | |
|--|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Section 3: | Equality & Human Rights/Personal and Public Involvement/ Patient Experience/Media and Communication |
| HRCS KPI: | Supporting Trust Priorities; Transformation and Modernisation; Equality and Human Rights; Partnership & Employee Engagement |

NIAS Media Activity Nov & Dec 2015



Key Themes in Press Coverage

- Throughout November and December, NIAS issued 88 Press Statements in response to enquiries from the media.
- 7 media interviews were conducted during the period.
- The number of media outlets reached in this period totalled 88 (each response equates to 1 outlet reached)
- Press statements tend to be issued in response to particular incidents which in this case included RTCs, murder and shootings.
- Corporate issues which were addressed reactively, in response to media, included MOU with NAS.
- The Trust continues to engage with the public through social media which includes the Trust Facebook and Twitter platforms which saw unprecedented activity in response to posts re attack on crews (545,000 viewed the post).

Community Education

| |
|--------------------------------------|
| Number of Community Education Visits |
|--------------------------------------|

| |
|----|
| 61 |
|----|

- The Trust has continued to attend schools and community groups.
- Key messages have included the impact of hoax calls, inappropriate use of the service and violence against staff.
- Work continues to develop a public awareness campaign in respect of the changing face of the service linked to Transforming Your Care and the Trust's modernisation agenda.

General Media and Communication Work Streams

- The Trust website has been redeveloped which provides a more modern and accessible format for users. This will also enable greater ownership to maintain currency within directorate areas.
- Ongoing engagement with regional and national communications groups has continued. Nationally this has involved work in line with priorities agreed by the Association of Ambulance Chief Executives (AACE) and regionally is linked to departmental objectives. Having completed a term as chair of the National Ambulance Communications Group (sub-group of AACE) the Trust's Media and Communications Manager handed over the role of chair, however continues to participate in the group and its work streams.
- The Trust's Equality and Patient Experience and Communication functions support delivery of the Transformation and Modernisation agenda through leadership of a programme of Engagement and Communications. This includes systems of communication and engagement with staff, service users, the public and other key stakeholders to inform development of the work streams within this framework.

Section 4: Transformation and Modernisation – Transforming Your Care

HRCS KPI: Modernisation and Reform

- NIAS Transformation and Modernisation Programme Board meet monthly and is chaired by the Director of HR&CS. In relation to TYC the Programme structure has identified key deliverables and related process through the Project Initiation Document. The Programme Management includes consideration of related risks and progress on priority action plans. The Programme engages with key stakeholders, including Commissioners and Users on an ongoing basis.

- The projects include:
 - Implementation of a range of Appropriate Care Pathways
 - Pilot of a Clinical Support Desk in Ambulance Control
 - Implementation of a NIAS Directory of Services

Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Programme Board and Trust Board.

Engagement

- A pre meet engagement meeting was held with Age NI with a follow up service engagement meeting planned for February 2016. In addition, the Programme Manager met with the PSNI.
- The Programme Manager and Clinical Service Improvement lead presented the NIAS falls pathway at the Western Trust Falls workshop.

Results

Between April 2015 and 31 December 2015 an additional 4909 patients were safely and effectively managed without conveyance to ED in comparison with the same period in 13/14 and 924 patients were conveyed to an alternative destination following paramedic referral such as the Cath lab, BCH Direct, Minor Injury Units or Medical Assessment Units.

Appropriate Care Pathways Highlight Report:

- **Diabetes Treat, Leave and Refer/Minor Injury Units/Palliative Care/Cardiac/Frail Elderly/Medical Assessment Unit/Falls services:**

These pathways continue to be used for referral in the Trusts/areas in which they are available.

- Cardiac – it has been agreed to extend the cardiac pathway to include posterior STEMI's
- Alcohol Recovery Centre (ARC) – The ARC went live with a soft launch on 12 December 2015 and became fully operational on 18 December 2015. The ARC is for patients under the influence of alcohol who would normally have been transported to a Belfast ED.

Clinical Support Desk Highlight Report:

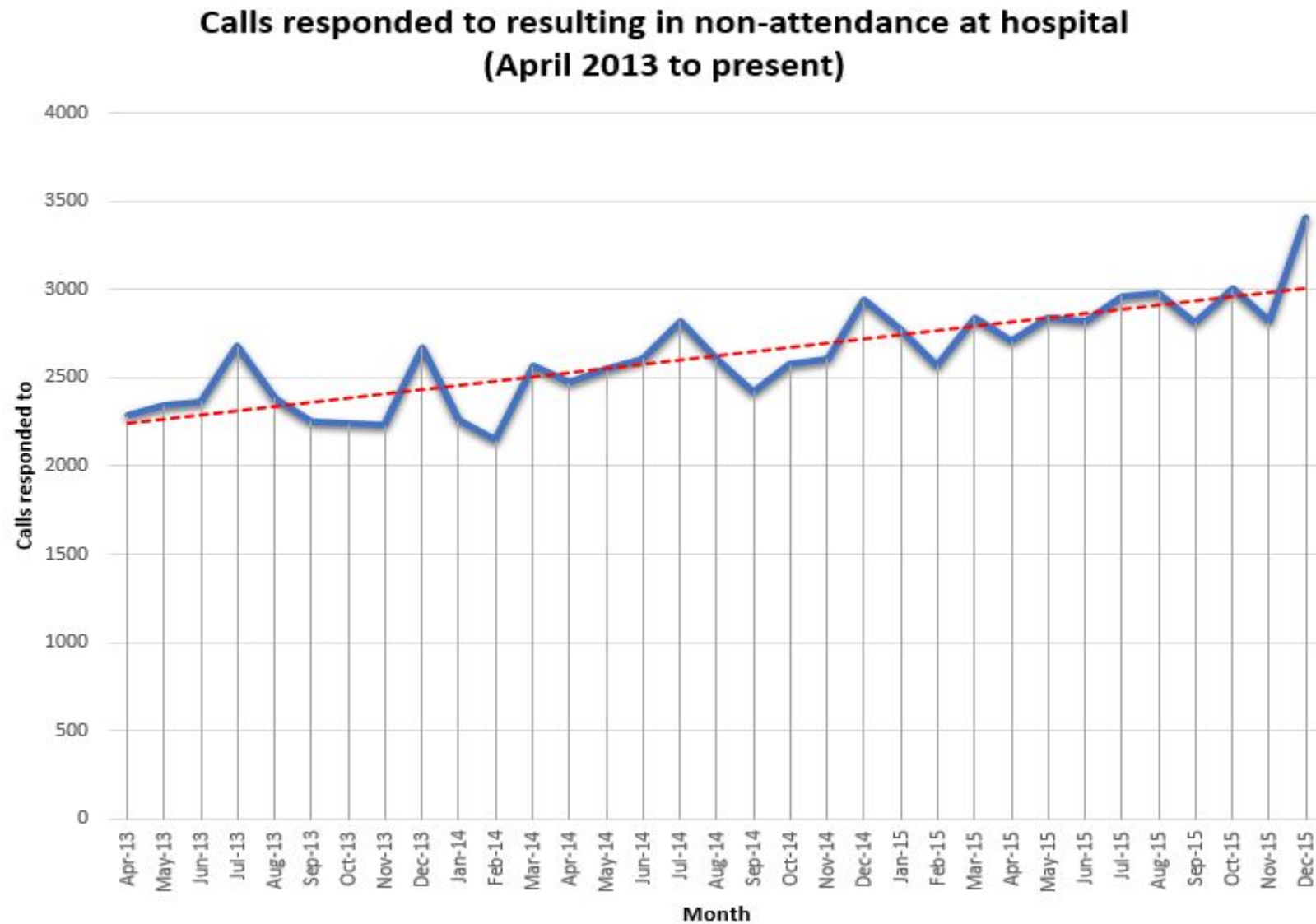
- The enhanced GP model went live on 1 December 2015. Initial data suggests that more calls are being dealt with by the GP and increased use of alternative forms of transport other than by emergency ambulance. The Control Improvement Lead and Clinical Service Improvement Lead visited WMAS to view their Manchester Triage System (MTS). MTS will potentially be the triage tool utilised by paramedics once introduced onto the CSD.

Directory of Services Highlight Report:

- The NIAS Directory of Services containing all the latest ACP information went live on 1 December 2015.

Section 4: Transformation and Modernisation – Transforming Your Care

HRCS KPI: Modernisation and Reform



Transformation and
Modernisation Programme
Overview

Last updated

13/01/2016

| TYC Objectives | Sub Category | Deliverables | Responsible | Due | Projected date | NIAS Read-iness | Risk | Measures to address Risk | RAG Status - N Ireland | Belfast | South East | South | North | West |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|----------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|------------|-------|-------|------|
| To deliver 10 new alternative pathways for patients instead of conveyance to ED. | | Protocol designed and if available, appropriate services open to accept NIAS referrals. If no available service then Trusts engaged and aware of NIAS readiness to 'go-live', Commissioners aware. | PM | 31/03/2016 | 31/03/2016 | | Frequent Callers policy is not in place. | TMPB have agreed that due to complexity and range of stakeholders involved this should be deferred beyond life cycle of project. All other pathways are on target for pilot and implementation in every area with relevant services by end of March 2016 | | | | | | |
| To reduce conveyance to ED by 10% (of appropriate Cat b and C calls = 5672 conveyances by end of March 2016. | | From design and implementation of policies, pathways, awareness raising, staff training and monitoring through info/analytics of the above pathways. On target to deliver. | PM | 31/03/2016 | 31/03/2016 | | On target to deliver (c.3600 reduced conveyances plus conveyances to alternative destinations to date in 15/16) however data capture is limited | Changes to MDT codes go live in February. Additional funding for staffing given to Info/Analytics team to help with analytics regarding TYC until end of March. Coding has improved with training of EAC staff in Dec. 2015 | | | | | | |
| Have in place a directory of services to support new response models, coordinated by NIAS in collaboration with the other five HSC Trusts by June 2014; | | DOS in place and in use by ambulance control to give advice to staff. | PM | 30/06/2014 | 01/12/2015 | | Delay due to appointment of PM (April 2014, and Control SIL October 2014) and delay due to implementation of CSD. | Contingency for CSD and DOS implementation was agreed by TMPB in October 2015 and DOS went live on 1st of December 2015. | | | | | | |
| Ensure paramedic training (including CPD) is in line with drive to new response models and that there is evidence of increased confidence among paramedics to take protocol-based decisions which support new response models and have the autonomy to make referrals which avoid unnecessary hospital admissions; | | Ensure PP includes appropriate components to support introduction of the new ACPs. | PM/AD ELD | 20/03/2015 | Ongoing | | Due to competing pressures, not as much time was given to TYC within PP as was proposed by PM and CSIL. | The Medical Director and Dir of Ops agree training priorities. A training needs analysis is underway to determine training needs for 16/17. | | | | | | |
| Minimise risk to the delivery of frontline services during the implementation of the new response models | | Ensure appropriate project governance and risk management | SRO | 31/03/2016 | Ongoing | | Risks are managed by Programme Board and Programme Team as appropriate | As before | N/A | | | | | |

| Programme Element | Sub Category | Deliverables | Responsible | Due | Projected date | NIAS Read-iness | Risk | Measures to address Risk | RAG Status - N Ireland | Belfast | South East | South | North | West |
|---------------------------|----------------------------|--------------------------------|-------------|------------|----------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|------------|-------|-------|------|
| Alternative Care Pathways | Diabetes | Develop NIAS ACP Protocol | DMM/FR | 01/07/2014 | | | | | | | | | | |
| | | Issue NIAS ACP Protocol | DMM/FR | 10/07/2014 | | | | | | | | | | |
| | | Go Live with NIAS ACP Protocol | DMM/FR | 17/07/2014 | | | Trusts were to agree to accept referrals/NIAS readiness by 30/06/14 | Both SHSCT & BHSCT to engage internally and then advise of a possible go live date. Being re-escalated to AD level in both Trusts. | | | | | | |
| | | Review Effectiveness | DMM/FR | 31/01/2015 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed in Belfast with analysis shared. Mtg planned regarding rollout; CSO workload is a constraint | | | | | | |
| | | Evaluate Benefits | DMM/FR | 31/01/2015 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | | | | | |
| Alternative Care Pathways | Cardiac (roll out in West) | Develop NIAS ACP Protocol | NR & Ops | TBC/2013 | | | | | | | | | | |
| | | Issue NIAS ACP Protocol | NR & Ops | 01/07/2014 | | | | | | | | | | |
| | | Go Live with NIAS ACP Protocol | NR & Ops | 01/08/2014 | | | | | | | | | | |
| | | Review Effectiveness | NR & AV | 31/10/2014 | | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process underway by two CSOs during Oct 2015. Regional Cardiac meetings are primary method of reviewing effectiveness of this pathway. NIAS now in position to extend this pathway further to incorporate posterior STEMIs | | | | | | |
| | | Evaluate Benefits | NR & AV | 31/10/2014 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | | | | | |
| Alternative Care Pathways | Minor Injuries | Develop NIAS ACP Protocol | CMcK & NR | 30/09/2014 | | | | | | | | | | |
| | | Issue NIAS ACP Protocol | CMcK & NR | 22/10/2014 | | | | | | N/A | | | | |
| | | Go Live with NIAS ACP Protocol | CMcK & NR | 01/10/2014 | | | | | | N/A | | | | |
| | | Review Effectiveness | CMcK & NR | 31/12/2014 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed in Belfast with analysis shared. Mtg planned regarding rollout; CSO workload is a constraint | | N/A | | | | |
| | | Evaluate Benefits | CMcK & NR | 31/01/2015 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | N/A | | | | |
| Alternative Care Pathways | Falls | Develop NIAS ACP Protocol | NR & Ops | TBC/2013 | | | | | | | | | | |
| | | Issue NIAS ACP Protocol | NR & Ops | TBC/2013 | | | | | | | | | | |
| | | Go Live with NIAS ACP Protocol | CMcK&NR | 31/12/2014 | | | Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway, Pathway went live in SET and NHSCT on 1st June 15 | Continue to highlight to Commissioners. Meeting took place with Western Trust Sept 15. Belfast ICP currently developing pathway. | | | | | | |
| | | Review Effectiveness | CMcK&NR | 31/03/2015 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed in Belfast with analysis shared. Mtg planned regarding rollout; CSO workload is a constraint | | | | | | |
| | | Evaluate Benefits | CMcK&NR | 31/03/2015 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | | | | | |

| | | | | | | | | | | | | | | |
|---------------------------|------------------|--------------------------------|-----------|------------|----------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| Alternative Care Pathways | Frail/Elderly | Develop NIAS ACP Protocol | NR & Ops | 31/09/14 | | | | Met with Western ICP on 21st Oct to discuss the development of a frail / elderly unit. On SET and NHSCT teams re ACAH services. NIAS have access to Antrim AAU in NHSCT which plan to extend their criteria to include COE | | | | | | |
| | | Issue NIAS ACP Protocol | NR & Ops | 31/09/14 | | | | | | | | | | |
| | | Go Live with NIAS ACP Protocol | CMcK&NR | 31/12/2014 | | | Lack of availability of appropriate services in Trusts is hindering ability to roll-out this pathway, | Continue to highlight to Commissioners | | | | | | |
| | | Review Effectiveness | CMcK&NR | 28/02/2015 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | | | | | |
| | | Evaluate Benefits | CMcK&NR | 31/03/2015 | 28/02/2016 | | Waiting on Audit proposal to be progressed; now agreed. | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | | | | | |
| | | | | | | | | | | | | | | |
| Alternative Care Pathways | Seizures | Develop NIAS ACP Protocol | CMcK & NR | 31/01/2015 | | | Waiting on Adastra in order to implement as a 'Treat and Leave' | Developed as 'Treat and leave' with no onward notification as per Medical Director | | | | | | |
| | | Issue NIAS ACP Protocol | CMcK & NR | 15/08/2015 | 05/10/2015 | | | Pathway now approved and implemented from 9th November | | | | | | |
| | | Go Live with NIAS ACP Protocol | CMcK & NR | 01/09/2015 | 9th Nov 15 | | If liaison with GPs/action from GPs is required, this will take significant resource. Discussed with Medical Director once input received from Neurologists on protocol. | Guidance given from Medical Director implement as a 'Treat and leave' rather than 'Treat, leave and notify' with Medical Director on 5/10/15. Went 'live' on 9th November | | | | | | |
| | | Review Effectiveness | CMcK & NR | 01/10/2015 | 2016 due to capacity of CSO team | | | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | | | | | |
| | | Evaluate Benefits | CMcK & NR | 01/10/2015 | 2016 due to capacity of CSO team | | | Pilot of new QI process completed and phase 1 rollout commencing in January across the regions to test the methodology with Falls as the first pathway to be audited. | | | | | | |
| | | | | | | | | | | | | | | |
| Alternative Care Pathways | District Nursing | Develop NIAS ACP Protocol | CMcK & NR | 15/01/2015 | | | | | | | | | | |
| | | Issue NIAS ACP Protocol | CMcK & NR | 01/02/2015 | 01/12/2015 | | Waiting on availability of CSD to signpost staff appropriately; delay to CSD recruitment due to job matching. | Contingency plan in place to enable go-live of DOS, separate from CSD, from 1st Dec 2015. Engagement with Trusts and negotiations re; winter pressures mean 'go-live' now February 2016 | | | | | | |
| | | Go Live with NIAS ACP Protocol | CMcK & NR | 01/09/2015 | 18/01/2016 | | | Plan to 'go live' in February 2016 now all Trusts are ready. | | | | | | |
| | | Review Effectiveness | CMcK & NR | 01/10/2015 | 2016 due to capacity of CSO team | | | | | | | | | |
| | | Evaluate Benefits | CMcK & NR | 01/10/2015 | 2016 due to capacity of CSO team | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Alternative Care Pathways | Palliative Care | Develop NIAS ACP Protocol | CMcK & NR | 15/12/2014 | | | | | | | | | | |
| | | Issue NIAS ACP Protocol | CMcK & NR | 15/01/2015 | | | | | | | | | | |
| | | Go Live with NIAS ACP Protocol | CMcK & NR | 15/01/2015 | | | OOH referral pathway now live since 20/04/15 in all areas except south sector of Western Trust. Formal in-hours pathway needed | Medical Director escalated lack of service in South sector of West to Western Commissioner; in hours pathway will be provided via District Nursing | | | | | | |

[illegible]

[illegible]

[illegible]

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

MEDICAL DIRECTORATE

Medical Director
20/01/2016

Medical Directorate Performance Report for Trust Board (November-December 2015)

| Emergency Planning & Business Continuity | |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Please refer to attached Emergency Planning Report for November-December 2015.</p> <p>As part of the ongoing two-yearly cycle of regular review, the updated Trust's Major Incident Plan was approved by Trust Board on 1 October 2015. A number of amendments as requested by Trust Board have been made and the Plan is currently being printed and will be distributed in both hard copy and electronic format for ease of access by Officers during an incident. It had been expected that printing would have been completed by end December 2015 but is now anticipated end January 2016.</p> <p>Directorate business continuity leads participated in training delivered by the Home Office Emergency Planning College in September 2015. A facilitated workshop with Directors and Trust Directorate business continuity leads to undertake a business impact analysis scheduled to take place on 25 November 2015 was postponed at short notice due to a change in personnel in the Department of Finance & Personnel (DFP) who deliver the training. This has now been rescheduled for 2 February 2016 with a presentation to Trust Directors scheduled for 26 January 2016. This will inform the development of new and review of existing business continuity plans during 2015/16 and will include a review of current escalation plans and the outcome of debriefs in relation to recent industrial action.</p> <p>A review of on call arrangements to support emergency planning incident response and business continuity is being undertaken and recommendations will be brought forward in Q4.</p> |

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|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Management | |
| <i>Corporate Risk Register</i> | Please refer to the Corporate Risk Register to end December 2015. |
| <i>Incident Reporting Procedures</i> | <p>A review of the incident reporting procedure to enhance the reporting of patient-related incidents has commenced. However due to the retirement of the Risk Manager in December 2015, completion of this has been delayed but it is anticipated that it will be completed by Q4 following the appointment of an interim Risk Manager. The outcome of the Departmental review of regional serious adverse incident reporting procedures in which NIAS participated was anticipated in Q3 2015/16 but is still awaited. This will also be incorporated into the revised NIAS incident reporting procedure when available.</p> <p>Work has yet to commence on a joint Human Resources & Corporate Services and Medical Directorate programme to introduce systems and processes to further enhance and support individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. This will include the establishment of a scrutiny committee and facilitate feedback at organisational, local and individual levels. The formation of a Learning Outcomes Review Panel will be considered by the Trust's Transformation & Modernisation Programme Board in January 2016.</p> |
| <i>Outcomes from Reports, Alerts, etc.</i> | Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee. NIAS continues to review relevant NICE guidelines and has contributed to responses to a number of draft guidelines that were issued for consultation. Publication of a number of relevant guidelines, for example significant trauma, are anticipated in February 2016. New resuscitation guidelines were published by the European Resuscitation Council in October 2015 and are currently being evaluated in relation to any change in practice and training implications, although these do not appear to be significant. NIAS has |

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| | participated in a review of revised draft JRCALC National Clinical Guidelines which will be published later in 2016. |
| Clinical Care | |
| <i>Regional Community Resuscitation Strategy</i> | <p>The Regional Community Resuscitation Strategy Implementation Group chaired by the NIAS Medical Director has now met three times during 2015. Progress reports from various sub-groups, including CPR training, automatic external defibrillators / public access defibrillation, communication and data and information sub-groups, were received and considered. Meetings involving the Medical Director have taken place with Red Cross, St John Ambulance, Order of Malta and a range of other first aid training providers to engage them in the implementation process. There have also been meetings with the DHSSPS and a large commercial organisation who are proposing to place AEDs for public access on all of their premises. NIAS is engaging with them and providing support and advice regarding this initiative.</p> <p>An electronic form for the “registration” of defibrillators has been developed and placed on the NIAS website for use by members of the public. Work is ongoing to enhance the mapping of defibrillator locations in Emergency Ambulance Control with agreement in June 2015 to participate in the development of a national Automatic External Defibrillator (AED) register and out of hospital cardiac arrest outcome study.</p> <p>NIAS has facilitated the activation of two further community first responder groups and is liaising with a number of other groups, local Councils, sporting organisations and Government Departments regarding the establishment of public access defibrillator schemes.</p> <p>Otherwise the progress of implementation continues to be slow as confirmation of recurrent funding for Community Resuscitation Development Officers (CRDOs) from the Health & Social Care Board (HSCB) / Public Health Agency</p> |

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| | <p>(PHA) is still awaited. Existing funding to support current training initiatives ended September 2015. Prior to this a number of other Trusts' CRDOs had already been redeployed to their normal roles. Current initiatives, particularly within Northern Trust area, beyond September 2015 have now been significantly curtailed until a decision regarding recurrent funding is made. The decision by HSCB/PHA regarding recurrent funding which was anticipated in September 2015 has now been deferred until March 2016, with support only being provided to existing initiatives in the interim. This has resulted in effectively only one part-time CRDO remaining in post to support one of the initiatives in the Northern Trust area. Further implementation of the Strategy will potentially be significantly curtailed if funding is not agreed. This has been highlighted to the DHSSPSNI by the Medical Director and has been brought to the attention of the Minister, Permanent Secretary and CMO for resolution. As a result of this it appears that the funding bid was not supported by the Senior Management Team in the HSCB and forwarded to the DHSSPSNI for approval along with a number of other prioritised bids. This is now being taken forward by DHSSPSNI in the form of an alternative funding bid to DFP as the appointment of CRDOs is part of a Ministerial strategy.</p> |
| <i>Patient Report Form (PRF)</i> | <p>A revised Patient Report Form (PRF) to reflect new clinical guidelines, referral pathways and regional physiological early warning scores was introduced on 1 August 2015. A user's guide detailing the procedure for the completion of the new report form was circulated. A small number of minor revisions have been identified and proposed by staff and have now been incorporated. Feedback from staff regarding the report form has been very positive and will be presented to the Assurance Committee in January 2016 due to the postponement of the meeting scheduled for December 2015.</p> <p>An associated revised policy for PRF completion is being drafted and will be submitted for approval in Q4.</p> |

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| <p>Electronic Patient Report Form (ePRF)</p> | <p>The Outline Business Case was submitted to DHSSPS following a number of minor amendments requested by them. The Department have accepted that the Business Case is now ready for submission to the Department of Finance.</p> <p>Further progress of the business case is dependent on a letter of support from the Commissioners. In discussion with the Board and the Department, it has been agreed that a letter of conditional support from Commissioners will allow the project to proceed to procurement. This will present an opportunity to obtain an accurate picture of overall costs, with any financial commitment subject to review and approval of the Full Business Case. This will ensure the project remains on target and avoid unnecessary delays.</p> <p>A decision regarding support for revenue funding was anticipated by end July 2015 in order to comply with proposed timescales and deadlines if support is agreed. However further correspondence from the Commissioner would indicate that a decision was unlikely before end September 2015 but unfortunately no decision has been made as of end November 2015 despite a number of contacts with HSCB. This significant delay has now impacted on project deadlines and milestones.</p> <p>Ongoing engagement with HSCB has resulted in the Trust being informed of the development of a business case by HSCB for a regional Electronic Healthcare Record (EHCR) to replace as a minimum the current Patient Administration Systems (PAS). This will require significant capital and revenue investment and as part of the business case development, various options including the position of an ambulance ePRF are being considered within that project. This has effectively halted further progress to obtaining Commissioner support for the previously submitted OBC for the NIAS ePRF. Engagement with HSCB is still ongoing to scope if the ePRF should remain as a stand-alone initiative linking with the EHCR or should become an integral part of the EHCR development.</p> |
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| <p><i>Annual Quality Report</i></p> | <p>Meetings with DHSSPS in relation to the 2014/15 Annual Quality Report as part of Quality 2020 have taken place. The Trust 2014/15 Annual Quality Report was completed during October 2015, reviewed by DHSSPS and published in November 2015. The report was presented to Trust Board in December 2015.</p> <p>Work has commenced on a joint Finance and Medical Directorate programme to publish and communicate clinical performance information at levels of organisation, division, team and individual. In the meantime, an infographic has been developed for circulation to staff regarding elements of NIAS clinical performance and other data.</p> |
| <p><i>Alternative Care Pathways</i></p> | <p>An appropriate transport / referral policy and guideline approved by Trust Board in March 2015 has been circulated and implemented in July 2015.</p> <p>A number of policies are in the final stages of development and will be circulated for consultation and comment within the Trust. These include information markers and frequent callers.</p> <p>During the previous reporting period the Southern Trust Acute Care at Home referral pathway was extended and a palliative care referral pathway was implemented regionally with the exception of the Southern sector of the Western Trust. A Falls Referral pathway was introduced on 1 June 2015 in the Northern, Southern and South Eastern Trust areas and a Belfast Acute Care at Home pathway was introduced and a Chronic Obstructive Pulmonary Disease (COPD) referral pathway commenced in the Belfast and Western Trust areas. The Minor Injuries Unit pathway was extended to include the Downe Hospital, and direct referral to an Acute Medical Assessment Unit in Antrim Area Hospital commenced. A pilot for patients with a fractured neck of femur in the Southern Trust area commenced and is ongoing. A regional Treat & Leave protocol for epilepsy was also introduced.</p> |

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| | <p>A Directory of Services has now been introduced in Ambulance Control containing details of all alternative care pathway information for use by Ambulance personnel. Decision support software for the pilot of a Clinical Support Desk (CSD) within Ambulance Control which had been procured was found to be unsuitable for use by paramedics and was therefore refunded. Other secondary triage tools in use by a number of other Ambulance Services have been assessed and the Manchester Triage Tool is felt to be the most suitable for use in NIAS. The establishment of the CSD in Emergency Ambulance Control (EAC) has been delayed by this and also pending the outcome of the Job Evaluation and Job Specification process. Work is continuing in preparing Ambulance Control systems and operational protocols for the CSD. A three month pilot of an enhanced NIAS GP CSD commenced on 1 December 2015 and is currently being evaluated for consideration by the Trust's Transformation and Modernisation Programme Board in January 2016.</p> |
| Personal Public Involvement / Patient Client Experience | |
| <p><u>Patient and Client Experience Standards (PCES)</u></p> | <p>Equality, PPI and Patient Experience staff continue to support the Trust's Medical Director in the delivery of the Personal and Public Involvement and Patient Client Experience agendas. This includes implementation of statutory and departmental priorities in respect of a methodology for the measurement of and learning from patient experience and systems of service user engagement and involvement. The Trust has worked to mainstream PPI and Patient Experience elements within policy development in the Trust.</p> <p>The Trust continues to be represented in regional work streams around the Minister's standards: Respect; Attitude; Behaviour; Communication; and Privacy and Dignity.</p> <p>The Trust has reviewed systems for undertaking this methodology in order to mainstream the standards within core clinical practice. This includes reviewing systems of observations of clinical practice to include monitoring of the</p> |

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| | <p>standards going forward. The Trust will hold a workshop and develop plans to mainstream Observations of Practice for patient client experience standards as part of core business with clinical observation and in a forthcoming pilot on the Quality Improvement work programme.</p> <p>A key focus in respect of this work is improved practice informed by learning outcomes. A report detailing this work for the period 2014-15 was provided to the PHA in July 2015.</p> <p>Patient stories have continued to be gathered through the 10,000 Voices project. 10,000 Voices has now been extended to include staff and how they are able to deliver patient experience. As at 31 December 2015, 260 patients and 4 members of staff had completed survey questionnaires. The majority of patient stories received so far have been positive. During 2016 the Trust will aim to gather more stories from patients and staff and will continue to analyse and learn from the results to develop better services.</p> |
| <p><u>Personal and Public Involvement (PPI)</u></p> | <p>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. Within this framework, during the reporting period a key priority was engagement around Transforming Your Care (TYC) and related Alternative Care Pathways. Service user workshops were held in Belfast and Derry during June 2015. These provided an opportunity to outline the Trust's progress to date and future plans in respect of this agenda and to obtain feedback from those with experience of ambulance services. This feedback will be used to inform further development of TYC work streams. Those who participated were largely supportive of the Trust's direction of travel and provided constructive ideas for progressing the work and engaging further with the public around it. This will help inform a public awareness campaign for TYC specifically and NIAS's services generally.</p> |

EMERGENCY PLANNING REPORT

Report for November and December 2015 period

| KPI No | | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--------|--------------------------------------------------|-----|-----|-----|-----|-----|------|-----|-----|-----|
| 2 | No of Potential Major Incidents | 1 | 1 | | 2 | 5 | 1 | 1 | 3 | |
| | No of Declared Major Incidents | 1 | | 1 | | | | | 1 | |
| | No of Airport alerts | | | | | | | | | |
| | Belfast International Airport | | | 2 | | 1 | 1 | | 1 | |
| | Belfast City Airport | | | | | | | 1 | | |
| | City of Derry Airport | | | | | | | | | |
| | St Angelo Airport | | | | | | | | | |
| | Newtownards Airfield | 1 | | | | | | | | |
| | Other airfields | | | | | | | | | |
| | Business Continuity | 2 | 2 | 3 | 4 | 4 | | 2 | | 1 |
| | Hazardous Material Incidents (HART calls) | | 22 | 25 | 43 | 49 | 48 | 27 | 38 | 42 |
| | HART pre-planned deployments | | 3 | 2 | 2 | 3 | 1 | | | |
| 4 | Training sessions | 2 | 3 | 1 | | | 3 | 1 | 4 | |
| | Emergency Planning | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | |
| | HART | 6 | 4 | 9 | | | 6 | 4 | 6 | 3 |
| | Business Continuity | | 1 | 1 | | | | | | |
| 5 | Exercises | | | | | | | | | |
| | Live | 2 | 1 | 4 | 1 | | 3 | 2 | 1 | |
| | Tabletop | 1 | 1 | 1 | | | | 1 | 2 | 1 |
| | Observer | | 1 | 0 | | | | | 1 | |
| 6 | Updates or amendments to MIP | | | | | | | | | |
| | Events | | | | | | | | | |
| | HART Calls/ deployments | | | | | | | | | |
| | GOLD operational | | | | | | | | 1 | 1 |

Potential Major Incident

On 27 November 2015 at 13.57 NIAS received a call from PSNI for a report of a road traffic collision involving two cars and a lorry in Dungannon. Two A&E ambulances, two Rapid Response Vehicles and one Officer were tasked to the scene. One patient was taken to Craigavon Area Hospital and the incident was stood at 14.16. No issues were identified with this call.

On 28 November 2015 at 15.34 NIAS received a 999 call for a road traffic collision in Dungiven. The caller stated that there had been a three-car accident involving a “head on” collision, with a minibus having left the road. Six A&E ambulances, four Patient Care Service / Intermediate Care Service ambulances, 1 BASICS Doctor and three Officers were tasked to the scene. The Emergency Equipment Vehicle and the Mobile Control Vehicle were en route to the scene but were stood down before arrival. Altnagelvin Hospital was alerted to receive the casualties and an Officer was tasked to the Emergency Department to act as Hospital Ambulance Liaison Officer. Six casualties were transported to Altnagelvin Hospital. The incident was stood down at 16.08.

On 29 November 2015 at 21.37 NIAS received a 999 call for a road traffic collision in Bessbrook. Six A&E ambulances, one Rapid Response Vehicle, one Doctor, four Officers, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. Daisy Hill Hospital was alerted to receive six patients from this incident. The incident was stood down 22.37.

MAJOR INCIDENTS

On 30 November 2015 at 20.29 NIAS received a 999 call for a report of a car “ploughing into a crowd” on the Apollo Road, Belfast. Call was upgraded to a declared Major Incident after the arrival of the first Rapid Response Vehicle. Eight A&E ambulances, three Rapid Response Vehicles, one Intermediate Care ambulance, two Hazardous Area Response Team vehicles, four Officers, one Doctor, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The Royal Victoria Hospital was alerted and designated as the only receiving hospital. A Hospital Ambulance Liaison Officer was tasked to the Royal Victoria Hospital and the Hospital Ambulance Liaison Officer for the Royal Victoria Hospital also made himself available during the incident. Six patients were transported to hospital by ambulance and the scene was stood down at 21.42.

Airport Alerts

On 12 November 2015 at 15.43 NIAS received a call to the Belfast International Airport for a flight with 93 passengers on board for a plane landing with fuel starvation. Five Rapid Response Vehicles, eight A&E ambulance, two Patient Care Services / Intermediate Service ambulances, the Emergency Equipment Vehicle and the Mobile Control Vehicle were tasked to the scene. The incident was stood down after five minutes prior to the arrival of any resources.

Of Note

The five HART radiation monitors were serviced and recalibrated.

One Emergency Planning Officer attended the arrival of the first refugees from Syria.

HAZMAT / Hazardous Area Response Team (HART) deployments

70 = Deployments with Breathing Apparatus skills/ HAZMAT deployments

8 = Restricted space

1= Incident at height

1 = Rope rescue



William Newton
EMERGENCY PLANNING OFFICER



B5 Percentage of Cardiac Arrest Patients who suffered an Out of Hospital Cardiac Arrest who have a Return of spontaneous Circulation (ROSC) on Arrival at Hospital

Data provided is based on review of Patient Review Forms for period of 01/08/2014 to 31/07/2015

INDICATOR 1 (see explanation below)

| Month | Cardiac Arrests | Resus attempts | ROSC at Hospital |
|----------|-----------------|----------------|------------------|
| Aug 2014 | 95 | 69 | 5 |
| Sep 2014 | 113 | 84 | 14 |
| Oct 2014 | 108 | 81 | 9 |
| Nov 2014 | 119 | 84 | 14 |
| Dec 2014 | 129 | 88 | 11 |
| Jan 2015 | 164 | 103 | 17 |
| Feb 2015 | 124 | 84 | 11 |
| Mar 2015 | 111 | 77 | 12 |
| Apr 2015 | 127 | 92 | 12 |
| May 2015 | 113 | 77 | 14 |
| Jun 2015 | 117 | 76 | 13 |
| Jul 2015 | 99 | 67 | 16 |
| Totals | 1419 | 982 | 148 |
| % | | 69.20% | 15.07% |

INDICATOR 2 (see explanation below)

| Cardiac Arrests | Resus attempts | ROSC at any time | ROSC at Hospital | No of at hospital ROSCs that had initial VT/VT + Bystander Witnessed |
|-----------------|----------------|------------------|------------------|----------------------------------------------------------------------|
| 95 | 69 | 13 | 5 | 2 |
| 113 | 84 | 25 | 14 | 6 |
| 108 | 81 | 26 | 9 | 6 |
| 119 | 84 | 24 | 14 | 5 |
| 129 | 88 | 24 | 11 | 4 |
| 164 | 103 | 30 | 17 | 5 |
| 124 | 84 | 27 | 11 | 8 |
| 111 | 77 | 19 | 12 | 7 |
| 127 | 92 | 24 | 12 | 7 |
| 113 | 77 | 24 | 14 | 6 |
| 117 | 76 | 27 | 13 | 4 |
| 99 | 67 | 29 | 16 | 5 |
| 1419 | 982 | 292 | 148 | 65 |
| | 69.20% | 29.74% | 15.07% | 43.92% |

Outcome Sought: To reduce the proportion of patients who die as a result of an out of hospital cardiac arrest

Description:

Outcome for cardiac arrest, measured by return of spontaneous circulation (ROSC) at time of arrival of the patient to hospital. Recording of ROSC at hospitals indicates the outcome of the pre-hospital response and intervention. All patients that suffer a potentially reversible cardiac arrest whether they are transported to an Emergency Department or resuscitation was terminated at scene

KPI1. ROSC at Arrival at Hospital (Overall)

Calculation: Number of patient with a recorded ROSC on arrival at hospital / All patients who had a resus commenced (CPR/ALS etc)

KPI2. ROSC at Arrival at Hospital (Utstein comparator group)

Calculation: Number of patient with a recorded ROSC on arrival at hospital / All patients who had a resus commenced (CPR/ALS etc) where the patient a recorded shockable rhythm (VF or VT) where the arrest was witnessed also by a bystander

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| ID | 220 |
| Principal Aim, Objective, Value | To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective |
| Risk Type | CORP |
| Title | Trade Unions 'Notice to Employer' of an official ballot for Industrial Action. |
| Description | There is a risk to all aspects of service delivery, including the risk to safe delivery of patient care. □ Ballot for Industrial Action (i) in the form of Strike Action; or (ii) in the form of action short of a strike |
| Risk level (initial) | HIGH |
| Risk level (Target) | MEDIUM |
| Risk level (current) | HIGH |
| Lead Director | DIRHR |
| Initial Action Taken to Control/ Mitigate Risk | <ul style="list-style-type: none"> 1. Management guidance for response to IA and contingency Plan for IA implemented □ 2. IA Management Team and related Silver Cell established to ensure the Trust has a formal structure in place which enables effective demand management and co ordination. □ 3. Regional HSC Protocol and MOU agreed with Unison, Unite and GMB Trade Unions to protect the provision of emergency services and clinically critical care to patients during the periods of IA. Commitment also given to support the delivery of contingencies where employers are demonstrably unable to make alternative arrangements. □ 4. IAMT will engage with TU's before and during IA □ 5. Escalation to NIAS BC Plans as appropriate. □ 6. Consultations mechanism established for IR issues. Continued engagement with Trade Unions throughout these. □ 7. A series of debriefs have been conducted following the IA and recommendations and action plans have been developed. □ 8. Chair and Chief Executive to engage with DHSSPS at Permanent Secretary level to address issues of dispute that are out with NIAS Trust influence. This meeting took place 22/01/15. |
| Opened | 11/08/2011 |
| Review Date | 03/11/2015 |
| Action Plan to Address /Mitigate Risk | <ul style="list-style-type: none"> 3. Recommendation and action plans will be used to inform a planned workshop to conduct Business Continuity Impact Analysis. □ 4. Ongoing engagement with Trade Unions continuing through a variety of groups and forums. □ 5. Recommendations from debriefs following IA will be incorporated into Business Continuity processes □ 6. Formal debrief completed by Asst Dir Ops on the 3/11/15 □ |

| ID | 273 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Principal Aim, Objective, Value | To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Type | CORP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | Financial Stability - Achieving Financial Balance 2015/16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | There is a risk to the Trust that it will fail to meet its statutory duty to achieve financial balance. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk level (initial) | HIGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk level (Target) | LOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk level (current) | MEDIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Director | FINDIR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Action Taken to Control/ Mitigate Risk | <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely: <input type="checkbox"/></p> <p>1. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16. <input type="checkbox"/></p> <p>2. Overspending against core budget. <input type="checkbox"/></p> <p>3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. <input type="checkbox"/></p> <p>4. 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. <input type="checkbox"/></p> <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services. <input type="checkbox"/></p> <p>Controls are in place to mitigate each of these factors above as follows: <input type="checkbox"/></p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions. <input type="checkbox"/></p> <p>B. Submission and engagement with DHSSPS/HSCB re any emerging financial implications for HSC in the context of NI public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. <input type="checkbox"/></p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes. <input type="checkbox"/></p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude). <input type="checkbox"/></p> <p>E. Development of savings plan by NIAS for 2015/16 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements. <input type="checkbox"/></p> <p>i) Ongoing application of controls A to E above. <input type="checkbox"/></p> <table><tr><th>CONTROL</th><th>ADDITIONAL ACTIONS REQUIRED</th><th>WHO</th><th>WHEN</th></tr><tr><td>A</td><td>Monthly Budget Reporting</td><td>Assistant Director of Finance</td><td>Monthly <input type="checkbox"/></td></tr><tr><td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Jul-15 <input type="checkbox"/></td></tr><tr><td>C</td><td>Monthly Trust Monitoring Returns</td><td>Assistant Director of Finance</td><td>Monthly <input type="checkbox"/></td></tr><tr><td>D</td><td>Monthly Trust Monitoring Returns</td><td>Assistant Director of Finance</td><td>Monthly <input type="checkbox"/></td></tr><tr><td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-15 <input type="checkbox"/></td></tr><tr><td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Jul-15 <input type="checkbox"/></td></tr></table> | CONTROL | ADDITIONAL ACTIONS REQUIRED | WHO | WHEN | A | Monthly Budget Reporting | Assistant Director of Finance | Monthly <input type="checkbox"/> | B | Approval of TDP | DHSSPS/HSCB | Jul-15 <input type="checkbox"/> | C | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly <input type="checkbox"/> | D | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly <input type="checkbox"/> | E | Savings Plans Finalised | Trust Board | Jul-15 <input type="checkbox"/> | | Savings Plans Implemented | SEMT | Jul-15 <input type="checkbox"/> |
| CONTROL | ADDITIONAL ACTIONS REQUIRED | WHO | WHEN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Monthly Budget Reporting | Assistant Director of Finance | Monthly <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Approval of TDP | DHSSPS/HSCB | Jul-15 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Savings Plans Finalised | Trust Board | Jul-15 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Savings Plans Implemented | SEMT | Jul-15 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opened | <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely: <input type="checkbox"/></p> <p>1. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16. <input type="checkbox"/></p> <p>2. Overspending against core budget. <input type="checkbox"/></p> <p>3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. <input type="checkbox"/></p> <p>4. 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. <input type="checkbox"/></p> <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services. <input type="checkbox"/></p> <p>Controls are in place to mitigate each of these factors above as follows: <input type="checkbox"/></p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions. <input type="checkbox"/></p> <p>B. Submission and engagement with DHSSPS/HSCB re any emerging financial implications for HSC in the context of NI public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. <input type="checkbox"/></p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes. <input type="checkbox"/></p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude). <input type="checkbox"/></p> <p>E. Development of savings plan by NIAS for 2015/16 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements. <input type="checkbox"/></p> <p>i) Ongoing application of controls A to E above. <input type="checkbox"/></p> <table><tr><th>CONTROL</th><th>ADDITIONAL ACTIONS REQUIRED</th><th>WHO</th><th>WHEN</th></tr><tr><td>A</td><td>Monthly Budget Reporting</td><td>Assistant Director of Finance</td><td>Monthly <input type="checkbox"/></td></tr><tr><td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Jul-15 <input type="checkbox"/></td></tr><tr><td>C</td><td>Monthly Trust Monitoring Returns</td><td>Assistant Director of Finance</td><td>Monthly <input type="checkbox"/></td></tr><tr><td>D</td><td>Monthly Trust Monitoring Returns</td><td>Assistant Director of Finance</td><td>Monthly <input type="checkbox"/></td></tr><tr><td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-15 <input type="checkbox"/></td></tr><tr><td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Jul-15 <input type="checkbox"/></td></tr></table> | CONTROL | ADDITIONAL ACTIONS REQUIRED | WHO | WHEN | A | Monthly Budget Reporting | Assistant Director of Finance | Monthly <input type="checkbox"/> | B | Approval of TDP | DHSSPS/HSCB | Jul-15 <input type="checkbox"/> | C | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly <input type="checkbox"/> | D | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly <input type="checkbox"/> | E | Savings Plans Finalised | Trust Board | Jul-15 <input type="checkbox"/> | | Savings Plans Implemented | SEMT | Jul-15 <input type="checkbox"/> |
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| Review Date | <p>The Trust has returned a break-even financial position for the last ten years and has a sound understanding of cost / income with controls in place to manage spend. There are however a number of factors which can contribute to the risk that the Trust will fail to achieve financial balance namely: □</p> <p>1. Increases to Savings Target given significant emerging pressures across NI public sector such as welfare reforms. The Trust has been advised at this date (July 2015) of a savings requirement of £1.2m in 2015/16.□</p> <p>2. Overspending against core budget.</p> <p>3. Cost Pressures and Service changes (including Transforming Your Care) not fully recognised and funded by Commissioners. Income levels for prior year developments, new service developments and other unavoidable pressures have been highlighted to HSCB /DHSSPS colleagues and the Trust is assuming that these costs will be met in full. □</p> <p>4. 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.□</p> <p>□</p> <p>Given the challenging financial position for the public sector in Northern Ireland NIAS will continue to actively engage with Commissioners and DHSSPS to track emerging financial pressures and their impact on NIAS. Any changes in these assumptions will result in further contingency measures which are likely to impact directly on the delivery of front line services.□</p> <p>Controls are in place to mitigate each of these factors above as follows: □</p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SEMT agenda for DOF to provide update and test assumptions.□</p> <p>B. Submission and engagement with DHSSPS/HSCB re any emerging financial implications for HSC in the context of NI public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders.□</p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout to highlight emerging cost pressures and service changes.□</p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue throughout recognising that there remain uncertainties in particular in respect of the outcome of Agenda for Change (both in terms of timing and magnitude).□</p> <p>E. Development of savings plan by NIAS for 2015/16 in conjunction with Trust Board. Engagement with staff and patient representatives and fulfillment of any statutory consultation requirements. □</p> <p>i) Ongoing application of controls A to E above.□</p> <p>□</p> <table><tr><th>CONTROL</th><th>ADDITIONAL ACTIONS REQUIRED</th><th>WHO</th><th>WHEN</th></tr><tr><td>A</td><td>Monthly Budget Reporting</td><td>Assistant Director of Finance</td><td>Monthly□</td></tr><tr><td>B</td><td>Approval of TDP</td><td>DHSSPS/HSCB</td><td>Jul-15□</td></tr><tr><td>C</td><td>Monthly Trust Monitoring Returns</td><td>Assistant Director of Finance</td><td>Monthly□</td></tr><tr><td>D</td><td>Monthly Trust Monitoring Returns</td><td>Assistant Director of Finance</td><td>Monthly□</td></tr><tr><td>E</td><td>Savings Plans Finalised</td><td>Trust Board</td><td>Jul-15□</td></tr><tr><td></td><td>Savings Plans Implemented</td><td>SEMT</td><td>Jul-15□</td></tr></table> | CONTROL | ADDITIONAL ACTIONS REQUIRED | WHO | WHEN | A | Monthly Budget Reporting | Assistant Director of Finance | Monthly□ | B | Approval of TDP | DHSSPS/HSCB | Jul-15□ | C | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly□ | D | Monthly Trust Monitoring Returns | Assistant Director of Finance | Monthly□ | E | Savings Plans Finalised | Trust Board | Jul-15□ | | Savings Plans Implemented | SEMT | Jul-15□ |
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| | Savings Plans Implemented | SEMT | Jul-15□ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Action Plan to Address /Mitigate Risk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID | 246 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal Aim, Objective, Value | To deliver a Safe, High Quality Ambulance Service providing emergency and non emergency care and transportation which is appropriate, accessible, timely and effective |
| Risk Type | CORP |
| Title | Linking Funding to Demand |
| Description | <p>There is a risk to the Trust that increasing demand for ambulance response and transportation will outstrip capacity and compromise delivery of safe, high quality care due to the absence of a means of linking planned / approved budget to demand. □</p> <p>Overall demand for ambulance has increased by 3% in 2014-15, with an increase of 14% for Category A calls. The increase in Category A calls has resulted in a sharp deterioration in % of Cat A calls responded to within 8 mins despite only moderate fall in absolute number of calls responded to within 8 mins. □</p> |
| Risk level (initial) | MEDIUM |
| Risk level (Target) | LOW |
| Risk level (current) | HIGH |
| Lead Director | DIROPS |
| Initial Action Taken to Control/ Mitigate Risk | <p>1. NIAS uses internationally accredited Clinical Prioritisation System (AMPDS) to differentiate calls on basis of urgency and assign resources to the most urgent calls as a priority. □</p> <p>2. NIAS uses Computer Assisted Dispatch (CAD) and Tactical Deployment Plan to align available resources with anticipated demand to deploy resources to location where they are most likely to be required to respond promptly to most urgent calls. □</p> <p>3. NIAS financial planning prioritises provision of front-line resources. □</p> <p>4. NIAS has established Resource Management Centre (RMC) to align available resources with priority locations and times. □</p> <p>5. NIAS has identified priority locations and times for shift cover. □</p> <p>6. Financial resource and activity/performance are issues discussed with HSCB at PMSI meetings. □</p> <p>7. Financial resource and activity/performance are issues discussed at Trust Board. □</p> <p>8. NIAS has processes in place to secure additional funds linked to service change which could potentially be extended to deal with demand growth (subject to securing Commissioner support). □</p> <p>9. Introduce measures to manage demand which reduces demand for ambulance attendance and transportation. □</p> <p>9.1. NIAS Modernisation programme established □</p> <p>10. Introduce measures to manage demand which result in an alternative outcome which is more appropriate for the patient and better for NIAS/HSC. □</p> <p>10.1. NIAS Modernisation programme established</p> |
| Opened | 30/04/2013 |
| Review Date | 03/11/2015 |
| Action Plan to Address /Mitigate Risk | <p>1. Secure Commissioner support to engage in Demand/Capacity review as first step to linking demand to supply. □</p> <p>1.1. Dir Operations has engaged with Lead Ambulance Commissioner and secured support to progress □</p> <p>2. Establish metrics to show correlation/relationship between planned resource - demand - performance support bid for additional resources. □</p> <p>2. HSCB proposal to link planned budget to demand analysis to HSCB. □</p> <p>E124 advance of completing demand/capacity review NIAS has sought to secure share of Demography funding in recognition of demand/activity growth (attempt to establish principle of funding growth) IPTG scheduled for submission to Trust Board on th August 2015. □</p> <p>provide Call Prioritisation and Dispatch procedures to protect capacity to respond to & transport highest priority patients. □</p> <p>provide Categorisation of HCPC calls to address 14% growth in-year and ensure call prioritisation is appropriate. Clinical Decision Support desk in Ambulance Control to provide additional means of managing calls. □</p> <p>9. This risk to be closed following Trust Board in th August 2015. It was agreed that this risk would be closed following Trust Board on the th July and replaced by a new risk 'Safe Care for the Public'. As this has not yet been developed and the decision regarding the Investment Proposal is still awaited. It is recommended that this risk remains at present. □</p> <p>10 D OPS to develop a new risk in relation to 'Safe care to the Public' □</p> <p>11. Reviewed by SEMT on 3/11/15 and a decision taken to retain in current form until alternative risk is developed. □</p> |



NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

4 February 2015

| | |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Title: | 10,000 Voices – Patient Stories (Southern Area) |
| Purpose: | To hear the voices of those accessing the Trust's services, to learn from their experiences and improve services as a result. |
| Content: | Stories provided by patients accessing ambulance services within the Southern Trust area. Patients are asked to give their story a title. |
| Recommendation: | For noting |
| Previous Forum: | Equality and PPI Steering Group |
| Prepared by: | Mrs Michelle Lemon, Assistant Director of Human Resources; Equality, PPI and Patient Experience |
| Presented by: | Dr David McManus, Medical Director |



Southern Area

March – December 2014

SHSCT

No title

I was very glad to have the services of the Ambulance service after my accident in April last year. I have been using the ambulance for my appointments monthly in Royal Victoria Hospital and found the staff to be very helpful and kind always. A big thank you to you all.

MY GREAT DAY OUT

I was attending an out-patients appointment at Craigavon hospital. The patient care ambulance picked me up at my home address. I was very worried about this appointment & where to attend at the hospital. The two male crew were very helpful & put me at ease. They brought me home alone with other patients. I think the service I received today was great and hope to have the same experience again. Good experience but staff spoke about cut backs which is not nice.

Great service

I took unwell with gallstones last month and had to call 999 as I was on my own in the house and the pain was excruciating leaving I was unable to drive. The lady on the phone was pleasant, calm and reassuring the entire time. Assured me the ambulance would be with me in a matter of minutes and to hold on the line in case anything happened with me being on my own. When the emergency crew arrived she hung up and they took over. They let me know their names which I can't recall now as I was in so much pain at the time. They gave me pain relief and got me fairly well settled before taking me to Daisy Hill hospital. We didn't have to wait very long before I was seen and the guys could leave. Great service all round.

5 Star service

My daughter was treated with the utmost care and respect when a 999 ambulance was called out for her after having an accident at school. The paramedic made her feel at ease and cared for her appropriately.

Great service 2

I had to call 999 as I was getting chest pain, the lady on the phone was extremely patient as I was in a panic. She stayed on the line until the ambulance came



because I was on my own. When the crew came they assessed me fully before taking me to hospital. When we got to the hospital I was handed over to the staff in A&E and the ambulance crew said cheerio and away they went. They were very friendly and ensured I was comfortable the entire time.

No title

I require a minibus ambulance to collect me from my house and take me to Craigavon Mandeville unit. I have no family or friends that can take me. The guys are always very good and cautious that I am weak sometimes and they have got to know me over the last number of months.

No title

I had to go to the Ulster Hospital for an appointment and needed the ambulance to take me. They were very good and I didn't have to wait too long for them. I think they introduced themselves but I can't remember. The ambulance men sat in the front and didn't really speak to me or my daughter who travelled with me.

Mum's journey

I had to call the ambulance for my elderly mother who had fallen. She had fell in the house and had been lying a while before I came round with the groceries. I called 999 to get an ambulance to her and the girl on the phone was extremely friendly and reassuring and told me the ambulance would be with me as soon as possible. The guys that came in the ambulance were amazing with my mother they reassured her and were so polite, telling us both their names and talking to us they whole time. They gently got her into the stretcher and took us to Daisychill hospital where we were seen quite quickly and transferred onto the Royal then as they thought mum would need surgery. It was a different ambulance took us to Belfast but they were equally as nice.

Without them

I use the patient care ambulance to take me to my appointments in Craigavon as I am unable to drive. They are different people most of the time but I am slowly getting to know them. They always sit in the front so apart from that I don't get to know them but they are always courteous and helpful.

The long journey

My niece attended SWAH ED and had to transferred to CAH during the night. We had to wait a while for the ambulance which was understandable as we were moving across different Trusts. When the ambulance crew arrived they immediately both introduced themselves which was excellent as it was a long journey to CAH. They



were very courteous to my niece and I and spoke to her during the journey to make sure she was alright.

Great advice

I had the misfortune to have to ring 999 a number of months ago and got a very helpful guy on the other end of the phone, he was reassuring, calm and very knowledgeable. He talked to me until the ambulance came and then went. I was seen to by the guys in the ambulance and they brought me to Craigavon.

Overnight stay

I was required to get an ambulance after I had a car accident. It wasn't anything major but the crew wanted to make sure I was 100% and give me the once over by taking me to hospital. This was reassuring as they weren't leaving anything to chance and I felt better. It turned out I had to stay in hospital overnight as precautionary but I was discharged the next day.

First Class Service To All

The Northern Ireland Ambulance Service is First Class The Staff so helpful and full of kindness & use the service every three months to the Royal Hospital and to Daisy Hill at times they are No.1 for me. This is the truth.

No title

I've always been treated with kindness and help from the ambulance staff when they take me to a clinic where I can't drive to myself and no other family member has been off work to take me. I'm an 80 year old widow & has to use two crutches to get from A-B. So it's a very big Thank You for this service & for all help & kindness shown to me.

Good experience

I was having chest pain and was in the house on my own and scared so I rang 999. They asked me my address and stuff then stayed on the line until the ambulance came, it was reassuring to have them on the line and I didn't feel as if I was on my own. The crew came and done all their checks and stuff, then told me I needed to go to hospital. They made sure that the house was secure and asked if I wanted to phone anyone before I left and then got me to hospital where they handed me over to the nurses.

comments - Q7 two answers are the same



No title

My wife had to phone GP Out of Hours as I was in a lot of pain. He then said he was getting an ambulance for me. It arrived within 10-15 mins. The crew were excellent, caring, and helpful. Ambulance was bumpy but good otherwise.

Q8 -comments - the handover was done outside the cubicle so I could not hear what was going on.

Journey to Craigavon

I needed the ambulance to take me from daisyhill in Newry to Craigavon hospital as I was a patient in the coronary care ward in Daisyhill and had to go to the cath lab for a procedure. It was not an emergency so I was taken in the minibus. The gentlemen that collected me from Newry were friendly and courteous asking was I comfortable on the vehicle then they both went to the front and I was left with another patient. I don't know of this is what they do but I felt a bit insecure thinking if I feel unwell with the journey could I shout for them. Other than that got to Craigavon in a timely manner and returned later that day.

Safe journey

I had to use the ambulance to take me to Daisy Hill for an appointment. It was just the minibus type but the gentlemen that drove the ambulance and his colleague were very courteous to me and the other patient that was on the ambulance. I didn't feel anyway anxious about the journey to Newry even though I don't particularly like the road but we got there and back safe and sound.

TB/4 04/02/16

**TRUST DELIVERY PLAN REPORT ON
COMMISSIONING PRIORITIES 2015-16**

| Commissioning Plan Direction | Commissioner Proposal | NIAS Response | Current Position |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Commissioner will put in place plans to ensure meeting Ministerial emergency ambulance response targets by March 2016. | Commissioner, in collaboration with NIAS, will review demand for an emergency ambulance response against available commissioned capacity and in light of alternative care pathways. | Submit Proposal for Demand/Supply Analysis to HSCB in Q2. | Outline Proposal submitted by Director of Operations in Q1 2015-16. HSCB have indicated support to progress and fund from winter pressures money. Relevant planning and procurement options are being reviewed to progress if possible. |
| Commissioner will support NIAS to continue to put in place alternative care pathways which avoid unnecessary hospital attendances. | Commissioner will seek to evaluate alternative care pathways with a view to maintaining where successful. The introduction of related, NIAS-managed Directory of Services with support from the 5 HSC Trusts will be essential in taking forward the pathways. | Provide Information to enable evaluation of Alternative Care Pathways (ACPs) in line with HSCB requirements. Introduce NIAS Directory of Services by Q3. Embed ACPs as Business as Usual. | Information is being provided in line with HSCB requirements. ACPs are progressing in line with plans. Key goals have been achieved and we are in line to exceed targets for ED avoidance. We project that we will bring fewer patients to ED this year than in 2013-14 despite an increase in demand and ambulance activity. |
| Commissioner will mainstream Hospital Ambulance Liaison Officers (HALOs) at the major acute hospitals to support patient flow and ambulance turnaround. | Commissioner will seek a proposal from NIAS to maintain HALOs at major acute hospitals | Review utilisation of HALOs to inform proposal. Submit proposal for HALOs by Q2. | HALO Investment Proposal was submitted to HSCB in Q2. Funding secured and recruitment is underway to embed in normal business. |
| Commissioner, in partnership with NIAS, will, by November 2015, complete a public consultation on the future provision of non-urgent patient transport services. | Commissioner will work with NIAS to take forward recommendations following the review and public consultation of non-urgent patient transport services, | Work with HSCB in development of consultation document and in engagement process. NIAS will seek to ensure through this process that resource constraints are managed to prioritise | NIAS has input to development of proposal and awaits further direction. At this stage we have no indication that HSCB will progress to consultation in-year. |

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| This will include the proposed introduction of eligibility criteria for non-emergency transport which seeks to prioritise mobility need in the face of limited capacity. | including the implementation of eligibility criteria. | provision of non-emergency ambulance transport based on clinical need. | |
| Healthcare Associated Infections (HCIs). | Trusts, supported by PHA will develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCIs. | NIAS will continue to monitor HAIs in the ambulance operating environment and report on an exception basis. | Reporting continues through NIAS Assurance committee. No significant issues to report. |
| Flu immunisation | Trusts and Primary Care to increase uptake of flu immunisation among healthcare workers. | NIAS will review 2014-15 activity and measures taken in order to maximise effectiveness of staff vaccination programme in 2105-16. | NIAS continues to promote and prioritise flu vaccination for NIAS personnel. Measures have been identified which have the potential to increase rates of vaccination in future years. |
| Hazardous Area Response Team | HART in NI is a well-established specialist response team in NIAS that provides essential paramedic level care to casualties within the hazardous area of a CBRN: HAZMAT incident. PHA works closely with HART in training for and responding to CBRN: HAZMAT incidents and as such will continue to work with HSCB colleagues to ensure that the present capability of this vital service is maintained. | NIAS will use resources assigned to HART to maintain and develop capability in this area. | HART functionality remains as planned. HART activity is monitored through Medical Directorate. No issues to report. |
| <p>The continued roll out of a range of measures to identify earlier and better meet patients' needs in community settings and to avoid the need for patients to attend hospital.</p> <p>These measures include:</p> | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| The establishment of Acute Care at Home models and other rapid response arrangements. | | NIAS will support these developments through the Alternative Care Pathways programme already established. | <p>ACPs are progressing in line with plans.</p> <p>NIAS supports both hospital-based and community models.</p> |
| The establishment of a range of alternative care pathways, linked to the NI Ambulance Service, to provide alternatives for both patients and staff to hospital attendance. | | NIAS will continue to develop and progress Alternative Care Pathways in line with the proposals previously endorsed and funded by HSCB through the Transforming Your Care Programme. | ACPs are progressing in line with plans. |
| The establishment on a pilot basis of an alcohol recovery centre in Belfast. | | NIAS will support these developments through the Alternative Care Pathways programme already established. | This initiative was established by BHSC pre-Christmas. |
| <p>The reform of palliative care services, facilitating people to die in their place of choice – typically their own home - rather than a hospital bed. During 2015/16 this will include:</p> <p>The implementation of advance care planning arrangements across Northern Ireland to allow the needs and wishes of palliative care patients to be identified and planned for.</p> | | NIAS will support these developments through the Alternative Care Pathways programme already established. | <p>ACPs are progressing in line with plans.</p> <p>NIAS has access to relevant services in the vast majority of NI out-of-hours. Further developments continue to be explored to enhance the service and achieve full coverage of NI. NIAS staff have welcomed the development and have been promoting its extension beyond the out-of-hours period.</p> |

TB/5 04/02/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

4 February 2016

| | |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title: | Gifts & Hospitality Policy |
| Purpose: | To ensure that NIAS employees and appointees are not placed in a position which risks, or appears to risk, conflict in their progression of business activities. |
| Content: | Advice to Trust Staff, other personnel and third parties who, in the course of their day to day work, or as a result of their employment, either receive offers of gifts and hospitality or provide gifts and hospitality to others on behalf of the Trust. |
| Recommendation: | For approval |
| Previous Forum: | Audit Committee |
| Prepared by: | Paul Nicholson |
| Presented by: | Sharon McCue |



GIFTS AND HOSPITALITY POLICY

| | | | |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|
| Title: | Gifts and Hospitality Policy | | |
| Author(s): | Mr Paul Nicholson, Assistant Director of Finance | | |
| Ownership: | Finance and IT Directorate | | |
| Date of SEMT Approval: | October 2015 | Date of Trust Board Approval: | February 2016 |
| Operational Date: | February 2016 | Review Date: | January 2019 |
| Version No: | TW/1/Fin (03) 2015 | Supersedes: | All previous versions |
| Key Words: | Gifts and Hospitality | | |
| Other Relevant Policies/Documents: | Whistleblowing Policy Standing Orders, Standing Financial Instructions and Scheme of Delegation. NIAS HSC Trust Management Statement. Code of Conduct for HPSS Managers Standards of Business Conduct for HPSS Staff | | |

Version Control for Drafts:

| Date | Version | Author | Comments |
|------------------|----------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sept 2008 | 01 | Paul Nicholson | The Gifts and Hospitality Policy was adopted, subject to benchmarking maximum expenditure limits with other HSC Trusts. Published September 2008 |
| Nov 2009 | 02 | Paul Nicholson | Reviewed and updated in line with HSS(F) 35/2009 and inclusion of Proforma for the acceptance of gifts and hospitality and format of Register of Gifts and Hospitality. Minor amendment to be presented to Audit Committee – 03/12/2009. Published March 2010 |
| Dec 2015 | 03 | Paul Nicholson | Reviewed annually and no material updates required. Updated formally for review by Audit Committee in October 2015 and consideration by Trust Board in December 2015. Main changes to legislative basis and additional information on what hospitality is considered modest. (This policy is based on the Financial Governance Model Documents issues under HSS(F) 13/2007 and as such does not completely follow the format prescribed in the Trust's Policy on Development, Approval and Review of Trust Policies Version 1.0 approved in September 2014). |

1.0 INTRODUCTION/PURPOSE OF THE POLICY

1.1 Background

- 1.1.1 This policy is intended to provide advice to Trust staff, other personnel and third parties who, in the course of their day to day work or as a result of their employment, either receive offers of gifts and hospitality or provide gifts and hospitality to others on behalf of the Trust.
- 1.1.2 All decisions by Trust staff on the provision or acceptance of gifts and hospitality must be able to withstand both internal and external scrutiny. They must be defensible as being in the direct interest of the organisation, as being proportionate to that interest and within limits that are acceptable to the Trust Board.

1.2 Purpose

- 1.2.1 This policy aims to ensure that NIAS employees and appointees are not placed in a position which risks, or appears to risk, conflict in their progression of business activities. It aims to protect employees and appointees under the Bribery Act 2010 which makes it an offence to receive or offer a bribe (including certain levels of gifts and hospitality).

2.0 SCOPE

- 2.1 This policy applies to all Trust staff, other personnel and third parties.

3.0 PRINCIPLES

- 3.1 This policy has been compiled to ensure compliance with the Seven Principles of Public Life drawn up by the Nolan Committee (see Appendix 1). All Trust staff must therefore apply the following principles in the conduct of their employment:
- They must not accept gifts, hospitality or benefits of any kind from a third party which might be perceived as compromising their personal judgement or integrity;
 - They must not make use of their official position to further their private interests or those of others;
 - They must declare any private interests relating to their public bodies
 - They must base all purchasing decisions and negotiations of contracts solely on achieving best value for money for the tax payer;
 - They must refer to their Head of Department when faced with a situation for which there is no adequate guidance;
 - If in any doubt, they must seek advice from the appropriate Line Manager or Director of Finance.

4.0 LEGAL OBLIGATIONS

4.1 The Bribery Act 2010, which became effective from 1 July 2011, repeals all existing corruption legislation and has introduced new statutory offences for activities in the public or private sector including a new corporate offence. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place.

4.2 Under the Bribery Act 2010, it is an offence to:

- Pay bribes – to offer or give a financial or other advantage with the intention of inducing that person to perform a relevant function or activity improperly or to reward that person for doing so.
- Receive bribes – to receive a financial or other advantage intending that a relevant function or activity should be performed improperly as a result.
- ‘Relevant function or activity’ includes any function of a public nature and any activity connected with a business.
- Fail to prevent bribery – an organisation is guilty of an offence if Trust personnel or a third party connected to it bribes another person intending to obtain or retain business or a business advantage.

4.3 The prevention, detection and reporting of bribery and other forms of corruption are the responsibility of all those working for the Trust or under its control. The Trust expects all personnel(1) and third parties(2) to perform their duties impartially, honestly, with integrity, and in good faith. All Trust personnel and third parties are required to comply with the requirements of the Trust’s Gifts and Hospitality Policy, which all staff should make themselves familiar with.

4.4 If a Trust employee is found to be in breach of the Gifts and Hospitality Policy, he/she may be liable to disciplinary action under the Trust’s Disciplinary Procedure, which may result in dismissal for gross misconduct. The Trust also reserves the right to terminate its contractual relationship with other personnel and/or third parties if they breach this policy.

4.5 In addition to any disciplinary process and where the breach amounts to a criminal offence, this will be referred to the Police Service of Northern Ireland (PSNI). Conviction under the Bribery Act is punishable by imprisonment for a maximum term of 10 years for individuals and unlimited fines can be imposed both to individuals and the Trust.

4.6 Note

4.6.1 “Personnel” includes, for example, senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, i.e. GP’s, pharmacists, dental practitioners, opticians, finance professionals, trainees, seconded staff, homeworkers,

casual workers and agency staff, volunteers, interns, agents, sponsors or any other person associated with the Trust.

- 4.6.2 “Third Party”, means any individual or organisation’s personnel coming into contact with the Trust, for example actual and potential clients, other Trusts, suppliers, distributors, business contacts, agents, advisers and government and public bodies, including their advisors, representatives and officials, politicians and political parties.

5.0 ACCEPTANCE OF GIFTS

5.1 *Cash or Cash Equivalents*

- 5.1.1 Offers of cash or cash equivalents (e.g. lottery tickets, gift vouchers or gift cheques) made by suppliers, contractors, service users or their relatives to individual officers of the Trust should be declined. Instead, the supplier, contractor, service user or relative should be made aware of the range of Charitable Funds which are managed by the Trust to receive cash donations for general or specific purposes. Details of the current Charitable Funds are available from the Director of Finance.

5.2 *Non Cash gifts*

- 5.2.1 Gifts of a small or inexpensive nature such as calendars or diaries or other simple or inexpensive items such as flowers and chocolates can be accepted. This type of gift can be easily distinguishable from more expensive or substantial items which cannot on any account be accepted. If there is any doubt as to whether the acceptance of such an item is appropriate, the matter should be referred to the Trust’s Director of Finance.

5.3 *Exceptional cases*

- 5.3.1 It is recognised that there are exceptional cases where refusal of a gift will clearly offend a donor, cause embarrassment or appear discourteous. In these cases the donor should be advised that the permission of Trust Management will have to be sought as to whether or not the gift can be accepted. The Trust’s Director of Finance should be asked to decide whether to:

- Allow the recipient to accept the gift; or
- Return the gift to the donor with a suitably worded letter explaining why the gift cannot be accepted; or
- Use or dispose of it, if possible, in or by the Trust.

5.4 *Lectures, Conferences and Broadcasts*

- 5.4.1 Where gifts by the way of fees, ex gratia payments or book tokens for lectures, broadcasts or similar occurrences are offered, their acceptance should be based on how much of the preparatory work for the event was done in the employee’s own time, how much in official working time and the extent to which the Trust resources, other than for example, use of an

officially issued laptop at home, were used in the preparation. The guiding principle is that the Trust will seek to recover the costs of publicly funded resources used for any non-HPSS events. The following illustrations are by way of example:

- If the preparation was carried out entirely in the individual's own time (for example outside fixed sessional commitments for medical or other clinical staff) and the event took place in the employee's own time at no expense to the Trust, it would be acceptable for the individual officer to retain the whole fee, token or other gift;
- If the preparation was performed wholly on Trust time, with the use of Trust resources, the Director of Finance should be consulted to determine the need to charge the organisation or body a fee based on the salary costs of the individual and/or the use of resources. If the event is carried out in the employee's own time then in addition to (or after deduction for) any charge for the use of Trust resources, the individual officer may retain any fee, token or other gift for presenting at the event.
- If the preparation was carried out and the presentation, delivered in the officer's own time but Trust facilities or equipment were used, then the Director of Finance should be consulted to determine the need to charge the organisation or body a fee based on the use of resources. In addition to (or after deduction for) any charge for use of any Trust resources, the individual officer may retain any fee, token or other gift for presenting at the event.

5.4.2 If further guidance is needed in this area, the Director of Finance should be consulted. In all instances, employees should be aware of the requirements of the Trust in respect of spare time activities and secondary employment.

5.5 Trade or Discount Cards

5.5.1 Trade or discount cards, other than those negotiated by the Trust on behalf of its staff, by which an officer might benefit from the purchase of goods or services at a reduced price are classified as gifts and should be politely declined and, if already accepted, returned to the sender.

6.0 HOSPITALITY RECEIVED FROM THIRD PARTIES

6.1 The handling of offers of hospitality is recognised as being much more difficult to regulate but it is an area in which staff must exercise careful judgment. It is recognised that it can be as embarrassing to refuse hospitality as it can be to refuse a gift. There is also a need to distinguish between simple, low cost hospitality of a conventional type, for example, a working lunch or evening meal compared with more expensive and elaborate hospitality. There is clearly a need for a sense of balance. There is concern that acceptance of frequent, regular or annual invitations to events or functions, particularly from the same source and where a considerable degree of hospitality is involved, may severely test the principles stated earlier and should be refused. However, there may be instances where staff

receive invitations to events run by voluntary organisations such as annual conferences or dinners. Attendance at such events is considered an integral element in building and maintaining relationships with these sectors and any hospitality received is likely to be reasonable and proportionate, and therefore acceptable.

- 6.2 The main point is that in accepting hospitality staff need to be aware of, and guard against, the dangers of misrepresentation or perception of favouritism by a competitor of the host. It is obviously easier to justify meetings which relate directly to the work of the Trust but where these happen outside working hours and on purely social occasions then they need to be justified as not being a personal gift or benefit. Where a contract is being negotiated, hospitality of any kind, including attendance of staff at seasonal events hosted by suppliers or contractors, should not be accepted.
- 6.3 As a general rule, invitations of hospitality which are extended to the Trust as a whole, can be accepted by a nominated officer and are less likely to attract criticism than personalised invitations to individual officers.
- 6.4 When in doubt about accepting hospitality or an invitation you should consult your Line Manager or the Director of Finance. In all instances where anything beyond conventional hospitality is offered, the approval of the Line Manager or the Director of Finance should be sought. It is particularly important to ensure that the Trust is not over represented at an event or function and care should be taken to ensure that this does not happen, for example, by enquiring from the host as to other staff who have received similar invitations.

7.0 AWARDS OR PRIZES

- 7.1 Staff should consult their Line Manager or their Director of Finance if they are offered an award or prize in connection with their official duties. They will normally be allowed to keep it provided:
- There is no risk of public criticism;
 - It is offered strictly in accordance with personal achievement;
 - It is not in the nature of a gift nor can be construed as a gift, inducement of payment for publication or invention to which other rules apply.

8.0 SPONSORSHIP FOR ATTENDANCE AT COURSES AND CONFERENCES

- 8.1 The offer of financial assistance or sponsorship by commercial or other organisations to attend **relevant** courses or conferences must be highlighted to your Line Manager in advance on the appropriate form normally used for applying for permission to attend such events. **Such sponsorship is permitted on the understanding that its acceptance will not compromise in any way future purchasing decisions either directly or indirectly or lead to any other conflict of interest involving the individual or the Trust.** The appropriate Line Manager or Director must review the nature and

level of sponsorship being offered before approving applications to attend courses or conferences.

- 8.2 Any sponsorship that could be construed to be in direct conflict with the aim of promoting the health and social wellbeing of the Northern Ireland population should not be accepted in any circumstances e.g. from tobacco companies. The Director of Finance should be consulted for advice in cases of uncertainty.

9.0 REGISTER OF GIFTS, HOSPITALITY AND INVITATIONS

- 9.1 In order to counter any possible accusations or suspicions of breach of the rules of conduct, a record will be kept by the Trust of all offers of gifts, awards and prizes made to members of the Trust Board, directors, senior managers and staff. Invitations to functions or events, where a considerable degree of hospitality is involved should also be recorded. Details should include: where the offer originated, to whom it was made, and a note of the action taken, i.e. accepted/refused/returned. It is the responsibility of the individual Trust officer to forward details of offers to the Director of Finance for inclusion in the Trust's gifts and hospitality register.
- 9.2 Proforma for the documentation of any offer of gifts and hospitality, which must be completed by the individual Trust officer and forwarded to the Director of Finance, are set out in Annex A. The Register will be held in the format outlined in Annex A. Further guidance and template letters are included in HSS(F) 35/2009.

10.0 PROVISION OF HOSPITALITY, GIFTS AND AWARDS

- 10.1 Paragraphs below provide a guide for staff when considering the provision of hospitality, gifts or awards. Appendix 2 sets out maximum expenditure limits that have been prescribed by the Trust Board for such occurrences. If in doubt, the Director of Finance should be consulted before any expenditure is committed.

10.2 *Internal Hospitality*

- 10.2.1 This should only be considered in clearly defined circumstances. For example, where meetings outside of normal working hours cannot be avoided (early morning or after normal working hours) or where staff are required to travel to attend meetings in circumstances where a lunch time break is not possible or where the meeting is likely to last for more than 3 hours.
- 10.2.2 The provision of hospitality by the Trust should be modest, for example biscuits not buns, and appropriate to the circumstances. In all instances, the expenditure involved must constitute good value for money. Where hospitality is to be extended for internal meetings, it should be limited to modest light refreshments and written approval should be sought in advance from the appropriate Line Manager or Director if expenditure is estimated to exceed

the maximum limit (currently £5 per head) set out in Appendix 2. A proforma approval form is set out in Appendix 3.

10.2.3 In relation to residential training courses/conferences it is normal practice for meals and light refreshments to be provided for delegates. The provision of beverages, including alcohol, is permissible with evening meals up to a limit of one-third of the total cost of the meal.

10.2.4 In relation to non-residential events, lunch may be provided where it facilitates the running of the course or where alternative provision is not available. Written approval should be sought in advance from the appropriate Line Manager or Director. Beverages provided with lunches should be restricted to tea, coffee, water or fruit juice. A proforma approval form is set out in Appendix 3.

10.2.5 All hospitality expenditure should be allocated specific financial coding to assist in the collation of management information and to facilitate the monitoring and control of the use of this facility.

10.3 External Hospitality

10.3.1 The provision of hospitality by the Trust to representatives of other organisations should be modest and appropriate to the circumstances. In all instances, the expenditure involved must constitute good value for money.

10.3.2 Hospitality should not be offered solely as a return gesture or be automatically recurrent on a regular basis unless circumstances indicate that it is appropriate to do so. The use of public monies for hospitality purposes at conferences and seminars should be carefully considered. The Trust needs to be able to demonstrate good value in committing public funds. Written approval should be sought in advance from the appropriate Line Manager or Director. A proforma approval form is set out in Appendix 3.

10.3.3 Expenditure on external hospitality should be clearly identified as such and charged to a specific hospitality expense code.

10.4 Other Circumstances

10.4.1 If situations arise that are not covered by the foregoing guidance, prior approval should be sought from the Chief Executive or Director of Finance before hospitality is provided and such approval should be formally documented.

10.4.2 It is recognised that there may be cases when, in the interests of the service, flexibility in interpretation of the rules may be necessary. Prior approval for such situations should be obtained in writing from the Chief Executive. Any request for approval of such instances should state why the request falls outside the boundaries of what is normally allowable and why it is considered necessary to provide such hospitality.

10.5 *Authorisation and Approval of Hospitality*

10.5.1 The purchase of gifts and hospitality should follow the Trust's normal procurement procedures and should comply with the requirements of mini-code.

10.5.2 Notwithstanding those circumstances indicated above where specific approval is required from the Chief Executive or Director of Finance, authorisation for, and approval of, hospitality expenditure should be obtained in accordance with the Trust's Schedule of Delegated Authority.

10.5.3 Appropriate approvals should be obtained prior to the hospitality being provided. The provision of external hospitality should have the approval of the relevant Director and be of the form contained in appendix 3.

10.6 *Provision of Gifts or Awards*

10.6.1 Occasionally the Trust may wish to make a small presentation to speakers or other volunteers in acknowledgement of services provided to the Trust. Such gifts or awards should be of a token nature. Prior approval for the provision of gifts or awards is required from the appropriate Line Manager and such approval should be formally documented.

11.0 IMPLEMENTATION OF THE POLICY

11.1 Dissemination

11.1.1 This policy will be disseminated to all staff via email and will be included on the Trust's intranet site.

11.2 Resources

11.2.1 There are no identifiable resources required for implementation of this policy.

11.3 Exceptions

11.3.1 There are no exceptions to this policy.

12.0 MONITORING

12.1 All Trust policies will be monitored to ensure compliance with this policy through the policy development and review process.

13.0 EVIDENCE BASE/REFERENCES

13.1 HSS(F) 13/2007 Financial Governance Model Documents
HSS(F) 35/2009 Hospitality Registers

14.0 CONSULTATION PROCESS

- 14.1 Senior Executive Management Team
Senior managers
Trade Union Representatives

15.0 APPENDICES / ATTACHMENTS

- 15.1 Appendix 1: The Seven Principles of Public Life
Appendix 2: Prescribed Maximum Expenditure Limits for the Provision of Hospitality
Appendix 3: Proforma Approval for the Provision of Hospitality
Annex A Templates Gift/Hospitality Forms and Register

16.0 EQUALITY STATEMENT

- 16.1 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, has been carried out.
- 16.2 The outcome of the screening exercise for this policy is:

| | |
|--------------|-------------------------------------|
| Major impact | <input type="checkbox"/> |
| Minor impact | <input type="checkbox"/> |
| No impact. | <input checked="" type="checkbox"/> |

17.0 SIGNATORIES

Lead Author

Date: _____

Lead Director

Date: _____

Review of Policy

This policy will be reviewed every three years or at times considered necessary as a result of operational changes, legislative changes or risk assessments have occurred.

Date of Issue: December 2015
Date for Review: November 2018

THE SEVEN PRINCIPLES OF PUBLIC LIFE

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Integrity - Holders of public office should not place themselves under any financial obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership - Holders of public office should promote and support these principles by leadership and example.

PRESCRIBED MAXIMUM EXPENDITURE LIMITS FOR THE PROVISION OF HOSPITALITY.

1. Hospitality for Internal Meetings:

Maximum Limit: £5 per head.

2. Residential or Non-Residential Events Organised by the Trust:

- Lunch - £5 per delegate
- Evening Meal - £15 per delegate
- Beverages supplied with meals - one third of cost of meal.

3. Extension of Hospitality to Individuals External to the Trust:

- Lunch - £20 per Head
- Evening Meal - £30 per Head
- Beverages - one third of cost of meal

4. Provision of Nominal Gifts to Guest Speakers, Volunteers etc:

Small gifts or gift tokens may be provided to a maximum value of £50.

Where the prescribed maximum expenditure limits are exceeded for genuine business reasons (for example, the choice of venue is beyond the employees control or cheaper venues were not available) additional support may be agreed by the appropriate Line Manager or Director. This should be provided in advance and documented in the approval form.

Expenditure should be supported by receipts.

PROFORMA APPROVAL FOR THE PROVISION OF HOSPITALITY

This form should be completed IN ADVANCE of hospitality being provided when:

- Hospitality extended for internal meetings is estimated to exceed maximum limits (currently £5 per head)
- Hospitality for non residential events is provided where alternative provision is not available.
- Where hospitality is to be offered to external representatives

1. Requesting Manager:

2. Type of hospitality proposed and appropriateness of extending hospitality:

| |
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| |
|--|

3. The venue, scale and cost of hospitality (please refer to prescribed maximum limits):

| |
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| |
|--|

4. Delegates/Guest List

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|--|
| |
|--|

Hospitality Approved/Declined (please delete as appropriate):

Signed

Date

Guidance on the completion of this form can be found in the Trusts Gifts & Hospitality Policy
Completed, approved forms should be returned to the requesting manager and appended to orders in the Eproc system

Annex A

Part 1 to be completed by recipient. Part 2 to be completed by approving officer)

| | |
|-----------------------------------------------------------------------------------------------------|------------------|
| GIFT/HOSPITALITY FORM A1 (Part 1) (AUTHORISATION/OFFER ACCEPTED/OFFER DECLINED) | |
| Name of recipient: | |
| Name of ultimate recipient if not as above (i.e. if gift or hospitality passed on to someone else): | |
| Date of offer: | |
| Who made the offer: | |
| Description of offer: | |
| Estimated/actual value of offer: | |
| State whether offer was declined: | |
| Is there a current/potential contract with the donor? If yes provide details: | |
| Signature of recipient: | Signed: Date: |

Annex A (continued)

Part 1 to be completed by recipient. Part 2 to be completed by approving officer)

| | |
|-------------------------------------------------------------------------------------------------------------|------------------|
| GIFT/HOSPITALITY FORM A1 (Part 2) (AUTHORISATION/OFFER ACCEPTED/OFFER DECLINED) | |
| Reasons why approval has/has not been granted: | |
| Is gift being returned? If so, a letter should be issued (template at Annex B HSS(F) 35/2009 to be used) | |
| Has the gift been used or disposed of? If so give details: | |
| Has the gift been donated to a nominated charity? | |
| Has the Gifts and Hospitality register been updated? | |
| Signature of Approving Officer: | Signed: Date: |

| REGISTER OF GIFTS/HOSPITALITY/AWARDS ETC | | | | | | | | | | | |
|-------------------------------------------------|------------|-----------------------------------|--------------|----------------------|------------------|---------------------------------------------|--------------------------------|-------------------------------------------------|------------|--------------|-----------|
| Date of Offer | Offered to | Ultimate recipient (if different) | Offered From | Description of Offer | Reason for Offer | Details of Contracts - current or potential | Est. / actual value of offer £ | Action Taken i.e. Accepted / Refused / Returned | Entered by | Entered Date | File Ref: |
| | | | | | | | | | | | |
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TB/6 04/02/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

4 February 2016

| | |
|------------------------|----------------------------------------------------|
| Title: | Update of Audit Committee Terms of Reference (TOR) |
| Purpose: | To review and update TOR |
| Content: | Revised TOR |
| Recommendation: | For Approval |
| Previous Forum: | Audit Committee |
| Prepared by: | Director of Finance & ICT |
| Presented by: | Chairman of Audit Committee |



TERMS OF REFERENCE

AUDIT COMMITTEE

1.0 CONSTITUTION

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (The Committee).
- 1.2 The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 1.3 All procedural matters in respect of the conduct of the meetings of the Committee shall be in accordance with the Trust's Standing Orders.
- 1.4 The Committee will regularly review and reflect on best practice and adopt new learning as part of a commitment to continuous improvement.

2.0 MEMBERSHIP OF THE COMMITTEE

- 2.1 The Audit Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members. A quorum shall be two Non-Executive Director members.
- 2.2 A non-executive member of the Audit Committee will be appointed Chair of the Committee by the Board.
- 2.3 The Chairman of the Trust Board shall not be a member of the Audit Committee.
- 2.4 Any non-executive who is a member of the Remuneration Committee shall not be a member of the Audit Committee.
- 2.5 One member of the Audit Committee shall be the Chair of the Assurance Committee.
- 2.6 One member of the Audit Committee should have a financial background.

3.0 ATTENDANCE AT MEETINGS

- 3.1 The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However at least once a year the Committee should meet privately with the External and Internal Auditors.
- 3.2 The Chairman, Chief Executive, Executive Directors and other Officers of the Trust may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director or Officer.
- 3.3 The Chief Executive should be invited to attend at least annually to discuss with Audit Committee the process for assurance that supports the Governance Statement.
- 3.4 A representative from the sponsoring body (DHSSPS) will be invited and may attend meetings of the Audit Committee.
- 3.5 The Assistant Director of Finance shall attend to the Minutes of the meeting and provide appropriate support to the Chairman and Committee members.

4.0 FREQUENCY OF MEETINGS

- 4.1 Meetings shall be held not less than three times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

5.0 AUTHORITY

- 5.1 The Audit Committee's primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control system is maintained.
- 5.2 The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. The Committee, therefore, does not have the executive authority of the Board, but does have sufficient membership, authority and resources to perform its role independently and effectively.
- 5.3 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 5.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice as and when necessary.

6.0 DUTIES

6.1 The duties of the Committee can be categorised as follows:

6.2 Governance, Risk Management and Internal Control

The Committee shall contribute to the establishment, review 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.

6.3 In particular the Committee will review:

6.3.1 The adequacy of all risk and control related disclosure statements (in particular the Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

6.3.2 The adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

6.3.3 The adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including the Trust's Standing Orders and Standing Financial Instructions.

6.3.4 The adequacy of the policies and procedures for all work related to fraud and corruption as required by the DHSSPS or BSO Counter Fraud and Probity Services.

6.3.5 The annual schedule of losses and compensation payments and will make recommendations to the Board regarding their approval.

6.3.6 The register of Single Tender Actions (Direct Award Contracts).

6.4 In carrying out its work, the Committee will utilise the work of Internal Audit, External Audit, and other assurance functions where appropriate, but will not be limited to these functions. It will also seek reports and assurances from other Trust Committees through their respective Chairs, Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

- 6.5 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

6.6 **Internal Audit**

The Internal Audit function must meet the Public Sector Internal Audit Standards and provide appropriate independent assurance to the Audit Committee, Chief Executive and Board. The Committee shall review the effectiveness of the Internal Audit function as established by management. This will be achieved by:

- Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- Consideration of the Head of Internal Audit's annual report, major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- Annual review of the effectiveness of internal audit.

6.7 **External Audit**

The Committee shall review the work and findings of the External Auditor and consider the implications of, and management's responses to, their work. This will be achieved by:

- Consideration of the performance of the External Auditor;
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Audit Strategy;
- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust;
- Review of all External Audit reports, including consideration of the annual Report to Those Charged with Governance before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

6.8 **Other Assurance Functions**

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

- 6.9 These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DHSSPS commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health Care Professions Council (HCPC), Royal Colleges, accreditation bodies, etc.).

6.10 Financial Reporting

The Audit Committee shall review the Trust's Annual Report and the Financial Statements before submission to the Board, focusing particularly on:

- The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies and practices
- Unadjusted mis-statements in the financial statements
- Major judgemental areas
- Significant adjustments resulting from the audit
- The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

6.11 Value for Money

The Audit Committee shall oversee the adequacy of the Trust's arrangements for ensuring that Value for Money (VFM) is obtained in the expenditure of all public funds entrusted to its care. This will include a review of the findings from, and management's response to, all value for money audit reports issued to the Trust as part of the regional VFM programme sponsored by DHSSPS.

7.0 REPORTING

- 7.1 The Minutes of Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.
- 7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

8.0 OTHER MATTERS

- 8.1 The Agenda will be sent to members at least five working days before the meeting and supporting papers, wherever possible, shall accompany the agenda, but will be dispatched no later than three working days before the meeting, save in an emergency.

DATE OF ISSUE: February 2016

DATE OF REVIEW: January 2017

TB/7 04/02/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

4 February 2016

| | |
|------------------------|-----------------------------------------------------------|
| Title: | Update of Remuneration Committee Terms of Reference (TOR) |
| Purpose: | To review and update TOR |
| Content: | Revised TOR |
| Recommendation: | Approve revised TOR |
| Previous Forum: | |
| Prepared by: | Remuneration Committee |
| Presented by: | Chairman |



TERMS OF REFERENCE

REMUNERATION COMMITTEE

1.0 CONSTITUTION

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Remuneration Committee (The Committee)
- 1.2 The Committee is a committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2.0 MEMBERSHIP OF THE COMMITTEE

- 2.1 The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members. A quorum shall be two members
- 2.2 The Chair of the organisation shall be Chair of the Committee.

3.0 ATTENDANCE AT MEETINGS

The Chief Executive and Director of Human Resources and Corporate Services shall normally attend meetings.

The Corporate Administration of the Trust shall provide secretarial support to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and committee members.

4.0 FREQUENCY OF MEETINGS

Meetings shall be held not less than two times a year.

5.0 AUTHORITY

The Committee's primary role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and all other direct reports to the Chief Executive. Advice to the Board on remuneration should include all aspects of salary (including any performance-related elements/bonuses and any allowances), provisions for other benefits including pensions and cars, as well as arrangements for termination of employment and other contractual terms.

The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. The Committee, therefore, does not have the executive authority of the Board, but does have sufficient membership, authority and resources to perform its role independently and effectively.

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6.0 DUTIES

The duties of the Committee can be categorised as follows:

6.1 Recommend to the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors employed by the Trust, having proper regard to the Trust's circumstances and performance and to the provisions of any national/regional arrangements where appropriate. Matters considered shall include:-

- all aspects of salary (including any performance-related elements/bonuses)
- provisions for other benefits e.g. lease cars
- arrangements for termination of employment and other contractual terms.

6.2 Monitor and evaluate the performance management process in respect of the Chief Executive and Executive Directors (and other senior employees where appropriate). This will include:-

- Encouraging effective appraisal of staff
- Scrutinising objectives for
 - Consistency
 - Robustness
 - Alignment with Government and Departmental priorities and local priorities
- Ensuring robust process has taken place
- Monitoring for consistency of assessment
- Recommending overall banding and award for Senior Executives

6.3 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.

- 6.4 Ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled.

7.0 REPORTING

The minutes of Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

8.0 OTHER MATTERS

The Agenda shall be sent to members at least five working days before the meeting and supporting papers, wherever possible, shall accompany the agenda, but shall be dispatched no later than three working days before the meeting, save in an emergency.

DATE OF ISSUE: February 2016

DATE OF REVIEW: February 2017

TB/8 04/02/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

4 February 2016

| | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title: | Smoke Free Policy |
| Purpose: | To ensure the health, safety and welfare of employees. |
| Content: | Policy updated to reflect that smoking will not be permitted anywhere on sites owned or operated by NIAS including all buildings, doorways/entrances, grounds, car parks and Trust vehicles. |
| Recommendation: | For approval |
| Previous Forum: | SEMT |
| Prepared by: | Bryan Snoddy / Mary Crawford |
| Presented by: | Mr Brian McNeill, Director of Operations |



| | | | |
|--------------------------|-------------------------------------------------------|-------------------------------|-----------------------------------------|
| Title: | Smoke Free Policy | | |
| Author(s) | Bryan Snoddy, Mary Crawford | | |
| Ownership: | Asst Director of Operation, Fleet & Estate | | |
| Date of SEMT Approval: | 19/01/16 | Date of Trust Board Approval: | |
| Operational Date: | | Review Date: | |
| Version No: | Version 3.5 | Supercedes: | Smoke Free Workplace Policy 2007 |
| Key words: | Smoke Free | | |
| Other Relevant Policies: | | | |

| Version Control for Drafts: | | | |
|-----------------------------|---------|---------|--------------------|
| Date | Version | Author | Comments |
| 10/12/15 | 1.0 | BS & MC | |
| 05/01/16 | 2.0 | BS & MC | |
| 12/01/16 | 3.2 | BS & MC | |
| 12/01/16 | 3.4 | BS & MC | |
| 19/01/16 | 3.5 | BS & MC | Comments from SEMT |
| | | | |

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1.0 INTRODUCTION

The DHSSPS Ten Year Tobacco Control Strategy for N Ireland (2012) aspires, by 2020, to reduce the proportion of adults smoking to 15% and ultimately to create a tobacco-free society. The NIAS Smoke Free Policy reflects the goals of the Public Health Agency's Strategy to reduce smoking prevalence, to tackle the underlying causes of poor health, reduce health inequalities and to make healthier choices easier.

This Policy is to ensure that the Northern Ireland Ambulance Service (NIAS), herein referred to as the Trust, complies with Smoke Free legislation – The Smoking (Northern Ireland) Order 2006(the Order) and The Smoke Free (Exemptions, vehicles, Penalties and Discounted Amounts) Regulations (Northern Ireland) 2007.

This Policy is supported by "Guidance for Managers and Staff. (See Appendix 1).

2.0 PURPOSE

The Health and Safety at Work Order (NI) 1978, requires employers to ensure the health, safety and welfare of employees. Exposure to second hand smoke increases the risk of lung cancer, heart disease and other illnesses. The introduction of Smoke Free legislation in April 2007 was a major step forward in protecting people at work, and the general public, from secondhand exposure to the numerous harmful chemicals in tobacco smoke. This clearly demonstrates that health improvement is a key aim of the DHSSPS and a reduction in smoking prevalence and exposure will contribute greatly towards this goal.

This Smoke Free Policy seeks to guarantee Ambulance Service employees and those who access Ambulance facilities and services, the right to air, free of tobacco smoke which contains a class "A" carcinogen. The Trust has worked in partnership with management and Trade Unions in developing this policy.

3.0 OBJECTIVES

This document aims to:

- protect and improve the health of staff, visitors and contractors by countering the health risks caused by tobacco smoke
- recognise a person's right to be protected from harm and to enjoy smoke free air
- reduce the risks to health from exposure to second-hand smoke
- Contribute to the saving of lives over the next decade by reducing exposure to hazardous second-hand smoke
- Increase the benefits of smoke free enclosed public places and workplaces for people trying to give up smoking so that they can succeed in an environment where social pressures to smoke are reduced.

- assist staff who wish to stop smoking.
- Sensitively manage people who smoke.

4.0 INTRODUCTION OF A SMOKE FREE POLICY

The Policy takes account of:

- The Smoking (Northern Ireland) Order 2006, which established a comprehensive control on smoking in enclosed workplaces and public places by April 2007
- The employers' obligations under the Health and Safety at Work (Northern Ireland) Order 1978 – Article 4 states that employers “have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees”
- This policy replaces the NIAS Smoke Free Workplace Policy of 2007.

This Policy designates all Trust workplaces, buildings, exits and entrances and Trust-owned vehicles and grounds as Smoke Free areas from 9 March 2016. This demonstrates the Trust's commitment to the provision of a Smoke Free environment to help ensure the health, safety & welfare of staff and visitors.

5.0 IMPLICATIONS FOR NORTHERN IRELAND AMBULANCE SERVICE TRUST FACILITIES AND VEHICLES

For staff/ visitors/ contractors the policy means:

- NIAS Trust employees are not permitted to smoke anywhere on sites owned or operated by NIAS including all buildings, doorways/entrances, grounds, car parks and Trust vehicles
- Visitors /contractors are not permitted to smoke anywhere on sites owned or operated by NIAS including all buildings, doorways/entrances, grounds, car parks.

6.0 OTHER ISSUES RELATING TO THE SMOKE FREE POLICY

The existence of a Smoke Free policy within Trust premises will be documented in recruitment, advertising literature, appropriate Trust stationery eg appointment letters, and appropriate electronic communication systems. It will form part of staff induction procedures together with information on support available for those who wish to stop smoking.

Job advertisements and job descriptions will continue to include reference to the Smoke Free Policy and indicate that the adherence to the Smoke Free Policy will be contractual.

Smoking cessation support will be made available to staff.

7.0 BREACHES OF THE POLICY

Any employee who breaches the Smoke Free Policy may be subject to NIAS Trust's Disciplinary Procedures

If a member of NIAS staff is aware that a member of the public or a visitor is contravening this Policy they should draw it to the attention of the individual and ask them to comply or to leave the premises.

8.0 ROLES & RESPONSIBILITIES

The overall responsibility for the implementation of this policy lies with the Chief Executive.

The Chief Executive has delegated authority for this policy to Director of Operations. They will be responsible for the implementation and monitoring of the policy within the Trust.

Assistant Directors/Department Heads are responsible for implementing the policy within their area of responsibility and coordinating support for those staff wishing to cease smoking.

All NIAS employees have a responsibility to ensure compliance with, and implementation of, this Policy. They should comply with the policy and report any breaches.

9.0 SCOPE OF THE POLICY

This policy applies to all staff, visitors and contractors and all NIAS owned or operated premises and vehicles.

The use of e-cigarettes and vaping is similarly prohibited under this policy.

10.0 COMMUNICATION

Staff and visitors to Trust facilities will be made aware of the Trust's Smoke Free status through a range of communication tools and methods:

- The Trust website will provide staff with information and updates on the Policy
- Media coverage and Smoke Free signage will ensure that patients, visitors and the public are aware of the Smoke Free status in the Trust

11.0 MONITORING

This policy will be monitored by Director of Operations via the Facilities and Support Group and will be reviewed every two years.

12.0 EQUALITY & HUMAN RIGHTS CONSIDERATIONS

This policy has been screened in accordance with the Trust's requirement for Equality Impact Assessment and is available on request from Trust Headquarters. This policy has been developed by the NIAS Trust Smoke Free Implementation Group which is made up

of a range of stakeholders including representatives from Trust Directorates, and Trade Unions.

The Trust has also been working along with the Public Health Agency and other Health & Social Care Trusts in the development of this policy. The Policy has been presented and endorsed by the Senior Executive Management Team and the Trust Board.

13.0 IMPLEMENTATION OF THE POLICY

Dissemination

This policy will be disseminated to staff and will be included on the Trust's intranet site.

Resources

- Funding will be required for implementation of this policy and some financial support has been provided by the Public Health Agency.
- A range of specialist smoking cessation services including individual and/or group support is available for staff who wish to stop smoking
- Staff can access stop smoking services for support to help them quit smoking.

Exceptions

There are no exceptions to this policy.

14.0 CONSULTATION PROCESS

Smoke Free Implementation Group, Senior Managers, Senior Executive Management Team

15.0 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, has been carried out.

The outcome of the screening exercise for this policy is:

| | |
|---------------------|-------------------------------------|
| Major impact | <input type="checkbox"/> |
| Minor impact | <input checked="" type="checkbox"/> |
| No impact. | <input type="checkbox"/> |

16.0 SIGNATORIES

Lead Author

Date: _____

Lead Director

Date: _____

DRAFT

APPENDIX I

Guidance for Managers and Staff

The Northern Ireland Ambulance Service Trust Smoke Free Policy applies to all staff. It has been developed by the Implementation Group, and has been endorsed by the Trust's Senior Executive Management Team. This guidance has been developed to support managers and staff to ensure consistent application of the Policy.

General Guidelines

- Staff may only smoke during designated breaks in line with the current Trust arrangements
- Staff who experience difficulty in adjusting to the Smoke Free Policy should:
 - Discuss the issue with their immediate line manager
 - Access further support through the Smoking Cessation Services
 - Staff who wish to stop smoking can access appropriate support provided by smoking cessation services.

NON-COMPLIANCE

If a member of staff sees someone contravening the policy, it is suggested that the following actions be taken, in a polite and courteous manner:

- Draw the individual's attention to the "no smoking" signs
- Explain that the Trust is implementing a Smoke Free policy to ensure a safe working environment for everyone
- Advise on the stop smoking service available to staff and give leaflet if appropriate
- Staff are not expected to get involved in conflict situations in order to enforce the policy.
- Any difficulties with implementation of the policy should be reported to the relevant line manager.
- The Trust includes E cigarettes in their Smoke Free Policy and their use is prohibited on sites owned or operated by NIAS including all buildings, doorways/entrances, grounds, car parks and Trust vehicles.

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Smoke Free Policy.

(1.2) Is this a new, existing or revised policy/proposal?

This policy replaces the Smoke Free Workplace Policy of 2007.

(1.3) What is it trying to achieve (intended aims/outcomes)?

The policy will designate all Trust workplace buildings, exits and entrances and Trust-owned vehicles and grounds as Smokefree areas from 9 March 2016.

The aim of the policy is to promote a safe and healthy environment for all staff and those who use our services by giving them the right to air free of tobacco smoke, which contains a class A carcinogen. Being smoke free will help protect the health of everyone and provide a clean and pleasant environment for all.

NIAS is committed to positively influencing the health and wellbeing of our staff, patients and visitors. Deterring people from smoking or being subject to passive smoking is one way we hope to promote better health. The Smoke Free Policy reflects the goals of the Public Health Agency's Strategy to reduce smoking prevalence, to tackle the underlying causes of poor health, reduce health inequalities and to make healthier choices easier.

The policy aims to:

- save lives over the next decade by reducing exposure to

hazardous second-hand smoke;

- protect and improve the health of staff, visitors and contractors by countering the health risks caused by tobacco smoke;
- assist staff who wish to stop smoking by ensuring smoking cessation support is widely available to staff;
- set an example of best practice;
- reduce the risks to health from exposure to second-hand smoke;
- recognise a person's right to be protected from harm and to enjoy smoke free air; and
- increase the benefits of Smokefree enclosed public places and workplaces for people trying to give up smoking so that they can succeed in an environment where social pressures to smoke are reduced.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

People with some forms of disability (e.g. chronic lung diseases) might be expected to benefit from a healthier, smoke free environment.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

On 11 March 2015, the then Health Minister announced smoking will not be permitted in the grounds of any HSC Trust facility from 9 March 2016 (No Smoking Day). The policy is owned by NIAS and is consistent with similar Smoke Free Policies being adopted by the other HSC Trusts.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

Factors that could contribute:

Effective Leadership - in implementing the policy that supports an

important public health issue;

Funding - to support those who wish to stop smoking by ensuring smoking cessation support is widely available to staff, patients, service users and all others accessing Trust sites;

An effective **Communication** and **Implementation Plan**;

Co-operation/Buy-in - from Management and from all employees of the Trust as well as to patients, clients, volunteers, visitors, contractors, and members of the public accessing Trust facilities, grounds and services;
Availability of **smoking cessation services**.

Factors that could detract:

Lack of financial assistance - to provide the necessary support/enablers to support those who wish to stop smoking;

Lack of capacity/resources - to successfully ensure compliance with the policy;

Lack of Co-operation/Buy-in – i.e. Management, staff, patients, clients et al resistance.

The Trust recognises that there will be challenges within the implementation phase of the Smokefree Policy, as evidenced in the experience of the WHSCT, and will work in partnership with management, staff, Trade Unions and professional organisations to provide any additional support.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc)

Internal:

- Senior Management
- Trust Staff
- Trade Unions
- Professional Bodies
- Other HSC Trusts and organisations

External:

- Patients – actual and potential

- Clients - actual and potential
- General public – e.g. visitors
- Private Sector Organisations – e.g. on site contract workers
- Volunteers

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

Smoke Free legislation – The Smoking (Northern Ireland) Order 2006 and The Smokefree (Exemptions, Vehicles, Penalties and Discounted Amounts) Regulations (Northern Ireland) 2007

Smoke Free Policies of other HSC Trusts

DHSSPS Ten Year Tobacco Control Strategy for N Ireland (2012) which aspires, by 2020, to reduce the proportion of adults smoking to 15% and ultimately to create a tobacco-free society.

Public Health Agency's Strategy to reduce smoking prevalence, tackle the underlying causes of poor health, reduce health inequalities and to make healthier choices easier.

The Health and Safety at Work (Northern Ireland) Order 1978 – Article 4 states that employers “have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees”.

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

| Group | <i>Please provide details</i> |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gender | NIAS Staff: 73% male, 27% female (January 2014) |
| | Northern Ireland Source: 2011 Census Male: 49% Female: 51% |
| Age | NIAS Staff: Under 45 – 56% 45 and over – 44% (January 2014) |
| | Northern Ireland Source: 2011 Census Under 16: 23.8% 16-29: 19.4% 30-44: 20.6% 45-59: 19.2% 60-74: 13.3% 75 and over: 6.5% |
| Religion | NIAS Staff: Roman Catholic: 35%, Protestant 52%, Other 13%(January 2014) |
| | Northern Ireland Source: 2011 Census Roman Catholic: 45.1% Protestant ¹ : 35.8% Other Christian: 5.7% Other Religion: 0.8% None/No Stated: 16.9% 1. Presbyterian Church in Ireland, Church of Ireland and Methodist Church in Ireland. |
| Political Opinion | NIAS Staff: Unionist – 12% Nationalist – 6% Other – 8% Do not wish to declare/Unknown – 74% |
| | Northern Ireland Source: ARK NI – 2015 Westminster election share of vote Broadly Unionist ² : 41.7% Broadly Nationalist ³ : 38.4% Alliance: 8.6% Others: 11.3% 2. DUP and UUP 3. Sinn Fein and SDLP |
| Marital Status | NIAS Staff: 35% single, 61% married, 4% other including separated, divorced and widow/er (January 2014) |
| | Northern Ireland Source: 2011 Census Single: 31.5% Married: 47.0% |

| | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Re-married: 1.1% Separated: 3.4% Divorced: 4.5% Widowed: 6.3% |
| Dependent Status | NIAS Staff: 24% with caring responsibilities 12% without caring responsibilities 64% unknown |
| | Northern Ireland Source: 2011 Census Households with dependent children: 33.8% |
| Disability | NIAS Staff: 2% of staff have recorded a disability |
| | Northern Ireland: 21% of the population has a disability. Households with one or more persons with a limiting long-term illness: 55.3% Source: 2011 Census DLA Claimants as % of population as at 28 February 2011: 10.3% Incapacity Benefit Claimants as % of population as at 30 Nov 12: 3% Severe Disability Allowance as % of population as at 30 Nov 12: 0.6% Source: Department for Social Development (http://www.dsdni.gov.uk/index/stats_and_research/benefit_publications.htm) Service Users: Whilst incidence of disability in itself is not recorded, the Trust recognises both a link between service users in older age brackets and increased likelihood of disability and also the fact that those with long term health conditions and disabilities are likely to use our services more frequently. |
| Ethnicity | NIAS Staff: White – 36% Ethnic Minority – 1% Do not wish to answer/unknown – 63% (January 2014) |
| | Northern Ireland Source: 2011 Census White: 98.2% Irish Traveller: 0.07% Mixed: 0.33% Indian: 0.34% Pakistani: 0.06% Bangladeshi: 0.03% Other Asian: 0.28% Black Caribbean: 0.02% Black African: 0.13% Other Black: 0.05% Chinese: 0.35% |

| | |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Other: 0.13% |
| Sexual Orientation | NIAS staff and service users: No statistics available for sexual orientation however, according to estimates, between 2% and 10% of the population could be LGB. <i>Source: "Shout", Research into the needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender, published by YouthNet, December 2003.</i> |

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

| Category | Needs, experiences and priorities | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| | Service users | Staff |
| Gender | Smoking is estimated to cause over 2,300 preventable deaths in Northern Ireland each year. This means that smoking is the leading cause of preventable death per year including cancer, heart disease, bronchitis and emphysema. This number represents 16% of all deaths on an annual basis in Northern Ireland, equivalent to more than 6 people dying from a smoking related illness per day. Smoking accounts for about half of the difference in life expectancy between people in the lowest and highest income | For staff in all Section 75 groups, the effects of smoking and passive smoking will be greatly reduced. |

| | | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| | <p>groups.</p> <p>Adult smoking prevalence in NI is currently around one fifth i.e. 22% (approx. 308,000 of the adult population) with only a slight variance between men and women i.e. 23% males and 21% of females. Amongst manual workers this rises to 30% and for pregnant women smoking prevalence rates are 15%. Smoking prevalence in the most deprived areas (36%) was three times that in the least deprived areas (12%) – source Health survey Northern Ireland 2014/15</p> <p>Treating smoking related illnesses in NI costs in the region of £164million each year.</p> | |
| Age | <p>Approximately 450 children start to smoke each day in the UK (ASH, 2012) and consequently a number of measures have been introduced to “de-normalise” tobacco including the smoke free legislation, plain packaging and sale of cigarettes to over 18s only. 5% of 11 to 16 year olds are current smokers.</p> <p>A recent report compiled by the Institute of Public Health, which examined progress made in reducing exposure to second-hand smoke in Northern Ireland, highlighted a welcome reduction in smoking prevalence by 11 to 16 year olds.</p> | There is no evidence to suggest that there would be any adverse impact on any individuals because of their age. |
| Religion | NISRA’s Continuous Household Survey 2009/10 indicated that in Northern Ireland 28% of people from Catholic backgrounds smoke compared with 20% of people from Protestant backgrounds. | There is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of religious belief. |
| Political Opinion | | There is no evidence to suggest that there would be any adverse impact on any individuals because of their political opinion. |
| Marital | | |

| | | |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Status | | |
| Dependent Status | | |
| Disability | People who report a long-term illness are more likely to smoke and to die from smoking related illness. The NI Health and Social Well Being Survey 2014/2015 reported that 38% of men and 41% of women indicated that they had a long standing illness and as smoking is the leading cause of all health inequalities the Trust's Smoke Free Policy will have a beneficial impact. | The Trust's Smoke Free Policy will positively impact on people with a disability as it will reduce morbidity and mortality. Information on this policy can be made available in alternative formats for staff with various specific communication needs. |
| Ethnicity | Prevalence of smoking in ethnic groups is considered to be higher. According to Millwall and Karlson (2011) Tobacco use among ethnic minority communities remains one of the biggest causes of health inequalities for ethnic minorities. | Smoking remains one of the biggest causes of health inequalities for people from ethnic minority backgrounds. Prevalence of smoking in ethnic groups is considered to be higher. |
| Sexual Orientation | Adults who identify themselves as LGB are more likely to smoke. | Prevalence of smoking is considered to be higher for the LGB population as it is for other addictive substances. The Trust supports the regional LGBT Staff Forum. |

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

Consultations with Trade Union colleagues and staff through the Trust's Health and Safety Committee and Smokefree Implementation Group.

Engagement with Equality Team on screening process.

Considered policies of other HSC Trusts and organisations.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

| (4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories? | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section 75 category | Details of policy/proposal impact | | Level of impact? Minor/major/none |
| | Services Users | Staff | |
| Gender | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |
| Age | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |
| Religion | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |
| Political Opinion | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |
| Marital Status | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |
| Dependent Status | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |

| | | | |
|--------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |
| Ethnicity | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |
| Sexual Orientation | | | Minor for both staff and service users taking into account considerations in terms of needs, experiences and priorities as detailed in table 3.1 above. |

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

| <i>Section 75 category</i> | <i>Please provide details</i> |
|-----------------------------------|--------------------------------------|
| Gender | N/A |
| Age | N/A |
| Religion | N/A |
| Political Opinion | N/A |
| Marital Status | N/A |
| Dependent Status | N/A |
| Disability | N/A |
| Ethnicity | N/A |
| Sexual Orientation | N/A |

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none

| Good relations category | Details of policy/proposal impact | Level of impact Minor/major/none |
|--------------------------------|------------------------------------------|---------------------------------------------|
| Religious belief | | None |
| Political opinion | | None |
| Racial group | | None |

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

| Good relations category | Please provide details |
|--------------------------------|-------------------------------|
| Religious belief | None |
| Political opinion | None |
| Racial group | None |

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

| |
|--|
| |
|--|

The Trust will continue to promote positive attitudes towards disabled people through positive promotion of Trust services, via disability awareness - staff training and via positive engagement of disabled people and their representatives.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?

Complete for each of the articles

| Article | Positive impact | Negative impact = human right interfered with or restricted | Neutral impact |
|------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------|----------------|
| Article 2 – Right to life | x | | |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment | | | x |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour | | | x |
| Article 5 – Right to liberty & security of person | | | x |
| Article 6 – Right to a fair & public trial within a reasonable time | | | x |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law | | | x |
| Article 8 – Right to respect for private & family life, home and correspondence. | | | x |
| Article 9 – Right to freedom of thought, conscience & religion | | | x |
| Article 10 – Right to freedom of expression | | | x |
| Article 11 – Right to freedom of assembly & association | | | x |
| Article 12 – Right to marry & found a family | | | x |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights | | | x |
| 1 st protocol Article 1 – Right to a peaceful | | | x |

| | | | |
|-------------------------------------------------------------------|--|--|---|
| enjoyment of possessions & protection of property | | | |
| 1 st protocol Article 2 – Right of access to education | | | x |

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

Human Rights issues have been considered and taken into account in developing and shaping the Trust's draft policy. Promoting awareness of human rights in on-going staff training.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

| | |
|--------------|---|
| Major impact | |
| Minor impact | X |
| No impact | |

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

| | |
|-----|---|
| Yes | |
| No | X |

(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?

| | |
|-----|---|
| Yes | |
| No | X |

(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust's Smoke Free Policy will have a positive impact on the health of patients, clients, staff, volunteers and others as well as protecting employees and those who use/frequent the Trust services from the harmful effects of second-hand smoke. It will enhance the patient / service user experience and promote a clean safe HSC environment for all who frequent Trust buildings and sites.

The policy will help ensure on-going compliance with both the Smoking (NI) Order 2006 and with the Trust's statutory duty under the Health and Safety at Work (N.I.) Order 1978, to ensure the health, safety and welfare of its employees and those affected by its activities, so far as is reasonably practical.

The policy will also set an example through leadership in implementing policies that support and promote public health.

The existence of a Smokefree policy within Trust premises will be documented in recruitment, advertising literature, appropriate Trust stationery eg appointment letters, and appropriate electronic communication systems. It will form part of staff induction procedures together with information on support available for those who wish to stop smoking. Job advertisements and job descriptions will continue to include reference to the Smokefree policy and indicate that the adherence to the Smokefree Policy will be contractual.

A range of specialist smoking cessation services including individual and/or group support is available for staff who wish to stop smoking. Smoking cessation support will be available via a helpline number. Staff can access a stop smoking service for free nicotine replacement therapy and support to help them quit smoking. Time out for Trust staff wishing to avail of smoking cessation services during working hours should be negotiated with line management.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

This policy will be subject to regular monitoring and will be reviewed every two years.

Approved Lead Officer: Bryan Snoddy

Position: Asst Director of Operations (Estate & Fleet)

Date: _____

Policy/proposal screened by: Mary Crawford

TB/9 04/02/16

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD MEETING

4 February 2016

| | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title: | Northern Ireland Ambulance Service HSC Trust Management Statement (Including Financial Memorandum) |
| Purpose: | Annual Update to Trust Board |
| Content: | Subject to relevant legislation, the Management Statement establishes the framework, agreed by DHSSPS, within which NIAS operates. The associated Financial Memorandum sets out in greater detail certain aspects of the financial provisions that the Trust shall observe. |
| Recommendation: | For Information |
| Previous Forum: | Trust Board |
| Prepared by: | DHSSPS |
| Presented by: | Sharon McCue, Director of Finance & ICT |



Northern Ireland Ambulance Service
Health and Social Care Trust



Northern Ireland Ambulance Service

HSC Trust Management Statement

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1. INTRODUCTION

1.1 This document

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

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

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

1.2 Trust Founding legislation, functions, duties etc

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

1.3 Classification

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

2. AIMS, OBJECTIVES AND TARGETS

2.1 Overall aims

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

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

2.2 Objectives and key targets

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

3. RESPONSIBILITIES AND ACCOUNTABILITY

3.1 The Minister

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

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

3.2 The Accounting Officer of DHSSPS

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

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

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

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

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

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

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

3.2.5 The relationship between the Trust and its Departmental sponsoring team, based on the principles of good public administration, is articulated through direction and guidance, and on good practice as notified to the Trust. The salient requirements are described at **Appendix 1**.

3.2.6 On financial matters, the primary point of Departmental contact for the Trust is Finance Directorate. That Directorate also supports the Departmental Accounting Officer on his/her responsibilities towards the Trust as regards accounting arrangements, budgetary control and other financial matters. In doing so, Finance Directorate liaises as appropriate with the Planning & Performance Management Directorate.

3.3 The Chief Executive's role as Accounting Officer

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

3.3.2 In addition, the Chief Executive must, within three months of appointment, attend the training course 'An introduction to Public Accountability for Accounting Officers'.

Responsibilities for accounting to the Assembly

3.3.3 These responsibilities include:

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

Responsibilities to the Department

3.3.4 Particular responsibilities to the Department include:

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

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

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

Responsibilities to the Board of the Trust

3.3.5 The Chief Executive is responsible for:

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

3.4 The Chief Executive's rôle as Consolidation Officer

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

3.5 Delegation of duties

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

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

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

3.7 The Trust's Board

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

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

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

3.8 The Chairman's personal responsibilities

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

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

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

3.8.3 The Chairman shall also:

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

3.9 Individual Board members' responsibilities

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

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

3.10 Consulting Service users and other interest groups

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

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

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

4. PLANNING, BUDGETING AND CONTROL

4.1 Corporate/Business Plan

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

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

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

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

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

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

4.2 Reporting performance to the HSCB and the Department

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

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

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

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

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

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

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

5 BUDGETING PROCEDURES

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

5.2 Internal audit

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

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

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

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

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

5.3 Audit Committee

5.3.1 The Trust shall set up an independent audit committee as a committee of its Board, in accordance with the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD (DFP) 03/06 refers) and in line with the Audit Committee Handbook DAO (DFP) 07/07.

5.3.2 The sponsor Department will attend one Trust audit committee meeting per year as an observer, and will not participate in any Audit Committee discussion.

5.3.3 The audit committee's meeting agendas, minutes and papers shall be forwarded as soon as possible to the sponsoring team.

5.3.4 The sponsor Department will review the Trust's audit committee terms of reference. The Trust shall notify the sponsor department of any subsequent changes to the audit committee's terms of reference.

5.4 Fraud

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

5.5 Additional Departmental access to the Trust

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

6. EXTERNAL ACCOUNTABILITY

6.1 The annual report and accounts

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

6.2 External audit

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

6.3 VFM examinations

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

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

7. STAFF MANAGEMENT

7.1 General

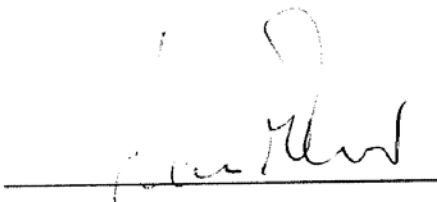
7.1.1. In line with the arrangements and guidance provided by the Department, the Trust shall have responsibility for the recruitment, retention and motivation of its staff. To this end the Trust shall ensure that:

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

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

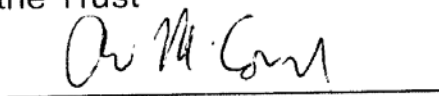
8. REVIEWING THE ROLE OF THE TRUST

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

Signed: 

Date: 6th April 2011

On behalf of the Trust

Signed: 

Date: 12th June 2011

On behalf of the Department

Appendix 1

1. Documentary requirements

1.1 Documentation to be copied to the Sponsor Branch for information

Monthly (or as the occasion arises)

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

Annually

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

Once and then when revised

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

- Equality scheme
- Publication scheme
- Consultation Scheme

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

Quarterly

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

Bi-annual

- Corporate Risk Register every six months

Annually

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

Once

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

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Text of model financial memorandum

I. INTRODUCTION

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

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

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

II. THE TRUST'S INCOME AND EXPENDITURE - GENERAL

The Departmental Expenditure Limit (DEL)

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

Expenditure not proposed in the budget

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

Procurement

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

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

Competition

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

Best Value for money

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

Timeliness In paying bills

- 12 The Trust shall collect receipts and pay all matured and properly authorised invoices in accordance with Annex 4.5 and Annex 4.6 of *Managing Public Money Northern Ireland* and any guidance issued by DFP or DHSSPS.

Novel, contentious or repercussive proposals

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

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

Risk management/Fraud

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

Wider markets

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

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

Fees and charges

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

III. THE TRUST'S INCOME

Grant-in-aid

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

Fines and taxes as receipts

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

Receipts from sale of goods or services

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

Interest earned

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

Unforecast changes in in-year income

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

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

Build-up and draw-down of deposits

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

Proceeds from disposal of assets

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

Gifts and bequests received

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

Borrowing

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

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

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

IV. EXPENDITURE ON STAFF

Staff costs

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

Pay and conditions of service

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

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

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

Pensions; redundancy/compensation

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

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

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

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

V. NON-STAFF EXPENDITURE

Economic appraisal

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

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

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

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

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

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

Capital expenditure

- 48 Subject to being above an agreed capitalisation threshold, all expenditure on the acquisition or creation of fixed assets shall be capitalised on an accruals basis in accordance with relevant accounting standards. Expenditure to be capitalised shall include the (a) acquisition, reclamation or laying out of land; (b) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and (c) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels.
- 49 Proposals for large-scale individual capital projects or acquisitions will normally be considered within the Trust's corporate and business planning process. Subject to paragraph 51, applications for approval within the corporate/business plan by the DHSSPS and DFP if necessary, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the

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

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

Transfer of funds within budgets

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

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

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

Grant or loan schemes

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

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

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

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

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

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

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

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

Leasing

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

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

Public/Private Partnerships

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

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

Subsidiary companies and joint ventures

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

Financial investments

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

Unconventional financing

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

Commercial insurance

68 The Trust shall not take out any insurance without the prior approval of the DHSSPS and DFP, other than third party insurance required by the Road Traffic (NI) Order 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted under Annex 4.5 of MPMNI.

69 In the case of a major loss or third-party claim, DHSSPS shall liaise with the Trust about the circumstances in which an appropriate addition to budget out of the DHSSPS' funds and/or adjustment to the Trust's targets shall be considered. DHSSPS will liaise with DFP Supply where required in such cases.

Payment/Credit Cards

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

Hospitality

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

Use of Consultants

72 The Trust shall adhere to the guidance issued by DFP, as well as any produced by the DHSSPS in relation to the use of consultants. Please see the delegated limits set out in Appendix A.

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

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

VI. MANAGEMENT AND DISPOSAL OF FIXED ASSETS

Register of assets

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

Disposal of assets

- 76 The Trust shall dispose of assets which are surplus to its requirements. Assets shall be sold for best price, taking into account any costs of sale. Generally assets shall be sold by auction or competitive tender [unless otherwise agreed by the DHSSPS], and in accordance with the principles in MPMNI.

- 77 All receipts derived from the sale of assets (including grant financed assets, see below) must be declared to the DHSSPS, which will consult with DFP if necessary, on the appropriate treatment.

Recovery of grant-financed assets

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

VII. BUDGETING PROCEDURES

Setting the annual budget

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

- a formal statement of the annual budgetary provision allocated by the DHSSPS in the light of competing priorities across the DHSSPS and of any forecast income approved by the DHSSPS;

and

- a statement of any planned change in policies affecting the Trust.

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

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

General conditions for authority to spend

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

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

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

Providing monitoring information to the DHSSPS

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

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

VIII. BANKING

Banking arrangements

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

87 He/she shall therefore ensure that:

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

IX. COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE

Relevant documents

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

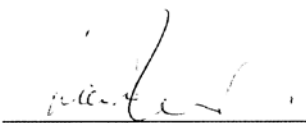
- This document (both the *Financial Memorandum* and the *Management Statement*);
- *Managing Public Money Northern Ireland (MPMNI)*;
- *Public Bodies - a Guide for NI Departments* issued by DFP;

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

X. REVIEW OF FINANCIAL MEMORANDUM

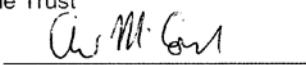
⁸⁹The *Management Statement* and *Financial Memorandum* will normally be reviewed at least every five years .

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

Signed: 

Date: 6th April 2011

On behalf of the Trust

Signed: 

Date: 12 June 2011

On behalf of the Department

APPENDIX A

DELEGATED EXPENDITURE LIMITS

General

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

1. PURCHASING ALL GOODS AND SERVICES

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

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

Economic Appraisal

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

Where the minimum number of quotation/tenders is not obtained

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

2. **CAPITAL PROJECTS**

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

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

3. **DISPOSAL OF SURPLUS EQUIPMENT**

See paragraphs 76-77.

4. **LEASE AND RENTAL AGREEMENTS**

See paragraphs 60-61.

5. **APPROVAL OF INFORMATION TECHNOLOGY PROJECTS**

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

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

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

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

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

6. **ENGAGEMENT OF CONSULTANTS**

General

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

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

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

Economic appraisal

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

7. **LOSSES AND SPECIAL PAYMENTS**

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

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

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

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

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

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

TB/10 04/02/16

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a meeting of the Audit Committee held on Monday 12 October 2015 at 2.00pm
in the Board Room, Ambulance Headquarters,
Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

| | | |
|-----------------|------------------|--------------------------------|
| PRESENT: | Mr N McKinley | Non-Executive Director (Chair) |
| | Mr J Livingstone | Non-Executive Director |
| | Mr W Abraham | Non-Executive Director |

| | | |
|-----------------------|----------------|-------------------------------|
| IN ATTENDANCE: | Mrs S McCue | Director of Finance & ICT |
| | Mr P Nicholson | Assistant Director of Finance |
| | Mr A Phillips | Financial Accounts Manager |
| | Mr D Charles | BSO Internal Audit |
| | Mr C Morrow | Senior Auditor, NIAO |
| | Ms H Hagan | DHSSPS |
| | Mrs J Murray | Minute Taker |

Welcome and Introduction to the Meeting

Mr McKinley welcomed everyone to the meeting and introduced the two new Non-Executive Directors (NED's), Mr Livingstone and Mr Abraham, to the Audit Committee for this their first Audit Committee meeting.

1.0 Apologies

Apologies were received from:

Mr Liam McIvor, NIAS Chief Executive
Mrs C McKeown, BSO Internal Audit
Mr John Poole, KPMG
Mr Marc Magill, KPMG
Mr J McKeown, DHSSPS

2.0 Declaration of Potential Conflict of Interest & Confirmation of Quorum

There were no expressions of potential conflicts of interest and the meeting was declared to be quorate.

3.0 Minutes of Previous Meeting of the Audit Committee held on 12 June 2015 (for noting)

These minutes had previously been circulated, agreed and signed by Mr McKinley and had been presented to Trust Board on 6 August 2015.

4.0 Matters Arising

4.1 Welcome to NED's – Induction Pack

Mrs McCue again welcomed Mr Livingstone and Mr Abraham as new members of the Audit Committee. She informed the committee that she met with Mr Abraham in June 2015 and with Mr Livingstone in July 2015 as part of their induction to Audit Committee. In addition to briefings and meet and greet sessions, both NED's had been provided with a range of governance documentation as part of an Induction Pack. The induction programme had been developed after consultation with other HSC Trusts and built upon best practice identified as part of the Audit Committee Self-Assessment Checklist and previous work carried out in the Trust in relation to Board effectiveness.

5.0 Chairman's Business

5.1 HSC(F) 34-2015 Conflicts of Interest – A Good Practice Guide issued by NIAO

Mr McKinley referred the committee to Paper 2 and asked for any comments. Mr Abraham noted that it is a very comprehensive guide. Mr Livingstone informed the group that he was at the launch of the guide and that he finds the document very helpful and well written. He emphasised that managing conflicts doesn't mean running away from them and requested that the document is well circulated within the Trust. Mr McKinley agreed and pointed out that he finds the checklist on page 19 particularly useful and interesting.

Mrs McCue pointed out that NIAS does hold a Register of Interests to include Executive Directors, Non-Executive Directors as well as Senior Managers and staff in particular areas of the Trust. She also noted that there are additional clear Declaration of Interest processes in place, especially regarding procurement and recruitment. Mrs McCue explained that even though NIAS does not currently have a formal Conflict of Interests policy in place, there are established procedures in operation and the register is available on the NIAS website.

Mr Livingstone expressed his concern that conflicts of interest may be seen as solely the preserve of Trust Board and that staff throughout the organisation should be made aware of the guidance. It was agreed that the Guide would be utilised as part of the formal annual declaration of interest exercise for 2015/16.

6.0 Internal Audit

6.1 Progress Report (including Shared Service Audits for information)

Mr Charles provided a summary of Risk Management Internal Audit Report for 2015/16. Satisfactory assurance was provided in relation to Risk Management. One Priority 1 weakness was identified in relation to:

- The Assurance Framework

Four priority two weaknesses were identified in relation to:

- The maintenance of the Corporate Risk Register and Local Risk Registers
- The review of Local Risk Registers
- Risk Management Training
- Risk Management Strategy

No priority three weaknesses were identified.

Mr Charles asked for any comments regarding the report. Mr Abraham noted that most of the issues raised seem easily remedied. Mr Charles agreed that a satisfactory level of assurance is a reasonable level of assurance and noted that most weaknesses identified are Priority 2. Mrs McCue explained that the Assurance Framework continues to develop and since this report was published, a number of points have already been rectified and reviewed at the last Assurance Committee meeting.

Mr McKinley referred to the following Priority 2 finding – “There is no standardised process in place for review of Local Risk Registers across the different Directorates within NIAS”. He asked Mr Charles to explain this further. Mr Charles stated that there is currently no consistent methodology in place across all Directorates to ensure all important risks are captured (e.g. monthly local risk register review meeting). He emphasised that this is important as it is a live process and allows risks to be escalated or de-escalated. Mrs McCue explained that, within the Finance and ICT Directorate monthly performance meetings with senior staff, Local and Corporate risks are discussed and considered. However she did recognise that this process and the formal documentation of this review may differ between Directorates. Mr Charles emphasised that it was consistency and documentation that was required.

Mr Charles proceeded with a summary of Performance Management Internal Audit report for 2015/16. Internal Audit provided Management with satisfactory assurance in relation to Performance Management. One Priority 1 weakness was identified in relation to:

- The Corporate Plan

Five Priority 2 weaknesses were identified in relation to:

- The Performance Report
- Work Plans and Agenda Items
- Performance Management Framework Document
- Annual Business Plan and Trust Delivery Plan
- Survey of Executive and Non-Executive Directors of Trust Board

No Priority 3 weaknesses were identified.

Mr Charles asked for any comments regarding the report. Mr Abraham referred to the following Priority 2 finding – “Work plans have not been established within individual directorates, to ensure that responsibilities for targets is assigned”. He asked Mr Charles to explain what is meant by this. Mr Charles stated that each directorate must document what they want to achieve and how they are going to achieve it. He explained that within each Directorate there are objectives. Each unit in NIAS will have a programme of work that needs to be evidenced. Mrs McCue agreed that there is no single, standardised ‘work plan’ document in use across NIAS. She explained how her work plan is evidenced in her performance meetings with senior staff, but agreed that there may be merit in reviewing the process for the development of work plans and reporting of performance for all Directorates by the Trust’s Senior Executive Management Team (SEMT).

Mr Livingstone noted how the commissioning process timeframe impacts on the Trust’s ability to be specific regarding the Corporate Business Plan, Trust Delivery Plan and Directorate Plans. He noted that the Performance Management audit was conducted in the first quarter of the financial year. He suggested that had this audit been carried out later in the year that the number of findings may have been reduced.

Mr McKinley referred to the following Priority 2 finding – “Performance is not a standing agenda item at Medical Directorate Senior Team Meetings”. He asked Mr Charles to explain this finding. Mr Charles stated that Performance simply needs to be a formal agenda item to be discussed and documented at these meetings to provide an audit trail for performance management and reporting.

Mr Charles concluded his report with a summary of Fleet Management Internal Audit Report for 2015/16. Limited assurance was provided in this area. Three Priority 1 weaknesses were identified in relation to:

- Compliance with procurement guidance
- Governance, in particular the requirement for the Fleet Strategy to be formally approved by Trust Board and be supported by a comprehensive plan and performance management arrangements
- Completeness and accuracy of information recorded in the Fleet Management System

Four Priority 2 weaknesses were identified in relation to:

- Comprehensiveness of procedures for planned and reactive maintenance
- Completeness of Vehicle Service History documentation
- Completeness of documentation in respect of Vehicle Maintenance
- Functionality and reporting of the Fuel Management System at Broadway

No Priority 3 weaknesses were identified.

Mr Charles again asked for any comments regarding the report. Mr Abraham highlighted the Priority 1 finding relating to fleet maintenance. He noted that the problem seems to be an administrative one that has arisen as a result of the Fleet Management System not being updated regularly, rather than an actual fleet maintenance issue. Mr Nicholson advised that a Fleet Strategy was in place,

though this was yet to be formally approved by Trust Board. He confirmed that these findings were largely in respect of the updating of the Fleet Management System rather than the actual servicing of vehicles. The Operations Directorate were considering a range of options to address this issue. The Audit Committee requested that a representative from Operations attend the next audit Committee meeting to provide an update in this area.

Mr Charles then referred the Committee to the BSO Shared Service Audit Report and provided a summary of the work that had been completed to date. Satisfactory assurance was provided in the area of Payments Shared Service. One Priority 1 weakness was identified in relation to VAT rates. Satisfactory assurance was also provided in the area of Business Services Team. Two Priority 1 weaknesses were identified in relation to the completeness of the Service Level Agreement between BSO and customer organisations and the levels of in built controls within the Finance, Procurement and Logistics (FPL) system. Mr Charles emphasised that it is the responsibility of BSO Management to implement the recommendations in these reports and that the full audit reports are provided to the BSO Governance and Audit Committee.

Mr McKinley asked for an update on the BSO Payroll Shared Service Centre (PSSC) and issues that had previously been identified. Mr Charles advised that the report had not yet been finalised, but that payroll remained an area of focus for all HSC organisations. Mrs McCue advised that NIAS transitioned to the PSSC in February 2015 and issues would be expected at this early stage. Mr Nicholson outlined the progress that had been made and referred to some of the remaining issues and problems being encountered. These ranged from issues within NIAS, within the system and within the PSSC. Additional resources and compensatory controls are in place and the Trust continues to work within the regionally agreed structures and with other HSC organisations and the BSO to deliver improvements and ultimately the benefits of the new system and ways of working.

6.2 Follow Up Report

Mr Charles provided an update on the BSO Internal Audit review of the implementation of accepted Priority 1 and 2 recommendations, where the implementation date has now passed. At the time of the review 86 (66%) of the 130 recommendations examined were fully implemented, a further 38 (29%) were partially implemented and 6 (5%) were not yet implemented.

Mrs McCue confirmed that recommendations not yet implemented are currently the focus of NIAS. She explained that the extensive nature of Information Governance and the new Information Governance Controls Assurance is proving a challenge. She informed the committee that an initial pilot of the data mapping exercise has been carried out in the Finance & ICT Directorate and noted that this will be a long process requiring time and patience. Mrs McCue also reported that a number of Information Governance policies and procedures have now been developed and approved and more are underway. She emphasised the clear pressures on the Information Governance department in terms of producing operations performance reports, responding to FOI's etc but noted that work is ongoing and progress is being made.

6.3 Mid Year Assurance Report from Head of Internal Audit

Mr Charles provided a summary of paper 5. This report was welcomed by the committee as very clear, highlighting the Internal Audit assignments completed and reported on by mid-year and summarising the follow up of previous Internal Audit recommendations.

Mrs McCue thanked Internal Audit for working closely with NIAS to produce this report under tight timeframes. Mr Charles also thanked NIAS staff for their cooperation during the audits and follow up exercises.

7.0 For Approval

7.1 NIAS Mid Year Assurance Statement (MYAS)

Mrs McCue introduced the MYAS and explained that the format is similar to the Governance

Statement and follows a structure defined by DHSSPS. Its purpose is to attest to the continuing effectiveness of the Trusts system of internal governance. Mrs McCue provided a summary of the statement then asked the committee to review the document and provide any comments or ask for any areas of clarification. The committee took time to review the document. Following extensive discussion and clarification, amendments in the following areas were agreed:

- Mr McKinley suggested that in Section 7 (Internal Audit) a note should be added regarding BSO Payroll Audit issues.
- Mr Livingstone suggested that in Section 8 (RQIA and other reports) a note should be added regarding RQIA Action Plan as a standing item on agenda of Assurance Committee.
- Mr Livingstone also added that the generic statement “The Trust continues to work to progress all of the accepted recommendations made by external agencies” used throughout the document could be made more specific. He suggested the following amendment – “The Trust continues to work to progress all of the accepted recommendations made by external agencies to agreed timelines within available resources”.
- Mr Abraham suggested that in Section 7 (Internal Audit) a note should be added to explain that the Fleet Maintenance findings are due to issues in data recording rather than vehicle maintenance.
- Mr McKinley noted the exceptional challenges faced by the Trust during the first half of the year

With these amendments, the Audit Committee agreed to recommend to Trust Board that the Mid-Year Assurance Statement should be approved by the Board and signed by the Chief Executive.

7.2 Gifts & Hospitality Policy

Mrs McCue introduced the Gifts & Hospitality Policy. She explained that the policy was consistent with other HSC organisations and had been updated largely to reflect legislative changes. She asked the committee to review the policy and welcomed any questions. The Audit Committee agreed to recommend to Trust Board that the Gifts & Hospitality Policy should be approved by the Trust Board.

8.0 External Audit

8.1 Reporting to Those Charged with Governance (for noting – final version)

This was the final covering letter and report for 2014/15. Mr Morrow explained that this represents the final part of the 2014/15 external audit. Planning for the 2016/17 audit is now under way.

9.0 For Noting

9.1 Procurement Working Group

Notes from Procurement Working Group meeting held on 1 July 2015 were reviewed by the committee.

9.2 Controls Assurance Standards Compliance for 2014/15 and Requirements for 2015/16

Mrs McCue provided a summary of paper 10. She reported that NIAS achieved substantive levels of compliance for all areas except Information Management. Moderate compliance was achieved in this area.

9.3 Northern Ireland Health and Personal Social Services Charities Common Investment Fund Annual Report 2014/15

Mrs McCue outlined NIAS's share of the Common Investment Fund at 31 March 2015 against the total balance across participating HSC organisations.

10.0 Any Other Business

10.1 Fraud Update

Mr Nicholson provided an update to the Committee in respect of ongoing fraud matters. Of the ten ongoing cases, four had been referred to the PSNI and Public Prosecution Service. The Trust had been advised that no prosecution would be brought by PSNI in any of these cases. All ten cases were being progressed under NIAS disciplinary procedure. Mr Nicholson outlined the volume of work required to progress these cases and assured the group that NIAS will continue to progress all matches resulting from the National Fraud Initiative. He informed the committee of a further incident in respect of contractor performance that was being investigated with a view to reporting to the BSO Counter Fraud and Probity Service.

10.2 Business Services Transformation Programme (BSTP)

Mrs McCue provided an update on the Programme and ongoing meetings with BSO. Mr Nicholson added that the first formal quarterly report has been received and although as expected, performance is not at required levels, paths and plans to improvement are in place. The Committee requested that the possibility of a representative from BSO attend a future meeting and provide an update.

10.3 Tender for External Audit

Mrs McCue provided an update regarding the External Audit Services Tender. She reported that a number of parties had expressed an interest in the tender and that an information session was held at NIAS HQ for all interested parties prior to tender submission to NIAO by 30 September 2015 deadline. Mr Morrow outlined the process that would be followed in terms of tender evaluation and award was explored.

11.0 Date, Time and Venue of Next Meetings

Mr McKinley closed the meeting and thanked everyone for attending. He requested feedback from Ms Hagan as to the format and content of the meeting. Ms Hagan outlined her role representing DHSSPS at the meeting and commented on the robustness and depth of the discussion at Audit Committee and noted the challenge and input of Non-Executive Directors.

Subsequent dates for meetings of the Audit Committee (to be held at 2pm in the Board Room, NIAS HQ unless otherwise indicated) were later confirmed as:

Monday 18 January 2016
Thursday, 10 March 2016
Thursday, 19 May 2016
Thursday, 16 June 2016 (10.00am)
Thursday, 8 September 2016
Thursday, 8 December 2016

Please note that dates may be subject to change and/or additional dates may be scheduled to accommodate Departmental deadlines.

Signed



Chairman

Date

18 January 2016