



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

A meeting of Trust Board to be held at 10am on
Thursday 19 August 2021 via Zoom (*due to Covid-19*)



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AGENDA

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| 1 | Welcome, Apologies & Declarations of Conflict of Interest | Click on links to navigate: |
| 2 | Minutes of the previous meeting of the Trust Board held on 24 June 2021
For Approval | TB19/08/2021/01 |
| 3 | Matters Arising | TB19/08/2021/02 |
| 4 | Chair's Update
For Noting | |
| 5 | Chief Executive's Update
For Noting | |
| 6 | Staff Stories
For Noting | TB19/08/2021/03 |
| 7 | Performance Report & Covid-19 Update
For Noting | TB19/08/2021/04 |
| 8 | Finance Report (Month 3)
For Noting | TB19/08/2021/05 |
| 9 | Duty of Candour – response to public consultation
For Approval | TB19/08/2021/06 |
| 10 | Safeguarding:
- Education & Training Strategy
- Policy (Adults, Children and Young People)
- NIAS (Interim*) Procedures and Referral Process
For Approval | TB19/08/2021/07 |



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|----|---|-----------------|
| 11 | NIAS Policy:
- Supporting Staff Involved in Incidents,
Complaints, Claims & Coroner's Inquests
For Approval | TB19/08/2021/08 |
| 12 | Annual Progress Report to the Equality
Commission
For Noting | TB19/08/2021/09 |
| 13 | NIAS Annual Report and Final Accounts for the
year ended 31 March 2021
For Noting | TB19/08/2021/10 |
| 14 | NIAS Corporate Plan 2021-22
For Noting | TB19/08/2021/11 |
| 15 | Committee Business:
- Safety, Quality, Patient Experience and
Performance Committee
o report & minutes of 10 June 2021
- People, Finance & Organisational Development
Committee
o minutes of 22 April 2021 & report of 8 July
2021
- Audit Committee
o report & minutes of 24 June 2021
o Chair of NIAS Audit Committee Annual
Report 2020-21
For Noting | TB19/08/2021/12 |
| 16 | Date & venue of next meeting:
Thursday 21 October 2021 at 10am.
Arrangements to be confirmed. | |
| 17 | Any Other Business | |

TB/19/08/2021/01



**Minutes of NIAS Trust Board held on Thursday 24 June 2021 at 2pm
via Zoom (due to Covid-19)**

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
Apologies:	Mr D Ashford	Non Executive Director
	Mr T Haslett	Non Executive Director
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms A Quirk	Boardroom Apprentice (joined the meeting at 2.15pm)
	Mrs C Mooney	Board Secretary
	Mr A Arandia	Assistant Director of Planning, Performance & Strategic Transformation (rep Ms Paterson)
	Ms R Finn	IPC Lead

1 Welcome, Introduction & Apologies

The Chair noted that apologies had been received from Mr Ashford, Mr Haslett, Ms O'Hara and Ms Paterson and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

2 **Previous Minutes (TB24/06/2021/01)**

The minutes of the previous meeting held on 6 May 2021 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Bloomfield.

3 **Matters Arising (TB24/06/2021/02)**

The Chair drew members' attention to the action list from the May Trust Board meeting.

Referring to the presentation of the finance report, the Chair asked Non-Executives to forward any suggestions to her.

Mr Bloomfield alluded to the action around funding for training and the update he had given to the previous meeting around the risks and challenges associated with the funding. He said that Mr Nicholson would cover this in further detail in the Financial Plan agenda item. Mr Bloomfield welcomed the favourable outcome in relation to funding of £3.5 million which had been allocated to the Trust to continue the current cohort of trainees (cohort 3) on the Foundation degree programme. He added that the HSCB would continue to seek to secure funding to start cohort 4.

Mr Nicholson referred to the action in relation to monitoring the expenditure around VAS/PAS and reported that the preliminary figures for April and May was expenditure of £1.3 million.

4 **Chair's Update**

The Chair commenced her update by thanking her colleague NEDs for agreeing to assume the following NED Champion roles:

- Safeguarding and Management of Aggression – Mr Abraham
- Public and Personal Involvement – Mr Haslett
- Health and Safety – Mr Ashford
- Health and Wellbeing – Mr Dennison
- Whistleblowing and Speaking Out – Ms Lappin

The Chair advised that she had forwarded colleagues the initial information provided by Directors and asked the relevant Directors to make contact with the individual Champions to ensure clarity around the respective roles.

The Chair reported that she had met with Committee Chairs and Ms Quirk to discuss the work being taken forward by Ms Quirk in relation to the Standing Orders and Committee Terms of Reference. She indicated that it had been agreed that the number of People, Finance and Organisational Development Committee meetings would increase from six to eight to ensure the business outlined within the Committee's Terms of Reference was transacted. The Chair also pointed out that Mr Dennison and Mr Haslett had agreed to co-chair the Committee and would consider the People/Organisational Development and Finance elements respectively. It was intended that the Committee would consider these discrete areas at alternate meetings with the July meeting focussing on staff health and wellbeing.

The Chair commended the very successful social media campaign around 'Stop the Abuse' and asked for her thanks to all involved to be recorded, in particular those elected representatives and local sports personalities who had appeared on social media. She stressed the importance of building on the work that had been done and encouraged members to take the opportunity to continue to emphasise the 'Stop the Abuse' message.

Continuing her report, the Chair referred to the recent visit to NIAS HQ by Mr Michael Gove, Minister for the Cabinet Office and Chancellor of the Duchy of Lancaster. She said that Mr Gove had taken the time to hear directly from the Chief Executive, Ms Byrne and Ms Lemon on the challenges presented by the pandemic and how these had been overcome. The Chair said that Mr Gove had also taken considerable time to speak to staff about their experiences and said that such visits were welcomed by staff as a recognition of their efforts over the last year.

The Chair reported that she had met with Ms Paula McGeown, Public Appointments Unit, in relation to the NED vacancy within the Trust. She indicated that she did not expect the vacancy to be recruited quickly because the Public Appointments Unit was addressing a backlog of vacancies. However, she said, the Unit was open to discussing a number of interim measures and was currently awaiting the appointment of the new Commissioner for Public Appointments in the first instance. The Chair said she hoped this would be the first of a number of meetings over the coming months.

The Chair advised that she had also met with Mr Jim Wilkinson, Deputy Secretary, Department of Health (DoH), who had recently been appointed to replace Mr Jackie Johnson. She explained that she had taken the opportunity to seek further clarity around the Permanent Secretary's correspondence in relation to Senior Executive Pay and his intention to ask Korn Ferry to undertake a 'sense check'. The Chair confirmed that she had written to Mr Wilkinson to ask if Non-Executive Directors could have any input to this exercise.

The Chair referred to the recent increase in Non-Executive Director remuneration and indicated that Ms Lemon would be happy to clarify any issues which members may have.

The Chair extended her thanks to Mrs Mooney for completion of the Board Governance Self-Assessment Tool to which members' approval would be sought later in the meeting.

The Chair advised that she had recently met with the new Boardroom Apprentice, Christopher Carlin, who would join the Trust in September and she asked Non-Executive Director colleagues to contact her if any would be interested in undertaking the role of mentor to the incoming Apprentice.

The Chair advised that the Assurance Workshop which had been scheduled for 29 June had been postponed.

The Chair alluded to the meeting with the Minister scheduled for 17 August and asked Non-Executive Directors to give consideration to those areas they might wish to see covered during the discussion. She also suggested that it might also be helpful for Non-Executives to meet during the previous week in advance.

The Chair's update was **NOTED** by members.

5 **Chief Executive's Update**

Mr Bloomfield said that, despite the recent increase in community transmission due to the Delta variant, the position was generally improving in terms of impact on the service and in particular hospital pressures with no patients in ICU currently as a result of Covid-19. He indicated that, despite this position however, the overall system

had been under as significant pressure over the last number of weeks as it had at any point over the last year. Mr Bloomfield said that colleagues in GB Ambulance Services were reporting similar pressures with response times the highest they had been in some time.

He said that such pressures were the result of a combination of reasons such as the increasing use of health services, not only for planned services but greater attendance at Emergency Departments (EDs) had resulted in challenges of ensuring social distancing, thereby bringing about longer waiting times for patients and ambulance handovers.

Mr Bloomfield pointed out that the Trust had been at REAP level 3 now for a number of weeks. He explained that this had meant that the Trust was experiencing longer response times to respond to calls as well as a reduction in the Trust's call answering performance and an increase in call demand. Mr Bloomfield said that increasingly late finishing times for staff had resulted in concerns of staff around their willingness to work overtime. He referred to the increasing number of complaints received over the last number of weeks associated with long response times.

Mr Bloomfield said that, despite these challenges, cover remained good with 100% of the planned cover available on average across the week. He alluded to the challenges associated with delayed handover times at EDs and said that the Trust had experienced the some of the longest times, particularly on Mondays and Tuesdays, over the last few weeks.

Mr Bloomfield advised that, as summer approached and with staff needing to take leave, the Trust would continue to experience challenging periods.

He reported that he too had met with Mr Jim Wilkinson, DoH, and had taken the opportunity to outline a number of challenges facing the Trust as well as touching upon the opportunities which existed and the contribution which could be made by NIAS to health service reform. He was of the view that the meeting had been positive and was confident that there would be a constructive relationship.

Continuing his report, Mr Bloomfield advised that he had also recently met with the Chief Fire Officer to explore some areas for

collaboration, in particular a number of areas where the NI Fire and Rescue Service could potentially assist in responding to calls. He undertook to provide further information to members when discussions had developed.

Mr Bloomfield reported that he had also met with Ms Pamela McCready, recently appointed as Chief Operating Officer for the PSNI. He said that it was clear that Ms McCready would be keen to undertake joint work on areas of mutual interest to the PSNI and NIAS. He added that he would be attending a tripartite meeting in the coming days to explore joint working further.

Mr Bloomfield advised that he had met with Mr Robert Morton, the new interim Director of Ambulance Services in the Republic of Ireland. He explained that Mr Morton had recently taken up post following the retirement of Mr Martin Dunne. Mr Bloomfield said that he wished to place on record his thanks and appreciation to Mr Dunne for his support, both personally and to NIAS. He reminded the meeting that Mr Dunne had offered help and support to NIAS at times of extreme pressure by providing additional crews and said he had been very grateful for this assistance. Mr Bloomfield said that he would be meeting with Mr Morton on a regular basis to discuss areas of joint working and planning together.

Mr Bloomfield said that the Chair had already referred to the visit by Mr Gove. He reminded colleagues that visits to NIAS HQ over the last year had included the Prime Minister, the NI Secretary of State and the Health Minister who had visited the Trust on two occasions. He referred to the positive impact such visits had on staff who had welcomed the level of support shown.

Mr Bloomfield alluded to the successful 'Stop the Abuse' campaign. He indicated that, following the campaign which ran for a week, the Health Committee had sought further information in relation to assaults on staff and the actions being taken by the Trust. Mr Bloomfield said that, as well as the campaign, members would recall approving the 'Violence Prevention & Reduction Strategy' and added that he was pleased to be in a position to provide a comprehensive report of the actions which had been taken to support staff. He said that, in addition to the thanks expressed by the Chair, he would like to thank Mr Mark Cochrane, Ms Katrina Keating and Mr John McPoland for their significant contributions and work in this area.

The Chair commented that she had mentioned to Mr McPoland that Mr Abraham would assume the role of Management of Aggression Champion and suggested the potential for Mr McPoland and Mr Abraham to work together on a short video to be shared with staff. The Chair thanked the Chief Executive for his update which was **NOTED** by members.

6 Integrated Quality & Performance Report (TB24/06/2021/03)

Introducing the Integrated Quality & Performance Report, the Chair commented that the data had been presented in a new format and said that colleagues' views would be welcome on how helpful they found the information and layout. She added that the presentation of the report would be an iterative process and members could expect to see further developments.

At the Chair's request, Mr Arandia gave a brief overview of the contents of the report. He explained that the title of the report was in keeping with other UK ambulance services and acknowledged that further work was required around the development of the ambulance quality indicators (QIs) as the Trust migrated to new reporting tools. Mr Arandia indicated that, over the coming months, further information would be included within the report which would be structured to focus on key areas.

Mr Arandia reported that work was ongoing to develop an organisational scorecard which would align NIAS to how the rest of the UK ambulance services recorded their performance and allow the Trust to benchmark its performance against other organisations. He indicated that this will allow members to focus on a particular set of QIs at each Board meeting. Mr Arandia explained that, for the purposes of today's meeting, the focus would be on call answering performance and Complaints and Serious Adverse Incidents (SAIs).

Ms Byrne said that the Chief Executive had given a high level overview of the challenges faced by the service in terms of performance over the last few weeks. She reported that call performance remained strong despite increases in call demand and call volume associated with the relaxation of Covid-19 regulations. Ms Byrne advised that call volume was increasing, particularly at night and at weekends and said that the increase in hospital handover times was contributing to longer response times. She

added that this in turn had resulted in an increase in duplicate 999 calls requesting an estimated time of arrival.

Ms Byrne said that it would be important to note that, while call volumes were increasing, the rate of call delays remained relatively low in comparison.

Ms Byrne reported that the maximum call answer delay in April was 3 minutes 11 seconds and 3 minutes 48 seconds in May. She advised that there had been exceptional call demand over the bank holiday weekend and indicated that ambulance services across the UK had experienced similar pressures.

She referred to the Chair's interest in those 999 calls over two minutes and said that the total reported delays of over two minutes for May was 49 delays recorded on just 12 days with 30 delays reported over the late May bank holiday weekend.

Ms Byrne reported that the increase in operational demand in May 2021 when compared to April 2021 was significant and was most notable in Category 1 & 2 higher acuity calls. She added that Category 3 activity reduced across the last quarter of 2020-21 and remained fairly static. Ms Byrne said that it would be important for the Trust to monitor any reduction in Category 3 activity against correlated increase in Category 2 activity which may be attributed to delayed response times contributing to up-triage of call categorisation.

Ms Byrne said that members would be aware of the work carried out by the Category 1 Improvement Group and said that the remit of the Group had now been extended to look at Categories 1 & 2 improvement.

Ms Byrne said that the Trust was able to drill down into the granular operational detail of calls which assisted the Control Room in identifying learning.

She said that she would appreciate members' comments on whether they found the layout of the information helpful in terms of the narrative accompanying charts by way of explanation.

The Chair thanked Ms Byrne for her report and said she had been struck by how much information was within the report. She

suggested that it might be helpful to have a workshop to discuss how best to analyse the information provided within the report and, more importantly, how that information was used to improve services.

At the Chair's invitation, Ms Charlton highlighted a number of key points in relation to Complaints and SAls. She reminded the meeting of the BSO Internal Audit finding around the time to notifying the HSCB of a SAI and said that members would be aware of the difficulties the Trust had experienced in meeting the 72-hour timeframe from the incident occurring to SAI notification to the HSCB. Ms Charlton advised that, following discussions with the HSCB and the PHA, it had been accepted that, in some circumstances, the 'discovery' date of the SAI may be later than the actual date on which the incident occurred. She indicated that, moving forward, the decision to notify an incident will take place when all of the pertinent information has been gathered from the relevant areas and reviewed by the Rapid Review Group. NIAS would put arrangements in place measure the 72 hours from this date. She said that she would be meeting with BSO Internal Audit to discuss how this impacted upon the outstanding Internal Audit recommendations.

Moving to Complaints, Ms Charlton acknowledged the challenges around historic complaints. She explained that the KPI was that complaints should be responded to within 20 working days and said that the Trust had not been meeting this target. Ms Charlton acknowledged that there had been significant improvement in closing complaints and she noted that, at the end of May, 100 complaints had been closed since January 2021. She indicated that a Complaints Quality Improvement Plan had been in place since January 2021 and she commended the cross-Directorate support for the plan and the efforts from all involved to achieve an improved position.

Ms Charlton indicated that she had included an objective in her personal Director objectives to have all complaints from 2019 and 2020 closed by the end of September 2021.

Continuing, Ms Charlton said she was conscious that she had presented the Committee with the numbers of complaints and SAls and emphasised that patients and service users were behind each number. She explained that each complaint and SAI was examined

in detail to determine the learning and how to improve services as a result.

Ms Charlton said that there had been an increasing number of complaints since May 2020, a significant proportion of which focussed on delayed response as well as staff attitude and behaviour. She said that Ms Byrne had referred earlier to the pressures within the entire HSC system and added that such pressures undoubtedly had led to patients having a poor experience.

The Chair thanked Ms Charlton for her report and invited questions/ comments from members.

Mr Dennison said he appreciated the fact that development of the Integrated Quality and Performance report would be an iterative process and acknowledged the efforts being made to provide members with better quality information. He welcomed the reduction in the complaints backlog as well as the agreement reached around the timescale to notify the HSCB of SAls.

He suggested that it might be helpful to include some information around the nature of SAls; what the Trust learned and how such learning was disseminated across the Trust.

Ms Charlton said that it would be important to understand the levels of information brought to Committee and Trust Board. She said that the recent meeting of the Safety Committee had considered a detailed report on Complaints and SAls and explained that that report had been presented in line with the HSC Members' Handbook which lent itself to the themes of learning; how that learning was taken forward; family engagement; staff experience. Ms Charlton explained that the Handbook assisted in identifying pertinent questions which mostly focussed on patient/staff outcomes.

Continuing, Ms Charlton referred to the Learning Outcomes meeting which met on quarterly basis and looked at themes and actions arising from complaints and SAls. She assured the meeting that the Safety Committee considered complaints and SAls in detail.

Mr Dennison thanked Ms Charlton for her comments and suggested that an overarching commentary when presenting the information at

Trust Board level would be helpful as well as some visibility in the Committee report brought by the Committee Chair.

Mr Abraham indicated that the previous Assurance Committee would have received anonymised details of complaints which had been helpful. He suggested that it also might be helpful in Trust Board having sight of an anonymised summary of SAIs.

Ms Charlton explained that the paper considered by the Safety Committee would have that detail. However she agreed that it might be helpful bringing a summarised SAI report to Trust Board

The Chair suggested that this could be explored more offline and emphasised the need to consider issues at Committee level rather than bringing all information to Trust Board. She also referred to the digitisation of Board papers and said that this would assist members in being able to access papers considered by all Committees.

The Chair thanked Ms Byrne and Ms Charlton for their reports and members for their comments. The Integrated Quality & Performance Report was **NOTED** by members.

7 **NIAS Financial Plan (TB24/06/2021/04)**

At the Chair's invitation, Mr Nicholson drew members' attention to the NIAS Financial Plan for 2021-22. He explained that the final format and timetable for Financial Plans and Monthly Monitoring had not yet been issued by HSCB. However, he said the Trust was currently working to the assumption that the requirements for 2021-22 will be similar as those required in 2020-21. He added that it was for this reason that some of the elements within the financial proforma still referred to 2020-21 and apologised as they should read 2021-22.

Continuing, Mr Nicholson highlighted a number of areas within the report such as the Trust's requirement to produce and approve a Financial Plan each year; the revenue recurrent baseline; indicative and assumed allocations and the non-recurrent nature of many of these allocations.

Mr Nicholson welcomed the early positive indications of financial allocations. He reminded the meeting that the Trust had been advised that it would not receive the £5 million required each year

for the current cohort of paramedics in the training school. However, he said, following representations to the HSCB and the DoH, the Trust had received confirmation of £3.5 million which would allow training to continue. The HSCB and DoH were exploring potential funding avenues for funding to allow cohort 4 training commence.

Mr Nicholson said that members would be aware of the significant and unpredictable nature of Covid-19 expenditure. He indicated that the majority of Covid-19 costs continued for the Trust with no significant downturn in 'business as usual' costs for NIAS compared to other Trusts. He pointed out that the current estimate for Covid-19 expenditure in 2021-22 was in the region of £12.6 million. Mr Nicholson welcomed an indicative allocation of £6.1 million for part of the year and said there was an assumption that, should these cost pressure remain for the rest of the year, the HSCB would meet the costs.

Referring to Trust savings, Mr Nicholson reminded members the Trust was required to achieve cash releasing efficiency savings of £2.6 million and he highlighted the fact the current Financial Plan reflected that NIAS would only achieve £1 million, resulting in a deficit of £1.6 million at the end of the year. He added that the potential was that this requirement would then be reduced to £1.6 million but that NIAS would be expected to deliver this full amount and said it was likely that this would be partly achieved non-recurrently through non-frontline savings.

Turning to capital resources, Mr Nicholson advised that the Trust welcomed confirmation of capital funding of £7.6 million. He acknowledged that the challenges to delivery were significant and were articulated in the report. Mr Nicholson pointed out that Covid-19 remained a risk to projects across the Trust for the immediate and foreseeable future.

Mr Nicholson advised that the plan would be refined and updated through the year and reported as normal. He said that, recognising all of the risks and assumptions within the Plan, specifically in relation to breakeven and the normal expectation that only a balanced financial plan would be accepted by HSCB/DoH, he would seek members' approval to the Financial Plan.

The Financial Plan 2021-22 was **APPROVED** on a proposal from Mr Bloomfield and seconded by Mr Abraham.

The Chair thanked Mr Nicholson for his presentation of the Financial Plan 2021-22.

8 **NIAS Corporate Plan 2021-22 (TB24/06/2021/05)**

Mr Bloomfield reminded the meeting that Ms Paterson had led on this work to date and he thanked Mr Arandia for his considerable input.

Mr Bloomfield advised members that the Corporate Plan was not intended to reflect all activity within the Trust but identified key priorities for the year which in turn flowed from the overarching Strategic Plan 'Our Strategy to Transform: 2020-2026'. Mr Bloomfield explained that the Strategic Plan had identified a number of actions to be implemented within the first year. He indicated that, despite the significant impact of the pandemic, the Trust had implemented approximately 60% of these actions with the remaining actions carried forward to the current year.

Mr Bloomfield commended all involved for being able to progress the actions in such a difficult year.

Mr Bloomfield reminded the meeting that there were several key transformation work streams supporting the implementation of the NIAS Strategy and explained that the Corporate Plan had also been grouped in line with these work streams. He pointed out that a number of Internal Audit recommendations had also been included within the Corporate Plan.

Mr Bloomfield further explained that key objectives were included within each work stream as well as identifying the lead person, milestones and the timescale for implementation.

Mr Bloomfield acknowledged that further work was required around the sequencing of Trust Board consideration of the Plan. He indicated that the Corporate Plan should be considered initially, allowing Directors to form their personal objectives and, over time, staff objectives. He said that such sequencing would clearly show

the linkages between the Corporate Plan and Director/staff objectives.

Mr Bloomfield said that he did not intend to focus on individual work streams/objectives as they were all equally important but welcomed any comments members may have.

Mr Dennison indicated that his personal preference would be to see plans which were more outcome focussed and said that he had raised this point at the recent Remuneration Committee meeting.

Mr Bloomfield agreed that further work was required to ensure objectives were outcome-focussed and said that they would be refined over time to become more explicit.

The Corporate Plan was **APPROVED** on a proposal from Mr Abraham and seconded by Mr Dennison.

9 **Association of Ambulance Chief Executives (AACE) Support 2021-22 (TB24/06/2021/06)**

Mr Bloomfield reminded the meeting that the Trust had received advice and support from the Association of Ambulance Chief Executives (AACE) over the last number of years. He acknowledged that the first year had been more of an ad hoc nature while subsequent years had adopted a more structured approach.

Mr Bloomfield reminded those present that AACE had provided significant support in 2019-20 around preparations for the implementation of the new Clinical Response Model (CRM) and codeset changes. He also referred to the key pieces of work around benchmarking and the review of corporate support functions which formed a significant element of the CRM work.

Continuing, Mr Bloomfield referred to AACE support in 2020-21 and said that this had not materialised as planned due to the challenges presented by Covid-19. However support had been readily available through the year in areas such as Control, call answering and dispatching ambulance and input from AACE colleagues, Dan Gore, Paul Woodrow and Tracey Garcia, had proved very beneficial to the Trust.

Mr Bloomfield described the areas which had been identified for support in 2021-22 at a cost of approximately £250,000 and explained that the Trust's intention was to build its own capacity and have less reliance on AACE moving forward. Mr Bloomfield said that the focus would be on a more strategic approach on how the role was developed.

The Chair believed that it was important to note the significant support initially required by the organisation but welcomed the fact that the Trust was now relying less on AACE moving forward. She emphasised the intention of the Trust to increase its own capacity and capability in a range of areas and was of the view that the Board would welcome this.

The Chair said she wished to place on record her thanks to AACE for their support and advice over the last number of years as well as thanking NIAS staff for the manner in which they had engaged with AACE personnel.

Mr Abraham commented on the fact that he had been a Non-Executive Director at the time the Trust had initially engaged with AACE. He complimented the work which had been undertaken with the Senior Management Team and was of the view that it had provided a sound platform from which to progress.

The Chair thanked Mr Bloomfield for this update which was **NOTED** by members.

10 **NIAS Safeguarding Annual Position Report (TB24/06/2021/07)**

At the Chair's invitation, Ms Charlton drew members' attention to the NIAS Safeguarding Annual Position Report. She reminded the meeting that the RQIA Safeguarding Quality Improvement Plan issued in December 2019 had detailed the requirement to report to Trust Board and provide assurance of the overall management of safeguarding referrals. She advised that it was also a HSCB requirement that each organisation should complete an annual Adult Safeguarding Champion Position Report to meet the governance requirements set out in the regional Adult Safeguarding: Prevention and Protection in Partnership (July 2015) Policy.

Ms Charlton explained that the Annual Safeguarding Position Report was considered an important overview and governance tool for all organisations and groups supporting adults at risk or in need of protection. She said that, as such, it contained significant information for an organisation's Senior Management Team and Trust Board. Ms Charlton said that there was an expectation that the Position Report should be made available for any external audit purposes.

Ms Charlton indicated that the Position Report was key in demonstrating that the organisation was complying with the requirements of the regional policy. She added that the position with Children's Safeguarding referrals had also been reflected in the report before members.

Ms Charlton highlighted a number of key points within the report. She advised that the establishment of the NIAS Safeguarding Team had resulted in more robust systems to monitor, audit, investigate and report on adherence to the safeguarding referral process. She indicated that, since May 2020, safeguarding and welfare referral rates had increased 108% from previous year. She indicated that it was her view that this increase had come about as a result of awareness raising. Ms Charlton advised that a number of the Safeguarding Team were Operational staff who were currently on non-patient facing duties and who were ideally placed to provide feedback to colleagues.

Continuing, Ms Charlton advised that the information sharing processes and relationships with the Regional Emergency Social Work Service and other Trusts had been strengthened and draft Policies and Procedures were now in line with current regional requirements and were currently out for consultation. She pointed out that NIAS safeguarding practices were now more in line with other UK Ambulance Trusts and face-to-face safeguarding training had been delivered throughout the year to ACA and EMT staff, thus increasing staff awareness.

Ms Charlton acknowledged that further work was required in order to achieve compliance with Regional Policy and Procedures and RQIA Quality Improvement Plan. She advised that Mr Des Flannigan had recently been appointed as the Head of Safeguarding (Adult Safeguarding Champion) and would take up

post on 28 June. Ms Charlton pointed out that the Trust's Safeguarding Policy was currently out to consultation as well as the revised Procedure & approved Safeguarding Education and Training Strategy and work would be taken forward around their implementation. She indicated that work was also needed around agreement in terms of regional welfare pathways with other HSC Trusts and around Safeguarding Clinical Audit with a view to focussing on possible under reporting.

Mr Bloomfield commended the work which had been carried out and welcomed the fact that there would now be a dedicated team to focus on this important area of work for the Trust.

The Chair said that she had been reassured by Ms Charlton's update and position report. She acknowledged that this was very much an area of work in progress but commended the work which had been done to date.

The NIAS Safeguarding Annual Position Report was **APPROVED** on a proposal from Mr Dennison and seconded by Mr Bloomfield.

11 **Board Governance Self-Assessment Tool (TB24/06/2021/08)**

The Chair drew members' attention to the Board Governance Self-Assessment Tool and advised that no suggested amendments had been received prior to the Board meeting.

She reminded the meeting that the Self-Assessment Tool had not been completed for a number of years and assured members that, moving forward, it would now be completed on an annual basis. The Chair highlighted the fact that a number of actions had been identified and she would progress these with Mrs Mooney over the coming months. She commented that she had raised the matter of the Self-Assessment Tool with the Public Appointments Unit in a recent meeting with a view to introducing a more meaningful tool.

The Board Governance Self-Assessment Tool was **APPROVED** on a proposal from Mr Nicholson which was seconded by Dr Ruddell.

12 **NIAS Policies:**

- **Hand Hygiene**
- **Non-Aseptic Touch Technique (TB24/06/2021/09)**

The Chair commented that, in reading through the Hand Hygiene (HH) Policy, she had found some useful information for home as well as work.

She reminded the meeting that the Standing Orders dictated that policies should come to Trust Board for approval and had been considered by the Safety, Quality, Patient Experience and Performance Committee.

Ms Charlton clarified that NIAS was the only ambulance Trust in the UK which did not operate a Bare Below the Elbow policy.

At Ms Charlton's invitation, Ms Finn clarified that the Hand Hygiene Policy related to all staff within NIAS but specifically those staff who provided hands on care to patients. She explained that, if approved, it would be issued, rolled out and implemented across the Trust. She advised that the IPC Team would monitor the implementation of the policy through independent hand hygiene audits.

Ms Finn commented that the draft policy had been shared with Directors, Area Managers, Station Officers, Station Supervisors, RATC and Trade Union colleagues for comment and their comments had been incorporated into the version before members.

Ms Finn described a number of key points within this policy as being:

- Technical; procedure for undertaking HH, methods of HH, opportunities for HH;
- Policy statement in respect of being bare below the elbow;
- Roles and responsibilities in relation to HH
- Processes for audit of HH and
- Governance, assurance and accountability processes related to HH.

Ms Finn acknowledged that there would be challenges associated with the introduction of the concept of 'Bare Below the Elbow' and

emphasised that this was a core IPC standard which would be regularly monitored for assurance purposes. Ms Finn indicated that monitoring had already commenced and had shown varying scores throughout the Trust. She acknowledged that further work would be carried out in this area but believed that the introduction of the HH policy would provide a focus.

The Chair suggested that the Safety Committee would be keen to monitor the implementation of 'Bare Below the Elbow'. She reiterated her view from previous meetings around the importance of monitoring the dissemination of policies and assurance around its implementation.

Following this discussion, the Hand Hygiene Policy was **APPROVED** on a proposal from Mr Nicholson and seconded by Mr Abraham.

Referring to the Aseptic Non-Touch Technique (ANTT) Policy, Ms Finn advised that, if approved, the policy would be issued, rolled out and implemented across the organisation in line with the agreement in the NIAS Training and Education Strategy, Jan 2020 V0.3. She indicated that the draft policy had been considered by the IPC and Environmental Cleanliness Group as well as Clinical Support and Training Officers and their comments reflected in the final version before the Board. Ms Finn clarified that the policy only related to those staff who undertook clinical procedures such as cannulation and wound dressing.

She highlighted a number of key point within this paper as being:

- Clarification of frequency of ANTT training - face to face training and competency checking would be required once every two years for all staff who undertake aseptic procedures;
- Clarification that all ANTT Assessors require update training and competence checking once every year;
- Technical; procedure for undertaking ANTT;
- Roles and responsibilities in relation to training development and delivery and
- Governance, assurance and accountability processes related to ANTT.

Ms Finn acknowledged that the policy would require further cascade and awareness raising throughout the organisation.

The Aseptic Non-Touch Technique Policy was **APPROVED** on a proposal from Dr Ruddell and seconded by Mr Dennison.

13 **Committee Business (TB24/06/2021/10)**

- Audit Committee – report & minutes of 13 May 2021
- Safety, Quality, Patient Experience & Performance Committee – minutes of 25 March 2021

The Board **NOTED** the Committee minutes and report.

14 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 19 August 2021 at 10am. Arrangements to be confirmed.

15 **Any Other Business**

(i) **ICT Policies**

Mr Abraham referred to the Audit Committee meeting earlier that morning at which approval had been sought to a number of updated and standardised Information Security policies. He explained that these policies had been drafted by a regional working group and brought to the Regional HSC Cyber Programme Board in April 2021 where they had been approved for submission to each Trust with a view to Trusts adopting these by 30 June 2021.

Mr Abraham explained that, until the Standing Orders and delegation to Committees had been finalised, he was of the view that it would be prudent to bring these policies to Trust Board for consideration. He acknowledged that the policies represented best practice and supported the implementation of several regional and local Internal Audit recommendations on Network Security.

It was agreed that, as not all members were present at today's meeting, the policies would be shared by e-mail with a view to seeking approval at the August Trust Board meeting.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
PUBLIC MEETING AT 3.45PM.**

SIGNED: _____

DATE: _____

DRAFT

TB/19/08/2021/02



TRUST BOARD – 24 JUNE 2021

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Relevant Directors to make contact with relevant NED Champions	ML/LC	Ongoing
2	Advise the Chair if willing to act as mentor to incoming Boardroom Apprentice	NEDs	Ongoing
3	Consideration to be given to those areas to be covered in meeting with Minister	NEDs	Actioned
4	Further information on collaborative working with PSNI/NIFRS to be provided when available	MB	Ongoing
5	'Stop the Abuse' – Mr McPoland to contact Mr Abraham to explore possibility of short piece to camera	WA/JMcP	Ongoing
6	Corporate Plan - need to ensure objectives are outcome focussed	MB	Ongoing
7	Safety Committee to monitor implementation of 'Bare Below the Elbow' element of the Hand Hygiene Policy	LC	Ongoing
8	Information Security policies to be circulated via e-mail for approval	CM	Actioned
9	Consideration to be given to anonymised SAI report to Trust Board	LC	Actioned

TB19/08/2021/03



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	19 August 2021
Title of paper:	Staff Stories
Brief summary:	Two staff will present to Trust Board. This will include an individual story of the journey through Covid, alongside an overview of the collective experience of staff through Peer Support feedback – particularly over recent weeks and months. Peer Support contacts have faced their highest levels in two years. This short, focused and informal summary of stories/themes is intended to give Trust Board some sense of the everyday experience of NIAS staff and outline some of the support provided.
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	N/A
Prepared and presented by:	Jarlath Kearney, Asst Director of Human Resources Michelle Lemon, Interim Director of Human Resources
Date:	12 August 2021

TB/19/08/2021/04



TRUST BOARD
PRESENTATION OF PAPER

Date of Trust Board:	19 August 2021
Title of paper:	Performance Report & Covid Update
Brief summary:	<p>This paper is a performance report and Covid update for August 2021 Trust Board.</p> <p>Due to current operational challenges, the format of the performance report has been amended to focus on present pressures and the measures taken to address those pressures.</p> <p>Therefore, the Performance Report has been merged with a Covid Update.</p>
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	SMT - 10 August 2021
Prepared and presented by: Date:	Rosie Byrne, Director of Operations 12 August 2021

PERFORMANCE REPORT AND COVID UPDATE

TRUST BOARD

NORTHERN IRELAND AMBULANCE SERVICE

AUGUST 2021

Introduction

- This report provides an update on the pressures currently being faced by the Northern Ireland Ambulance Services during the latest surge of the Covid-19 pandemic, and outlines the key measures being taken to address these challenges. This report also provides a high level overview of performance in relation to the pressures described, and for this month replaces the normal Trust Board Integrated Performance Report.
- July and August have been extremely challenging periods for NIAS and across the wider HSC. NIAS has been at the highest level of escalation – REAP 4 for the past X weeks. This position is consistent across the UK with every ambulance service in the UK at REAP 4 at the end of July.
- It is clear that, as the infection rate increases over the coming weeks, particularly amongst those who are not yet vaccinated, it will continue to be a very challenging time for staff and the service. The current pressures are compounded by the need for staff to have a much needed rest during the peak annual leave season after a most challenging year and undoubtedly a difficult autumn and winter ahead.
- In response to REAP 4, we have implemented Business Continuity measures to identify staff who can be redeployed to business critical functions impacting on service delivery. We have learned significantly through each phase of COVID and therefore seek to maintain the continuous development and improvements in our practice. A full review of the business continuity across the organisation is underway, coupled with a review of our governance and assurance structures to ensure we learn lessons at each opportunity. This will build on the work the Director of Quality, Safety and Improvement has already led and continues to enhance our learning.
- In terms of staff welfare, the Trust is cognisant of the impact of the current pressures on staff health and wellbeing and is very much aware of the challenges in ensuring staff get the breaks they need. Given the importance of staff having access to food and hydration, arrangements have been put in place to provide food and water to staff. Such arrangements will continue while these pressures remain.

Resource Escalation Action Plan (REAP)

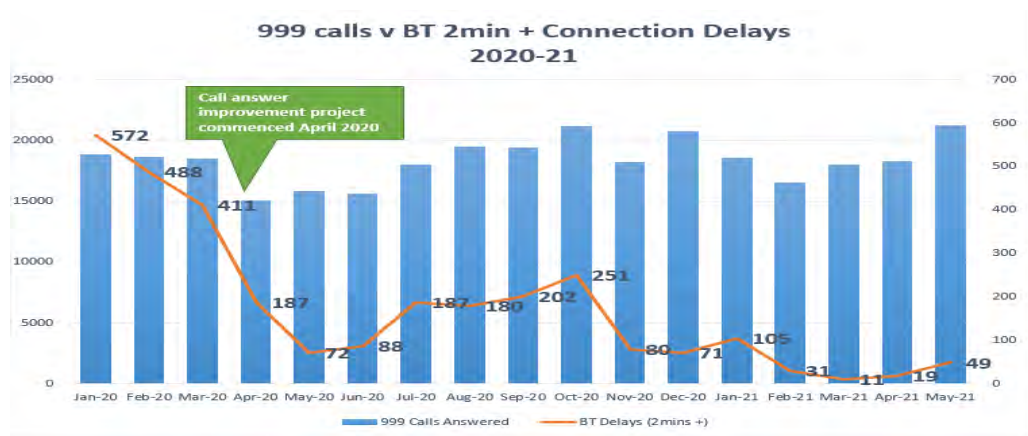
- The current pressures across the health and social care system have resulted in the Trust moving to Level 4 of its Response Escalation Action Plan (REAP) – the highest escalation level with effect from 6 July 2021. This REAP Level (Extreme) is now replicated across all UK ambulance services
- The current assessment of Level 4 Extreme Pressure is evaluated on a weekly basis on a Monday morning to provide a 7 day forecast of pressures and is attributed to a range of metrics; including significant operational staff absences, dropped shift cover and challenges with protracted turnaround delays at a number of Emergency Departments. External factors are also considered (e.g. impact of school holidays, community events and relaxation of restrictions)
- Following the weekly assessment of the REAP level the associated agreed actions to mitigate pressures as much as possible are reviewed with identification of the top 5 priority areas and actions agreed
- In REAP level 4 there is also the potential to review the position towards the end of the week to reassess and potentially reduce the REAP level if appropriate. NIAS participate in daily regional control room “huddle” zoom calls with all Trusts to ensure there is a system wide understanding of pressures, and agree any regional plans to address

Current Pressures

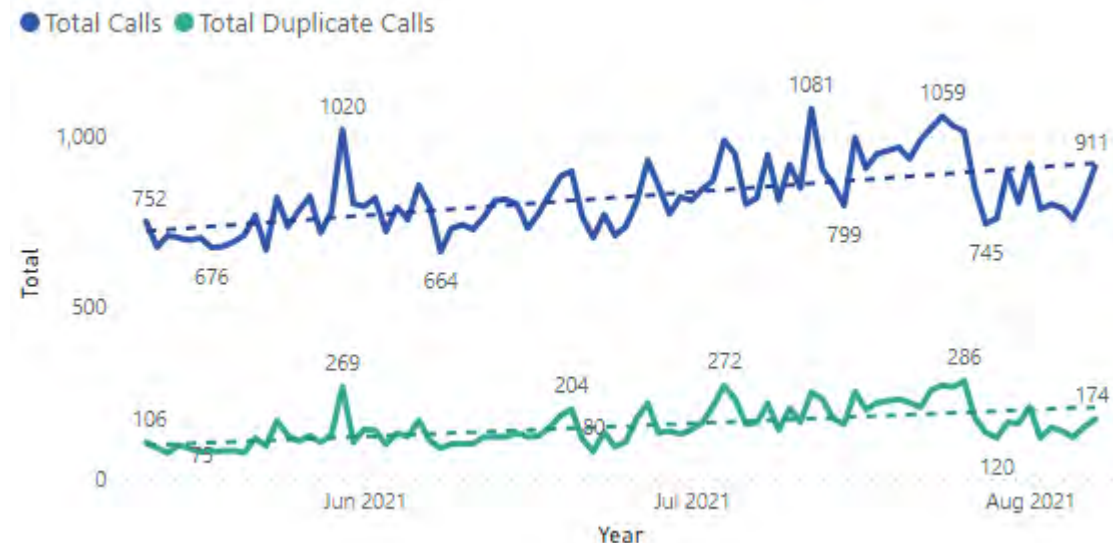
INCREASED DEMAND

Whilst the volume of patients NIAS are currently conveying to EDs has not increased materially, there are periods of significant peaks in the volume of 999 calls we receive. This has significantly reduced what has, until very recently, been a very strong call handling performance. Whilst this is in part attributed to staff abstractions within the Control Room, the increase is also linked to the number of repeat call backs from members of the public seeking to know when there are likely to receive an ambulance following their initial call as they have had a protracted wait. To further support the Control Room, a number of clinicians have ceased some normal duties or are working additional hours to assist the Clinical Support desk at times of peak pressure to best manage the calls in the system.

Calls answered in 2+ minutes



Number of Contacts & Duplicate Calls

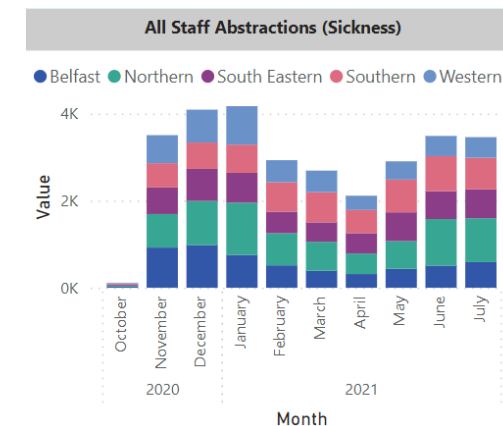
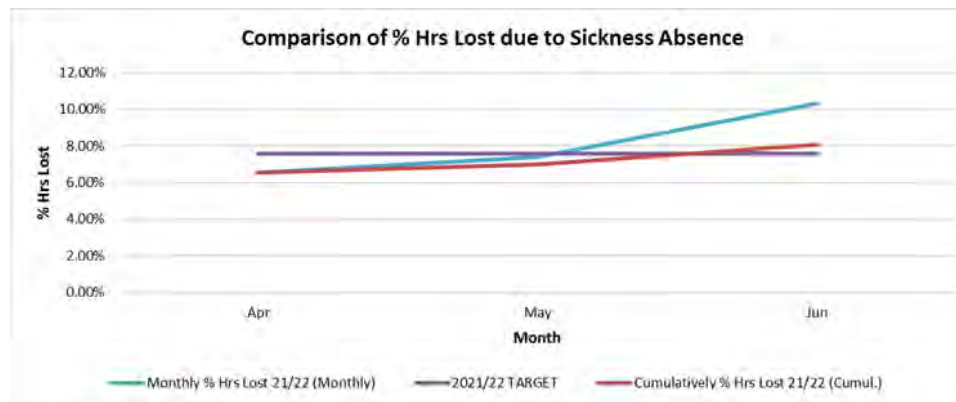


- To date NIAS has reported on call answering performance for 999 calls as performance against the standard of calls responded to within the 5% standard
- On 24 July 2021 following operational discussions based on sustained pressures and demand NIAS took the decision to temporarily add our call performance measure to 80% within 30 seconds. This is in keeping with national guidance comparisons should we need to reach the point that we would need to enact the full national loss or partial loss of telephony plan
- Operational action plans are in place for planned or sudden failure of Integrated Communication Control Systems (ICCS) & total loss of telephony
- The reporting of performance against 80% at 30 seconds is a requirement for national engagement with the NACC should additional support be required.
- The volume of calls that have been answered in 2+ minutes has decreased significantly over the last year and is showing a positive trend. We will continue to monitor this trend.

Current Pressures

STAFF ABSTRACTIONS

The Trust is experiencing rising numbers of staff abstractions due to staff sickness as well as Covid-19 related absences attributed to staff isolation. Increasing the number of available staff is not something that can be done quickly although members will be aware of the ongoing recruitment and training programme over the past three years. 24 newly qualified EMTs have started operational duties in recent weeks, and a number of qualified paramedics from other services have joined NIAS and are completing familiarisation training.



- Figures demonstrate that monthly and cumulative sickness absence levels between April and June 2021 increased at a greater rate than in the same period in 2020/21, with a significant increase in monthly sickness absence levels, specifically long-term sickness absence, in June 2021. The cumulative absence figure at June 2021 is 8.1%, as opposed to 7.9% at June 2020.
- Figures reported are for all staff (excluded Bank Staff and Non-Executive Directors) and demonstrate hours lost, with average days lost based on a standard 7.5 hour day, consistent with Regional HSC Reporting of Sickness Absence. HRPTS figures are correct at time of reporting but may be subject to change.

MONTH	Apr	May	Jun
NIAS ABSENCE TARGET (2021/22)	7.6%		
NIAS cumulative % hrs lost (20/21)	6.8%	6.9%	7.2%
NIAS monthly % hrs lost (20/21)	6.8%	6.9%	7.9%
NIAS cumulative % hrs lost (21/22)	6.56%	6.97%	8.09%
NIAS monthly % hrs lost (21/22)	6.56%	7.41%	10.34%
Monthly % hrs lost (S/T)	1.47%	1.50%	1.84%
Monthly % hrs lost (L/T)	5.09%	5.91%	8.5%
Monthly % hrs lost COVID 19 (Self-Symptomatic and self-isolation)	1.12%	0.91%	1.88%
Av. days lost (7.5 hrs) per Employee per Mth	1.32	1.43	2.02
Av. NIAS estimated costs (£'000)	£347	£399	£570

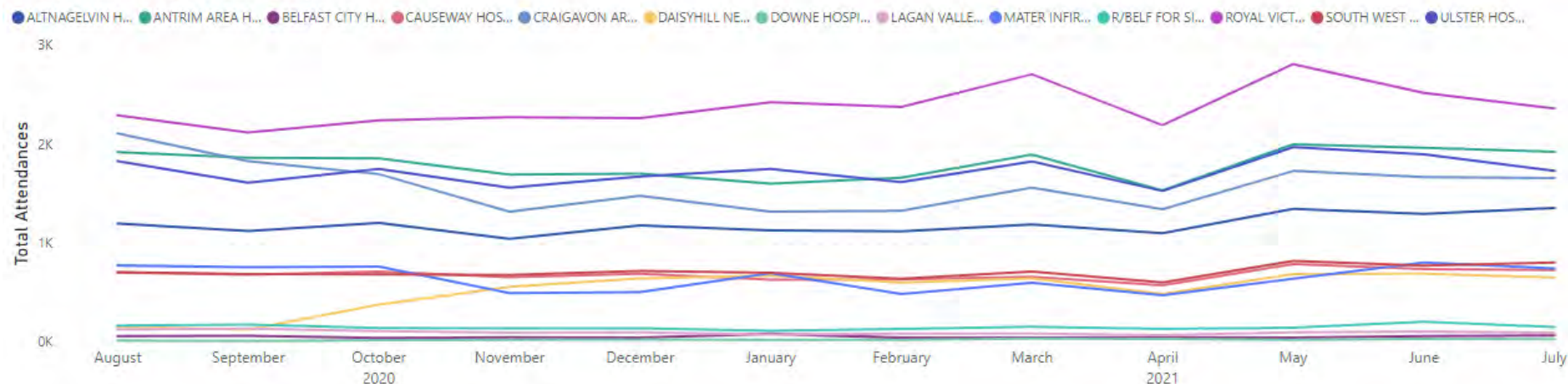
Current Pressures

HANDOVER TIMES

Handover times for NIAS crews at Emergency Departments remain a significant challenge and impacts on our ability to respond to calls in the community. We have supplemented where possible the Hospital Ambulance Liaison Officer (HALO) cover at EDs to assist in the engagement with crews and ED staff to ensure our crews are turned around as promptly as possible. The intention of doing so is to maximise ambulance availability and to minimise as much as possible the number of occasions where our staff have missed meal breaks or have very late shift finishes.

Hospital Activity

Total Attendances to Acute Hospital



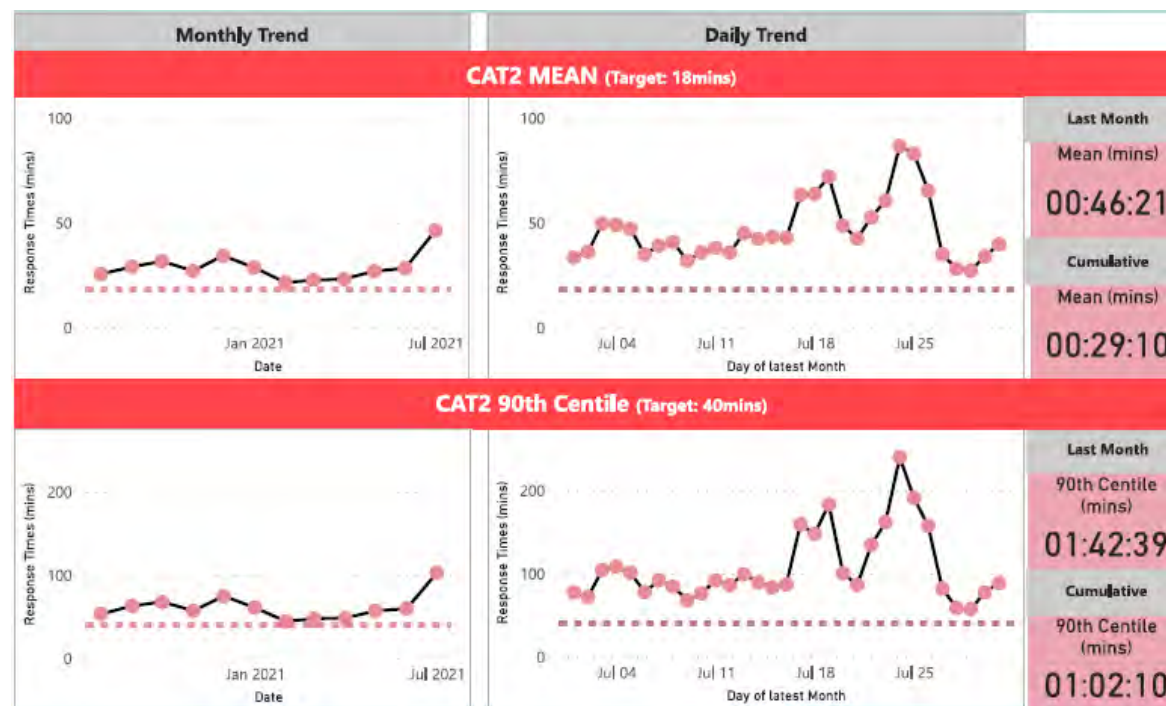
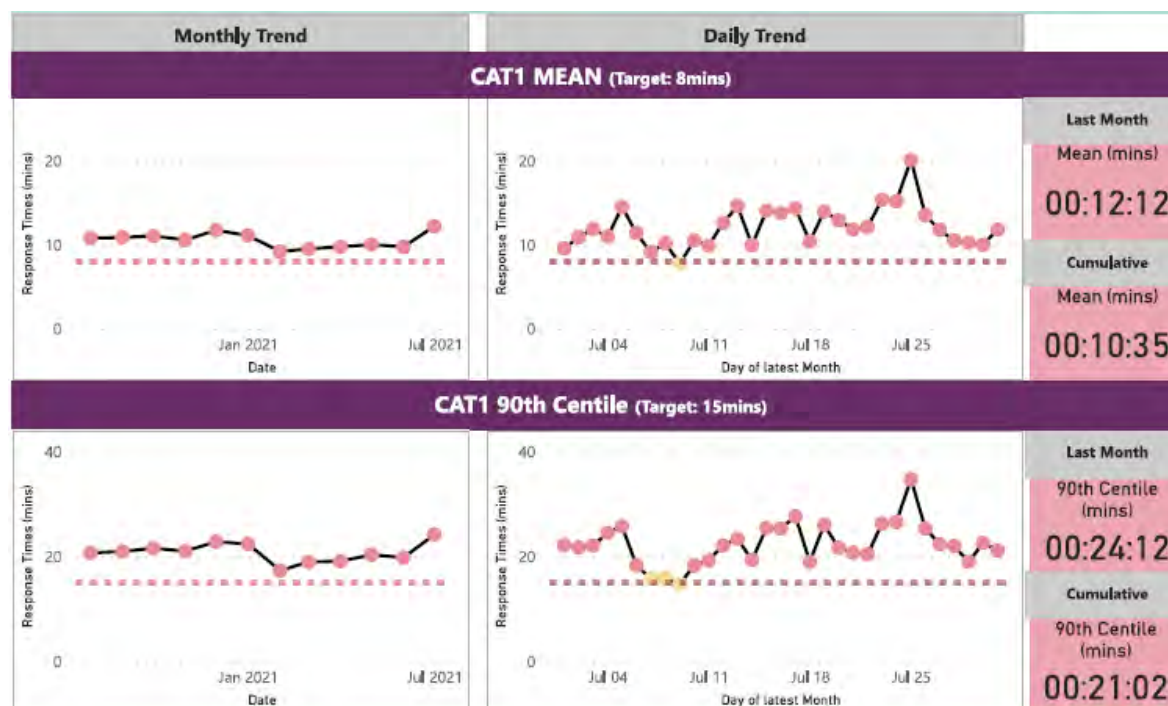
Hospital Turnaround Times

Acute Hospital Attended	Total Attendances	Avg. Turnaround Times	Turnarounds Over 30min Target	% Over 30mins	Total Time Lost (Hours)
ALTNAGELVIN HOSPITAL	14279	00:39:09	9085	63.62%	2,892.01
ANTRIM AREA HOSPITAL	21603	00:48:06	17568	81.32%	6,951.52
BELFAST CITY HOSPITAL	647	00:30:05	280	43.28%	68.03
CAUSEWAY HOSPITAL	8192	00:47:44	6018	73.46%	2,762.45
CRAIGAVON AREA HOSPITAL	19027	00:48:54	13948	73.31%	6,641.51
DAISYHILL NEWRY	6295	00:46:47	4427	70.33%	1,999.79
DOWNE HOSPITAL	291	00:32:09	145	49.83%	35.06
LAGAN VALLEY LISBURN	1181	00:29:33	524	44.37%	109.46
MATER INFIRMORUM	7740	00:48:59	5629	72.73%	2,733.77
R/BELF FOR SICK CHILDREN	1800	00:30:26	747	41.50%	213.26
ROYAL VICTORIA	28564	00:56:36	23850	83.50%	13,344.97
SOUTH WEST ACUTE HOSPITAL	8529	00:34:54	4714	55.27%	1,345.35
ULSTER HOSPITAL	20733	00:55:31	16935	81.68%	9,271.52
Total	138881	00:48:48	103870	42.479%	48,368.71

The graph above and table on the left refer to the last 12 months, August 2020 to July 2021.

The hospital turnaround at ED is 30 minutes from arrival which includes the patient handover and making the vehicle ready to clear and be available for next call.

Current Pressures – Impact on Response Time Performance



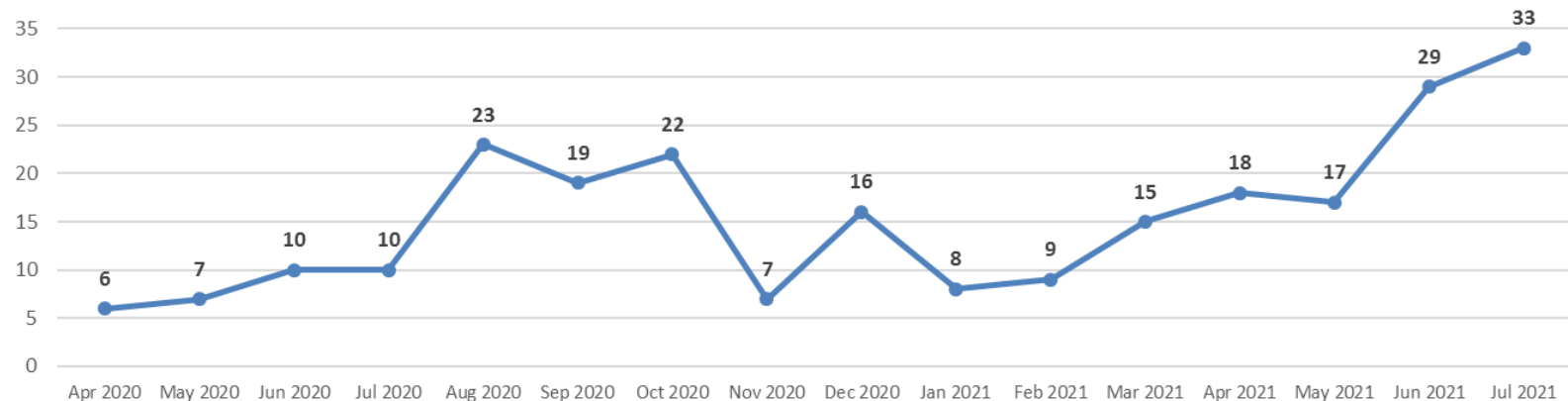
The combination of service pressures during REAP Level 4 has resulted in a reduction in performance against Category 1 and Category 2 calls against both the mean and 90th centile standards despite maximising resources and implementing a range of mitigating actions (which are highlighted in later slides).

This has necessitated significant additional focus on the dynamic allocation of resources. During July there have been individual days of significant pressures across the HSC most notably on Sunday 25 July as highlighted above.

Current Pressures – Impact on Complaints & Staff Late Finishes

The graph below shows an increased number of complaints received in June and July 21. The table reflects the key themes arising from complaints from April 21. There is an increased monthly number of complaints seen in the delayed transport/response themes as well as staff attitude and behaviour both of which individually account of approximately one third of the overall complaints in the reporting period. The REAP 4 context also presents challenges with timely investigation and response to complaints as Investigating Officers are prioritising competing operational demands.

Reported Complaints April 2020- 10 August 2021 (Opened date/ added to system)



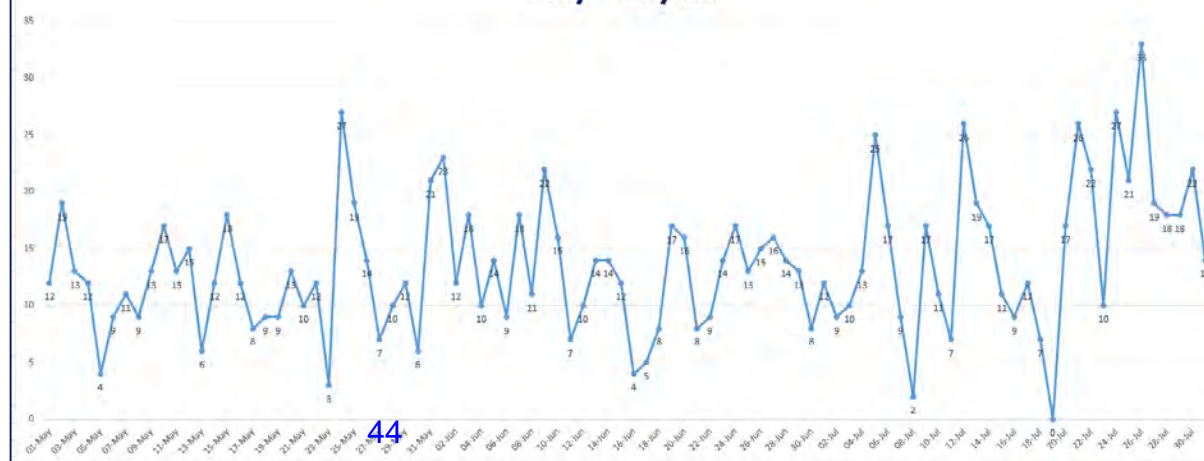
Complaints received April 21 - July 21 by subject type

Communications/Information	3
Complaints Handling	2
Discharge/Transfer Arrangements	2
Environmental	1
Other	6
Quality of Treatment & Care	14
Records/Record Keeping	1
Staff Attitude/Behaviour	32
Transport, Late or Non-arrival/Journey Time	35
Transport, Suitability of Vehicle/Equipment	1
Total	97

An increase in the number of late finishes experienced by staff has been seen in July. This reflects a poor experience for staff who are often finishing in excess of 1 – 2 hours late (and on some occasions longer) and also has the potential to impact significantly on the delivery of service the next day due to compensatory rest requirements.

* Data for 19th July not recorded

**Total Daily Crew Late Finishes
May - July 21**



Monthly Crew Late Finishes	Total
May	375
June	378
July	480

Actions Taken To Address Current Pressures

INCREASED CALL DEMAND

- NIAS, through networking arrangements, has over recent weeks secured additional support from colleagues in the National Ambulance Service (NAS) in ROI, who have joined our NIAS EMDs in control, particularly at weekends when a combination of call volume and available staff have presented significant challenges
- Whilst NIAS had “buddy “ call arrangements with colleagues in the Scottish Ambulance Service (SAS) prior to the weekend of Saturday 31 July, and based on modelling of predicted activity, NIAS supported by AACE colleagues engaged with East Midlands (EMAS), SAS and BT to put plans in place for NIAS partner support at projected periods of peak pressure. This resulted in a total of 128 calls being dealt with by our partners (EMAS x 60 & SAS x 63) during the support timeframe
- To raise public awareness of the pressures NIAS are experiencing, and in an attempt to reduce the volume of duplicate calls media messaging regarding the public only calling back should a patient’s condition change / deteriorate was utilised

HOSPITAL TURNAROUND TIMES

- The need for NIAS to protect responding capacity in all areas is recognised.
- The Chief Executive met with a number of other Trust and HSCB Chief Executives on 9 July 2021 in relation to ED pressures and delayed ambulance handovers. Whilst all hospital Trusts are experiencing considerable pressures, there have been occasions when the number of ambulances waiting outside some EDs has been disproportionately higher than others. It was agreed at this meeting that NIAS has full authority to take patients to the most suitable hospital, taking account of the individual clinical needs of patients and also ambulance turnaround times, the number of patients in ED and the number of decisions to admit.
- Importantly it has been agreed that NIAS’ decisions in this regard will not be challenged or questioned by other Trusts. The intention is that this will substantially reduce and, in time, avoid the need for inter-Trust diverts to be sought – other than in exceptional circumstances.
- These arrangements were implemented on 9 July and initial observations would suggest the equalising of pressures has been broadly successful. At a follow up meeting with the Chief Executives, it was agreed that these new arrangements have been beneficial and should be continued. Chief Executives confirmed their support for NIAS to be allowed to manage this without intervention and will reinforce this with their teams.
- It should be noted that this measure will not prevent delayed handovers at ED, but should avoid the variation in handover times that sometimes occurs between sites.
- Additionally, in a letter from Dr Ruddell on 13 July 2021 to the Medical Directors of all Acute Trusts, the previously agreed regional agreement regarding EDs releasing a crew who are waiting outside an ED when they are the nearest resource in the local area to respond to a Category 1 call has been reinforced.

Actions Taken To Address Current Pressures

STAFF ABSTRACTIONS

- The difficult but necessary decision has been taken to pause the current Paramedic Foundation Degree course for four weeks' in the first instance. This resulted in the 48 paramedic students returning to operational duties on Monday 2 August 2021. This action made an immediate and material impact on operational staffing levels which are improved in August compared to July. It will be important that this decision will be reviewed after three weeks as extension of this arrangement has the potential to impact on the training for the next cohort of student paramedics. In line with the REAP, the Trust has asked as many clinical managers, training officers, Clinical Safety Officers and others as possible to 'book on' to respond to calls or to provide direct support to staff in other ways including to provide clinical support in Control. There has been a positive response to this.
- A number of training programmes have been suspended with both students and instructors being redeployed to a range of duties in support of the Operations directorate.
- Trust wide scoping exercise of all NIAS staff was undertaken to identify contingency personnel who could be redirected to other roles to enhance capacity. Additional staff willing to preform the HALO role identified through scoping exercise. 11 members of HQ staff identified as willing to take on additional roles of EAC routine call taking – five have already been trained with training planned for the remainder. Those that have been trained have already undertaken shifts in EAC. Two members of HQ staff have been trained and utilised within NEAC to enhance capacity. A staff availability platform has been developed to allow all directorates access to contingency personnel.
- The Trust is maximising the support available from voluntary and private ambulance services. Given the current circumstances, we are needing to secure the maximum support from VAS and PAS and there will be a corresponding increase in spend on this area. This is however being closely monitored.
- In keeping with direction from the Chief Medical Officer in relation to staff who are self isolating as a result of being a close contact, NIAS has considered the guidance regarding actions to be taken in "exceptional circumstances" where it has been deemed that "staffing levels could fall so low that the safety of individuals needing care is compromised". In adherence with the guidance, on 4 August 2021 NIAS took the decision to consider a number of staff on a case by case basis in the Emergency Control Room who could return to work, following a risk assessment, and an assurance that the mitigation outlined in the CMO's guidance could be upheld.
- Human Resources have identified key staff to work with managers across Operations Directorate to support staff returning to work
- Operational staff abstractions impact on the ambulance cover provided, and capacity is supplemented with Independent Ambulance Services (IAS). Whilst funding is not hindering these arrangements use of same remains carefully monitored.
- Re-profiling of duties of PCS cover to provide A&E support to help alleviate the operational pressures.
- In the previous wave of pandemic pressures NIAS arranged support from blue light colleagues to increase operational cover. In REAP 4 NIAS has put in place arrangements with NIFRS to again secure additional blue light driving support
- It is recognised that the steps taken by the Trust will not completely alleviate the full extent of the pressures being faced by staff but it is hoped they will improve the situation to some degree.



- End Of Report -

TB/19/08/2021/05

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD FINANCE REPORT

Director of Finance
June 2021 (Month 3)

FINANCIAL PERFORMANCE

Introduction

The purpose of this report is to provide Trust Board with an update on the financial position of the Trust. This includes an update on the requirements not to overspend against the Revenue Resource Limits (RRL) and Capital Resource Limits (CRL), and also the requirement to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The report includes a number of key risks and assumptions to the achievement of these requirements. Some additional detail is also provided in specific areas of expenditure along with a forward look in relation to the financial position.

Financial Breakeven

The Trust is currently reporting a breakeven position for the three months ending 30 June 2021 (Month 3), subject to key risks and assumptions.

Financial position at the end of June 2021 (Month 3)

Financial Breakeven Assessment (£k)	Apr	May	Jun
Staff Costs			17,704
Other Expenditure			9,443
Expenditure Total			27,147
Income			158
Net Expenditure			26,989
Net Resource Outturn			26,989
Revenue Resource Limit (RRL)			26,989
Surplus/(Deficit) against RRL			0

Forecast financial position at the end of March 2022

The Trust is also currently forecasting a breakeven position at the end of 2021-22, subject to a number of assumptions particularly in respect of Agenda for Change, investment, Covid-19 costs and efficiency savings. Current assumptions include £10m of assumed income, which includes NIAS Training and developments relating to the Clinical Response Model, and an additional £12.6m in relation to Covid-19 costs. The Trust is working through a process of review with DoH/HSCB and the completion of the necessary investment proposals to release these funds.

The forecast costs in relation to Covid-19 during the year are across a range of areas to support the Trust's response to the pandemic. These include additional staff costs to maintain and enhance cover and increased Independent and Voluntary Ambulance Service provision. Additionally, there have been increased costs in relation to cleaning, personal protective equipment and staff welfare.

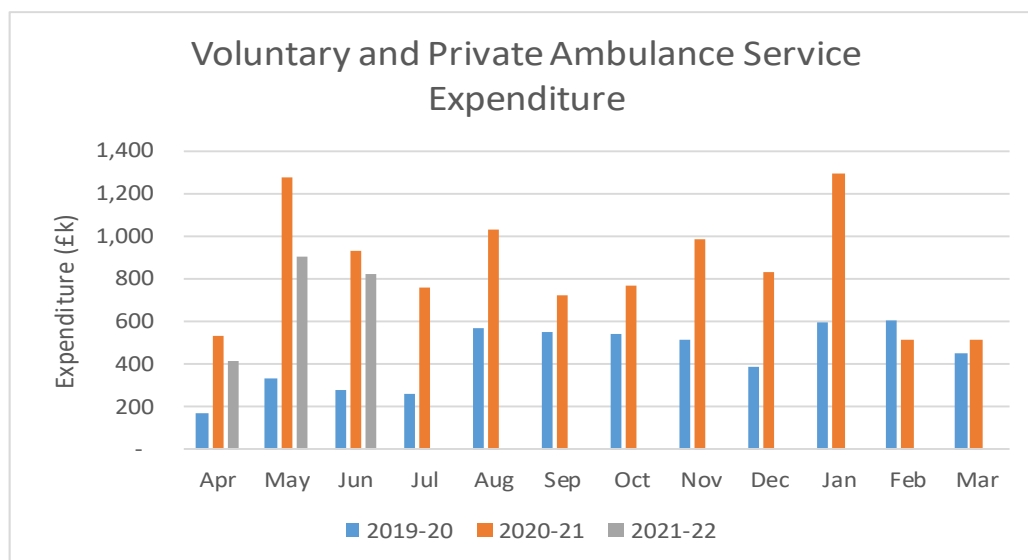
The Trust continues to work with HSCB and DoH to finalise the resource requirements in relation to Covid-19 and other financial pressures and deficits for the current year and beyond.

Voluntary & Private Ambulance Services (VAS/PAS)

The Trust benefited from significant additional funds in 2020-21 as part of the response to Covid-19. A similar level of support is expected in 2021-22 which will be applied to additional support from VAS/PAS to maintain and enhance ambulance provision during this difficult period. The Trust welcomes the support that VAS/PAS has given NIAS and HSC during this time.

Expenditure on VAS/PAS in 2019-20 was £5.2m. Expenditure in 2020-21 was £10.1m. Expenditure by month is shown below. This level of expenditure has been affordable given operational vacancies within the Trust and also with the additional resources provided in response to the pandemic. As the output of the training school fills vacancies and the impact of the pandemic recedes, levels of expenditure should reduce.

The sustained impact of Covid-19 has resulted in the continued reliance on VAS/PAS to maintain services in the current year. While expenditure has reduced compared to the same period last year, the Trust remains at the highest level of escalation and VAS/PAS spend remains significant.

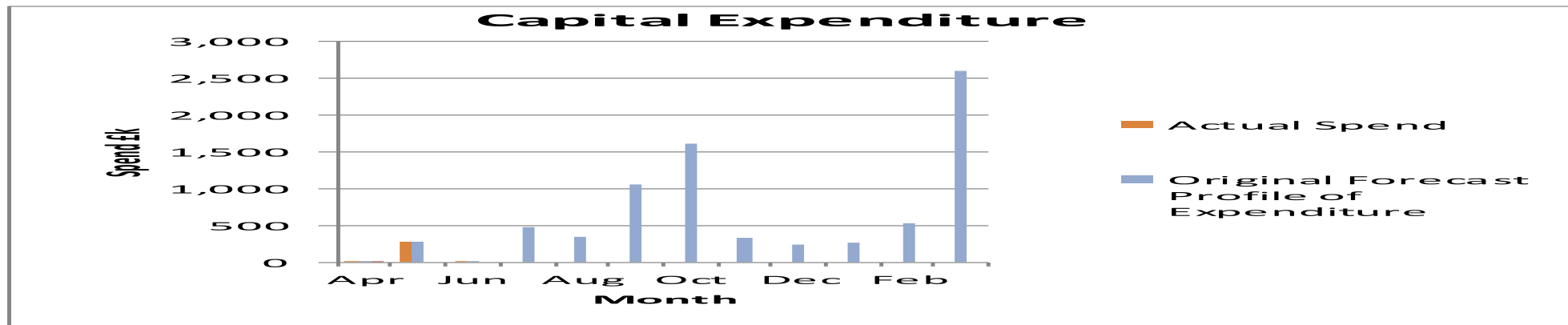


Capital Spend

The Trust has received a Capital Resource Limit (CRL) allocation of £7.747m. This includes allocations for Fleet & Estate, ICT and Backlog Maintenance.

The profile of expenditure towards the end of the financial year is due to a number of factors, including business case approval, the availability of funds, procurement timescales, supplier capacity, internal capacity, project risks and lead times. Significantly, expenditure on fleet is profiled to the end of the financial year to maintain a smooth fleet age profile. The Trust continually reviews capital schemes to minimise any risks towards the end of the financial year.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fleet & Estate	9	244	4										257
ICT Schemes	0	31	0										31
Backlog Maintenance	0	0	0										0
Actual Spend	9	275	4	0	0	0	0	0	0	0	0	0	288
Original Forecast Profile of Expenditure	9	275	4	473	352	1,060	1,606	336	244	261	533	2,594	7,747



Prompt Payment of Invoices

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

Performance by number of invoices paid for each of these measures is shown below. A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.

In 2020-21, both the 70% and 95% targets were achieved for the first time in a number of years. The Trust will continue with efforts to maintain this level of performance in 2021-22.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	2,644	2,969	3,217										8,830	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,616	2,907	3,177										8,700	
% bills paid on time 30 days	98.9%	97.9%	98.8%										98.5%	>95%
Total bills paid within 10 working days (14 calendar days)	2,196	2,447	2,846										7,489	
% bills paid on time 10 days	83.1%	82.4%	88.5%										84.8%	>70%

TB/19/08/2021/06



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	19 August 2021
Title of paper:	Duty of Candour & Being Open – Draft Policy Proposals For Consultation Consultation Response Template
Brief summary:	Trust Board approval is sought to the consultation response to the policy proposals for a statutory Duty of Candour for Northern Ireland. The proposals have been developed for public consultation by the Duty of Candour Workstream and its Being Open Sub-group, as part of the Hyponatraemia Implementation Programme being taken forward by the Department of Health (DoH).
Recommendation:	<div> For Approval <input checked="" type="checkbox"/> </div> <div> For Noting <input type="checkbox"/> </div>
Previous forum:	SMT – 10 August 2021
Prepared and presented by:	Dr Nigel Ruddell, Medical Director
Date:	12 August 2021

DUTY OF CANDOUR & BEING OPEN – DRAFT POLICY PROPOSALS FOR CONSULTATION

CONSULTATION RESPONSE TEMPLATE

Summary

In January 2018, Justice John O'Hara published his report on the Inquiry into Hyponatraemia-Related Deaths (IHRD). His first recommendation was that a statutory Duty of Candour should be enacted in Northern Ireland and that it should apply to Healthcare Organisations and everyone working for them. Justice O'Hara also recommended that criminal liability should attach to breach of this duty and to obstruction of another in the performance of this duty. He made further recommendations about the guidance, support and protection that should be provided for staff in order to create a more open culture.

In response, the Department of Health (DoH) established an Implementation Programme to take forward the recommendations arising from the Inquiry and the Duty of Candour Workstream, and its Being Open subgroup, have been responsible for developing the proposal options to address the recommendations on candour.

Through a co-production process, the Workstream and Subgroup have developed policy options for the statutory Duty of Candour and the policy framework for Being Open guidance, taking account of: research commissioned and evidence submitted; feedback from staff and service users; and input from other key stakeholders.

The DoH is now seeking your views on the following proposals developed by the Workstream and Subgroup:

- a. Policy options for the statutory organisational Duty of Candour; and
- b. Policy options for the statutory individual Duty of Candour; and
- c. The policy framework for Being Open guidance.

A detailed summary of these proposals, as well as Easy Read and Plain English versions of the proposals, are available [here](#) on the DoH website.

Ways to respond

The consultation opened on 12 April 2021 and will close on 2 August 2021.

Stakeholders can respond by completing the Consultation Response template below and submitting it to:

E-mail: IHRD.implementation@health-ni.gov.uk

Written: IHRD Implementation
Department of Health
Room D1
Castle Buildings
Stormont Estate, BELFAST
BT4 3SQ

Alternatively, an online survey is available to be completed on Citizen Space [here](#), a Consultation Questionnaire is available [here](#), or stakeholders can submit written comments by email or letter to the addresses listed above. Stakeholders do not have to address every question within the consultation, and can instead focus on the questions or issues that are of particular interest.

Data Protection

The DoH will publish a summary of the consultation responses and, in some cases, the responses themselves, but these will not contain any personal data. We will not publish the names or contact details of respondents, but will include the names of organisations responding. For further information on how we will process data and your rights, see the Privacy Notice for this Consultation [here](#).

DUTY OF CANDOUR & BEING OPEN – CONSULTATION RESPONSE TEMPLATE

Name	
Contact Details	Michael Bloomfield Chief Executive Northern Ireland Ambulance Service Site 30 Knockbracken Healthcare Park Saintfield Belfast BT8 8SG <u>michael.bloomfield@nias.hscni.net</u>
Are you responding on behalf of an organisation? If so, what is the name of your organisation?	Yes Northern Ireland Ambulance Service Health & Social Care Trust

Please provide your comments and feedback on the policy proposals relating to a statutory Duty of Candour and Being Open Framework.

The Northern Ireland Ambulance Service fully supports the principle that every healthcare organisation must adhere to a practice of being open and honest in all their dealings with patients and the public. Further, that those who die or suffer serious harm (or their authorized representatives) have a right to be informed of the incident and to be given a full and honest explanation of the circumstances, and be allowed to be involved in the process of review.

In recent years the Health & Social Care system has seen significant developments in the regional approach to the review of Serious Adverse Incidents, which are aimed at creating an environment where incidents involving serious risk are harm can be reviewed in an environment designed to encourage learning for individuals, organisations, and the wider healthcare system.

Registered healthcare professionals such as doctors, nurses and paramedics are already subject to professional obligations of candour through their professional codes of conduct, as overseen by the General Medical Council*, Nursing & Midwifery Council and the Health and Care Professions Council, although we accept that healthcare organisations employ staff who fall outside professional regulation but who are still involved in patient care e.g. Emergency Medical

Technicians, Emergency Control Centre staff, and those in numerous other support and administrative roles.

We therefore agree that each organisation must have an overarching duty of candour, and that all employees must adhere to the organisational policy in respect of this. This is easier where professional regulators already place such an onus on registered individuals, but we would support the amendment of contracts of employment to reflect this expectation of all staff within the organisation, and the standard incorporation of this within new contracts going forward

We would therefore support the introduction of statutory duty of candour for both organisations and individuals, but we would hesitate to support the introduction of criminal sanctions for breaches relating to this, and in particular for individuals.

We are concerned, having worked hard to adhere to the principles of candour and openness through the regional policy on Serious Adverse Incident reviews, that the introduction of potential criminal sanctions for individuals may either discourage individuals to participate in an open and honest review of an adverse incident in a “just-culture” environment, or that fear of prosecution will see them moving to a position where they feel that legal representation will be required in order to do so; this would have the potential to delay the review process considerably.

Furthermore, it may discourage individuals from reporting more minor clinical errors from fear that these may potentially escalate to criminal investigation; we would hold that the open reporting of near misses or minor errors is a vital aid in the early identification of systemic issues which may lead at pace to the development of important safety-related changes across the wider HSC, or indeed addressing the needs of individual staff who require remedial training.

We would instead welcome the introduction of an independent body tasked with leading serious adverse incident reviews which on the one hand could be seen to act as an advocate for the patient or relatives in pursuing the truth following an incident resulting in harm, while also providing assurance of a just-culture approach that would encourage staff to participate freely.

We further believe that the implementation of the individual statutory duty with potential criminal charges would create a disparity with other parts of the United Kingdom and the Republic of Ireland where no such process exists; this discrepancy may act as a potential barrier to recruitment if staff fear that they may be subject to a disproportionate sanction beyond what is already within the remit of

professional regulators. Prosecution of organisations already occurs within other parts of the UK with some cases specifically related to perceived failings in the duty of candour.

It has been proposed that the body responsible for determining the presence or otherwise of evidence of non-compliance or deception should be the RQIA, but as a healthcare organisation in its own right, we would welcome clarity on how such standards would be applied to the RQIA and their own staff, as well as other bodies such as the Public Health Agency and Health & Social Care Board. Further detail on an over-riding authority to allow for appeals etc is also required.

While we note the “bar” for prosecution is described as cases where there is evidence of *willful* or *serial withholding* of information, it is not clear by what process this would be determined, particularly with reference to a single incident. We would be concerned that the complexity of multiple systems across trusts and the wider HSC may make it difficult for individuals or organisations to be certain that all documentation has been located, particularly in historical cases.

We note that numerous health-related bodies contributed to the stakeholder process, but feel there may be merit in considering how similar situations are managed within different public bodies in order to develop best practice. For example, the proposal document makes reference to engagement with the Police Ombudsman, but does not refer to how a perceived lack of candour is managed within other public organisations. We would also suggest that views of the Attorney General and Department of Justice are sought on the proposals for a criminal prosecution process.

* The UK General Medical Council ethical guidance for doctors states the following in relation to openness and honesty when things go wrong (similar requirements are laid down by the Nursing and Midwifery Council and the Health & Care Professions Council:

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

- tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
- apologise to the patient (or, where appropriate, the patient's advocate, carer or family)
- offer an appropriate remedy or support to put matters right (if possible)
- explain fully to the patient (or, where appropriate, the patient's advocate, carer or family) the short and long term effects of what has happened.

Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns.

BACKGROUND

Candour - recommendations from the report of Justice O'Hara

1. A statutory duty of candour should now be enacted in Northern Ireland so that:
 - (i) Every healthcare organisation and everyone working for them must be open and honest in all their dealings with patients and the public.
 - (ii) Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or 85 its staff, the patient (or duly authorised representative) should be informed of the incident and given a full and honest explanation of the circumstances.
 - (iii) Full and honest answers must be given to any question reasonably asked about treatment by a patient (or duly authorised representative).
 - (iv) Any statement made to a regulator or other individual acting pursuant to statutory duty must be truthful and not misleading by omission.
 - (v) Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.
 - (vi) Healthcare organisations who believe or suspect that treatment or care provided by it, has caused death or serious injury to a patient, must inform that patient (or duly authorised representative) as soon as is practicable and provide a full and honest explanation of the circumstances.
 - (vii) Registered clinicians and other registered healthcare professionals, who believe or suspect that treatment or care provided to a patient by or on behalf of any healthcare organisation by which they are employed has caused death or serious injury to the patient, must report their belief or suspicion to their employer as soon as is reasonably practicable.
2. Criminal liability should attach to breach of this duty and criminal liability should attach to obstruction of another in the performance of this duty.
3. Unequivocal guidance should be issued by the Department to all Trusts and their legal advisors detailing what is expected of Trusts in order to meet the statutory duty.
4. Trusts should ensure that all healthcare professionals are made fully aware of the importance, meaning and implications of the duty of candour and its critical role in the provision of healthcare.
5. Trusts should review their contracts of employment, policies and guidance to ensure that, where relevant, they include and are consistent with the duty of candour.
6. Support and protection should be given to those who properly fulfil their duty of candour.
7. Trusts should monitor compliance and take disciplinary action against breach.
8. Regulation and Quality Improvement Authority ('RQIA') should review overall compliance and consideration should be given to granting it the power to prosecute in cases of serial non-compliance or serious and wilful deception.

TB/19/08/2021/07



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	19 August 2021
Title of paper:	Safeguarding: <ul style="list-style-type: none">- Education and Training Strategy- Policy (Adults, Children and Young People)- NIAS (Interim*) Procedures and Referral Process
Brief summary:	The Safeguarding Training and Education Strategy is supported by the attached NIAS Safeguarding policy and interim procedures which recognise that NIAS emergency and transport services interact with many vulnerable patients and members of the public at risk from abuse and neglect, and thus have an important role in knowing when and how to safeguarding them.
Recommendation:	For Approval <input checked="" type="checkbox"/> For Noting <input type="checkbox"/>
Previous forum:	SMT – 10 August 2021
Prepared and presented by:	Lynne Charlton, Director Quality, Safety & Improvement
Date:	12 August 2021



 Northern Ireland Ambulance Service
Health and Social Care Trust

Safeguarding Education & Training Strategy

June 2021

Title:	Safeguarding Training & Education Strategy		
Author(s):	Lynne Charlton Director Quality, Safety and Improvement Emma Giddings Clinical Training Manager James Marshall HSC associate		
Ownership:	Director of Quality, Safety and Improvement Head of Safeguarding Assistant Director Education Learning & Development		
Date of SEMT Approval	TBC	Date of Trust Board Approval	TBC
Target Audience:	All NIAS Trust Employees		
Operational Date:	TBC	Review Date:	3 Yearly
Version No:	0.1	Supersedes:	N/A
Key Words	Safeguarding , Mandatory, Training, Policy		
Other Relevant Policies	NIAS Safeguarding Policy 2021 NIAS Safeguarding Procedures 2021		

Date	Version	Author(s)	Comments
29/3/21	0.1	JM EG	Initial Draft
14/06/21	0.2	LC	Addition of roles and responsibilities and amendments to Assurance Framework

Contents

1. Introduction.....	4
2. Objectives for the Safeguarding Education / Training Strategy.....	5
3. Roles and Responsibilities	5-6
4. Training Needs.	7-9
5. Competency Assessment of Practice	9
6. Monitoring and Compliance.....	10
7. Key Performance Indicators.....	11
8. Assurance Framework.....	11

1.0 Introduction

The Northern Ireland Ambulance Service (NIAS) recognises the importance of the concept that **safeguarding is everyone's responsibility** and NIAS staff and volunteers need to know what to do when there is a safeguarding situation, including how to recognise it, report it, and record it. This training strategy sets out NIAS responsibilities to ensure that staff and volunteers work with patients (and others) both adults and children who may be at risk of abuse and neglect, as defined by regional safeguarding policies and procedures, are equipped with the skills and knowledge to fulfil their safeguarding responsibilities. These duties necessitate a specific Safeguarding Education & Training Strategy to ensure that education and training is provided and accessible to all front line staff, and others who make safeguarding decisions, to enable them to effectively safeguard children and vulnerable adults at risk. These patients (and other family members such as their children) have the human right to be protected from abuse and neglect. This will be achieved by competent NIAS staff working in partnership with other agencies such as the Health and Social Care Trusts, the PSNI and the RQIA . Appropriate , up-to-date and regular training is therefore an essential component for staff to achieve their personal development goals, and for the teams within NIAS to meet their safeguarding responsibilities.

This training strategy is supported by other NIAS policies and procedures^{1 2} that recognise that NIAS emergency and transport services interact with many vulnerable patients and members of the public at risk from abuse and neglect, and thus have an important role in knowing when and how to safeguarding them. NIAS staff and volunteers visit a lot of patient's homes, (including residential care and nursing homes), and are often in a unique position to assess risks to adults and children, including general welfare issues. A 'welfare' issue may be for example a patient who is neglecting their own care or living in very unsatisfactory conditions. All UK Ambulance Trust's (including NIAS) recognise that good practice in protecting adults and children at risk from 'significant harm' and neglect, is most effective within a multi-agency approach (JRCALC, 2019). NIAS safeguarding training recognises this and places safeguarding within a multi-disciplinary process.

NIAS staff have an important front-line role in identifying safeguarding concerns and incidents and progressing these matters by referring incidents to the relevant local Northern Ireland authorities (Prevention and Protection in Partnership, DHSSPS, 2015³). The NIAS Trust's safeguarding governance structure is designed to support and embed good safeguarding practice within the organisation through policies and procedures, regular training, safe recruitment practice, audits and the collaboration of all NIAS directorates. This training strategy is also relevant to all NIAS staff with a governance role in ensuring the safety of patients, so that they understand their direct and indirect organisational

¹ NIAS Safeguarding Policy , 2021

² NIAS Safeguarding Procedures and Referral Process, 2021

³ DHSSPS and DoJ, Prevention and Protection in Partnership, 2015

safeguarding responsibilities.

2.0 Objective of the Training and Education Strategy

The overall objective of this Strategy is to ensure that:

The Northern Ireland Ambulance Service has a workforce with the necessary knowledge, skills and training in Safeguarding to ensure they can meet their responsibilities in assessing, reporting and recording the risks of abuse and neglect to their patients, and other associated members of the general public who may also be at risk.

The Safeguarding Education & Training Strategy will:

- Define organisational roles and responsibilities related to Safeguarding Education & Training.
- Meet specified Northern Ireland safeguarding standards and educational objectives.
- Meet the Safeguarding education and training needs of all staff and volunteers across the Trust, including the Non-Executive Directors.
- Support systems and procedures to identify and promote individual education and training needs of all staff in NIAS, including personal development reviews.
- Include the monitoring and quality of education delivered.
- Include exploration of delivery modes and involve (if required) external agencies for delivery and collaboration.
- Support the provision of resources available to allow staff to understand their safeguarding responsibilities, including regular updates.
- Assist managers to develop their safeguarding knowledge of staff under their supervision.
- Support the organisation to demonstrate a continuous quality improvement approach and learning culture to ensure the knowledge and competency of staff.

3.0 Roles and Responsibilities

Trust Board

The Board have a collective responsibility to ensure that safeguarding is a core part of clinical governance and patient safety programmes. They are also responsible for ensuring that they promote compliance with effective safeguarding practice and good

collaborative working with partner agencies, and are aware of their legal responsibilities in safeguarding patients.

Chief Executive

The Chief Executive is ultimately responsible for NIAS Safeguarding policy procedures and practice, including the provision of education and training, a responsibility which is discharged through the Director of Quality, Safety and Improvement.

Director of Quality, Safety and Improvement

The role of Director of Quality, Safety and Improvement (DQSI), in conjunction with relevant NIAS training leads, will ensure delivery of the organisational Safeguarding Training & Education Strategy and will report to the Board through the Assurance Committee on its progress via the Safeguarding annual report.

Director of Human Resources and Corporate Services

The Director of Human Resources is responsible for providing assurance with compliance with the Statutory and Mandatory Training Policy. They also maintain contracts with external education providers and will ensure that the Statutory & Mandatory Training Policy is updated as required in accordance with guidance from the Trust Head of Safeguarding and the NIAS safeguarding group.

Risk Manager

The Risk Manager is responsible for working with Directors to identify and manage the risks associated with the implementation and delivery of the Safeguarding Education & Training Strategy and to monitor compliance with related internal and external assurance frameworks in conjunction with the Medical Director and Director of Operations.

Head of Safeguarding

The Head of Safeguarding acts as the NIAS 'adult safeguarding champion' and provides expert, evidence-based leadership on all aspects of the NIAS safeguarding agenda including; undertaking audits, compiling annual reports, leading on policy development, and the implementation of staff education/ training. The Head of Safeguarding will liaise with the UK National Ambulance Safeguarding Advisory Group (NASAG) and disseminate safeguarding learning to further inform this strategy. They will also review NIAS safeguarding training needs in light of Serious Adverse Incidents (SAIs), Case Management Reviews, RQIA recommendations and JRCALC best practice guidance. The Head of Safeguarding will link into regional Northern Ireland safeguarding training developments and update this strategy accordingly. The Head of Safeguarding will liaise with relevant NIAS training staff to monitor and support NIAS safeguarding training and education.

Training Manager

The Clinical Training Manager is responsible for ensuring that Safeguarding training and education is included as appropriate in training development plans, learning outcome plans and is robustly recorded through an effective and accessible training records system.

Training Officers and Clinical Support Officers

Training Officers and Clinical Support Officers are responsible for cascaded delivery of education and training relating to Safeguarding. Through their clinical observation role they will carry out competency based assessments, identifying both good practices as well as providing support when the need for improvement has been identified. They will offer advice or escalating developmental needs through the relevant line manager and training team as required. They will also be responsible for formally sharing outcomes from staff training and competency assessments with line managers to inform staff members' personal development reviews. They should also ensure maintenance of their own level of knowledge in Safeguarding.

Line Managers

All managers must ensure that Safeguarding education & training needs of their staff and themselves are identified, supported and evaluated through personal development reviews and personal development plans. Line managers should facilitate time for completion of training and maintain up-to-date records of all staff training in safeguarding. Line managers should undertake annual personal development reviews with staff and safeguarding training should be a core component of the discussion.

Trust Staff will:

- Demonstrate a commitment to preventing and minimising the risks to vulnerable adults and children and ensure that they complete as a minimum, all safeguarding training as per this Safeguarding Training & Education Strategy
- Be supported to carry out an annual personal development plan to facilitate identification of specific objectives to ensure continuous personal development in Safeguarding
- Maintain competence, skills and knowledge in safeguarding through attendance at education events and/or completion of training
- Demonstrate an acceptable level of competence in the workplace by the application of safeguarding practice and processes and engage in supportive arrangements for improvement or reassessment as appropriate
- Act as a role model to others in the safeguarding of vulnerable adults and children.

4.0 Training Needs

Mandatory Safeguarding Training

As per NASAG⁴ UK safeguarding recommendations, and regional Health and Social Care Board and Safeguarding Board for NI training strategies, all staff / volunteers will be required to complete mandatory Safeguarding training. Please note that due to the Covid 19 pandemic in 2020/21 NIAS staff may in future avail of more on-line learning and training, and less direct face to face NIAS courses.

To ensure that knowledge and skills are up to date relevant staff groups involved in direct patient care or services will be expected to:

- attend safeguarding induction training when they commence NIAS employment (or in a volunteering role)
- complete the Level 2 safeguarding E-learning module every other year and pass any assessment
- attend relevant face to face safeguarding training refresher session, as required.

All other staff **not** involved in direct patient care or services will be expected to:

- complete the Level 1 safeguarding e learning module every three years and pass any assessment.

Corporate Induction Training

Safeguarding Training will be provided during Corporate Induction to all members of staff when joining the organisation. The content will include:

- Raising awareness of the role that all staff play in relation to safeguarding
- Explanation of NIAS Safeguarding Policy & Procedures
- Signposting to sources of safeguarding advice and support and to clinical resources pertaining to Safeguarding in Northern Ireland
- Outlining of ongoing safeguarding training requirements and resource implications

Non-Executive Director Safeguarding Training

A bespoke safeguarding awareness training programme will be delivered to Non-Executive Directors following appointment to the Board and on a three yearly refresher basis thereafter. The training will be tailored to address the roles and responsibilities of Non-Executive Directors in relation to their safeguarding oversight role within NIAS and adherence to regional inter-agency protocols .

⁴ National Ambulance Safeguarding Advisory Group

Associate Ambulance Practitioner (AAP) Safeguarding Training

The Level 4 Diploma for Associate Ambulance Practitioner (AAP) programme includes the Safeguarding and Protection of Individuals and Groups and is delivered in line with regional and UK guidance and expectations (HSCB⁵, SBNI⁶, JRCALC etc) .

Components of the safeguarding training include:

- Understanding the legislation and policies of safeguarding and protection of individuals and groups from abuse and harm to self and others;
- Understanding the importance and needs of child development;
- Understanding the factors that add to the likelihood of abuse and harm to individuals and others;
- Understanding how to recognise abuse and harm;
- Understanding how to respond to suspected or alleged abuse and harm;
- Understanding ways to reduce the likelihood of abuse and harm of individuals and groups;
- Understanding how to recognise and report unsafe practices;
- Understanding the national 'PREVENT' strategy

Foundation Degree in Science (FdSc) in Paramedic Practice

The FdSc is delivered in line with the curriculum approved by the HCPC. Students' prior safeguarding learning from the AAP course is accredited with additional content covered on the FdSc course.

- Year 1 Foundations for Professional Practice module & Social and Cultural Influences in Health Care. Social, psychological and cultural influences affecting healthcare in NI including safeguarding and vulnerable individuals. Ensuring equality, diversity, inclusivity and anti-discriminatory principles in practice (level 4 module).
- Year 2 Practice Based Learning. Preparation for this module introduces the students to the skills and techniques necessary for success in the workplace, including health and safety & safeguarding (level 5 module).
- Year 2 Care and Management of Obstetric/Paediatric Patients – includes person centred approach to care and support for the woman and her family, safeguarding and risk management (level 5 module).

⁵ Health and Social Care Board

⁶ Safeguarding Board for Northern Ireland

Post Proficiency (PP) Clinical Updates

Annual clinical updates are provided to NIAS clinical staff with topics covered reflective of the Trust's clinical priorities, new clinical developments and learning outcomes from the review of complaints and SAs. Post Proficiency training will include Safeguarding updates as appropriate in conjunction with the mandatory Safeguarding e-learning module.

5.0 Assessment of Safeguarding Practice

On completion of all NIAS safeguarding training, participants' basic knowledge and skills will be assessed. Information on the number of staff successfully completing the Safeguarding e-learning module will be recorded and reported for assurance purposes. NIAS safeguarding practice, including recording and referral skills will be monitored and quality assured by the NIAS safeguarding group and the Head of Safeguarding. NIAS operational managers will also be involved in quality assuring and managing safeguarding incidents involving their staff.

6.0 Monitoring & Compliance

Corporate Induction Training

Attendance at corporate induction will be recorded on HRPTS.

e learning and direct training

On successful completion of safeguarding e learning and direct training courses a certificate of completion will be issued to the staff member / volunteer and a record of completion will be recorded electronically on the eLearning platform. A quarterly report will be provided to the Safeguarding Lead, Clinical Training Manager, Area Managers & Station Officers as well as the safeguarding group to inform reporting of safeguarding education and training outcomes and improvement plans as necessary.

Post Proficiency Training

A record of attendance at post proficiency training (incorporating a face to face safeguarding session) will be recorded on HRPTs and will be made available to Safeguarding Lead, Clinical Training Manager, Area Managers & Station Officers as well as the safeguarding group to inform reporting of safeguarding education and training related outcomes.

Competency Assessments of Safeguarding Practice

Individual competency assessments carried out by Clinical Support Officers, Clinical Training Officers and the safeguarding group staff will be recorded on the electronic audit on line system. A copy of the assessment will be formally shared with the relevant line manager to inform personal development reviews and plans.

A quarterly report will be provided from the audit online system by the Safeguarding Lead and the Clinical Training Manager for Area Managers & Station Officers as well as the Safeguarding group to inform reporting of Safeguarding education and training related outcomes and improvement plans as necessary.

7.0 Key Performance Indicators

Safeguarding e learning / direct training

Staff involved in the delivery of direct patient care or services

Compliance Standard

A minimum of 90% compliance with successful completion of Level 2 e learning / direct training module every two years, with ongoing improvement to reach and maintain 100%

Staff not involved in the delivery of direct patient care or services

Compliance Standard

A minimum of 90% compliance with successful completion of Level 1 e learning / awareness module every three years, with ongoing improvement to reach and maintain 100%.

Post Proficiency Safeguarding

Staff involved in the delivery of direct patient care or services

Compliance Standard

A minimum of 90% compliance with staff attendance at post proficiency safeguarding session every two years, with ongoing improvement to reach and maintain 100%.

8.0 Assurance Framework

Safeguarding education and training will be monitored by the Safeguarding team . KPIs will be reported to the Safety, Quality, Experience and Performance Group bi annually and to Trust Board through annually in the Trust Board Annual Safeguarding Position Report. Annual NIAS safeguarding training activity records will be made available to external agencies monitoring agencies such as the RQIA , Department of Health , NASAG and the HSCB as required.

DRAFT



Title:	Safeguarding Policy (Adults, Children and Young People)		
Author(s)	James Marshall (HSC Associate) NIAS safeguarding staff		
Ownership:	Lynne Charlton Director (Quality, Safety and Improvement)		
Date of SEMT Approval:		Date of Trust Board Approval:	
Operational Date:		Review Date:	
Version No:	Version 0.01	Replaces:	2018 version
Key words:	Safeguarding, Protection, Adults , Children, Young People, Safety		
Other Relevant Policies:	<p>Learning from Incidents Policy (NIAS , 2018)</p> <p>Privacy Policy (NIAS, 2018)</p> <p>Your Right to Raise a Concern: Whistleblowing Policy (NIAS 2018)</p> <p>Learning from Serious Adverse Incidents Procedure (NIAS , 2019)</p> <p>Safeguarding Procedures (NIAS , revised 2021)</p> <p>Safeguarding Referral Pathway Policy (NIAS, 2021)</p> <p>Recruitment and Selection Policy (NIAS)</p> <p>Education, Learning and Development Strategy (NIAS, 2017)</p> <p>NIAS Safeguarding Education and Training Strategy (NIAS 2021)</p>		

Version Control for Drafts: (This box to be removed prior to issue).

This helps to identify where changes have been made to a document and ensure that authors/reviewers are accessing the most recent version.

- The first draft should be versioned as 0.1 with subsequent versions 0.2, 0.3 etc. When formally approved it will be issued as 1.0.
- Reviews will then be versioned 1.0.2, 1.0.3. Following second formal review the document will be issued as version 1.1
- If major changes are made to the document then it will be issued as version 2.0.

Date	Version	Author	Comments
2021	V0.1	J. Marshall	Final draft
14.06.21	V0.2	L. Charlton	Amendments to roles and responsibilities section

Contents

1.1	Introduction and background
1.2	Aim of the policy
1.3	Statement / organisational commitment
2.0	Objectives
3.0	Scope of the policy
3.2	Roles and responsibilities
4.0	Legal and policy context
4.3	Confidentiality
5.0	Safeguarding Adults
6.0	Safeguarding Children and Young People
7.0	Allegations against NIAS staff
8.0	Implementation of the policy
9.0	Monitoring
10.0	References
11.0	Consultation Process
12.0	Appendices
13.0	Equality statement

1.0 INTRODUCTION

1.1 Background to policy development:

This Northern Ireland Ambulance Service Trust (NIAS) **safeguarding policy** was developed with reference to current Northern Ireland safeguarding legislation and regional safeguarding policies and procedures on the protection of adults, children and young people (see section 4). This policy sets out the overall aim and role of NIAS in meeting its safeguarding responsibilities and should be read in conjunction with other NIAS policies, procedures, and guidance (see page 1), including the NIAS **safeguarding procedures**¹ (NIAS, 2021). At the time of this policy development NIAS were co-operating with the five Health and Social Care Trusts to develop streamlined NIAS ‘safeguarding’ and ‘welfare’ referral pathway processes. This policy was also developed with reference to UK Ambulance Trusts clinical guidance practice, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2019².

1.2 Aim:

The overall aim of the policy is to ensure that the NIAS fulfils its professional responsibilities in relation to safeguarding adults and children in Northern Ireland, in partnership with other key agencies (Health and Social Care Trusts, PSNI, HSCB, RQIA and the Department of Health). This policy statement applies to all NIAS Trust Board members, staff, and volunteers and sets out their individual responsibilities under the policy.

¹ Draft NIAS Safeguarding (including welfare) Procedures, including referral pathways document (2020)

² JRCALA, Clinical Practice Guidelines, (2019)

1.3 NIAS Safeguarding Statement:

Safeguarding vulnerable adults and children is everyone's responsibility and all NIAS personnel are committed to protecting all patients (and others) from abuse and neglect and refer any safeguarding concerns to the appropriate organisations in Northern Ireland.

Given the nature of NIAS services, including emergency and transport services, ambulance staff interact with many patients and members of the public and thus have an important front-line role in safeguarding them. NIAS staff visit many patient's homes, (including residential care and nursing homes), and are often in a position to assess risks to adults and children, and general welfare issues, including 'neglect' (see sections 5 and 6). Ambulance Trust's recognise that good practice in protecting adults and children at risk from 'significant harm' and neglect, is most effective within a multi-agency approach (JRCALC, 2019), and NIAS is committed to inter-agency co-operation and a robust referral process.

NIAS staff have an important role in identifying safeguarding concerns and incidents and progressing these matters by referring them to the relevant local Northern Ireland authorities (Prevention and Protection in Partnership, DHSSPS, 2015³). The NIAS Trust's safeguarding governance structure is designed to support and embed good safeguarding practice within the organisation through policies and procedures, regular training, recruitment practice, audits and the collaboration of all NIAS directorates.

2.1 Organisational Commitment:

NIAS is committed to safeguarding and protecting adults, children and young people through a number of processes including :

- ⇒ Safer recruitment and selection of staff and volunteers (using Access NI)
- ⇒ Safeguarding policies, procedures and guidance
- ⇒ Management, support, supervision and training of staff and volunteers
- ⇒ Recognising, responding to, recording and reporting concerns about abuse
- ⇒ Risk assessment and management of safeguarding activities
- ⇒ Receiving and management of concerns and complaints, including allegations against NIAS staff
- ⇒ Management of safeguarding records, respecting confidentiality and sharing of information with appropriate authorities, as per legal and policy guidance
- ⇒ Co-operation with other agencies on SAI's⁴ and other reviews

³ DHSSPS and DoJ, Prevention and Protection in Partnership, 2015

⁴ Serious Adverse Incidents (SAI) Department of Health

2.1 OBJECTIVES

The objectives of this safeguarding policy are:

- To set-out the legal and policy safeguarding context in Northern Ireland and how NIAS staff meet these requirements
- To ensure that all NIAS staff understand and know how to act in accordance with their safeguarding roles and responsibilities, as per this policy and associated NIAS procedures 2021 .
- To ensure that all staff have an understanding of how to recognise and respond to adults and children at risk of harm and abuse.
- To ensure that there are procedures in place to support staff, including clinical supervision, when making safeguarding assessments and referrals
- To clarify lines of responsibility for safeguarding within NIAS
- To identify how information will be shared with other relevant agencies (HSCT's, HSCB, RQIA, PSNI, SBNI) in order to safeguard patients and others, at risk

3.0 SCOPE OF THE POLICY

- 3.1** This policy applies to the NIAS Trust Board, staff, and should be made known to partner agencies who work in conjunction with, or on behalf of NIAS. This includes NIAS patient care staff and those others who may be managers, controllers etc who may not come into direct contact with patients or relatives / carers.

3.2 ROLES/RESPONSIBILITIES

This sets out the roles/responsibilities of the various staff groupings within NIAS, including those who are responsible for implementing and monitoring adherence to the policy. The policy should be read in conjunction with other staff professional body safeguarding responsibilities.

3.3 Trust Board

To scrutinise and ensure NIAS safeguarding obligations are met. The Trust Board also ensures that safeguarding remains integral to the Trust risk management strategy and governance processes.

3.4 Chief Executive

The Chief Executive is the executive member of the Trust Board with overall accountability in relation to safeguarding.

3.5 Medical Director

Act as the Trusts Caldecott Guardian and provides expert clinical advice in relation to Safeguarding matters. Is responsible as the Lead Director for the Training School for ensuring that Safeguarding training and education is delivered in line with NIAS Safeguarding Training and Education Strategy.

3.6 Director of Quality, Safety and Improvement

The Director of Quality Improvement and Safety is the nominated director responsible for Safeguarding leadership across the organisation, setting strategic objectives to ensure safeguarding is a priority and a regular agenda item at a senior level and is accountable for the governance of safeguarding to the Board, regulators and partners. He/she is responsible for making any referral to the Independent Safeguarding Authority.

3.7 Director of Human Resources & Corporate Services

The Director of Human Resources and Corporate Services must ensure that the Trust is compliant with all safeguarding vetting and enhanced disclosure recruitment processes, training requirements, and that all staff receive the appropriate level of training. He / She must ensure that records are kept on the required training statistics and ensure that the Trusts recruitment process follows that of the Safer Recruitment guidelines.

3.8 Director of Operations

The Director of Operations will ensure operational implementation and adherence to this policy. The Director will authorise the release of operational staff to contribute to external safeguarding investigations.

3.8 Risk Manager

The Risk Manager has a responsibility, in conjunction with the Head of Safeguarding, for the development and implementation of systems and processes for safeguarding, working with other Trusts in line with local and national standards and legislation. The Risk Manager will collate Management Reports to monitor the number of safeguarding referrals and will monitor the referral processes periodically to ensure referrals are being made appropriately.

3.9 Head of Safeguarding

The Head of Safeguarding acts as the NIAS 'adult safeguarding champion' (ASC) and provides expert, evidence-based leadership on all aspects of the safeguarding agenda including; referral processes, undertaking audits, compiling annual reports, leading on policy development, education/ training content and guidance. Provides in conjunction with other clinical managers, safeguarding supervision to advise and support staff. Acts as a link between NIAS and external safeguarding agencies (HSCT's , PSNI, SBNI and HSCB adult safeguarding panels). Disseminate learning from local safeguarding Inquiries ,Case Management Reviews, Serious Adverse Incidents (SAIs), and JRCALC, UK wide best practice. The Head of Safeguarding will

represent NIAS on such external bodies, processes, as appropriate. The post holder will also provide, as the ASC, strategic safeguarding leadership, and oversight in the implementation of this policy. The ASC will also compile an annual safeguarding 'position report' that will be shared with NIAS senior management, and be available for external auditing purposes by the LASP, RQIA and the DoH.

3.10 Area Managers & Station Officers

Liaise with the Head of Safeguarding and act as representatives of the NIAS Trust at appropriate meetings with agency partners in relation to safeguarding referrals to HSCT's, RQIA etc. He/she will arrange for the staff involved in any incident to be supported and to offer evidence of their experience and observations. The Manager will also support their staff when involved in a safeguarding incident and ensure the necessary recording requirements are complied with.

3.11 Clinical Training Manager

The Clinical Training Manager is responsible for ensuring that Safeguarding training and education is included as appropriate in training development plans, learning outcome plans and is robustly recorded through an effective and accessible training records system.

3.12 Training Officers and Clinical Support Officers

Training Officers and Clinical Support Officers are responsible for cascaded delivery of education and training relating to Safeguarding. Through their clinical observation role they will carry out competency based assessments, identifying both good practices as well as providing support when the need for improvement has been identified. They will offer advice or escalating developmental needs through the relevant line manager and training team as required. They will also be responsible for formally sharing outcomes from staff training and competency assessments with line managers to inform staff members' personal development reviews. They should also ensure maintenance of their own level of knowledge in Safeguarding.

3.11 NIAS Staff

All NIAS Staff are required to act at all times to safeguard the health and well-being of all patients (and others) and this includes children or vulnerable adults in need of protection, or care. Through training and service updates all staff should be able to recognise and respond to safeguarding concerns. They should be familiar with, and adhere to the Trust's policies and procedures and participate in mandatory safeguarding training.

3.11 Operational staff (including staff with control involved in safeguarding referrals)

NIAS Operational staff should use their training to assess patient's safeguarding needs and in discussion with the patient where possible, seek to gain consent for raising a safeguarding concern and where appropriate to make concern known to the

local social services (or out-of-hours, the regional emergency social work team). In some safeguarding circumstances consent may not be required if it is a reasonable action required to protect a child or vulnerable adult, and staff must report possible criminal offences to the PSNI (see procedures also). *Paramedics have an additional professional safeguarding responsibility, as per their professional guidance.

3.12 Agency students, contractors and volunteers

All staff, contractors, volunteers, observers and visitors have a duty to act and respond to concerns about safeguarding in a timely manner, and undertake safeguarding training to the required levels. External partners should have their own internal safeguarding policies and procedures.

4.0 Legal and Policy context in N. Ireland

This section defines the regional legal and policy context for adult and child safeguarding in which NIAS staff operate. Please note there can be some regional variation between the five Health and Social Care Trusts in how these policies are operationalised.

4.1 The Human Rights context to safeguarding

All the laws and policies listed below for adults and children in Northern Ireland are subject to the Human Rights Act 1998. The safeguarding elements in the Act complement broader human rights protections. The Human Rights Act 1998 includes a right not to be subject to torture, inhuman or degrading treatment (article 3) and a right to enjoy private, family and home life, without unjustified interference from public authorities (article 8).

Serious abuse can be a violation of article 3, whilst risk averse or disproportionate public authority responses can be a violation of article 8. If it is a self-neglect issue for example in a patient's home, an authority (such as NIAS) has to think about balancing the rights of the patient to 'home and family life' and the duty to protect him/ her. This will often mean balancing conflicting rights, see additional NIAS policy and guidance on 'consent' and 'capacity' issues. NIAS staff will liaise with external partner agencies in reaching some of these thresholding decisions.

4.2 Confidentiality:

NIAS will share information on a 'need to know' basis to safeguard children and adults with relevant agencies. When possible and appropriate, patient / parental consent will be sought but 'access to identifiable information will be shared in some limited circumstances where its legally required for the safety of the individuals concerned' (or others).

(ref: NIAS, Privacy Policy)

5.1. Adult Safeguarding: Legislation and policies:

- Safeguarding Vulnerable Groups (NI) Order 2007
- Mental Health Order (NI) 1986
- Police and Criminal Evidence (NI) Order 1989
- Public Interest Disclosure (NI) Order 1998
- Family Homes and Domestic Violence (NI) Order 1998
- Mental Capacity Act (NI) 2016
- Adult Safeguarding: Prevention and Protection in Partnership Policy (DHSSPS, DoJ, 2015)
- Adult Safeguarding Operational Procedures: Adults at risk of harm and adults in need of protection (HSCB, 2016)
- Protocol for the Joint Investigation of Adult Safeguarding (NIASP, 2016)

5.2 Defining Adult Safeguarding :

An '**adult at risk of harm**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) **personal characteristics AND/OR**
- b) **life circumstances**

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. **Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An '**Adult in need of protection**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) **personal characteristics AND/OR**
 - b) **life circumstances AND**
 - c) who is **unable to protect** their own well-being, property, assets, rights or other interests;
- AND**
- d) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

(Ref: Adult Safeguarding: Prevention to Protection in Partnership, DHSSPS, DoJ, 2015)

The decision as to whether the threshold of an 'adult in need of protection' is met will demand the careful exercise of professional judgement applied on a case by case basis. This will take into account all the available evidence, concerns, the impact of harm, degree of risk

and other matters relating to the individual and his or her circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met (see procedures also). NIAS staff will consult with other agencies on this definition in practice.

5.3 Types of adult abuse:

The main forms of abuse are: (ref: Prevention and Protection in Partnership, HSC, 2016)

Physical abuse

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual violence and abuse

Sexual abuse is any behavior perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological / emotional abuse

Psychological / emotional abuse is behavior that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organization,

within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviors, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

This policy does not include self-harm or self-neglect within the definition of an 'adult in need of protection'. Each case will require a professional Health and Social Care (HSC) assessment by the adult safeguarding team (including NIAS) to determine the appropriate response and consider if any underlying factors require a protection response. For example, self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose, which may meet the criteria.

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

This list of types of harmful conduct is not exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

5.4 Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place. NIAS staff need to be aware of these concepts.

Domestic violence and abuse

Domestic violence or abuse is threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective

of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour characterized by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography. In Northern Ireland the MARAC⁵ process is used to assess risks and develop a protection plan for the victim.

Human trafficking

Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

Hate crime

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice-led mechanisms and the HSC Trust adult protection arrangements described in this policy.

5.5 Consent and Capacity:

Safeguarding adults and children are often complex and challenging situations. The focus of any NIAS intervention must be on promoting a proportionate, measured approach to balancing the risk of harm with respecting the adult's choices⁶ and preferred outcome for their own life circumstances. 'The right of a person with capacity to make decisions and remain in control of their life must be respected. Consideration of 'capacity' and 'consent' are central to adult safeguarding, for example, in determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed or where they choose to take risks' (ref: Mental Capacity Act (NI) 2016; DHSSPS, DoJ, 2015). NIAS staff will come into contact with many 'vulnerable' adult patients, due to age, addiction, disability etc, so advice must be taken in relation to the appropriate referral pathway, as a

⁵ Multi-agency Risk Assessment Conference (MARAC) DoJ, 2010

⁶ Children and Young People are different , as age and capacity to make decisions is an issue. (Children NI Order 1995)

‘welfare referral’ to social services may be more appropriate (currently under review by HSC Trusts).

For consent to be valid, the decision needs to be informed, made by an individual with ‘capacity’ to make decisions and made free from coercion, constraint or undue influence. Each decision must be considered on its own merits as an adult may possess capacity to make some decisions but not others and/or the adult’s lack of capacity to make decisions may be temporary rather than permanent. A consent-driven approach to adult safeguarding will always involve making a presumption that the adult at the centre of a safeguarding decision or action has the capacity to give or withhold consent unless it is established otherwise. The situation for children and young people will be different, dependent on age and level of understanding, see section 6.

6.1 Safeguarding Children and Young People:

Key Legislation and Policies:

- The Children (NI) Order 1995
- Criminal Law Act (NI) 1967
- Children’s Services Co-operation Act (NI) 2015
- Co-operating to Safeguard Children and Young People in NI, DoH, 2017
- Regional Core Child Protection Policies and Procedures for N. Ireland (2018)
- Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of Child Abuse - Northern Ireland (PSNI, HSC, 2018)

The legislative framework for Northern Ireland’s child protection system is set out in [The Children \(Northern Ireland\) Order 1995](#). This sets out parental responsibilities and rights and the duties and powers public authorities have to support and protect children. For NIAS staff visiting families it may be worth establishing which adults present have ‘parental responsibility’ to make decisions but other family members may be used to provide temporary safeguarding arrangements, as agreed with social services. The Children (NI) Order defines a ‘child’ as anyone under the age of 18 years in Northern Ireland.

The creation of the regional Safeguarding Board for Northern Ireland (SBNI) was set out in law in the [Safeguarding Board Act \(Northern Ireland\) 2011](#). This also established five Safeguarding Panels to support the SBNI’s work at a Health and Social Care Trust level (HSCT). NIAS liaises with the SBNI and social services in relation to children and young people safeguarding issues.

The [Children’s Services Co-operation Act \(Northern Ireland\) 2015](#) requires public authorities to co-operate in contributing to the wellbeing of children and young people, and NIAS works closely with the Health and Social Care Trusts and the PSNI to safeguard children.

Under Section 5 of the [Criminal Law Act \(Northern Ireland\) 1967](#), it is an offence not to report a 'relevant offence' to the police. This includes offences against children and adults and NIAS staff have a protocol with the PSNI on such matters.

Revised regional core child protection policies and procedures for Northern Ireland (Safeguarding Board for Northern Ireland, 2018)

This provides definitions of the types of abuse and neglect and explains the actions that must be taken when there are concerns about the welfare of a child/young person, including:

- core procedures including the referral process
- individuals who pose a risk to children and young people
- learning and improvement to support and develop child protection
- the roles and responsibilities of the Safeguarding Board for Northern Ireland
- interagency guidance and protocols
- the role of child protection case conferences

Health and Social Care Board (HSCB) (2016) [Protocol for joint investigation by social workers and police officers of alleged and suspected cases of child abuse – Northern Ireland \(.DOCX\)](#). [Belfast]: Northern Ireland Executive government. This sets out how social workers and police officers investigate child abuse as part of a criminal investigation, including the use of specially trained staff who conduct video interviews. The service can be accessed through the HSCT's or the PSNI Public Protection, Central Referral Unit (CRU). If NIAS staff do talk to children about child protection issues, it is important that the questions asked and the child's responses are recorded, but it is not our role to investigate child abuse. (see safeguarding procedures also)

6.3 The guiding principle in child protection is that the Child's needs are paramount

The Dept. of Health Co-operating to Safeguard Children and Young People in N. Ireland (2017) regional policies and procedures, outline the main definitions of child abuse and neglect and state that harm from abuse is not always straightforward to identify, and a child or young person may experience more than one type of harm or significant harm.

6.4 Significant Harm can manifest itself in the following categories (not mutually exclusive):

- Physical abuse;
- Sexual abuse;
- Emotional abuse;
- Neglect; and
- Exploitation

Physical Abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Sexual Abuse occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Emotional Abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Neglect is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

Exploitation⁷ is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature

(ref: Co-operating to Safeguard Children and Young People, DoH, 2017)

6.5 NIAS role in safeguarding children and young people:

Co-operating to Safeguard Children and Young People in Northern Ireland , (CtSC) , DoH , 2017) sets out the role of NIAS and Fire and Rescue service safeguarding duty:

⁷ Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

‘As front-line responders, all emergency services have the potential to come across children who have safeguarding needs. The Northern Ireland Ambulance and Fire and Rescue Services may respond in circumstances where they identify a vulnerable child, or a child in need of protection. All staff and volunteers acting as front-line responders in these emergency services should be alert to the signs of harm and abuse, and know when and how to refer concerns about a child’s welfare to a HSCT Gateway Service, taking immediate protective action when required’.

(CtSC, 3.7, DoH, 2017)

6.6 Child abuse and neglect is investigated in a multi-agency basis and NIAS staff will be supported in assessing and referring these situations by NIAS managers and safeguarding staff (see procedures for further information) All children and young people should be informed and their views sought in any safeguarding interventions but if at risk, decisions may be taken to safeguard them and to promote their welfare by making a referral.

6.7 Referrals and recording :

The NIAS referral processes were reviewed in 2021 in conjunction with the HSCT’s and the HSCB. NIAS personnel make safeguarding referrals for adults and children through the appropriate HSC Trust’s social work adult safeguarding teams / child protection gateway services and the regional emergency out-of-hours social workers. NIAS adhere to all regional safeguarding legislative and policy guidance and referrals are made to the Health and Social Care Trusts and / or the PSNI on a 24/7 basis. All NIAS safeguarding and ‘welfare’ referrals will be appropriately recorded as per NIAS guidance, and will be shared confidentially, within current GDPR requirements. Detailed guidance on the referral and follow-up process is provided for staff in the updated NIAS safeguarding and welfare procedures (see NIAS safeguarding and welfare procedures 2021⁸).

7.0 Safeguarding allegations against NIAS staff or agency representatives:

7.1 NIAS staff will be trained and given guidance and support on how to safely interact with patients and vulnerable members of the public and what may happen if a safeguarding allegation is made against them. NIAS will investigate the matter without prejudice and will have to contact other relevant agencies, as per the Protection of Children and Vulnerable Adults (NI) Order 2003. Please see the NIAS disciplinary policy and other relevant HR procedures for further information.

8.0 IMPLEMENTATION OF THE POLICY

8.1 Dissemination

8.1.1 The publication of this policy will be disseminated to all members of staff. Any related updated policies and referral pathways guidance will also be widely shared.

⁸ NIAS Safeguarding (and Welfare) Procedures and Referral Pathways 2021

8.2 Resources

The NIAS Head of Safeguarding will ensure governance of this policy and accompanying procedures and guidance. He / She will monitor the use of sufficient resources to support good safeguarding practice within NIAS. The Head of Safeguarding shall work with all other NIAS directorates to provide effective safeguarding practice and monitor its effectiveness in line with best clinical practice.

8.3 Exceptions

- 8.4 Section 2.0 details all areas where the policy is to apply. This is to note any area that has been noted as exempt because it is currently unable to comply with or implement the policy.

9.0 MONITORING

9.1 The number of safeguarding incidents and referrals (including UIR1s) involving NIAS will be monitored by the Head of Safeguarding and the Risk Manager to ensure best practice. In addition to regular reporting and providing assurance to the Trust Board that NIAS has robust safeguarding arrangements, the Trust will be subject to inspection by the Regulation, Quality and Improvement Authority and will continually provide assurance to commissioners that safeguarding policies and practice meet regional requirements.

9.2 The Strategic Learning Review Group will share lessons learned from Case Management Reviews (CMR's) Adult Safeguarding Reviews, SAI's and Complaints which are deemed by the Head of Safeguarding and the Risk Manager to be relevant for wider Trust learning.

9.3 This information will then be disseminated to staff (when relevant) through divisional team meetings, newsletters, website and clinical bulletins. Training and Education will also be informed to ensure up-to-date staff learning and development.

9.4 Action plans from Individual Management Reviews will be monitored at the Safeguarding Forum and Clinical Governance Group and where required will be escalated to the Quality Governance Committee

10.0 REFERENCES

- *Adult Safeguarding Prevention and Protection in Partnership* published jointly by the Department of Justice and Department of Health in 2015
- Adult Safeguarding Operational Procedures: Adults at risk of harm and adults in need of protection (HSCB, 2016)
- Association of Ambulance Chief Executives: *Clinical Practice Guidelines*, JRCALC, 2019
- Children (Northern Ireland) Order 1995, Belfast , HMSO

- Children's Services Co-operation Act (Northern Ireland) 2015
- Department of Health 2017 '*Co-operating to Safeguard Children and Young People in Northern Ireland.*' , DoH, 2017
- Family Homes and Domestic Violence (NI) Order 1998
- Mental Health Order (NI) 1986, Belfast, HMSO
- Mental Capacity Act (NI) , 2016 , Belfast: HMSO
- NIAS (draft) Safeguarding (and Welfare) Procedures and Referral Pathways 2020, *
- Police and Criminal Evidence (NI) Order 1989
- Protocol for the Joint Investigation of Adult Safeguarding (NIASP, 2016)
- Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of Child Abuse - Northern Ireland (PSNI, HSC, 2018)
- Public Interest Disclosure (NI) Order 1998
- Regional Core Child Protection Policies and Procedures for N. Ireland, SBNI (2018)
- Regional Implementation Policy on the Operation of the Place of Safety and Conveyance to Hospital under the Mental Health (NI) Order 1986 (Dec 2019)
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- The *Human Rights Act 1998* can be accessed at: <http://www.legislation.gov.uk/ukpga/1998/42/contents>
- The *UN Convention on the Rights of Persons with Disabilities*, the *UN Convention on the Elimination of Discrimination Against Women* (CEDAW), and the *EU Istanbul Convention* on domestic and sexual violence against women 4

11.0 CONSULTATION PROCESS

- 11.1 Include a list of those groupings consulted in the development of this policy, e.g. Trade Unions, Specialist Committees, User groups, Section 75 groups.
- In the development of the Safeguarding procedure and early policy development, a range of staff were consulted – it was issued to the Assurance Committee, it was circulated to Trade Union representatives, it was circulated to Operational Managers.

12.0 APPENDICES / ATTACHMENTS

- 12.1 TBC

13.0 EQUALITY STATEMENT

- 13.1 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.

10.2 The outcome of the screening exercise for this policy is:

Major impact ☐
Minor impact ☐
No impact. ☐

11.0 SIGNATORIES

Lead Author **Date:** _____

Lead Director **Date:** _____





NIAS (Interim*) Safeguarding Procedures and Referral Process

Title:	Safeguarding Proceedings (Adults, Children and Young People)		
Author(s)	Lynne Charlton Director QSI James Marshall (HSC Associate) Relevant NIAS staff		
Ownership:	Lynne Charlton Director (Quality, Safety and Improvement) Head of Safeguarding TBC		
Date of SEMT Approval:		Date of Trust Board Approval:	
Operational Date:	2021	Review Date:	2022
Version No:	Version 0.01	Replaces:	2019 version
Key words:	Safeguarding, Procedures , Referral, Protection, Adults , Children, Young People, Safety		
Other Relevant NIAS Policies:	Learning from Incidents Policy (NIAS , 2018) Privacy Policy (NIAS, 2018) Learning from Serious Adverse Incidents Procedure (NIAS , 2019) Safeguarding Policy (NIAS , 2021) Recruitment and Selection Policy (NIAS) Education, Learning and Development Strategy (NIAS, 2017) Private Providers Commissioning Contracts (NIAS) Regional Implementation Protocol on the Operation of Place of Safety and Conveyance to Hospital under the Mental Health (NI) Order 1986 (Dec 2019) [NIAS – PSNI Interagency Protocol] Your Right to Raise a Concern (Whistleblowing) Policy (NIAS, 2019)		

*Pending new referral agreement with the Health and Social Care Trust

NIAS Safeguarding Procedures and Referral Procedures: (Interim)

Contents:

- 1.1 Introduction
- 2.1 Policy context
- 3.1 Definitions – safeguarding Adults, Children and Young People
- 4.1 Recognising safeguarding issues
- 5.1 Responding to safeguarding issues
- 6.1 Recording safeguarding issues
- 7.1 Making a Referral
- 8.1 Safeguarding contacts
- 9.1 Support and advice
- 10.1 References
- 11.0 Appendices

1.1 Introduction:

Context: This interim, updated NIAS Safeguarding Procedure (2021) replaces the previous 'NIAS Safeguarding Referral Procedure' (reviewed January 2019) and it was developed in-lieu of ongoing consultation with the five Health and Social Care Trusts and the HSCB on developing new referral pathways for patient 'welfare' referrals. This procedure was developed with reference to UK Ambulance Trusts clinical guidance practice, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2019, the Regional Northern Ireland Adult Operational Safeguarding Procedures (HSCB, 2015) and the Regional Core Child Protection Policies and Procedures (SBNI, 2018) .

1.2 NIAS Safeguarding Statement: (NIAS Policy, 2021)

Safeguarding vulnerable adults and children is everyone's responsibility and all NIAS personnel are committed to protecting all patients from abuse and neglect and refer any safeguarding concerns to the appropriate organisation in Northern Ireland.

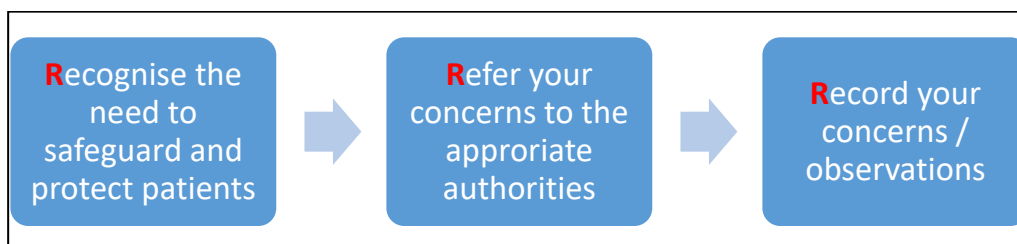
These procedures were informed by the updated NIAS Safeguarding Policy (2021) and this document should be read in conjunction with this policy.

2.1 NIAS Policy Context:

NIAS Trust promote the concept that **safeguarding is everyone's responsibility** and NIAS staff and volunteers need to know what to do when there is a safeguarding situation, how to report it, and how to record it. This procedure applies to both adults and children at risk of abuse and neglect (see definitions and section 3.1). All NIAS staff must adhere to these procedures.

NIAS staff will often be the first response agency to become aware of safeguarding risks as they treat and transport many patients, this provides them with unique access to their homes and individual circumstances. It is not the role of NIAS staff to fully assess or investigate concerns; however it is the role of NIAS staff, volunteers and agencies working on behalf of NIAS, to be vigilant about safeguarding issues and refer patients where concerns are identified. (This issues of 'consent' and 'capacity' are dealt with in section 7).

The aim of these Safeguarding Procedures for NIAS staff is the 3 R's:



NIAS make safeguarding referrals and manage these situations in partnership with Health and Social Care Trust's social work teams, the PSNI, GP's, and nursing staff in hospitals and the community. NIAS staff **must not** assume that a third party (PSNI, hospitals etc) will pass on safeguarding information on behalf of NIAS to the safeguarding agencies (Health and Social Care Trusts adult and children's gateway teams and RESWS). As per NIAS policy and procedures, NIAS staff or persons / agencies working on behalf of NIAS, **must** themselves report the abuse or neglect of children or adults to the relevant authority, in a timely manner if they have concerns (see sections 5 and 7).

2.2 Imminent Safeguarding Risk and use of Place of Safety

Where there is an immediate safeguarding risk to the patient, the PSNI **must** be called (NIAS – PSNI Interagency Protocol). Patients may also be transported to the ED as a 'place of safety' even where there is no clinical need in order to safeguarding them (children or adults). In these circumstances, the receiving nurse and social services should be fully informed about the reason why the patient was transported to the ED. A safeguarding referral **must** also be made and an Untoward Incident Report (UIR) completed – see section 7.

There is a special protocol between NIAS and the PSNI on the transport of mental health patients and the use of a place of safety (Regional Interagency Protocol on the Operation of the Place of Safety and Conveyance to Hospital under the Mental Health (Northern Ireland) Order 1986 (NIAS, PSNI, 2019). See Mental Capacity Act Assessment Guidance also.

2.3 Safeguarding allegations concerning NIAS staff / Volunteers

Through pre-employment checks, training, practice guidance and policies, NIAS aim is to minimise the risk of an allegation against a staff member / volunteer. However, NIAS will thoroughly investigate all staff safeguarding allegations, as per NIAS and DBS¹ regional guidance and in partnership with other key agencies, such as the PSNI. If a member of NIAS staff has a safeguarding concern in respect of an incident involving a colleague they should report this to their line manager or where the employee does not feel it is appropriate to address with a line manager, advice can be sought from a trade union or professional body. There is also advice in section 6 and 7 of the NIAS Whistleblowing Policy.

2.4 Governance

¹ Disclosure and Barring Service

The monitoring and quality assurance of NIAS safeguarding procedures and the referral process, is managed by the QSI Directorate, and the Head of Safeguarding, in conjunction with the internal NIAS risk management team. NIAS safeguarding issues and referrals are also managed in partnership with key external agencies such as, the police, social services, Dept. of Health and the RQIA.

2.5 Confidentiality

NIAS will share information on a 'need to know' basis to safeguard children and adults with relevant agencies. When possible and appropriate, patient / parental consent will be sought but 'access to identifiable information will be shared in some limited circumstances where its legally required for the safety of the individuals concerned' (or others). (ref: NIAS, Privacy Policy and GDPR guidance).

3.1 Definitions of safeguarding (adults and children) and 'welfare' considerations.

There is currently regional guidance on what constitutes 'safeguarding / protection' criteria but there is no agreed definition on 'welfare' thresholds.

An '**Adult at risk of harm**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) **personal characteristics AND/OR**
- b) **life circumstances**

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. **Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An '**Adult in need of protection**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) **personal characteristics AND/OR**
- b) **life circumstances AND**
- c) who is **unable to protect** their own well-being, property, assets, rights or other interests;

AND

- d) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

3.2 Referral thresholds

The decision as to whether the threshold of an 'adult in need of protection' is met will require the careful exercise of professional judgement applied on a case by case basis. This will consider all the available evidence, concerns, the impact of harm, degree of risk and other matters relating to the patient's individual circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met, this will usually involve the PSNI and social services. The Health and Social Care Trusts and the Regional Emergency Social Work Service will have criteria for what meets their threshold. If there is disagreement then the incident can be escalated under current regional policies – (see 10.1)

3.3 Types of Adult Abuse / Neglect:

The main forms of abuse are: (ref: adapted - Prevention and Protection in Partnership, HSC, 2016)

Physical Abuse

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty

Sexual Violence & Abuse

Sexual abuse is any behavior perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, and grooming. It may involve physical contact or non-penetrative sexual activities. Sexual abuse can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological/Emotional Abuse

Psychological / emotional abuse is behavior that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial Abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional Abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place. *(NIAS report such matters to the RQIA and the relevant HSCT)

Neglect

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

Exploitation

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

3.4 Related Definitions (other forms of abuse)

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

Domestic violence or abuse

Domestic violence or abuse is threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. In Northern Ireland the MARAC² multi-agency process is used to assess risks and develop a protection plan for the victim in high risk cases.

Human trafficking

Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

Hate Crime

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

3.5 Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. NIAS staff role is to refer all such matters not to investigate them, but crews may witness some situations or have information told to them that forms an important part of the overall multi-agency investigation.

3.6 Not sure if it's a safeguarding issue? ('Welfare' type situations)

Please note that some patient safety circumstances (or it could be information on a risk to others e.g. a patient's children) are not always clear to NIAS staff. As a result, some NIAS safeguarding referrals to social services (and other agencies) may be considered 'welfare type' referrals, rather than immediate patient risk or harm situations. They may not be accepted as appropriate

² Multi-agency Risk Assessment Conference

‘safeguarding’ referrals. They must still be referred on to relevant agencies without delay, especially if you have concerns and think the patient / carer needs assistance. These patients may still be considered ‘vulnerable’ and in need of a ‘welfare’ referral as they need services, support or additional care. One common example of this are patient’s in long-standing self-neglect situations, often involving their misuse of alcohol or drugs. Many of these situations will, and should be, referred to the relevant social services team (mental health, older people, disability etc.), for assessment of services rather than investigated as a protection issue.

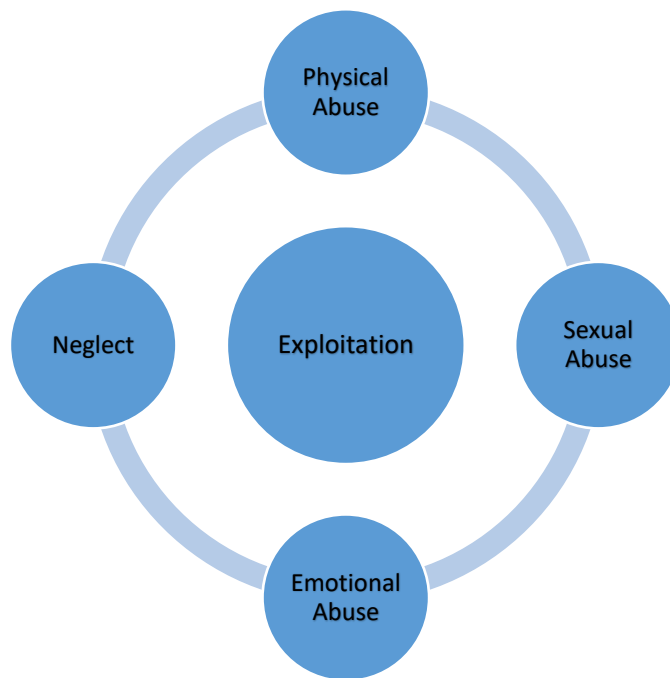
**At the time of updating this policy an agreed definition of a ‘welfare’ case, or a referral pathway, has not been agreed with the HSCT’s, but the welfare referrals must still be made by NIAS staff, under these procedures. (see section 7)*

3.6 Safeguarding Children and Young People

In Northern Ireland a ‘child’ is legally defined as anyone under the age of 18 years (Children (NI) Order 1995) The guiding principle in child protection is that the Child’s needs are paramount but it is important for NIAS staff to recognise the role of parents and those with ‘parental responsibility’ in safeguarding their children.

The Dept. of Health Co-operating to Safeguard Children and Young People in N. Ireland (2017) regional policies and procedures, outline the main definitions of child abuse and neglect and state that harm from abuse is not always straightforward to identify, and a child or young person may experience more than one type of harm or ‘**significant harm**’.

Significant Harm can manifest itself in the following categories (these are not mutually exclusive):



Categories of Abuse : Children

Definitions:

Physical Abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Sexual Abuse occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children – peer abuse.

Emotional Abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Neglect is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

Exploitation is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation.

(ref: Co-operating to Safeguard Children and Young People, DoH, 2017)

3.7 NIAS staff will always safeguard child and young person patients at risk of neglect or abuse by referring them to the Children's Gateway Team in each HSC Trust, there is a single point of entry (see section 8). Consent is not required for a safeguarding children or young person referral, but if appropriate, some older young people may be informed about the process.

3.8 Chaperones for children

NIAS staff may be responding to calls for children and young people where there is no parent / responsible adult present. If possible attempts should be made to contact someone with parental responsibility to accompany the child during hospital transportation for example. If not available another adult known to the child may chaperone the child, but this issue should not delay the need for clinical intervention or ED assessment.

4.1 Recognising Safeguarding issues:

NIAS staff are often in a unique position to identify safeguarding issues, as crews are in many homes and often see patients in a crisis situation. They are also in a position to assess standards of care provided and clinical interventions often involve intimate conversations with patients.

NIAS responsibilities to make safeguarding referrals are not determinate on whether a patient is transported to hospital, or not. All staff must be aware of what to do and if it is a complex decision, seek advice from NIAS staff or external personnel (PSNI,

social services, GP etc.). NIAS staff cannot rely on a third party making the referral, ED staff, PSNI, GP etc.

Based on common situations encountered by NIAS staff, the following are examples of situations that may require immediate referrals: (not in any order of priority)

- A patient who has suffered harm or abuse from a third party (this could be a family member / carer)
- A patient whose physical or medical needs have been neglected by someone in a caring position
- When told by a third party that there has been abuse or neglect of a child or adult – even if you don't witness anything
- All sudden and unexpected deaths of children and young people (including SUDICA) – immediate PSNI contact required
- Patients in residential / nursing home care or looked after children in homes / foster care where there is suspected neglect or abuse by carers
- Vulnerable patients (through age, mental ill-health or disability) with inadequate care arrangements, including domiciliary care, that poses an immediate risk to their health or well-being
- Children at risk because they are in the care of adults under the influence of drugs or alcohol, or otherwise incapacitated
- Children and young people self-harming
- Children and young people (under 18 years) under the influence of alcohol or drugs
- Adult victims and children in households where there is domestic abuse / violence
- Patients who are suffering significant harm through exploitation, such as human trafficking
- A safeguarding incident involves a NIAS member of staff, or an allegation is made

Based on common situations encountered by NIAS staff, the following are some examples when a 'welfare' rather than a 'safeguarding' referral could be made: (these may not always be considered 'emergency' situations by the receiving agency)

- Patients who are unfortunately neglecting their health and well-being through the misuse of alcohol or drugs
- Patients living in very poor conditions (or are homeless), this may include hoarding situations, if they have capacity and / or have refused previous offers of support
- Patients who are known to the NIAS frequent callers / complex needs team

- Patients who need assessed to see if they have capacity to withhold consent for a welfare assessment, or care package

5.1 Responding to a safeguarding issue

‘Never Delay, Report Today’

The NIAS safeguarding response and referral process operates 24/7 and works in partnership with other emergency and out-of- hours services. If there is a clear abuse or neglect situation NIAS will make a referral immediately (usually by telephone) to the relevant authorities (PSNI, Regional Emergency Social Work Service, RQIA ³etc.).

If there is a clear and immediate safeguarding risk to an adult or child, or a crime is alleged or suspected, the PSNI should be contacted immediately so that they offer protection for the patient (and the NIAS staff members if necessary), see 2.4 also.

Responding to abuse situations: some practice guidance

- Patients that have disclosed abuse should be reassured that they have done the right thing and that all other agencies will treat the matter sensitively
- Consent may be sought before a referral is made, but it is not required if there is a clear protection issue, or a crime is suspected (children referrals don't need consent)
- Patients can be made aware that you must follow NIAS safeguarding policy and procedures – they can complain to NIAS if they don't agree
- Let the patient know that their human rights will be protected throughout the process (even if they are the alleged suspect of abuse / neglect)
- An early record of NIAS personnel's observations and communications on the incident should be made (see section 6).
- Advice is available 24/7 within NIAS for complex situations, or if you are in any doubt about what safeguarding actions to take (see section 9)
- All NIAS safeguarding referrals (including those 'not accepted' are reviewed by out safeguarding team on a weekly basis

6.1 Recording Safeguarding Incidents

NIAS has a number of recording systems that staff should complete for a safeguarding referral, depending on the circumstances. Eventually some of

³ NIAS HQ designated staff only

these processes will move to the electronic (EPRF's) 'Reach' system, but currently NIAS use the following documentation:

- Datix/Incident Report (IR)
- Patient Referral Form (PFR)
- C3 form (only for use by Station Officers / Supervisors)
- Sequence of Events form (SOE) (Controllers only)
- RQIA referrals (only for use by Risk Management Team)

NIAS recognise that busy staff have a limited time on callouts to complete documentation but the number of safeguarding referrals is a low percentage of all NIAS calls. Staff should complete these referrals as comprehensively and as soon after the call, as possible. This process is quality assured by the safeguarding risk management team who may make follow up contact with NIAS staff and other agencies.

6.2 Recording of safeguarding details on Datix: example

Completion of Datix – Help us to help others:



Section 2. Incident Details (i.e. what happened):

What happened?	IT MAY BE HELPFUL TO USE SBAR:
Keep it factual.	<ul style="list-style-type: none"> •<i>Situation</i> – along with your own details, identify the individual by name, full address and date of birth. Provide GP information if available. •<i>Background</i> – any medical history, living / current environment, concerning observations, persons present, substances etc.
Action Taken	<ul style="list-style-type: none"> •<i>Assessment</i> – describe your safeguarding concerns in detail, any clinical impressions etc.
Help us if we need to follow-up.	<ul style="list-style-type: none"> •<i>Recommendation</i> – Outline action taken, i.e. referral made, time of telephone call, person to whom you spoke, name of the Team, name of the Trust etc. For example, PSNI contacted immediately and referred to Katrina Keating, Social Worker, and Community Mental Health Team SEHSCT at 09:30 on the 05/08/2020. Please try to record the name of the social worker. <p><i>If there is a concern involving an another organisation, such as a Nursing Home, contracted carers etc. please try and record the name of the organisation / company.</i></p>

Section 4. Incident category

Select Safeguarding	4. Incident Category ★ Incident Type ? ★ Result ★ Actual Severity of the incident	Clinical/ Patient Safety Related Incident Staff Incident Safeguarding
Confirm if a referral has been made	4. Incident Category ★ Incident Type ? ★ Safeguarding Referral Completed? Receiving Trust ★ Result	Safeguarding Yes and accepted by Trust referred Yes- Message left with Trust Attempted: Not accepted
If you have been unsuccessful in making a referral please ensure you explain why	4. Incident Category ★ Incident Type ? ★ Safeguarding Referral Completed? ★ Unsuccessful Referral: Please advise	Safeguarding Attempted: Not accepted

Section 5. Persons affected of harmed

Remember to add the full details of the person you are completing a safeguarding referral for:

5. Persons Affected or Harmed Section
 Please enter the names of staff/ patients affected

★ Was there any person affected or harmed, or could they have been? ?

Section 6. Other persons/ contacts involved:

Remember to add the name of the Social Worker you spoke to when submitting the referral.

6. Other Persons / Contacts Involved Section
 Please enter the names/address of Frequent Caller/ Perpetrator (alleged)

★ Were there any other person(s) involved? Yes

To auto-populate this section enter staff member's PIN, click search and choose the name from the list. If PIN is unknown or not applicable enter person's details manually

Staff PIN: Search

★ What role / involvement did person have? Safeguarding/Social Worker

★ Person Type Employee / Staff - Other Trust

★ Person Subtype Safeguarding/Social Worker

★ First Name

★ Surname

For further information, please refer to full DATIX User Guides available on SharePoint :

NIAS information is extremely important to many Health and Social care staff across Northern Ireland. We are contacted almost daily to feed into Police Investigations, Safeguarding Investigations etc. and the information you have passed on is **ALWAYS** gratefully received and is an important piece of the jigsaw

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6. Other Persons / Contacts Involved Section
 Please enter the names/address of Frequent Caller/ Perpetrator (alleged)

★ Were there any other person(s) involved? Yes

To auto-populate this section enter staff member's PIN, click search and choose the name from the list. If PIN is unknown or not applicable enter person's details manually

Staff PIN: Search

★ What role / involvement did person have? Safeguarding/Social Worker

★ Person Type Employee / Staff - Other Trust

★ Person Subtype Safeguarding/Social Worker

★ First Name

★ Surname

For further information, please refer to full DATIX User Guides available on SharePoint :

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7.1 Making a referral – Never Delay, Report Today

It is usually best practice that referrals are made as soon as possible after a risk or abuse situation is identified, this is usually done by telephone and followed up with written records, emails etc. (see section 6). NIAS staff or persons / agencies working on behalf of NIAs should contact by telephone (in the first instance) the relevant Health and Social Care Trust adult or Children's Gateway Services duty social worker / administrator, or if out-of-hours (after 5 PM and at weekends) the Regional Emergency Social Work Service (RESWS). Please see contact numbers – section 8.

7.2 If you are asked by the duty social worker to complete an APP1 form (adults) or UNOCINI form (children) before a referral can be accepted – please inform them that NIAS staff cannot complete these, as we do not have time to do an initial assessment. NIAS staff can note on datix if the referral was 'not accepted' as this can be followed-up by NIAS internal risk management processes. Sometimes a referral is deemed not an 'emergency' by social services, especially out-of-hours but they should note the information given by NIAS staff and confirm this. NIAS staff can seek advice on such matters – (see section 9). NIAS safeguarding staff will usually follow up on issues if the safeguarding / welfare referral is 'not accepted' by the Health and Social Care Trust.

7.3 Independent Providers (acting on behalf of NIAS) have their own safeguarding policies and procedures and should make referrals to the HCSTs and PSNI as appropriate. When a safeguarding referral is made, the Independent Provider should also inform the NIAS risk management team as soon as possible.

7.3 In addition to making a referral all safeguarding / protection incidents must be reported using an Datix and NIAS head of safeguarding and risk management staff will review referrals and liaise with external agencies to ensure that the concerns have been communicated appropriately.

7.4 Duty Of Care

Once the social work service has verbally accepted the referral, the Trust social work team are deemed to have accepted the duty of care for that patient, this may also involve others, for example the GP. Referral information may be followed up by email / written information from NIAS, this may be shared (on a need to know basis) with other agencies such as the HSC Trust, RQIA and PSNI. Welfare type none emergency referrals may also be made to GP's and other services.

NIAS duty of care may include referral follow-up and where a patient has remained at home, contrary to advice, the patient should be given advice to ring 999 should their condition or circumstances deteriorate, and if appropriate, given contact details for other agencies GP, social services teams etc. If there are current risks NIAS staff will normally attempt to contact other key professionals, GP, Social Workers, PSNI etc.

7.5 Consent and Capacity:

Safeguarding adults and children are often complex and challenging. The focus of any NIAS intervention must be on promoting a proportionate, measured approach to balancing the risk of harm with respecting the adult's choices and preferred outcome for their own life circumstances. 'The right of a person with capacity to make decisions and remain in control of their life must be respected. Consideration of 'capacity' and 'consent' are central to adult safeguarding, for example, in determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed or where they choose to take risks'. (Mental Capacity Act (NI) 2016; DHSSPS, DoJ, 2015). There may be situations when a person has capacity and clearly communicates they do not give consent for an onward referral. Overriding the stated views of the patient must be considered when there is concern regarding coercive control or there is a fear of physical threat to the patient or others. This is particularly relevant in cases of intimate partner violence or other abusive relationships where a crime may have been committed and a person remains at risk. The assessment of capacity and any 'deprivation of liberty' must be in line with current legislation and policy. Nevertheless, NIAS staff will come into contact with many 'vulnerable' adult patients, due to age, disability etc, so advice may be sought in relation to the appropriate action / referral pathway, as a 'welfare referral' to social services may be more appropriate , see section 4.

As a general rule, consent is not required for making a safeguarding referral for children and adults in need of immediate protection. But for adults (only) who have capacity, consent may be sought, and any reasons for refusal to consent recorded on the datix, although a referral can still be made.

If there are no immediate protection issues, and it's a referral about an adult's welfare (see section 3) then consent should normally be sought. If not given this should be recorded.

8.1 Safeguarding Referral contacts:

Adult and child protection Gateway Services

Trust	Children's Gateway Team Mon - Fri 0900-1700	Adults protection Gateway service Mon - Fri 0900-1700
Belfast HSCT	0289507000	02895 041744
South East HSCT	03001 000300	02892 501227
Northern HSCT	03001 234333	02894 413659
Southern HSCT	08007837745	02837 564423
Western HSCT	02871 314090	02871 611366 Referral line – 02871864399
Regional Emergency Social Work Service (RESWS) available 5pm to 9am weekdays, 24 hours at weekends and bank holidays. Telephone: 02895 049999		
Email RESWSAdmin@belfasttrust.hscni.net		

*It is hoped that in 2021 that each HSCT will develop a separate adult 'welfare' pathway for other non-emergency referrals

9.1 Support and Advice

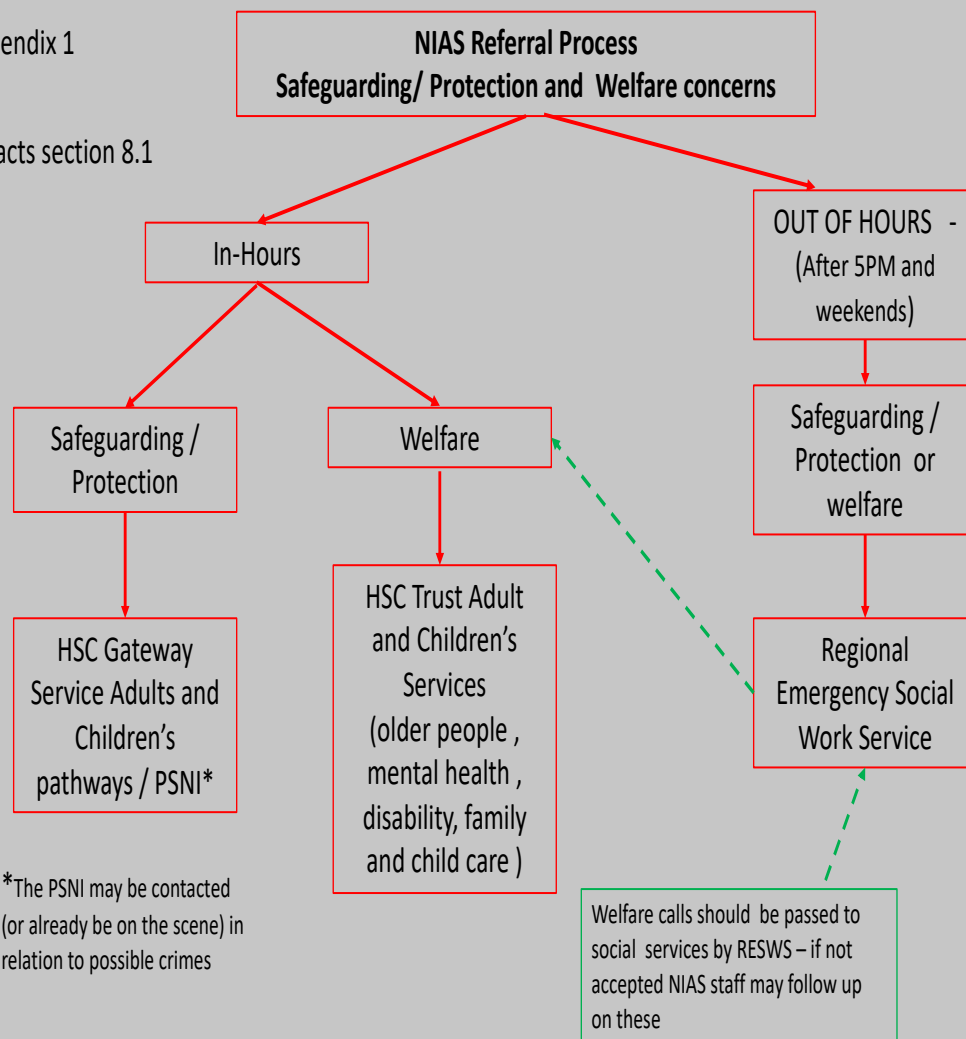
NIAS staff will be supported through training and operational support in managing safeguarding incidents and the reporting of same. If NIAS staff need advice about an incident or referral, they can contact the Head of Safeguarding, the Risk Manager or the Clinical Service Improvement Leads and staff counselling services.

10.1 References

- *Adult Safeguarding Prevention and Protection in Partnership* published jointly by the Department of Justice and Department of Health in 2015
- Adult Safeguarding Operational Procedures: Adults at risk of harm and adults in need of protection (HSCB, 2016)
- Association of Ambulance Chief Executives: *Clinical Practice Guidelines*, JRCALC, 2019
- Children (Northern Ireland) Order 1995, Belfast , HMSO
- Children's Services Co-operation Act (Northern Ireland) 2015
- Department of Health 2017 '*Co-operating to Safeguard Children and Young People in Northern Ireland.*' , DoH, 2017
- Family Homes and Domestic Violence (NI) Order 1998
- Human Rights Act (1998)
- Mental Health Order (NI) 1986, Belfast, HMSO
- Mental Capacity Act (NI) , 2016 , Belfast: HMSO
- Police and Criminal Evidence (NI) Order 1989
- Protocol for the Joint Investigation of Adult Safeguarding (NIASP, 2016)
- Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of Child Abuse - Northern Ireland (PSNI, HSC, 2018)
- Public Interest Disclosure (NI) Order 1998
- Regional Interagency Protocol on the Operation of the Place of Safety and Conveyance to Hospital under the Mental Health (Northern Ireland) Order 1986 (HSC, NIAS , PSNI 2019)
- Regional Core Child Protection Policies and Procedures for N. Ireland, SBNI (2018)
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

Appendix 1

NB See contacts section 8.1



TB/19/08/2021/08



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	19 August 2021
Title of paper:	Supporting Staff Involved in Incidents, Complaints, Claims & Coroner's Inquests Policy
Brief summary:	<p>The purpose of this Policy is to set out the framework for the provision of support and advice to staff prior to, during and after their involvement in Incidents, Complaints, Claims and Inquests as required by:</p> <ul style="list-style-type: none"> • Clarifying the availability of support for staff and management, in the event of them being involved or leading on a traumatic or stressful incident, complaint, claim or investigation. • Identifying responsibilities for staff and managers in these circumstances. • Providing guidance for managers supporting staff in these situations. • Providing staff with details of how to access the support available regardless of the extent of their involvement. <p>Amendments are in red type for ease of reference.</p>
Recommendation:	<p>For Approval <input checked="" type="checkbox"/> For Noting <input type="checkbox"/></p>
Previous forum:	<p>SMT – 16 March 2021 Safety Committee – 25 March & 10 June 2021</p>
Prepared and presented by:	<p>Katrina Keating, Risk Manager Lynne Charlton, Director of Quality, Safety & Improvement Dr Nigel Ruddell, Medical Director</p>
Date:	12 August 2021



Title:	Supporting Staff Involved in Incidents, Complaints, Claims & Coroner's Inquests Policy		
Author(s):	Katrina Keating, Risk Manager in conjunction with the Regional Working Group on Adverse Incidents		
Ownership:	Dr Nigel Ruddell, Medical Director Lynne Charlton, Director of Quality, Safety & Improvement		
Date of SMT Approval:	16.03.2021	Date of SQEP Committee Approval:	25.03.2021
Operational Date:	Pending	Review Date:	Pending
Version No:	1.0	Supersedes:	N/A
Key Words:	Incidents, Near Misses, Learning, Just Culture, Safety Leadership, Involvement, Improvement, Regional Risk Matrix, DATIX, Complaints, Legal, Risk Management, Serious Adverse Incidents (SAIs), Coroner.		
Links to Other Policies / Procedures:	Learning From Incidents Policy & Procedures, Guidelines for Statements, Interviews and Hearings (pending), Learning From Serious Adverse Incidents (SAIs) Procedure, RIDDOR Procedure (pending), Corporate Risk Management Policy & Procedures, Management of Medical Devices Policy, Claims Management Policy, Whistle Blowing Policy, Health and Safety Policy, Safeguarding Referral Procedure, Information Governance Policies and Procedures, Major Incident and BCP Procedures.		

Version Control:			
Date:	Version:	Author:	Comments:
25.03.2021	1.0	Katrina Keating	Implementation of regional policy

1.0 INTRODUCTION / PURPOSE OF POLICY:

1.1 Background:

Arising out of the recommendations of the Regional Learning System Project Report (August 2015), it was agreed to develop a regional policy to support staff involved and leading on incidents, complaints, claims and Coroners Requests to be used by all Health & Social Care Trusts including the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.

1.2 Introduction:

When NIAS staff are involved and leading on in Incidents, Complaints, Claims or Inquests they can find this a very stressful experience. The Trust recognises this and is committed to supporting staff through these periods.

The organisation is committed to an open, honest and just culture so that it can learn from incidents and take action including changes in practice to reduce the risk of recurrence.

It also will ensure that staff feel able to talk to their colleagues and superiors about any incident, are treated fairly, supported in making changes to their practice and held to account where necessary.

1.3 Purpose:

The purpose of this Policy is to set out the framework for the provision of support and advice to staff prior to, during and after their involvement in Incidents, Complaints, Claims and Inquests as required by:

- Clarifying the availability of support for staff and management, in the event of them being involved or leading on a traumatic or stressful incident, complaint, claim or investigation;
- Identifying responsibilities for staff and managers in these circumstances;
- Providing guidance for managers supporting staff in these situations; and
- Providing staff with details of how to access the support available regardless of the extent of their involvement.

1.4 Objective:

The objective of this policy is to ensure all staff and management are aware of the arrangements for seeking support when involved in incidents, complaints, claims or investigations.

2.0 SCOPE OF POLICY:

2.1 This policy will apply to all staff employed within the Trust, including bank, agency and locum workers, volunteers and those on work experience.

2.2 This policy is specifically aimed at identifying ways in which staff and management are to be supported in relation to their involvement in Incidents, Complaints, Claims and Inquests. As individuals, people can respond differently to situations. The

application of this policy will take account of this and offer support that is appropriate for members of staff as individuals.

3.0 ROLES AND RESPONSIBILITIES:

- 3.1 Chief Executive: is accountable for ensuring that systems, arrangements and resources for staff support are in place and provided for staff who are involved in an incident, complaint, claim or inquest.
- 3.2 Director of Human Resources: is responsible for ensuring that appropriate support is provided by the Trust to safeguard the health and mental wellbeing of employees who fall within the scope of this policy.
- 3.3 Director of Planning, Performance & Corporate Services: is responsible for ensuring that staff are provided with records relating to incidents which are the subject of a complaint, claim, Coroner's Inquest or legal case so that they can provide appropriate statements.
- 3.4 Assistant Director of Human Resources with responsibility for Wellbeing: is responsible for the overall Wellbeing Strategy, which includes ensuring that suitable corporate arrangements are in place to ensure that support is offered to all staff in order to safeguard the health and mental well-being of those who fall within the scope of this policy.
- 3.5 Assistant Directors / Ambulance Service Area Managers: are responsible for providing direct support to management and staff (e.g. attending court with staff as moral support) and / or referring them to a more appropriate person (e.g. an appropriate alternative line manager, counselling via Occupational Health or signposting for a self-referral).
- 3.6 All Staff with a Line Management Role: are responsible for providing immediate and ongoing support to management and staff who are involved in a stressful or traumatic event such as high impact incident / SAI etc. (where operationally possible). They must also take action to advise staff of the availability of Peer Support, Inspire Counselling Service via self-referral or via Occupational Health (OH) as appropriate.
- 3.7 Staff: it is the responsibility of all staff to make themselves aware of and adhere to the content of this policy. They should also:
- Look after and maintain their own physical and mental health and wellbeing, making use of services such as Peer Support, Occupational Health, Staff Counselling Service etc.
 - Be supportive of colleagues reporting any serious incident or concerns to their line manager by respecting their privacy and confidentiality; and
 - Inform their manager if time is required away from the workplace to attend any meetings associated with the situation e.g. Court proceedings or counselling/support sessions.
 - Notify their line manager of any ongoing difficulties and concerns they may be experiencing following a traumatic or serious incident;

- Make the Trust aware of the outcome of any process for which they have been supported.
- Co-operate with the complaints handling process;
- Co-operate with any serious incident investigation;
- Provide witness statements as and when required that are truthful, timely and accurate;
- Work in accordance with their own professional codes of conduct and practice;

All staff members are responsible for assisting the Trust in the investigation of any incidents and the defence of any claims against it.

- 3.8 The Occupational Health Service: is responsible for providing support, advice and guidance as appropriate to safeguard the health and wellbeing of employees falling under the scope of this policy. Staff can self-refer to Occupational Health or can be referred via their line manager. Staff also have the facility to self-refer to Physiotherapy Services.
- 3.9 Peer Support: The role of the peer support team is not only to support staff following traumatic incidents, but also to support individuals who are attending Coroners' court and other court proceedings which can be challenging. It has also recently been agreed that staff who are required to attend meetings concerning SAI's will be entitled to being accompanied by a peer support volunteer. It is important to note that in all the above instances the peer supporter is present in a neutral capacity, not to advise or counsel the individual. They are there as a listening ear and to comfort them if they become distressed. The peer supporter is bound by strict confidentiality and does not keep any written record of the occasion. They cannot be called upon at any point to ask for their opinion, or provide what may be deemed as evidence which may be used in forming a decision for or against the individual. The exceptions to this are if the staff member discloses any intention to harm them self or others, then a healthcare professional must be informed. Peer support can be reached via email: staff.peersupport@nias.hscni.net or via a number of mobile telephone numbers available on SharePoint.
- 3.10 Confidential Counselling Service (Inspire): The Trust also has a Counselling service which staff can self-refer to on telephone number 0808 800 0002 (further information available on SharePoint or from your line manager). This service is also available to provide support and advice to line managers.
- 3.11 Human Resources: There may be occasions where, as well as Occupational Health, there is a requirement for involvement from Human Resources team e.g. specifically the case where a member of staff feels they are unable to return to their post (further information on redeployment options are covered separate procedures). In such cases the following policies may be used:
- Management of Attendance Policy; and
 - Stress Policy (under review).

4.0 KEY POLICY PRINCIPLES:

Definitions:

4.1 Traumatic or stressful incident/complaint/claim/inquest: is defined as one which invokes unusually strong emotions which overcome normal coping abilities. Examples of such may include the following but note this is not an exhaustive list:

- Serious medication errors.
- Unexpected patient death or suicide.
- Allegations of negligence.
- Dealing with a major incident.
- Involvement in an incident of violence or aggression whether as a victim or witness; and
- Any other situation that the staff member considers to be of a traumatic nature.

4.2 Debrief: a meeting held between the manager and employee to gather information and details of the incident. This is primarily factual information, but will include questions about how the employee is feeling/coping to help ascertain what support is required.

Policy Statement/Principles:

When NIAS staff and management are involved in Incidents, Complaints, Claims or Inquests they can find this a very stressful experience. The Trust recognises this and is committed to supporting staff through these periods. This policy sets out how we fulfil this commitment by appropriate resourcing of structures, training and awareness and use of specialist support services

4.3 Dealing with Traumatic/Stressful Incidents

4.3.1 Immediate and on-going support may be required by staff and line management, when a traumatic or stressful incident occurs. Discussing incidents promptly, fully and compassionately helps support staff and line management when things go wrong. It is the responsibility of the line manager to provide staff with support and information on how to access the Trust support services. These may include Peer Support, the counselling service through Occupational Health, external counselling services such as Life Line or the Samaritans or professional bodies. Staff can self-refer to Inspire.

4.3.2 Following the conclusion of a high impact incident such as an SAI, where operationally possible, the Trust will ensure a de-brief is offered where appropriate. As soon as managers become aware that one of their staff has been involved in a potentially traumatic or stressful event, they should offer support and reassurance to them. It is very important that the manager or on call officer provides close support in the immediate aftermath of an event. This is a vital opportunity to assist the individual involved in the situation, keep the issues in perspective and not feel or become isolated. The manager or on call officer should ensure that:

- Where operationally possible a 24-48 hour debrief meeting is discussed and appropriate arrangements put in place;

- Any debrief is confidential and takes place in a suitable environment;
- The member of staff is given time to talk and is listened to and feels supported;
- Arrangements are put in place for the staff member to receive any required medical assessment or treatment e.g. if they are in shock or suffer from a pre-existing medical condition that may have been exacerbated by the event;
- Opportunity for referral to other sources of support is discussed and appropriate arrangements commenced, if required.

Senior management should also ensure that immediate line managers are supported.

4.3.3 Staff will be kept informed by their line manager of any actions and/or recommendations arising from the event.

4.3.4 Staff may decide that they do not wish to access support services at the time of the incident. However, there is a possibility that it may become apparent later that they require additional support and it is the responsibility of the line manager to ensure that they can access support services retrospectively.

4.4 Staff who are involved in Complaints

4.4.1 At the beginning of the investigation of a complaint, any member of staff involved will be informed by their line manager of any allegations made against them.

4.5 Staff Involved in a Litigation Claim

4.5.1 The Trust recognises the importance of ensuring that staff are appropriately supported during what can be a lengthy and stressful litigation process. Staff will receive the necessary support from their line manager and will be kept regularly informed via the Complaints and Litigation Department of any developments during the process.

4.5.2 Where staff are required to provide statements these should be factual. Help or assistance can be sought from line managers.

4.6 Giving Evidence in Court

4.6.1 The Trust recognises that giving evidence in court can be a stressful experience. Where appropriate the Trust solicitor (**arranged by the Litigation Department / provided by DLS**) will brief witnesses involved in the case, either prior to or on the day of the Hearing, to ensure that individuals are aware of the proceedings and are clear on the legal process and what is expected of them. Where operationally possible a line manager and / Peer Support will accompany staff required to give evidence in court to provide moral support.

4.6.2 Ordinarily there will be no need for individual members of staff to be independently represented. However, if there is a conflict of interest between the member of staff and the Trust, staff may wish to obtain their own legal

representation and should inform the Litigation Department of such a course of action.

- 4.6.3 Staff can be served a witness summons to attend court and it is a criminal offence not to comply with this. However, staff are required to assist the Trust in defence of any claim against it. If there is any uncertainty about a request to attend court, advice should be sought from the Complaints and Litigation Department or from the relevant defence organisation or professional body.

4.7 Criminal Proceedings against a Service User/Non staff member

- 4.7.1 Where members of staff are called to give evidence in court in relation to a crime committed against the Trust e.g. fraud, assault, the member of staff does not require legal representation if they are not the accused.

4.8 Criminal Proceedings against a Staff Member Acting In The Course of Their Employment

- 4.8.1 In extremely rare cases, an external authority may instigate criminal proceedings e.g. the Police Service of Northern Ireland or the Health & Safety Executive for Northern Ireland. The Trust is required to co-operate fully with any such investigations and must not seek to influence their outcome. An individual member of staff may wish to engage their own legal representation, particularly if there is a conflict of interest between the Trust and the employee e.g. it is believed that an individual has acted outside of normal protocol. Employees performing clinical roles are therefore strongly advised to have in place indemnity cover for costs arising from such representation

4.9 Inquests:

- 4.9.1 The coronial system is inquisitorial rather than adversarial. The duty of the Coroner is to investigate violent, or unnatural and sudden death of unknown cause. In certain circumstances, this can include consideration of potential system failures. Many deaths reported to the Coroner will lead to a post mortem, which shows the cause of death as natural. In such cases, the Coroner will be satisfied and will allow a death certificate to be issued without an inquest.
- 4.9.2 When all evidence has been presented, the Coroner will summarise the evidence and make a decision as to the cause of death. An inquest verdict cannot be framed in such a way as to determine either criminal blame on the part of a named person or civil liability.

4.10 Preparing a Statement for the Coroner

Staff may be asked to prepare a statement for the Coroner. Any such request should come via the Information Team. If you receive a request directly from the Coroner or the Police you should contact the Information Team before you take any further action. Further advice will be provided in relation to preparation of your statement by the Information Team. NOTE PSNI should not be contacting staff directly.

4.11 Attending the Inquest

A pre-inquest briefing with the Trust Solicitor/Counsel will be arranged by the Information Team / Medical Directorate either prior to the inquest date or on the morning of the inquest for all witnesses. This will go through the process of the inquest and what will be expected of witnesses. Where operationally possible, a line manager will accompany staff required to give evidence in an inquest to provide moral support.

4.12 Tribunals

The Human Resources Department provides advice and support to staff having to attend employment tribunals as witnesses for the Trust.

4.13 Guidance documents

Appendix 1 provides further guidance for managers in dealing with staff affected by incidents, complaints and claims. Appendix 2 details information on Coping with the Effects of a Traumatic Incident. Appendix 3 provides a Staff Support Checklist.

5.0 IMPLEMENTATION:

5.1 Dissemination:

This policy is applicable to all service areas within the Trust.

5.2 Resources:

The Medical Directorate is responsible for organising and/or delivering awareness/training sessions for all relevant managers and staff in relation to this policy.

5.3 Exceptions:

There are no service areas exempt from this policy.

6.0 MONITORING:

An audit of the policy will be undertaken one year post implementation to ensure adherence to the principles and procedures outlined in this policy document. Changes will be made to the policy, as required.

7.0 EVIDENCE BASE/REFERENCES:

- North Tees and Hartlepool NHS Foundation Trust
- Epsom and St Helier University Hospitals Trust
- Royal Cornwall Hospitals Trust
- Portsmouth Hospitals Trust
- Doncaster and Bassetlaw Trust

8.0 CONSULTATION PROCESS:

This procedure was developed by the Regional Adverse Incident Work Group chaired by the Assistant Director, Risk Management & Governance, South Eastern Health &

Social Care Trust. Regional consultation was completed via email with relevant Assistant Directors and staff within all organisations included in the working group. Consultation was carried out within NIAS with senior management and Trade Union colleagues during December 2020 and January 2021. The Policy was then agreed at Safety, Quality, Patient Experience and Performance Committee and then Trust Board.

9.0 APPENDICES:

Appendix 1 – Guidance for managers dealing with staff affected by incidents, complaints and claims.

Appendix 2 – Coping with the Effects of a Traumatic Incident.

Appendix 3 – Supporting Staff Checklist.

10.0 EQUALITY STATEMENT:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this procedure should be subject to a full impact assessment was carried out on the 31st December 2020. The outcome of the Equality screening for this procedure is:

Major impact ☐

Minor impact ☐

No impact. ☒



Katrina Keating

Date: ? 2021

Lead Author



Dr Nigel Ruddell

Date: ? 2021

Lead Director

APPENDIX 1 – GUIDANCE FOR MANAGERS DEALING WITH STAFF AFFECTED BY INCIDENTS, COMPLAINTS AND CLAIMS:

When a staff member is involved in an incident, complaint or claim, they may require support as such events can be traumatic, stressful or both. This may be caused by fear of the unknown or fearing that they are alone in coping with the situation.

The first line for this support is the line manager who should be involved as soon as possible. Much of the reassurance required by staff can be provided by their manager talking to them, referring them to appropriate resources and informing them of the processes to take place where relevant.

In certain situations, e.g. with increasingly disruptive or uncooperative patients or relatives, the manager may be able to provide support during the incident. However in most cases, the manager will be required to provide support after a moderate or significant incident.

If the event is a complaint or claim, support is needed after the event. The staff member will need to be informed of the content of the complaint or claim as they may be unaware that a complaint or claim has been made. They will also need to be informed of the possible actions which need to follow.

For staff appearing as a witness, the support needs to be given before, during and after the appearance at the hearing.

In all cases the support given should be documented on the Staff Support Checklist (Appendix 3).

Factors to Consider When Giving Support

Immediate Support

1. Be aware of the natural response to trauma and thus be able to reassure staff that what they are experiencing is normal.
2. In all cases ensure that the initial appraisal of the incident takes place in a confidential manner and in a suitable environment.
3. The staff member needs to be given time to talk and the manager should listen and reassure staff that they are committed to ensuring that they are supported.
4. The initial 'debrief' should enable the manager to assess the level of support needed and the types of intervention that may be useful to the staff member immediately following the event.
5. Arrange for any medical assessment or treatment necessary for shock or if the employee is distraught. This may also be necessary if they suffer from any pre-existing medical condition which could be exacerbated by the situation.
6. Assess the fitness of the staff member to undertake or continue their full range of duties. Temporary adjustments to duties or responsibilities should be considered where necessary. A discussion about their feelings should take place enabling risk assessment of their competence to take place.
7. Temporary redeployment should be considered if the staff member would find it challenging to work in the same environment or with others involved in the same incident, complaint or claim.
8. A referral can be made to the Occupational Health and/or staff Counselling department if required. (Note the staff member may refer themselves for staff counselling and need not disclose this to their manager).
9. Where a written statement is required, assistance with statement writing will be offered to the employee.

Ongoing Support

Staff may need further support from their manager on a 1:1 basis and further opportunities to talk about the event.

Although counselling may not have been required earlier, it may still be helpful at a later date. Encouragement to access counselling support or help from external agencies such as professional bodies and Unions should be given.

Staff may require to be phased back into their full duties after a significant event. Regular communication to discuss progress and discuss further support needs is essential.

Signs and Symptoms Associated with Traumatic Events

When someone experiences a traumatic event their body responds to help them cope with the situation. It may take a few moments to recover, but can also take several days or even weeks. Everyone reacts differently, but common reactions in the immediate aftermath of a traumatic event can include:-

- Feeling shocked and numb – unable to believe what has happened.
- Euphoria or being 'hyped up' and energised to rush around doing practical tasks.
- Shaky, nauseous, tearful – this can happen straight away or sometime later, it varies from person to person.
- Angry – at the event or those who have caused it.
- Anxiety or panic – at the thought of breaking down or losing control.

These symptoms may occur in the immediate aftermath, or develop and recur in the following weeks or months. In addition the following physical and emotional symptoms may occur:

- Loss of appetite;
- Sleep problems;
- Headaches and muscular tension;
- Nausea and diarrhoea;
- Nightmares or flashbacks about the incident;
- Inability to relax or concentrate;
- Hyper-vigilant, feeling constantly on edge;
- Feeling unsafe and vulnerable; and
- Emotional and tearful.

These are all **normal** reactions to an **abnormal** event and it is important for managers to be able to identify them and ensure appropriate support is offered to the staff member.

APPENDIX 2 – COPING WITH THE EFFECTS OF A TRAUMATIC INCIDENT:

What is a 'Traumatic' Incident?

A traumatic incident is a sudden, distressing, threatening and violent event, outside your normal range of experience.

Whether you are directly involved, or a witness to the event, it is quite natural to experience a range of response, including fear, anger, guilt, shame, panic and sadness. These are all **normal** reactions to a traumatic incident.

Sometimes people are almost as distressed by their response to the event, as by the event itself. They feel out of control, fearing that they will never get back to normal. They may experience a sense of shame, judging their feelings as evidence of weakness or a failure to cope.

Understanding the normal range of responses to an abnormal event helps begin the process of recovery.

How do people react after a traumatic incident?

When we feel threatened our body immediately and automatically produces a complicated biochemical response designed to help us deal with the situation. It may take anything from a few moments, to several days to recover from this.

Reactions vary from person to person, but it is likely that you will experience some of the following responses:-

- Shocked and numb – unable to believe what has happened.
- Hyped up, even euphoric – rushing around busying yourself with practical tasks.
- Shaky, nauseous and tearful – some people feel this immediately, others not for some time.
- Angry – at what has happened, at whoever caused it or allowed it to happen.
- Anxious and panicky – at the thought of breakdown of 'losing control'.

In the following days and weeks.....

Sometimes these responses emerge during the crisis, or they may develop days, weeks or months after the event. You may experience both physical and emotional symptoms:

- Loss of appetite and sleep problems, nausea and diarrhoea, headaches and muscular tension;
- Nightmares and flashbacks about the incident;
- Inability to relax or concentrate, hyper-vigilant, feeling constantly on edge; and
- Feeling unsafe, vulnerable, being emotional and tearful.

These are all **normal** reactions to an abnormal event, which are grouped together as **post-traumatic stress**.

How can I help myself and my colleagues?

A traumatic incident is a dramatically unusual event in the life of an ordinary person. Those who have experienced such events benefit from understanding this, and from recognizing the importance of expressing, rather than suppressing, their feelings about what has happened. People are often shocked at the intensity of their feelings. While we are all

different and deal with things in our own individual way, there are certain things which most people find helpful:

- talk about what has happened;
- try to avoid isolating yourself and allow others to support you;
- give yourself time – don't expect yourself to 'return to normal' immediately;
- take care of yourself by getting enough sleep and eating well;
- be careful – accidents are more common after severe stress; and
- ask for further help, particularly if symptoms persist or appear or recur later.

When to seek further help?

Most people feel they are beginning to get normal within a few weeks. If, after a month, you are still preoccupied by the event and are still experiencing symptoms, you may be developing post-traumatic stress disorder (PTSD). It is important that you seek help.

Get in touch with Occupational Health Department or Staff Counselling Service or go to your General Practitioner.

Counselling can help by:

- providing a safe, neutral setting for you to talk through your experience and make sense of what happened;
- offering information and guidance on coping with trauma; and
- referring you to an external specialists, where appropriate.

No experience is too trivial to warrant seeking help. If you feel distressed, talking through your experience sooner, rather than later, is likely to be the best way to deal with it.

APPENDIX 3 – STAFF SUPPORT CHECKLIST:

STAFF SUPPORT CHECKLIST

Please see section 2 for staff support for witness appearances
To be retained by manager / copy to Operational HR Team

Name:	
Designation:	
Directorate:	
Ward/Department/Facility:	
Date of incident:	
Reason for support:	

Section 1 – to be completed by line manager		
Please answer Yes, No or N/A		
1	Was immediate support/debriefing offered?	
2	Was a copy of relevant internal and external support agencies highlighted to the employee(s)?	
3	Was referral to the Occupational Health and Safety Service discussed with the employee(s)?	
4	Was counselling support discussed and offered to the employee(s)?	
5	Have temporary role adjustments, redeployment or reassignment of duties been considered?	
6	Has a second debriefing (24 – 48 hours) been offered and held with the employee(s)?	
7	Has further support been offered to the employee(s) (e.g. supervisor of midwives, chaplaincy, Trade Union)?	
8	Has the need for ongoing or long term support been discussed?	
9	Has (have) a referral(s) to Occupational Health been made for assessment about fitness to return to work?	

Section 2 – Witness appearances only. To be completed by line manager		
Please answer Yes, No or N/A		
Has (have) the employee(s):		
10	Been briefed about the process?	
11	Been offered support in statement writing?	
12	Been offered support in preparation for appearing as a witness?	
13	Have arrangements been made to ensure that the employee will be supported on the day of the hearing?	
14	On conclusion of the case, was the employee debriefed (if the information was in the public domain)?	
Any other comments:		

Completed by:

Name: _____

Designation: _____

Date: _____

TB/19/08/2021/09



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	19 August 2021				
Title of paper:	NIAS Annual Progress Report 2020/21 to Equality Commission NI				
Brief summary:	<p>The purpose of this paper is to provide Trust Board with sight of the Annual Progress report to the Equality Commission. The deadline for submission of the report is 31 August.</p> <p>This is a factual retrospective report.</p>				
Recommendation:	<table><tr><td>For Approval</td><td><input type="checkbox"/></td><td>For Noting</td><td><input checked="" type="checkbox"/></td></tr></table>	For Approval	<input type="checkbox"/>	For Noting	<input checked="" type="checkbox"/>
For Approval	<input type="checkbox"/>	For Noting	<input checked="" type="checkbox"/>		
Previous forum:	SMT – 3 August 2021				
Prepared and presented by:	Jarlath Kearney, Equality & PPI Officer Michelle Lemon, Interim Director of Human Resources				
Date:	12 August 2021				

Northern Ireland Ambulance Service Health and Social Care Trust



**Northern Ireland Ambulance Service
Health and Social Care Trust**



Public Authority Statutory Equality and Good Relations Duties Annual Progress Report

Contact:

<ul style="list-style-type: none">Section 75 of the NI Act 1998 and Equality Scheme	Name:	Jarlath Kearney
	Telephone:	02890400999
	Email:	consultations@nias.hscni.net
<ul style="list-style-type: none">Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above	X (double click to open)
	Name:	
	Telephone:	
	Email:	

Documents published relating to our Equality Scheme can be found at:

www.nias.hscni.net

Signature:

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2020 and March 2021

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

- 1** In 2020-21, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) is committed to fulfilling our obligations to promote equality and good relations in the services we provide and for our workforce.

Covid-19 Response

This reporting period was defined by the NIAS's response as a Health and Social Care Trust to the unprecedented challenges brought about by the Covid-19 pandemic. This had universal impacts on the health and organisation of the population, all health and public services, and the way business was conducted across the entirety of government. Protecting the population, particularly the most vulnerable, ensuring that health and social care services were not overwhelmed, saving lives through mitigating the impact of the pandemic, and patient and staff safety were at the forefront throughout our emergency response. The continued response to the pandemic is based on an ongoing assessment of three key criteria:

- the most up-to-date scientific evidence;
- the ability of the health service to cope; and,
- the wider impacts on health, society, and the economy.

This required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity. The wide-ranging impact, and the need to react immediately to changing healthcare needs, had an impact on business as usual, and appropriately assessed decisions to prioritise non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. The Trust was compelled to reshape its services and redeploy staff in an urgent response to the public health emergency. Vulnerable staff were required to shield, those who could were facilitated to work from home, and staff who provide care directly to patients had to adapt to new ways of working, including the necessity to wear Personal Protective Equipment and adapt its use throughout the period.

The Trust took into account the advice, guidance and correspondence issued by the Equality Commission for Northern Ireland in relation to recognising that statutory

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

duties would continue to subsist albeit in unprecedented and incredibly challenging circumstances dealing with a global pandemic. This necessitated a focus on the real-time purpose of promoting equality and non-discrimination, not just the process.

The equality impacts of this radical remodelling of our services were considered on an ongoing basis to inform the decision-making processes. Some service decisions were out-with NIAS's control. The redeployment of Patient Care Service staff and resources to provide support to emergency care, for instance, was necessitated by the decision of the hospital-based Trusts to withdraw their non-emergency services, and allowed us to bolster our emergency response at a time of high demand and increased staff absence due to shielding, ill-health and the requirement to self-isolate. However, this manifestly had an impact on service users who rely on those services, for example, older people and those with disabilities whose attendance at hospital was curtailed.

In normal circumstances, these measures would have been subject, as appropriate, to a full Equality screening, Equality Impact Assessment and public consultation. Due to the unprecedented nature of the medical emergency created by Covid-19, the imminent risk to life, and the immediate need to implement these measures to protect public health, it was not possible to publicly consult, and the Trust took the most pragmatic and prudent approach to our section 75 duties. All of the measures were, of necessity, introduced with the utmost urgency to protect life by maximising our emergency response to alleviate the consequences of Covid-19, while continuing to provide an appropriate response to other emergency calls.

The Trust remains committed to delivering safe, effective and compassionate services, and was assured that the measures undertaken were necessary, proportionate, and justified to address the unprecedented demand arising from the COVID-19 pandemic. The measures were temporary in nature and the Trust sought to restore services to normal when it was safe and practical to do so, guided by scientific and medical advice and evidence.

In the next reporting period, the Trust will inter alia focus on a retrospective review of its overall approach to decision-making (including equality screening and related learning outcomes) during the course of the pandemic as part of the rebuild and recovery agenda.

Covid-19 Support for Staff

The Trust provided support for staff during the unique circumstances brought about by the Covid-19 pandemic. The Trust considered that its obligations to address inequalities encountered by those in need fell within its general positive duties to promote equality under section 75. For example, steps were taken through an equality lens to provide temporary crisis accommodation in order to allow frontline staff to

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

continue at work or to isolate away from home, thereby helping to protect vulnerable and extremely vulnerable persons in the household from the virus (for example, the elderly and disabled, or those in ill-health). The Trust also assisted staff with childcare needs. The Peer Support Team continued to provide advice and support for staff, and professional psychological advice was also made available regionally. This was undertaken to address immediate, and anticipatory, impacts on the mental health of staff from both trauma and the effects of the pandemic.

A new regional framework to support the wellbeing of all HSC staff, including NIAS staff, during COVID-19 was launched in April 2020 – of which NIAS was a part. This regional support was in addition to the ongoing support provided internally by NIAS, such as occupational health. All NIAS staff were given access confidential regional Trust support helplines for expert psychology/wellbeing support.

Significant efforts were taken to ensure effective communication to both staff and service users, as appropriate, during the reporting period in relation to issues and areas that impacted their needs or opportunities.

Childcare Support

Childcare for keyworkers was a huge challenge for our staff in the context of Covid-19, with many childminders and day care facilities closing and a lot of family support being unavailable due to people following shielding advice.

NIAS engaged with the Department of Health and staff to ascertain the level of need to facilitate emergency childcare arrangements. It was recognised very early that many of our staff rely on family support due to both cost of childcare and lack of flexibility with many childcare providers. An options paper was prepared in June 2020 to consider how NIAS could better support families in the future and position ourselves as employers of choice.

In the context of a fluid regional approach, NIAS Equality Team became the internal contact point for NIAS staff with queries about childcare issues. A number of staff responded to a survey issued by the Trust to assess their childcare needs. Data from the survey was shared with the Department of Health to inform ongoing developments. Each individual was provided with contact details to offer further assistance and support through signposting, as well as updating them when advice from the Department of Health changed.

The scheme facilitated emergency childcare, either in home, with a childminder or in a day nursery. As restrictions eased, allowing more childcare facilities to reopen, the pressure around childcare lessened and the Department of Health shifted to supporting childcare providers to reopen as safely and fully as possible. This was in tandem with widening the

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

definition of an essential worker, until childcare facilities were once again open to all. With the end of shielding, much of the family support our staff rely on was able to be reinstated.

Caring Today, Planning for Tomorrow: Our Strategy to Transform

In March 2020, the Trust published its first long-term strategic plan, 'Caring Today, Planning for tomorrow – Our Strategy to Transform: 2020-26' following extensive consultation and engagement with our staff and service users, including those from section 75 representative groups. NIAS's statutory equality duties are at the heart of the Strategy. It sets out how we will continue to modernise and transform our service for the benefit of patients and staff. The organisational goals set out in the Strategic Plan are that:

- patients will feel professionally cared for, always with compassion and respect;
- staff will feel positive and proud to work for NIAS;
- stakeholders and partners will have confidence in us as reliable provider at the centre of urgent and emergency care; and,
- communities will continue to value and trust us.

Working With Other Health and Social Care Organisations

During the reporting period, the Trust continued to work in partnership with other HSC organisations to deliver the equality agenda. In conjunction with regional equality leads representing all of the six Health and Social Care Trusts, NIAS contributed to the regional Equality and Disability Action Plans. NIAS continued to discharge its equality action plan requirements on the screening of relevant policies and functions, as well as advising policy leads on the application and relevance of the equality duties.

Equality Training/Advice

The requirements and obligations placed on staff by equality, human rights and good relations are made clear during induction training and also within personnel and corporate publications. Induction awareness training for all new staff included an awareness session on section 75, disability discrimination and human rights. Equality training was provided for Clinical Support Officers in July 2020 as part of their induction into their new role. Ongoing operational advice was provided to managers on a range of equality duty issues, for example, in relation to proposed ideas at uniform committee and specific disability issues for staff. For example, the Trust contributed to the development of a national ambulance uniform tender, which will include maternity and female-fit options, as well as a hijab and turban.

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

Pride 2020

Participation in Pride events represents an opportunity for the Trust to demonstrate support for our LGBT+ colleagues, show a positive and respectful image of LGBT+ people and promote the services we provide to the community. COVID-19 meant that this year's Pride events were held online. The Trust demonstrated its overt support for LGBT+ staff through media messaging across social media channels.

International Women's Day 2021

On 8 March 2021 the Trust held a special virtual event to mark International Women's Day and celebrate the contribution of our female staff. The challenges of the past year have particularly impacted on women. This event was an opportunity for women to share their experiences, challenges and successes, and support one other. Hosted by Trust Chair Nicole Lappin, the event was an opportunity for women to share their unique personal experience over the previous year in a safe, confidential and supported space.

Remote Video Sign Language Interpretation

The Health and Social Care Board have introduced a remote video sign language interpreting service to assist British Sign Language and Irish Sign Language users to communicate with Health and Social Care staff. The service is provided by InterpreterNow, a company that provides a similar service for the NHS in England, Scotland and Wales.

Care Opinion

Care Opinion, a new online user feedback programme for all citizens who use Health and Social Care Services, was launched in August 2020. The project is led by the Department of Health with a view to fostering an open, patient-centered and learning culture across the health and social care services. The Trust actively participated as a member of the Care Opinion Programme Board and in the implementation agenda following ongoing involvement with key stakeholders. Care Opinion will provide a range of data, information and engagement that will not only improve NIAS's service approach but will also provide new and expanded data (qualitative and quantitative) that can inform future equality assessments and planning.

PART A

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2020-21 (*or append the plan with progress/examples identified*).

See attached appendices.

PART A

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2020-21 reporting period? *(tick one box only)*

☒ Yes ☐ No (go to Q.4) ☐ Not applicable (go to Q.4)

Please provide any details and examples:

See narrative in Part A, Section 1.

- 3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

See narrative in Part A, Section 1.

- 3b** What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

☒ As a result of the organisation's screening of a policy *(please give details):*

Support, facilitation to work from home, and reassurance about return to work for staff with caring responsibilities and those required to shield during COVID-19. Temporary accommodation was made available to staff with family members required to shield.

☐ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

☐ As a result of analysis from monitoring the impact *(please give details):*

☐ As a result of changes to access to information and services *(please specify and give details):*

☐ Other *(please specify and give details):*

Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

- 4 Were the Section 75 statutory duties integrated within job descriptions during the 2020-21 reporting period? *(tick one box only)*

- ☒ Yes, organisation wide
- ☐ Yes, some departments/jobs
- ☐ No, this is not an Equality Scheme commitment
- ☐ No, this is scheduled for later in the Equality Scheme, or has already been done
- ☐ Not applicable

Please provide any details and examples:

As part of an undertaking in the NIAS Equality Scheme, all job descriptions contain a general commitment to discharging the Trust's obligations and requirements on equality and human rights. While some historic job descriptions have not been specifically subject to review during the reporting period, all employees are made fully aware of their employment duties in respect of promoting equality, good relations and human rights. Trust staff have an annual Personal Development and Contribution Review (PDCR). This includes a focus on the promotion of equality and diversity, and is also a key dimension within the Trust's Knowledge and Skills Framework.

- 5 Were the Section 75 statutory duties integrated within performance plans during the 2020-21 reporting period? *(tick one box only)*

- ☐ Yes, organisation wide
- ☒ Yes, some departments/jobs
- ☐ No, this is not an Equality Scheme commitment
- ☐ No, this is scheduled for later in the Equality Scheme, or has already been done
- ☐ Not applicable

Please provide any details and examples:

Directorates, teams and job roles have Section 75 obligations integrated into their functions, and these are mainstreamed across all core business within individual performance plans.

The NIAS Trust Board monitors compliance and holds business areas to account through strategic and operational objectives against which progress is reported in regular Performance Reports.

NIAS governance operates within a framework of Controls Assurance Standards (CAS) which includes an assessment and advice from the Trust's equality team. Evidence and auditing is central to compliance with performance outputs under the CAS framework, which is in turn reviewed by Internal Audit.

- 6** In the 2020-21 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- ☐ Yes, through the work to prepare or develop the new corporate plan
- ☒ Yes, through organisation wide annual business planning
- ☐ Yes, in some departments/jobs
- ☐ No, these are already mainstreamed through the organisation's ongoing corporate plan
- ☐ No, the organisation's planning cycle does not coincide with this 2020-21 report
- ☐ Not applicable

Please provide any details and examples:

See narrative for sections 4 and 5 above.

Equality action plans/measures

- 7** Within the 2020-21 reporting period, please indicate the **number** of:

Actions completed:

10

Actions ongoing:

14

Actions to commence:

0

Please provide any details and examples *(in addition to question 2)*:

See attached appendix

- 8** Please give details of changes or amendments made to the equality action plan/measures during the 2020-21 reporting period *(points not identified in an appended plan)*:

None.

- 9** In reviewing progress on the equality action plan/action measures during the 2020-21 reporting period, the following have been identified: *(tick all that apply)*

- ☒ Continuing action(s), to progress the next stage addressing the known inequality
- ☐ Action(s) to address the known inequality in a different way
- ☐ Action(s) to address newly identified inequalities/recently prioritised inequalities
- ☐ Measures to address a prioritised inequality have been completed

Arrangements for consulting (Model Equality Scheme Chapter 3)

- 10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)*

- ☒ All the time
- ☐ Sometimes
- ☐ Never

NIAS did not formally consult on any proposals during this reporting period. However, in accordance with our Equality Scheme obligations, screening outcome reports were uploaded onto the Trust website on a quarterly basis. In accordance with the Trust's Personal and Public Involvement statutory duties, there was a range of informal and ongoing engagement and involvement with individuals and representative organisations.

- 11** Please provide any **details and examples of good practice** in consultation during the 2020-21 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

COVID-19 has necessitated that service user engagement meetings have moved to an online environment.

- 12** In the 2020-21 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- ☐ Face to face meetings
- ☒ Focus groups
- ☒ Written documents with the opportunity to comment in writing
- ☐ Questionnaires
- ☒ Information/notification by email with an opportunity to opt in/out of the consultation
- ☐ Internet discussions

PART A

☐ Telephone consultations

☐ Other (*please specify*):

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

- 13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2020-21 reporting period? (*tick one box only*)

☐ Yes

☒ No

☐ Not applicable

Please provide any details and examples:

- 14** Was the consultation list reviewed during the 2020-21 reporting period? (*tick one box only*)

☐ Yes

☒ No

☐ Not applicable – no commitment to review

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

[<http://www.nias.hscni.net/>]

- 15** Please provide the **number** of policies screened during the year (*as recorded in screening reports*):

9

- 16** Please provide the **number of assessments** that were consulted upon during 2020-21:

9

Policy consultations conducted with **screening** assessment presented.

0

Policy consultations conducted **with an equality impact assessment** (EQIA) presented.

0

Consultations for an **EQIA** alone.

PART A

- 17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

See narrative in Part A, section 1.

- 18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? (*tick one box only*)

☐ Yes ☒ No concerns were raised ☐ No ☐ Not applicable

Please provide any details and examples:

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

- 19** Following decisions on a policy, were the results of any EQIAs published during the 2020-21 reporting period? (*tick one box only*)

☐ Yes ☒ No ☐ Not applicable

Please provide any details and examples:

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

- 20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2020-21 reporting period? (*tick one box only*)

☐ Yes ☒ No, already taken place
☐ No, scheduled to take place at a later date ☐ Not applicable

Please provide any details:

The Trust's Information Department produces statistics which enable monitoring of performance. These statistics are published through the Trust's reporting mechanisms, including public Trust Board papers. Information is prepared and presented for research and assessment purposes, particularly to inform Equality Screening and strategic, policy and service delivery decision making processes.

- 21** In analysing monitoring information gathered, was any action taken to change/review any policies? (*tick one box only*)

☐ Yes ☒ No ☐ Not applicable

PART A

Please provide any details and examples:

Changes would ordinarily take place during the screening process.

- 22** Please provide any details or examples of where the monitoring of policies, during the 2020-21 reporting period, has shown changes to differential/adverse impacts previously assessed:

None.

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

None.

Staff Training (Model Equality Scheme Chapter 5)

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2020-21, and the extent to which they met the training objectives in the Equality Scheme.

See narrative in part A, Section 1.

- 25** Please provide **any examples** of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

N/A

Public Access to Information and Services (Model Equality Scheme Chapter 6)

- 26** Please list **any examples** of where monitoring during 2020-21, across all functions, has resulted in action and improvement in relation **to access to information and services**:

N/A

Complaints (Model Equality Scheme Chapter 8)

- 27** How many complaints **in relation to the Equality Scheme** have been received during 2020-21?

Insert number here:

0

Please provide any details of each complaint raised and outcome:

N/A

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

The Trust's Equality Scheme and Action Plan 2018-23 will be due for review during 2022/23.

29 Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

During 2021/22, the Trust will focus on rebuilding services following the unprecedented response to COVID-19. In terms of equality, the following areas will be prioritised:

- continued mainstreaming of s75 duties throughout the Trust;
- guidance and training for Trust Board members;
- training toolkit for managers;
- renew structure for staff equality forums;
- further implementation of Equality and Disability Action Plans.

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next reporting period? *(please tick any that apply)*

- ☒ Employment
- ☒ Goods, facilities and services
- ☐ Legislative changes
- ☒ Organisational changes/ new functions
- ☐ Nothing specific, more of the same
- ☐ Other (please state):

PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans
1. Number of action measures for this reporting period that have been:
8

Fully achieved

10

Partially achieved

0

Not achieved

2. Please outline below details on all actions that have been fully achieved in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

See attached appendix

Level	Public Life Action Measures	Outputs ⁱ	Outcomes / Impact ⁱⁱ
National ⁱⁱⁱ			
Regional ^{iv}			
Local ^v			

PART B

2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1			
2			

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1			
2			

2 (d) What action measures were achieved to '**encourage others**' to promote the two duties:

	Encourage others Action Measures	Outputs	Outcome / Impact
1			
2			

PART B

	Encourage others Action Measures	Outputs	Outcome / Impact

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1			
2			

3. Please outline what action measures have been **partly achieved** as follows:

	Action Measures partly achieved	Milestones/ Outputs	Outcomes/Impacts	Reasons not fully achieved
1				
2				

PART B

4. Please outline what action measures **have not been achieved** and the reasons why.

	Action Measures not met	Reasons
1		
2		

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

(b) Quantitative

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

PART B

Please select

If yes please outline below:

	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			
5			

7. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

ⁱ **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

ⁱⁱ **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

ⁱⁱⁱ **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

^{iv} **Regional**: Situations where people can influence policy decision making at a middle impact level

^v **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

Equality Action Plan Regional Actions 2018 – 2023

Progress Report
Year 3 - 2020-2021

Section 1 – Ensuring the effective discharge of our Section 75 Equality Duties

We want to ensure that the focus is on outcomes for people within the nine Section 75 equality categories and to make a positive difference for them. The following actions are therefore aimed at simplifying the process.

Action Measure	Description
We will develop a checklist to make sure Equality, Disability and Human Rights are at the heart of procurement.	<ul style="list-style-type: none"> • Checklist developed and adhered to by staff with responsibility for buying goods and services. • Raised awareness among staff of equality and human rights obligations in procurement process. • S75 and human rights issues identified at an early stage of procurement process.
Progress Year 3 – Ongoing Rollover Year 4 A Flowchart has been drafted and shared with Finance in NIAS initially for comments. This will then be shared more widely for agreement across the region. Discussion has taken place in terms of integrating an agreed flowchart into procurement training. This action has not fully been achieved as a result of Covid-19 pressures and will be picked up on in year 4.	
Action Measure	Description
We will review our staff training to ensure best practice is followed when screening and conducting EQIAs.	<ul style="list-style-type: none"> • Up to date training programme for all policy makers across health and social care will be made available to ensure best practice. • Skilled staff, policy leads and decision makers. • Consistent and effective approach in the training programme across all Trusts (targets to be set). • Effective compliance with the S75 Equality Duties.
Progress Year 3 – Ongoing Rollover Year 4	

A regional training sub-group has been set up to develop a revised staff training programme which will be rolled out to ensure consistency across Trusts' and adherence to best practice. The regional Screening Toolkit and amended screening template will form the basis for this new staff training programme. The Equality Commission for NI have been involved in discussions around the new screening toolkit and their input to the content of the new revised staff training programme will also be sought.

HSC Trust Equality Units continue to provide policy leaders and decision makers across HSC with specific advice and support on best practice in screening and EQIAs.

The roles of Trust Boards and Executive Management Teams are essential in ensuring that a meaningful and effective approach to implementing the section 75 duties. The regional Trust Board Guidelines have been reviewed and updated to ensure leaders, senior managers and decision makers in HSC Trusts' demonstrate good governance and best practice in equality screening and EQIA.

As a result of the restrictions imposed in response to Covid-19, much of the face-to-face training has moved to online platforms. One-to-one support provided to staff has increased, particularly due to new initiatives within HSC. Trusts' continue to engage with ECNI regarding screening formats.

Action Measure	Description
We will work with the Department of Health and other relevant stakeholders to make sure we are prepared for the introduction of Age Discrimination Regulations.	<ul style="list-style-type: none"> One regional event to raise awareness of potential implications of the new legislation on health and social care provision. Better understanding amongst staff on the implications of the legislation.

Progress Year 3 – Ongoing Rollover Year 4

The Age Discrimination Regulations have not yet enacted by the NI Assembly. Once enacted, a regional event will be held to raise awareness of potential implications of the new legislation on health and social care provision.

Action Measure	Description
	<ul style="list-style-type: none">

Action Measure	Description
	•

Section 2 – Promoting Equality in our Services

The following actions have been developed in response to what we have heard and are aimed at providing welcoming, person-centred and accessible services for everyone.

Action Measure	Description
We will review our equality training programme in collaboration with service users, carers and their advocates.	<ul style="list-style-type: none">• Consistent staff training and awareness raising, co-produced and delivered, where appropriate, across health and social care.• Raised awareness among staff of the best way to promote equality of opportunity for service users.• Each Trust to identify a process to monitor e-learning.
<p>Progress Year 3 - Completed in Year 2 and Ongoing</p> <p>The regional Equality, Good Relations and Human Rights Making a Difference eLearning programme will be reviewed in 2021/22 in line with the change to legislation on same-sex marriage. Compliance monitoring for e-learning had been carried out. A regional Good Relations Statement has been agreed with the aims to:</p> <ul style="list-style-type: none">• actively address and challenge racism and sectarianism;• treat each other fairly, with respect and dignity; and• ensure our spaces are shared, welcoming and safe. <p>A Poster has been produced to publicise the Good Relations Statement.</p>	
Action Measure	Description
We will work with service users, carers and representative organisations to ensure Trust websites are accessible, user friendly and easy to navigate.	<ul style="list-style-type: none">• User friendly HSC websites containing up to date information.• Better communication with service users, carers and the public on access to our websites information.

Progress Year 3 – Completed Year 2 and Ongoing

Currently considering how screening and other materials can be made more accessible online. A regional HSC IT project is ongoing aimed at reviewing and relaunching Trust websites including a dynamic function for all device platforms. Work is also underway to review Trust intranets and improve their design, layout and accessibility. Trust staff have access to Read and Write software to enhance accessibility.

Sign language interpretation has been made available for staff through the InterpreterNow App.

Action Measure	Description
We will work in partnership with LGBT representative organisations to develop guidance for health and social care staff to ensure LGBT service users have access to services.	<ul style="list-style-type: none">• Consistent up to date staff guidance developed in partnership with LGBT organisations.• Enhanced awareness of access barriers for LGBT service users and carers.• Improved satisfaction with health and social care services for LGBT service users and carers.

Progress Year 3

Work is underway with the HSC Trusts, Rainbow Project, Transgender NI and Trade Union colleagues to co-develop guidance for Health and Social Care staff to ensure LGBT service users have access to services. This will be informed by a webinar/lunchtime engagement session facilitated by Fidelma Carolan, Chair of Regional HSC LGBT Network, with a presentation from Alexa Moore, Transgender NI, and staff from the Trans community, to discuss their experience in the workplace. This guidance will cover good practice, etiquette, use of pronouns, and responsive service provision and employment. It is anticipated that this will be formally launched during Pride Week 2021.

Action Measure	Description
We will work in partnership with Black and Minority Ethnic (BME) groups and groups representing BME older people	<ul style="list-style-type: none">• Staff guidance co-produced with BME communities and representative organisations.

to develop guidance for health and social care staff on meeting the needs of older people in BME communities and ensure access to services.	<ul style="list-style-type: none"> • Raised profile of needs of BME older people. • Increased awareness among staff of the needs of BME older people. • Improved access to services for BME older people.
<p>Progress Year 3</p> <p>Translated videos and materials have been produced. Work has been undertaken with the Public Health Agency on an Ethnic Minority Forum. Trusts' have established ethnic minority staff groups established during the reporting period, chaired by an ethnic minority staff member. Participation in NICON Conference – Build it Back Build it Better – October 2020, which included consideration of the specific needs of ethnic minority service users.</p>	
Action Measure	Description
We will work in partnership with older people's groups, including the Pensioner's Parliament, to develop guidance for HSC staff on meeting the needs of older people.	<ul style="list-style-type: none"> • Staff guidance co-produced with groups representing older people. • Raised profile of needs of older people in the delivery of services. • Increased awareness among staff of the needs of older people. • Improved communication and access to services for older people.
<p>Progress Year 3</p> <p>The Pensioner's Parliament did not meet during the reporting period. Trusts' have been providing vaccines for care home residents and staff. Trusts work with private nursing homes on initiatives including rainbow rooms. The Hospital at Home initiative provided advanced care planning. The Trusts' asked for staff volunteers to work in care homes during the pandemic. Support was provided for staff members required to shield.</p>	
Action Measure	Description
We will work with the Northern Ireland Human Rights Commission to develop a training programme on a human rights approach to dealing with complaints – building on work done by the Ombudsman's Office.	<ul style="list-style-type: none"> • Training on a human rights based approach to complaints management delivered to all staff who deal with complaints. • Complaints resolution process that embeds human rights values and principles. • Improved satisfaction with health and social care complaints management process.

Progress Year 3 - Completed for this reporting period and Ongoing Rollover Year 4 As a result of reviews, HSC have decided to prioritise this training with a focus on residential care for vulnerable people. Trusts continue to liaise with NIHRC re training.	
Action Measure	Description
We will hold an annual event to showcase best practice in equality and diversity within the health and social care.	<ul style="list-style-type: none"> • An annual Equality and Diversity event delivered. • Health and social care viewed as a sector that promotes equality and diversity. • Improved awareness of equality and diversity best practice models and shared across health and social care and beyond.
Progress Year 3 - Completed for this reporting period and Ongoing Rollover Year 4 Good Relations event held in September 2020 and development of Good Relations posters for distribution within each Trust.	

Section 3 – Supporting our Staff

The following actions help to promote equality of opportunity for our staff and support them to understand their responsibilities in valuing differences and advancing equality of opportunity to ensure an inclusive and welcoming environment.

Action Measure	Description
We will ensure compliance with any new legislation governing gender pay reporting and address any inequalities identified.	<ul style="list-style-type: none"> Pay structure that ensures fairness and equity in pay and reward arrangements in line with any new legislation.
Progress Year 3 Detailed update completed for HR sections.	
Action Measure	Description
We will work in collaboration with relevant stakeholders to extend the remit of our Employability Schemes to enhance employment opportunities for marginalised S75 groups.	<ul style="list-style-type: none"> Scope in year 1 opportunities and availability for our employability schemes. Employability scheme available to other marginalised S75 groups. Improved employment opportunities for marginalised S75 groups. Access to employment is improved for marginalised S75 groups.
Year 3 Progress – Ongoing Rollover to Year 4	

All HSC Trusts are actively exploring ways to encourage the participation of persons with a disability in the workplace. Examples include experiential job placements, Job Shadowing, the Workable Programme leading to substantive employment opportunities within Trusts, career events and targeted recruitment. HSC Trusts have forged closer links with the disability sector including USEL to further promote meaningful opportunities for disabled persons to participate in the workplace.

Southern Trust has set up a small working group to explore opportunities under the 'Workable' NI programme to provide an opportunity for the first cohort of persons with a disability to participate in a 14 week pilot Employability Programme leading to permanent part time employment upon successful completion.

Due to Covid-19 pressures and the priority to maintain essential service provision progress has been affected. The group plan to take forward this work stream as soon as business activities resume and Trust working groups are able to reconvene.

Action Measure	Description
We will revise Equality, Human Rights and Disability guidelines for our Non-Executive Trust Board members.	<ul style="list-style-type: none"> Up to date guidelines in place for Non-Executive Directors. Increased awareness among Non-Executive Directors of statutory compliance and responsibilities.

Progress Year 3 - Completed
This Guidance has been developed and updated in conjunction with ECNI. It has now been finalised and designed to complement existing resources and is moving to print ready stage.

Action Measure	Description
We will review our harmonious working environment advice in light of any new findings and recommendations from the work conducted by the Commission on Flags, Identity, Culture and Traditions.	<ul style="list-style-type: none"> Consistent regional approach to ensuring all health and social care environments are welcoming to everyone.

Progress Year 3 - Completed
The new regional policy is now finalised and waiting endorsement by Regional TU colleagues. The new policy is entitled Equality,

Diversity and Inclusion and carries forward the values and principles in the former HSC Trusts' Equal Opportunity Policy. The policy has been updated to take account of developments within the sphere of equality, human rights, disability and good relations duties.

This policy is concerned with the promotion of equality and the prevention of unlawful discrimination.

In addition, the former Joint Declaration of Protection Policy Statement has been replaced by a Harmonious Working Environment Statement included as an addendum to this new regional Equality, Diversity and Inclusion Policy for ease of access. In this statement Management, Trade Unions and Staff Organisations representing employees of HSC Trusts jointly agree a number of key principles to support a harmonious working environment. The following is an excerpt from the Statement: *'We Declare that we shall work together to ensure that our workplaces are harmonious and inclusive, where individual differences are valued and respected in line with the commitments and values of the organisation'*.

At this time, there have been no recommendations published by the Commission on Flags, Identity, Culture and Traditions.

Action Measure	Description
We will launch our new E-Learning Module and Equality and Diversity Staff Training Manual	<ul style="list-style-type: none"> • 20 minute E-Learning Training Programme for staff and managers and Equality and Diversity Staff Training Manual launched and available for all health and social care staff. • Marketing strategy to increase uptake of training across all Trusts. • Improved access to equality and diversity training for those with access to computers. • Improved access to training for staff who do not have access to a computer through provision of the Staff Training Manual. • Improved uptake of equality training, each Trust to set targets.

Progress Year 3 - Completed

HSC Trusts continue with the deployment of the Regional Making a Difference, Equality, Good Relations and Human Rights eLearning training. This programme is mandatory for all HSC staff.

A review of this programme was undertaken during the current reporting period, and a number of amendments have been recommended to keep abreast of legislative developments e.g. legalisation of same sex marriage as well as the inclusion of HSC Trust values on the landing page of the programme.

Action Measure	Description
We will work with relevant organisations and Trade Unions to develop best practice in supporting our staff who are victims of Domestic Violence/Abuse.	<ul style="list-style-type: none"> • Best practice model established in each Trust with support mechanisms for staff experiencing Domestic Violence/Abuse. • Improved support for staff who are victims of Domestic Violence/Abuse. • Raised awareness among staff of the best way to support colleagues who are victims of Domestic Violence/Abuse.
Progress Year 3 - Completed for this reporting period/ongoing rollover Year 4 The plan moving forward is for all Trusts to adopt similar guidance. Looking to next year to host an event to raise awareness of policy and supports available. Policy based on best practice.	
Action Measure	Description
We will make sure that our staff who are carers are supported in the workplace so that they can continue with their caring role.	<ul style="list-style-type: none"> • Consistent regional approach established to support carers in our workforce. • Improved support for staff who are carers. • Raised awareness among staff of the best way to support staff who are carers. • To pilot digital resources for carers and 'jointly app' carers app in Northern Trust area with learning disseminated regionally Year 3.
Year 3 Progress Northern Trust have done lots of work in this area, including hosting a seminar which was attended by other Trusts. A pilot of digital resources for carers app was run in Northern Trust area with learning disseminated regionally.	

Total Actions in Year 3	17	Total Actions Completed in Year 3	8	Actions ongoing into Year 3	9
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Equality Action Plan Local Actions 2018 – 2023

Progress Report Year 3 - 2020-2021

Section 1 – Simplifying our section 75 processes - Feedback from consultees has indicated that implementation of our Equality Schemes tends to be process-driven. We recognise the value of having a legislative framework that promotes equality of opportunity and good relations, however we want to ensure that the focus is on outcomes for people within the nine section 75 equality categories and making a positive difference for them.

NIAS Actions		Measures
<p>We will deliver a new Equality and Human Rights screening toolkit for managers and staff</p> <p>We will deliver a training module to support the toolkit's implementation</p>		<ul style="list-style-type: none"> • Dedicated shelf-resource to advise managers and staff of their obligations and options • Dedicated practical training module to inform and advise staff • Staff and managers clearer about relevance and application of equality and human rights • Service users and carers have better awareness of expectations on staff and managers

		<p>Progress Year 3 – Partially Completed</p> <p>A regional screening toolkit has been developed to increase understanding and familiarity with the concept of screening and Equality Impact Assessments (EQIAs).</p> <p>The toolkit was developed in collaboration with ECNI, NIHRC and CRC as part of the Joint Equality, Human Rights and Good Relations Forum for quality assurance. It is important that to facilitate mainstreaming that the toolkit meets the needs of managers and policy makers. The toolkit will be reviewed, amended as necessary on the basis of regional feedback and will be launched during year 4 of the Equality Action Plan.</p> <p>NIAS will adapt and customise the regional toolkit to best meet the needs of the organisation.</p>
We will review screening reports to ensure they are clear and focus on outcomes		<ul style="list-style-type: none"> • Reviewed screening reports are clearer, more easily understood and take account of best practice guidance
		<p>Progress Year 3 – Partially Completed</p> <p>The NIAS Equality team has worked with policy holders and managers on an individual basis in anticipation of the regional toolkit and guidance.</p>

Section 2 – Promoting equality in our services

While consultees were positive about all the work that has been done to date to promote equality of opportunity they provided many suggestions on how to improve equality of access to health and social care services. We know that the people who use our services come from many different cultures, communities, and backgrounds and being responsive to the diverse range of needs is a responsibility we take very seriously. The following actions have been developed in response to what we have heard and are aimed at providing welcoming, person-centred and accessible services for everyone.

NIAS Actions	Measures
We will focus on addressing the needs of those with disabilities in terms of our service	<ul style="list-style-type: none"> Audit and improve the provision of facilities for service users with hearing loss difficulties, for example renewed deaf awareness training for staff, promotion of information about how to access our services and make a complaint for deaf service users
Progress Year 3 – Partially Completed There has been further engagement with Deaf and hearing impaired service users and representative groups during the reporting period. Work continued with the British Deaf Association to develop Deaf Awareness Training for staff.	
	<ul style="list-style-type: none"> Launch and implementation of Transportation of Assistance Dogs Policy and Procedure
Progress Year 3 – Completed Year 2 Guidance, Standard Operating Procedures and Risk Assessment templates were produced in May 2019 providing staff with guidance and advice on recognising and safe transport of an assistance dog when conveying a patient. For those occasions when it is not possible to convey an assistance dog, NIAS staff making this decision must make a report detailing why this has not occurred.	

<p>We will continue to promote PRIDE across NIAS and deliver equality measures for LGBT staff and service users</p>	<ul style="list-style-type: none"> • Continued practical involvement in PRIDE events across Northern Ireland • Develop the community education dimension at PRIDE events, including official NIAS involvement
<p>Progress Year 3 – Completed</p> <p>Participation in Pride events during 2020 was restricted by Covid-19. The Trust marked Pride 2020 with a social media awareness campaign.</p>	

Section 3 –Supporting our staff

We recognise that our staff are our most valuable resource and that they deserve to be treated with dignity and respect and can expect to experience equality of opportunity and good relations in the workplace. Similarly every member of Trust staff shares a responsibility to promote equality of opportunity and good relations with their co-workers, service users and carers. The following actions will help to promote equality of opportunity for our staff and

support them to understand their responsibilities in valuing differences and advancing equality of opportunity to ensure an inclusive and welcoming environment.

NIAS Actions	Measures
Deliver equality measures for LGBT staff and service users	<ul style="list-style-type: none"> • A more welcoming environment for LGBT staff through corporate communications, social media and visibility across the organisation • Continue to explore formal agreement around 'Diversity Champions' status • Ensure implementation of new Regional Gender Identity and Expression Policy
<p>Progress Year 3 – Partially Completed</p> <p>In collaboration with other Trusts and representative organisations, a Regional Gender Identity and Expression Policy has been developed. This Policy ensures that our services and workplace are accessible and welcoming to all people regardless of their sexual orientation or gender identity.</p>	
We will focus on addressing the needs of those with disabilities, both staff and service users	<ul style="list-style-type: none"> • Establish a Disabled Employee Network through the Trust's Equality Forum
<p>Progress Year 3 – still to be commenced, scheduled for year 4</p> <p>NIAS is considering options for the format of staff networks going forward in light of Covid-19.</p>	



Disability Action Plan Regional Actions 2018 – 2023

Progress Report Year 3 - 2020-2021

Section 1 – Promoting positive actions and increased participation through training, awareness and resources

Disabled people have told us that promoting well-informed social attitudes to disability is central to securing the right to equality for all disabled people. We are committed to providing training and resources to support our staff in the implementation of our disability duties.

Actions to promote positive attitudes towards disabled people

Action Measure	Description
We will co-design and deliver bespoke disability equality training for frontline staff in partnership with disabled people.	<ul style="list-style-type: none">• Consistent staff training and awareness raising, co-designed and delivered, where appropriate, across health and social care.• Co-designed training programme in each Trust that includes specific guidance on communication on disability and autism.• Increased staff awareness on disability equality and how to promote positive attitudes and participation in public life.• Disability equality training that will reflect all disabilities (including hidden, autism, sensory) and will challenge negative stereotypes/attitudes about disabled people.
<p>Progress Year 3 – Rollover to Year 4</p> <p>Development of disability training for frontline staff had been delayed by Covid-19. Work is continuing with Northern Trust's Disability Panel to develop training. Service users from Disability, community and voluntary sectors will provide voiceovers for the training. A Disability Toolkit will be made available throughout Trusts.</p>	

Action Measure	Description
We will work with the consortium of mental health organisations and the ECNI to ensure health and social care is signed up to the Mental Health Charter.	<ul style="list-style-type: none"> • Workplace that welcomes and supports staff with a mental health issue. • Development of best practice models that ensure services are accessible to people with a mental health issue. • Availability of long-term sustainable information and training support that will help managers to identify and offer help and support to staff with a mental health issue.
Progress Year 3 - Completed for this reporting period and ongoing rollover Year 4 A Health and Wellbeing Strategy has been developed. Trusts have provided access to psychological services for staff during Covid-19. Peer Support teams are available to provide confidential advice and support for staff.	
Action Measure	Description
We will continue to support the implementation of the Regional Physical and Sensory Disability Strategy.	<ul style="list-style-type: none"> • Promotion of regional sensory awareness e-learning programme. • Improve awareness among staff on how to ensure people with sensory impairment have access to information, services and supports.
Progress Year 3 Availability of regional sensory awareness e-learning module was promoted to staff. HSC Board Sensory Awareness Team are taking work forward regionally on how people with sensory impairment have access to services and information.	

Actions to encourage participation by disabled people in public life

Action Measure	Description
<p>We will develop for staff a welcome pack with information about accessibility such as:</p> <ul style="list-style-type: none"> • arrangements for sign language interpreting; • provision of auxiliary aids; • disability etiquette; and • alternative formats. 	<ul style="list-style-type: none"> • Accessibility welcome pack available for all disabled service users to improve access to services. • Improved service user and carer experience. • Resource available for staff to support them to meet the needs of disabled service users and carers.
<p>Progress Year 3 – Completed for this reporting period</p> <p>A Disability Toolkit and etiquette guide has been produced for all staff. It includes details on accessibility, how to provide information in alternative formats, and accessing the remote interpreting service.</p>	

Action Measure	Description
We will work with relevant organisations to adopt a communication standard in line with the Accessible Communication Standard in England to ensure information is accessible for all disabled people including those with autism and those with communication disability.	<ul style="list-style-type: none"> • Establishment of a consistent communication standard across all Trusts. • Improved communication with service users and carers. • Improved experience for people using our services. • Improved accessibility to information and services.
Progress Year 3 – Completed for this reporting period/ongoing Year 4	
Work has continued with the HSC Board to develop an accessible communication standard.	

Section 2 – Supporting full participation of disabled people by improving accessibility

We have done much work over the years in enhancing the accessibility of health and social care services but disabled people continue to tell us that barriers to full accessibility remain. We are committed to working with disabled people on the initiatives listed below to improve accessibility for and participation of disabled people when accessing our buildings, information and services.

Actions to promote positive attitudes towards disabled people

Action Measure	Description
We will work with disabled people to make sure we are ready for the introduction of new legislation including: <ul style="list-style-type: none">• Mental Capacity• Age Discrimination (Goods/Facilities/Services)	<ul style="list-style-type: none">• Actions plans available to ensure readiness for forthcoming legislation
Progress Year 3 – Completed <p>The Mental Capacity Act (NI) 2016, when fully implemented, will bring together mental capacity and mental health law for those aged 16 years and over within a single piece of legislation. The Deprivation of Liberty Safeguards as set out in the Mental Capacity Act (Northern Ireland) 2016 (MCA) became law on 2 December 2019.</p> <p>The Act provides a statutory framework for people who lack capacity to make a decision and people who now have capacity but wish to make preparations for a time in the future when they lack capacity. Where a person who lacks capacity is being deprived of their liberty, the Deprivation of Liberty Safeguards must be applied.</p> <p>This new law requires that Trusts' must make sure that everyone who is currently deprived of their liberty has been reviewed and safeguards have been put in place by a special Trust Panel known as a Trust Authorisation Panel which can authorise a deprivation of liberty. There are different levels of training – according to people's role within the Trust and under the legislation – much of this is mandatory. Much work has been led regionally to coordinate implementation and ensure consistency of approach. Regular regional meetings are convened with the Department of Health and other Trusts. Regular newsletters are produced to ensure there is a sound</p>	

level of awareness.

Action Measure	Description
We will review how we communicate with and seek feedback from disabled people (staff and service users) about health and social care and develop guidance to ensure effective engagement in the future.	<ul style="list-style-type: none">• Introduction of new methods of seeking feedback and communication identified such as Citizen Space.• Use of all available media (including social media) considered.• Guidance available for staff to ensure effective engagement with disabled people.• Improved development of policy and practice by drawing on wide range of views and experiences.

Progress Year 3 - Completed

The regional initiative 'Care Opinion', a platform which facilitates real time feedback from service users and their families, was launched in August 2020. Easy Read formats are available.

HSC Trusts have used CitizenSpace successfully in the past when engaging with s75 groups including the disability sector on the development of their current Equality and Disability Action Plans.

HSC Trusts are committed to the principles co-production. HSC Trusts, other Arms Length Bodies, and the DOH are the only public bodies in Northern Ireland which have a statutory duty to involve and consult their stakeholders, therefore the guide augments and builds on the requirements set out in current PPI Policy. The goal is to support transformational change through a co-productive approach and promote the opportunity for all sections of the Northern Ireland community to partner with Health and Social Care staff in improving outcomes. This guide illustrates that we want a system that partners and organises health and wellbeing with people, for people, and by people. HSC Trusts' PPI Annual Reports provide further detail.

Actions to encourage participation by disabled people in public life

Action Measure	Description
We will work with representative groups to develop an accessibility checklist to ensure that health and social care facilities are considered accessible spaces for all.	<ul style="list-style-type: none"> • Accessibility checklist for health and social care facilities developed in partnership with ECNI and voluntary and community sector. • Health and social care facilities accessible for service users and carers. • Information from checklist to support prioritisation of programme of accessibility works. • Resource developed to promote best practice in the built environment including autism friendly spaces. • Promotion of best practice when working with colleagues on modernisation projects or new builds. • Guidance available on autism friendly spaces. Promote principles of autism friendly spaces and services.
<p>Progress Year 3 - Completed</p> <p>Using an adapted version of the ECNI accessibility audit tool, a range of changes will be implemented and developed. Using an 'Access Checklist' to ensure physical environments are more accessible. Learning will be shared regionally.</p>	
Action Measure	Description

<p>We will work to ensure access to all forms of communication support including support for BSL/ISL users, Makaton users and people who have Autism Spectrum Disorder.</p>	<ul style="list-style-type: none"> • Regional services established for the provision of communication support for people who are deaf or hard of hearing. • Health and social care communication accessible to all service users and carers. • Improved access to services. • Improved communication with service users and carers. • Improved experience for people using our services.
<p>Progress Year 3 – Completed for this reporting period and ongoing rollover Year 4</p> <p>In 2013 the Health and Social Care Board (HSCB) initiated a regional review of the provision of Communication Support Services in Northern Ireland to determine the most appropriate arrangements for providing the service in the future. The review concluded in January 2016 and proposed that communication support services should be supplied in future on the basis of a regional shared service provided by the Business Services Organisation. In June 2016 a consultation on the recommendations from the regional review of communication support services for people who are deaf or hard of hearing across Northern Ireland was launched. The public consultation supported the recommendation that the Business Services Organisation would be commissioned to supply Regional Communication Support Services (RCSS) for deaf and hard of hearing people who need access to Health and Social Care across Northern Ireland. The RCSS service development has been driven by the need to improve the accessibility, quality and safety of current communication support to service users as intended by RQIA in its recommendation in 2011. The RCSS Service Delivery Model has been developed based on the recommendations from the review of communication support in 2016. Over the reporting period a number of meetings have been held with sign language service users and a range of organisations and individuals across all of the Trust areas, providing an opportunity to discuss the service model. Work on developing the model continues.</p>	
Action Measure	Description
<p>We will join the Equality Commission 'Every Customer Counts' initiative to try and ensure that services and the physical environment is accessible.</p>	<ul style="list-style-type: none"> • Public commitment to 'Every Customer Counts' and formal sign up by all Trusts being a campaign signatory. • Health and social care services accessible and open to all potential service users and carers. Raised awareness of three good practice guides to illustrate reasonable adjustments which have been made by various service providers in a range of sectors. • Share practical examples of how to improve services for disabled

	service users and carers
<p>Progress Year 3 – Completed for this reporting period and rollover to Year 4</p> <p>Every Customer Counts is an initiative developed by the Equality Commission to help organisations to make their services more accessible and inclusive to all our service users, patients, visitors and carers. The aims are closely linked to HSC Trusts’ regional values.</p> <p>The Equality Commission have developed a <u>self-audit tool</u> which could use to evaluate how accessible services are. It has been agreed that it would be more appropriate and feasible to undertake this audit in a number of key areas in the first instance and then mainstream and roll out good practice across the other sites on an incremental basis.</p> <p>For ease of reference, we have merged actions where there is a direct correlation for reporting purposes.</p>	

Section 3 – Supporting full participation of disabled people in our workforce

We know that there continues to be gaps between the proportion of disabled people employed in health and social care compared with non-disabled people. We are committed to ensuring that disabled people are afforded equality of opportunity in respect of entering and continuing employment in health and social care. We will work in partnership with disabled people to make sure our employment policies and practices and working environments are as inclusive and accessible as possible. Please note the nature of the actions detailed below will relate directly to participation by disabled people in public life.

Action Measure	Description
We will work in partnership with Recruitment Shared Services to promote a review of recruitment and selection processes to promote equality and ensure any barriers that may discourage a disabled person from applying are identified and mitigated as appropriate.	<ul style="list-style-type: none">• Barriers to recruitment and selection process improved.• Best practice model developed in relation to online recruitment.• Increased applications from people with a disability.
<p>Progress Year 3 - Completed</p> <p>The Health and Social Care Workforce Strategy 2026: Delivering for Our People sets out ambitious goals for a workforce that will match the requirements of a transformed Health and Social Care system. It also addresses the need to tackle serious challenges with supply, recruitment and retention of staff. The Strategy document includes a very detailed look at the workforce problems and challenges facing Health and Social Care in Northern Ireland.</p> <p>Theme 1 in the Strategy is about attracting, recruiting and retaining, and includes the commitment to: set up and roll out a regional HSC careers service to help ensure a good supply of people in the future; inform and excite people on the range of jobs and professions; and publicise health and social care as a career option.</p> <p>Trusts' have been working collaboratively to improve access for those seeking employment. Examples include:</p> <ul style="list-style-type: none">• Improvements in website accessibility – providing greater ease of access for job applicants.	

- Production of a series of recruitment - How to Guides.
- Outreach measures – regional and local career events to promote the HSC as an employer of choice.

Action Measure	Description
We will work with staff, schools and disability organisations to promote health and social care as a disability friendly employer.	<ul style="list-style-type: none"> • Development of our work placements and employability programmes Improved awareness of the Trust as a disability friendly employer through increased work placements and promotion at careers conventions.
<p>Progress Year 3 – Completed and ongoing rollover to Year 4</p> <p>HSC Trusts continue to work with the Disability Sector to promote itself as an Equal Opportunity Employer.</p> <p>All Trusts are actively exploring ways to encourage the participation of persons with a disability in the workplace. Examples include experiential job placements, job shadowing, the Workable Programme leading to substantive employment, largely within Support Services within Trusts after undergoing a training programme. Trusts' intend to extend this programme to other areas of work and other areas of disability in the future, following assessment of the success of this initial programme. A Supported Employment Steering Group has been established drawing on appropriate stakeholders from within and outside the Trust to oversee this programme of work.</p>	
Action Measure	Description
We will review opportunities for staff to disclose their disability.	<ul style="list-style-type: none"> • Staff encouraged to declare that they have a disability. • Promotion of the benefits of disclosure and importance of monitoring. • Increased awareness of the importance of staff keeping personal equality monitoring records up to date (via HRPTS). • Increased staff disclosure and staff supported.

	<ul style="list-style-type: none"> • Robust equality monitoring statistics to ensure meaningful analysis to support decision making and benchmark workforce profile.
<p>Progress Year 3 – Completed Year 2</p> <p>A staff information booklet entitled ‘Should I Disclose to My Employer that I have a Disability’ has been produced, setting out the benefits of disclosure. Whilst disclosure is voluntary there are clear benefits for an employee in being open about their disability status. Firstly, it enables an employer, in this instance HSC Trusts, to provide for timely and practical implementation of reasonable adjustment in the workplace for new or existing employees with a disability. This is particularly important where there are health and safety considerations.</p> <p>This staff information booklet draws on best practice advice provided by Disability Action.</p>	
Action Measure	Description
We will work in partnership with disabled people and Occupational Health Services to ensure that disabled people are supported to continue in employment.	<ul style="list-style-type: none"> • Promotion of revised best practice guidance on employing persons with a disability • Development and delivery of bespoke equality and human rights training to Occupational Health staff • Awareness campaign to highlight the benefits of referral to Occupational Health - for staff and for managers. • Improved support for disabled staff • More robust reasonable adjustment process
<p>Progress Year 3 – Completed for this reporting period and ongoing Year 4</p> <p>The new Disability Tool Kit includes a complete section on Reasonable Adjustments in the Workplace to ensure managers fully understand their legal responsibilities under the Disability Discrimination Act 1995.</p> <p>The deployment of the tool kit will be underpinned by bespoke training for managers to ensure compliance and importantly the provision of timely reasonable adjustment for new and existing employees with a disability.</p>	
Action Measure	Description

We will develop guidance on supporting people with autism in employment in partnership with representative organisations.	<ul style="list-style-type: none"> • Co-designed guidance produced which will raise awareness among staff of reasonable adjustments for people with autism. • Promotion of guidance across health and social care.
<p>Progress Year 3 – Completed for this reporting period and ongoing for Year 4</p> <p>A regional Staff information Booklet is almost completed and will be adopted by HSC Trusts. This resource provides practical advice for managers and staff re managing Autism in the Workplace.</p>	

Total Actions in Year 3	15	Total Actions Completed in Year 3	7	Actions ongoing into Year 4	8
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Disability Action Plan Local Actions 2018 – 2023

Progress Report Year 3 - 2020-2021

Section 1 – Promoting positive actions and increased participation through training, awareness and resources

Disabled people have told us that promoting well-informed social attitudes to disability is central to securing the right to equality for all disabled people. We are committed to providing training and resources to support our staff in the implementation of our disability duties.

Action Measure	Description
We will launch and disseminate NIAS policy and procedure for Transportation of Assistance Dogs Policy and Procedure	<ul style="list-style-type: none">• Provide advice and induction awareness about the implementation of NIAS assistance dogs policy and procedure• Continue to oversee and monitor implementation
Progress Year 3 – Completed Year 2	
Guidance, Standard Operating Procedures and Risk Assessment templates were produced in May 2019 providing staff with guidance and advice on recognising and safe transport of an assistance dog when conveying a patient. For those occasions when it is not possible to convey an assistance dog, NIAS staff making this decision must make a report detailing why this has not occurred.	

Section 2 – Supporting full participation of disabled people by improving accessibility

We have done much work over the years in enhancing the accessibility of health and social care services but disabled people continue to tell us that barriers to full accessibility remain. We are committed to working with disabled people on the initiatives listed below to improve accessibility for and participation of disabled people when accessing our buildings, information and services.

Action Measure	Description
We will develop deaf awareness training for staff, and enhance involvement of deaf community in service development	<ul style="list-style-type: none"> • Training sessions to inform and advise staff • Staff and managers clearer about issues affecting the deaf community • Staff and managers aware of various options for communicating with deaf community • Engagement with sector re: service/policy issues and through PPI work re: service transformation
<p>Progress Year 3 – Partially Completed – Ongoing in Year 4</p> <p>There has been further engagement with Deaf and hearing impaired service users and representative groups during the reporting period. Work continued with the British Deaf Association to develop Deaf Awareness Training for staff.</p>	

Section 3 – Supporting full participation of and positive attitudes towards disabled people in our workforce

We know that there continues to be gaps between the proportion of disabled people employed in health and social care compared with non-disabled people. We are committed to ensuring that disabled people are afforded equality of opportunity in respect of entering and continuing employment in health and social care. We will work in partnership with disabled people to make sure our employment policies and practices and working environments are as inclusive and accessible as possible.

Action Measure	Description
We will establish a network of disabled employees	<ul style="list-style-type: none"> • Broaden the effectiveness of the staff Equality Forum by developing disabled employees network • Lift the profile of disability issues on the agenda of the Equality Forum • Develop awareness of key issues facing staff with disabilities • Consider options to further address any such issues by involving staff with disabilities and their representatives in review of the Trust's management of disability and reasonable adjustment procedures
<p>Progress Year 3 – ongoing, scheduled for year 4</p> <p>NIAS is considering options for the format of staff networks going forward in light of Covid-19.</p>	

Total Actions in Year 3	3	Total Actions Completed in Year 3	1	Actions ongoing into Year 4	2
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TB/19/08/2021/10



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	19 August 2021
Title of paper:	<p>NIAS Annual Report & Accounts for the year ended 31 March 2021</p> <p>NIAS Charitable Trust Fund - Trustee's Annual Report & Accounts for the year ended 31 March 2021</p>
Brief summary:	<p>The Trust Board is asked to note these final, audited, certified, approved Annual Accounts and Reports for Public and Charitable Funds for the year ended 31 March 2021.</p> <p>This is the first presentation of these documents in the public domain and they will subsequently be published on the Trust website.</p>
Recommendation:	<p>For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/></p>
Previous forum:	<p>Audit Committee – 13 May 2021</p> <p>In Committee Trust Board – 24 June 2021</p>
Prepared and presented by:	Paul Nicholson, Interim Director of Finance
Date:	12 August 2021



Northern Ireland Ambulance Service
Health and Social Care Trust



NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST

ANNUAL REPORT AND ACCOUNTS FOR YEAR ENDED 31 MARCH 2021



Northern Ireland Ambulance Service Health and Social Care Trust
Annual Report and Accounts for the year ended 31 March 2021

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 (as amended by the Audit and Accountability Order 2003) by the Department of Health on 14 July 2021



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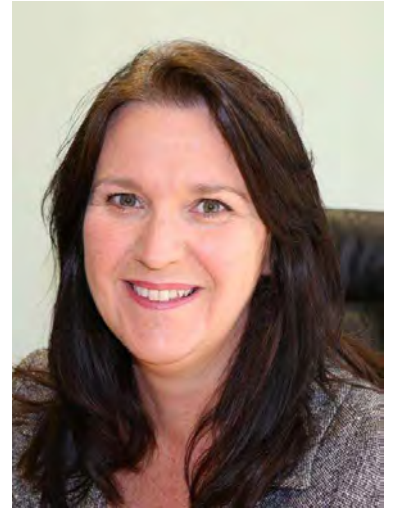
Northern Ireland Ambulance Service HSC Trust, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG.

This publication is also available for download from our website at www.nias.hscni.net.

CONTENTS

CHAIR'S PREFACE	6
PERFORMANCE REPORT	9
Performance Overview	9
Chief Executive Overview of Performance	9
Purpose and Activities of the Trust	14
Performance Analysis	17
Overview of Organisational Performance	17
Financial Resources and Performance	49
Sustainability Report	56
Principal Risks and Uncertainties	60
ACCOUNTABILITY REPORT	62
Corporate Governance Report	63
Directors' Report	63
Statement of Accounting Officer Responsibilities	66
Non-Executive Directors' Report	68
Governance Statement 2020-21	70
Remuneration and Staff Report	102
Remuneration Report for the Year Ended 31 March 2021	102
Staff Report	109
Accountability and Audit Report	118
Funding Report	118
The Certificate and Report of the Comptroller and Auditor General to the Northern Ireland Assembly	120
ANNUAL ACCOUNTS	127
Consolidated Annual Accounts for Year Ended 31 March 2021	127
Notes to the Accounts	131

Chair's Preface



Last year I wrote about how much NIAS had changed. These changes greatly assisted the organisation, as staff sought to deliver a public service while faced with the difficulties created by a global pandemic. At the outset and on behalf of the Board, I want to pay tribute to everyone in NIAS who worked hard to deliver ambulance services in such difficult circumstances throughout the past year. As Chair, I witnessed the personal efforts which individuals made to ensure that services continued while faced with new and developing challenges as the pandemic unfolded.

The relationship between NIAS and its Sponsor Department is always important, and I am grateful to Departmental colleagues who continue to work with NIAS through its transformation journey as well as providing the necessary framework and guidance which results in service improvements. In particular, the Department's support throughout the past year in dealing with the pandemic has been invaluable and its understanding in relation to relieving pressure on its Arm's Length Bodies has been welcome. I would also like to take this opportunity to acknowledge the leadership demonstrated by Minister Swann and the confidence which he has demonstrated in the HSC system while recognising the urgent need to change the way health services are delivered.

Having launched our strategic plan in March 2020, the Board monitored how aspects of this were delivered during the 2020-21 year. While, Covid-19 impacted how much

was achieved, the Board was pleased to note that 57% of the objectives in NIAS' corporate plan were achieved by year end. NIAS' corporate plan is derived from our strategic plan and, as Covid-19 limitations ease in the year ahead, the Board anticipates monitoring an increasing pace in the delivery of our strategic plan to reform and modernise how we deliver our service for the benefit of patients and staff alike.

In the preface to the 2019-20 Annual Report, I referenced the radical change to the delivery of ambulance services in Northern Ireland which was brought about through the successful introduction of the Clinical Response Model, (CRM). The Board continues to monitor its implementation and has provided scrutiny to the business case which is necessary to secure the appropriate investment which will ensure that CRM achieves its aim of improving ambulance response times across Northern Ireland and enables NIAS to make its important contribution to the wider transformation of Health and Social Care services. The change allows better management of increasing service demand and ensures that our ambulance crews can get to the sickest patients in the quickest possible time.

There is much I could write about, including the ongoing training of future paramedics, which was only made possible thanks to the adaptability and ingenuity demonstrated by staff working in partnership with the University of Ulster. Adaptability and ingenuity are things which I witnessed frequently over the past year and I look forward to seeing how the positive learning arising from Covid-19 influences the service going forward. Equally, I could spend some time writing about the work of the Board as it monitored the successful work done to improve 999 call answering times. During the last year, the percentage of 999 calls answered within 5 seconds increased from 72% in 2019-20 to 92% in 2020-21; and the number of calls waiting longer than 2 minutes to be answered reduced significantly. Additionally, I have appreciated staff seeking to identify future challenges for the service such as those arising out of tackling climate change and the impacts on how services will be delivered. I am mindful that this is a preface and these and other issues are referred to throughout this report or can be found in the Board minutes and elsewhere. However, before I conclude, I want to acknowledge the contribution made by my colleague, Alan Cardwell. Alan served NIAS by providing vital governance at the Trust Board and I am grateful to him for the conscientious approach which he took

during his time with us. Along with my Trust Board colleagues, I wish him well in his retirement.

To end on a positive note, as Chair I am grateful to the recognition which the Prime Minister, Boris Johnson's visit gave to NIAS and its staff. Our Minister of Health and the Secretary of State for Northern Ireland, Brandon Lewis, accompanied the Prime Minister to Knockbracken last summer. In such an unprecedented year, these were unprecedented visits and speak volumes of the high regard with which NIAS is held. In the 2021/22 year, there is much to look forward to, and I trust that staff will find moments when they can reflect on all that has been achieved during the past twelve months.

A handwritten signature in black ink, appearing to read 'Nicole Lappin', with a stylized flourish at the end.

Mrs Nicole Lappin

NIAS Chair

24 June 2021

Performance Report

Performance Overview

The purpose of the performance overview is to present the Chief Executive's perspective on the Trust's performance over the period 2020-21. It also provides a brief summary of the Trust: including its purpose and activities; our vision, values and goals; and services that we provide.

Chief Executive Overview of Performance

The term 'unprecedented' has perhaps been over-used during the past year, but it accurately describes the pressures and challenges faced by so many people in the last 12 months, in particular those working across the HSC including in NIAS. In over 30 years working in the public sector it has certainly been the most challenging year of my career. But it has also been one of the most rewarding. Never before have I witnessed such commitment, dedication and selflessness from colleagues to provide the best possible care for patients and their families, and a determination and innovation to address whatever obstacles they faced in doing so.



Words seem inadequate, but I really do wish to record my deep appreciation to everyone in the organisation for everything they have done and the sacrifices they have made to ensure we were able to continue to provide the compassionate care our community needed more than ever during the past year. I will never forget the words from one of our staff to the public that we are there to hold their loved one's hand when they can't be; or the stories of staff who stayed away from their own families for weeks on end to be able to continue working and avoid carrying the virus home. Adversity brings people together and never has that been more evident than during the last year. While the focus is understandably often on our operational and Control Room staff who provide direct patient care, as a service, we can only provide excellent care to patients with the support of high quality corporate support functions. Every role

is essential in ensuring the delivery of care – none is more or less important. Staff working in those support functions have displayed great professionalism and flexibility in adapting to new ways of working, including by working from home, changing working patterns and roles to support the response, virtual meetings and providing on-line training and support. It really has been a tremendous team effort.

As well as providing excellent care to patients, it has been more important than ever to care for our staff. I am grateful to those colleagues who willingly took on new and additional roles to quickly establish an efficient Covid-19 testing service for NIAS staff and their families, and to those who contributed to the regional programme of testing for Care Homes alongside HSC Trusts by testing almost 3,000 staff and residents in care homes across Northern Ireland. I must also acknowledge the work that was done to support our operational staff through the provision of welfare hubs, and to the NIAS Peer Support team for the valuable support they have provided to staff throughout the pandemic.

We have also been very happy to support our other HSC Trust colleagues in the delivery of the very successful Covid-19 vaccination programme. With the responsible approach taken by the public in response to the necessary restrictions placed on us all over the last year to reduce the risk of infection, and now the roll-out of the vaccination programme, we hope that brighter times are ahead for us all and we can look forward to taking forward the reform and modernisation of our service that we set out in our **Strategy to Transform: 2020 – 2026 – Caring Today, Planning for Tomorrow**.

Since launching our long-term strategy in March 2020, progress has been inevitably been impacted by the need to focus our attention on managing the service during the pandemic. We have however been able to take forward many of the objectives planned for year one and will seek to accelerate progress during 2021-22 to maximise the considerable contribution NIAS has to make to the wider HSC transformation programme through the ongoing professional development of our staff and the continued development of care pathways.

Caring Today, Planning for Tomorrow was developed following extensive engagement with our staff during 2019-20, something I signalled in last year's Annual Report that I am committed to continuing as we implement our Strategy. Our ability to do that has been severely impacted over the last year, and while not as effective as face to face meetings, I'm grateful to the many staff who have continued to engage with the Senior Management Team through Zoom sessions. These have allowed us to continue that essential two-way engagement, hearing

about the issues that are important to staff and their suggestions for improvement, and to share our plans to address key issues. I am pleased that towards the end of the year we have been able to recommence a programme of visits by Directors to all stations and offices and I look forward to increasing the frequency of formal and informal engagement with staff as circumstances permit.

A particular challenge presented by Covid-19 has been the increased delay in handing patients over to Emergency Departments (ED). While not a new problem, social distancing requirements in ED have made this even more challenging with many patients having to wait in the back of ambulances for extended periods before being admitted to ED – something that did not previously happen in Northern Ireland. I recognise the impact this has had on patients and staff alike. We continue to work closely with our colleagues in other HSC Trusts to improve the position, and look forward to the establishment of dedicated ambulance handover areas in hospitals – one of the key actions in the No More Silos Action Plan approved by the Minister.

2020-21 saw the first full year of the introduction of new 999 call categories, part of the new Clinical Response Model transformation programme. Despite the challenges of the last year, including the number of staff who were not available for work at any time for Covid-19 related reasons, it has been encouraging to see the improved performance for the most serious, life threatening calls. In 2020-21, 92% of calls were answered within 5 seconds with 9,181 Category 1 calls responded to within an average of 10 minutes and 20 seconds. Improving response times to all categories of calls, and doing so consistently across Northern Ireland, will require substantial investment to expand staffing levels and we have continued to work with colleagues in the Department and HSCB to secure the funding required through the business case process.

There has been a specific focus during the year on improving our 999 call answering performance and the results of this work have been impressive, with callers – many of who will be anxious and in distress, now consistently receiving a greatly improved service. We also strengthened the resilience of our call answering service during the year by working with ambulance services across the UK to be able to transfer calls in the event of a spike in calls or a reduction in call answering capacity.

One of the specific challenges during the year was to continue with our ambitious clinical education programme to recruit and train new Paramedics (in partnership with Ulster

University), Emergency Medical Technicians, Ambulance Care Assistants and Emergency Medical Dispatchers.

The NIAS Training Team did excellent work to adapt the training to meet social distancing requirements and I am delighted that following a pause of five months when they had to return to operational duties, 39 students successfully completed the Foundation Degree in Paramedic Practice, 81 Emergency Medical Technicians (EMT) and 65 Ambulance Care Assistants completed their training. In addition two Emergency Medical Dispatcher courses were held providing much needed additional capacity in our Emergency Ambulance Control room. While it has not been possible to celebrate the graduation of these new staff in the usual way, they are all very welcome and I wish them well in their future careers with NIAS.

At the time I was appointed just over three years ago, NIAS had been placed in a special measure in relation to Infection Prevention and Control following a series of inspections by the RQIA. This matter has been given the highest priority as the public need to have confidence that when they use our service that our facilities, vehicles and equipment meet the highest standards of cleanliness to prevent the spread of infection. Our staff also need to be assured that they will be protected from infection in the course of their work. This has never been more important than during the past year. This work has received considerable attention over the past three years, with additional expertise employed to lead the extensive programme of work and support staff in meeting and maintaining the necessary standards. I am pleased that during the year the Permanent Secretary of the Department of Health confirmed that NIAS has achieved full compliance with the RQIA standards and all the improvement notices and special measure have been removed. We will continue to give this issue the highest priority to ensure the improvements that have been made are sustained.

Another issue that I am pleased has been resolved in the last year is the long-running dispute over Paramedic and EMT banding. After many years, I was pleased that an agreement was reached with our Trade Union colleagues last summer and I am grateful to the payroll team who worked long hours to implement the revised bandings. This issue has impacted on NIAS for too long and I hope that with it behind us, we can concentrate our efforts on looking forward and implementing our long-term Strategic Plan.

As ever, this report can provide only a flavour of the excellent work carried out every day by the many highly skilled and dedicated staff in NIAS. When I speak to staff after particularly difficult calls or in relation to the many compliments we receive, the most common response is that “/

was only doing my job". While it may "just have been another job", the impact on individuals and their families who are touched by the care and compassion of NIAS staff every day cannot be overstated. This has never been more so than during the past year when I continue to be amazed, proud and humbled by the men and women I am privileged to lead.

I look forward to working with them all and with the support of my senior team, to moving beyond the pandemic that has dominated all of our lives for the last year, and taking forward the exciting developments that are outlined in our Strategic Plan for the benefit of patients, staff and the wider Health and Social Care System.

Purpose and Activities of the Trust

Our Mission is:

To consistently show compassion, professionalism and respect to the patients we care for.

Our Values:

We are committed to embedding the following shared HSC values in NIAS:

 Working together	 Excellence	 Openness & Honesty	 Compassion
We work together for the best outcome for people we care for and support. We work across HSC and with other external organisations and agencies, recognising that leadership is the responsibility of all.	We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.	We are open and honest with each other and act with integrity and candour.	We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

Our Goals:

The four organisational goals set out in our Strategic Plan are that:



Our patients will feel professionally cared for; always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care

Our communities will continue to value and trust us

There are a range of key transformation workstreams supporting the implementation of the NIAS Strategy and the Corporate Plan is grouped in line with these workstreams. We measure the outcomes of each of our key objectives to enable us to:

- Continuously enhance the way we are **delivering care**. This includes developing new roles, continuing to expand our care pathways, achieving seamless integration with the wider system, and improving our offer of non-emergency transport provision.
- Seek to increase the size of **our workforce** considerably, both frontline and the essential corporate services that support them.
- Continue to develop the steps we are taking to **engage with staff**, improve their health and wellbeing, and enhance their career and personal development.
- Improve our **organisational health**, by embarking on a programme that will seek to positively change the culture we work in, engaging and empowering our staff by embedding collective and compassionate leadership at all levels.
- Develop a new **quality and safety** strategy, which will clearly define how we support staff to provide the best and most appropriate care possible. Working with colleagues in the rest of the health system, this will include measurement of the outcomes of the care we provide and patient experiences of our services, so we can continuously learn and improve.
- Focus on our **digital enablers**, upgrading out-of-date systems, increasing interoperability with the health and social care systems and embracing new technologies through a comprehensive programme of digital innovation.
- Reconfigure **our infrastructure** to facilitate our new clinical model, developing our estate and our fleet in line with our growing workforce and emerging technological advances.
- Improve our **communications & engagement** with our staff, patients, partner providers and our communities, ensuring their continuing involvement in shaping how we achieve our vision.

About the Northern Ireland Ambulance Service HSC Trust

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

The principal ambulance services we provide are:

- Emergency response to patients with sudden illness and injury;
- Non-emergency patient care and transportation;
- Specialised health transport services; and
- Co-ordination of planning for major events and response to mass casualty incidents and disasters.

Organisational Structure

The provision of the above services is provided and supported by the following directorates:

- Chief Executive's Office;
- Operations Directorate;
- Finance Directorate;
- Human Resources Directorate;
- Medical Directorate;
- Quality, Safety & Improvement Directorate;
- Planning, Performance and Corporate Services Directorate;
- Clinical Response Model Programme Directorate; and
- Strategic Workforce Planning Programme Directorate.

Performance Analysis

Overview of Organisational Performance

The Northern Ireland Ambulance Service (NIAS) exists to provide a high quality ambulance service which delivers the best clinical outcomes for those patients who make use of our services. We seek to do this by having in place the necessary resources in terms of staff, fleet and estates.

However, we cannot deliver this service in isolation and we are committed to participating fully in the development and delivery of responsive integrated health and social care services through close collaboration with partners throughout the Health and Social Care system. Engagement with local communities and their representatives in addressing issues which affect their health is also key to the future development of our services.

This annual report examines NIAS performance during 2020-21 in terms of delivering our service, and identifies the challenges that NIAS has faced in doing so, especially in the context of the Covid-19 pandemic. The report also outlines the measures that NIAS has taken in facing these challenges. The report then reviews the way in which we have managed our budget in the context of these challenges during the year.

Operational Performance

Accident & Emergency Call Activity

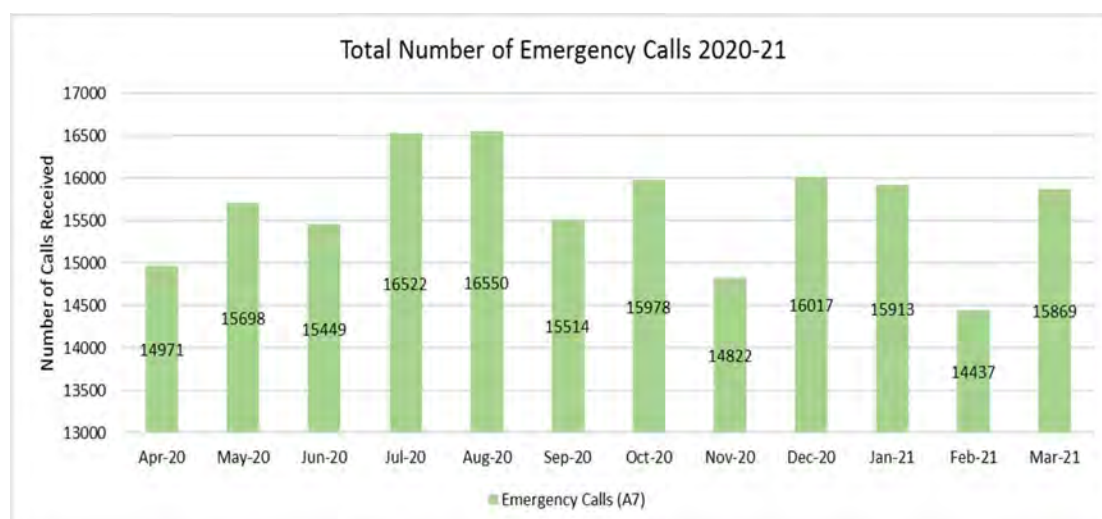
Historically, NIAS has experienced a year on year growth in demand for our services. Whilst the NIAS conveyance rate was impacted by Covid-19 in 2020-21, the call activity continued to move in an upward growth trend. We implemented the new Clinical Response Model (CRM) code set and protocols on 12 November 2019, however it has been difficult in terms of measuring or tracking growth or performance in this atypical year.

Year	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20		2020-21
							Pre CRM	Post CRM	
999 Calls	190,491	199,252	202,235	211,800	220,090	217,923	134,480	77,674	226,271
Yearly % Change		4.60%	1.50%	4.73%	3.91%	-0.98%	-2.65%		6.6%

*Post CRM 999 Emergency calls refers to the A7 ARP Indicator (All incidents- this includes duplicate calls and calls to which no response is made).

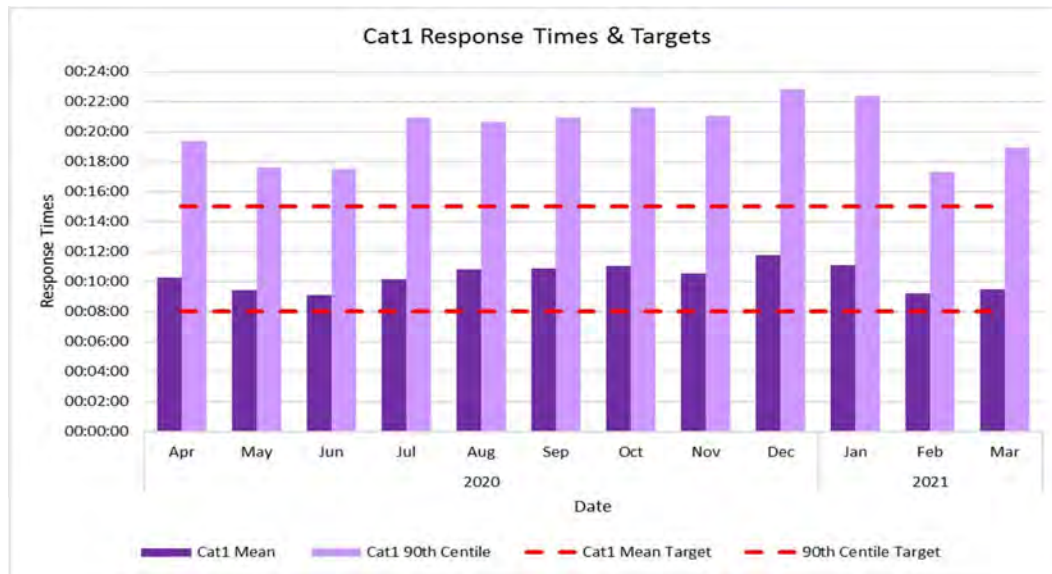
Ambulance Response Programme (ARP) Performance – 1 April 2020 – 31 March 2021

Ambulance response time standards, indicators and measures were introduced during November 2019 as part of the Ambulance Response Programme (ARP) and are now reported monthly to the Department of Health as Ambulance Quality Indicators (in line with NHS England).



Call Type Definitions	Standard
999 Immediately life threatening	Category 1
999 Emergency – potentially serious incident	Category 2
Urgent Problem	Category 3
Less Urgent Problem	Category 4

Category 1 Performance



ARP Performance

Category	Measurement	Standard	Performance	No of Incidents with a Response
Cat1	Mean	00:08:00	00:10:20	9,190
	90th Centile	00:15:00	00:20:17	
Cat1T	Mean	00:19:00	00:12:34	5,846
	90th Centile	00:30:00	00:25:02	
Cat2	Mean	00:18:00	00:25:13	81,616
	90th Centile	00:40:00	00:53:32	
Cat3	90th Centile	02:00:00	02:23:44	39,727
Cat4	90th Centile	03:00:00	03:07:00	2,586
Total number of incidents categorised				138,965

**Category 1T refers to an A&E conveyance resource capable of transporting the patient. The Category does not have a formal standard but the performance above will be monitored and published.*

NIAS acknowledges that many changes to our current operating model are required to deliver the new performance standards that can be achieved through the implementation of the CRM model. The outstanding challenges include the requirement for additional staff resources in frontline and support functions, the structure and skill mix of our staff coupled with response vehicle types and operational dispatch systems and protocols.

The tables below show the response times for each category of calls per divisional area for April 2020 to March 2021.



Over the year we have adapted our frontline resources to include a revised A&E support tier due to Covid-19. There were two main reasons for this:

- a reduction of PCS Service demand from hospital providers; and
- a requirement to supplement our A&E tier.

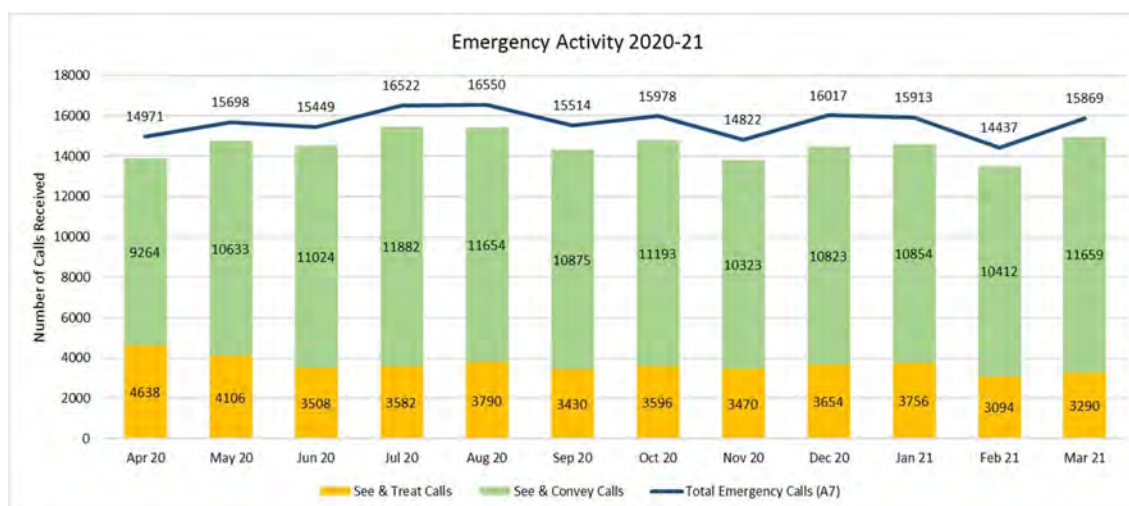
The Trust has continued to push forward during 2020-21 to address a number of issues through internal improvement plans and working groups. However, the modelling undertaken by Operational Research in Health (ORH) Limited, based on the ARP standards implemented in

NIAS in November 2019 confirmed that performance standards could not be achieved by the Trust with the resources currently available and additional investment is required to deliver new response time measures on a consistent basis.

Activity Levels 2020-21

During 2020-21, NIAS received a total of 226,271 calls and arrived at the scene of an incident on 174,510 occasions. Of these, 43,914 patients were medically and clinically assessed and then remained at the scene (See and Treat). A large number of these patients were referred to appropriate care pathways including falls referral teams, mental health teams, palliative teams and others. The remaining 130,596 patients were transported to Emergency Departments and other healthcare sites across Northern Ireland (See and Convey).

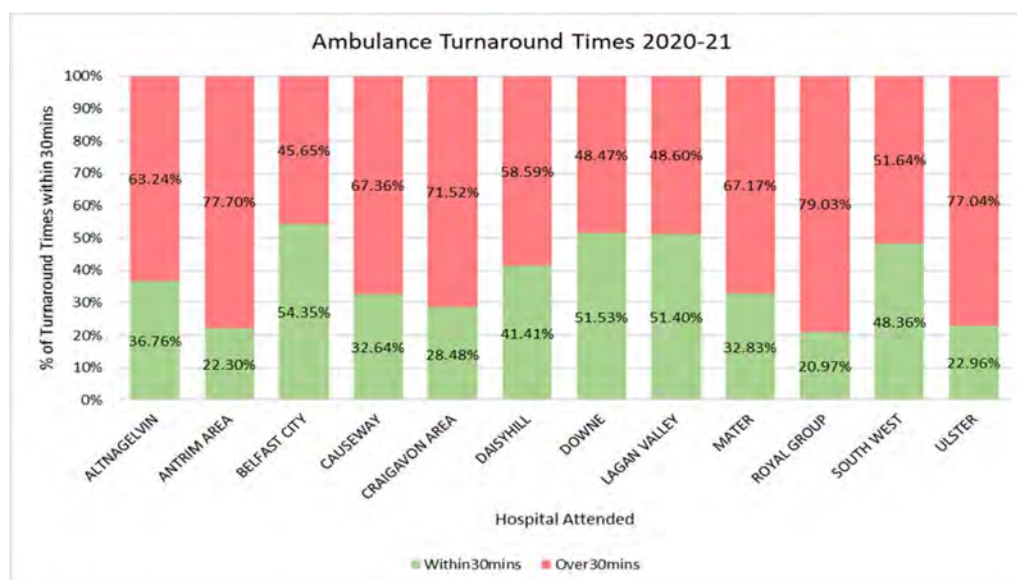
Measure	2018-19	2019-20	2020-21
Total 999 Calls	217,923	212,154	226,271
Incidents Attended (See & Treat)	44,204	44,855	43,914
Incidents - Transport to ED (See & Convey)	136,103	135,217	130,596
Total	180,307	180,072	174,510



Hospital Turnaround Times

In 2020-21, only 29% of all ambulance arriving at hospitals achieved the 30 minute turnaround standard. During 2020-21, this decreased further to 28% as shown below mainly due to significant pressures on Emergency Departments to manage patient flow due to capacity restrictions and testing requirements. Out of 139,516 emergency arrivals to Acute Emergency Departments across Northern Ireland, 99,973 had a turnaround time of over 30 minutes. This equates to over 41,845 total operational hours lost, which is an average of 115 operational hours lost per day during 2020-21.

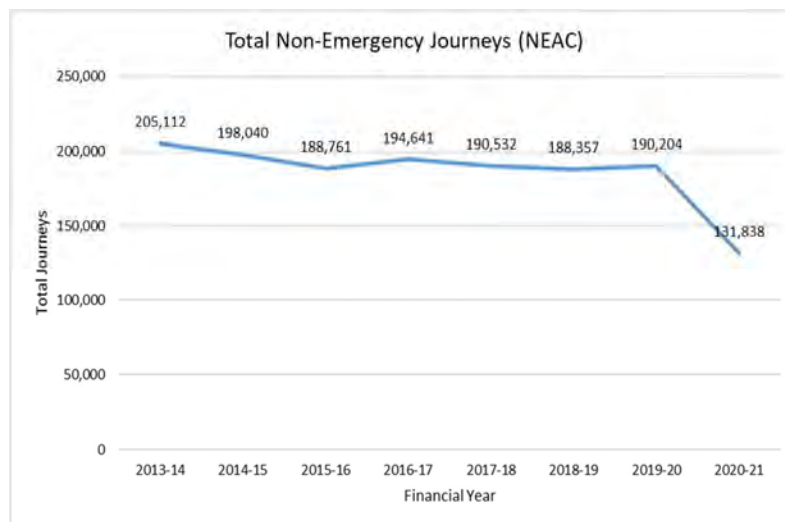
Turnaround Delays	2019-20	2020-21
Total Number of Turnaround Times Reported at Acute Hospitals	153,182	139,516
Total Number of Turnaround Times in Excess of 30 minutes	108,468	99,973
% of Turnaround Times in Excess of 30 minutes	70.81%	71.66%
Total Operational Hours Lost to Turnaround Times in Excess of 30 minutes	40,701	41,845
Average Operational Hours Lost to Turnaround Times Delays in Excess of 30 minutes (per day)	111	115



Patient Care Service

The Patient Care Service (PCS) is known as non-emergency patient transport service (NEPTS) in other parts of the UK. It is a service highly valued by our patients and is an important part of our role as an ambulance service. Health and Social Care Trusts across Northern Ireland rely on NIAS PCS to bring patients to their clinics who would otherwise find healthcare very difficult to access.

In 2020-21, a total of 131,838 journeys took place to support the transportation of non-emergency routine admissions, discharges, outpatients appointments and transfers. There has been a decrease in journey numbers (-31%) compared to 2019-20 which is directly reflective of the impact of Covid-19 on outpatient appointments across the HSC.



In November 2019, following an Internal Audit Review, NIAS announced a review of PCS with a view to developing an improvement programme which would include frontline PCS and the Non-Emergency Ambulance Control (NEAC) teams. The review initially undertook engagement activity with a wide range of stakeholders when the Covid-19 pandemic developed and significantly impacted progress throughout 2020 and the early part of 2021. We anticipate some elements of the review and improvement programme will be progressed during 2021 - 2022. Robust systems for performance management are being considered coupled with the development of business objectives and a plan.

PCS Key Performance Indicators (KPIs) will be developed and used for performance management. Our first phase will focus on Non-Emergency Ambulance Control (NEAC) call-answering standards. PCS performance visibility will be a priority to ensure appropriate

assurance up to and including Trust Board level. The Internal Audit review further highlighted concerns in regards to our booking and despatch system. This is now being addressed within our Command and Control portfolio refreshment through the regional digital governance structures (DHCNI).

Covid-19 continues to present significant challenges to the operation of our various services, and to our ability to respond to call demand, including for the lower acuity patients carried by our Patient Care Service (PCS) and Voluntary Car Service (VCS).

During the first wave of the pandemic, the wider HSC cancelled a large percentage of routine outpatient work and NIAS diverted some of our Patient Care Service (PCS) ambulances, which would have provided transport for these routine outpatient appointments, over to the renal workload that the VCS normally covers. Many PCS ambulances were also transferred over to assist with Urgent and Emergency Care workload for the A&E service. We increased our use of Independent Sector resources to further supplement this.

As the first wave of the pandemic eased off, a proportion of PCS resources returned to business as usual however as the second wave of the pandemic impacted our ability to respond to demand, NIAS took the difficult decision to cease providing transport to low acuity routine outpatient appointments. This resulted in improved resource levels providing cover for the Healthcare Professional (HCP) workload, routine high-dependency transfers and similar demand, coordinated and managed by the Emergency Ambulance Control (EAC) room.

Operating on behalf of the Non-Emergency Ambulance Control (NEAC) room, the increased level of Independent Sector (IS) resources (Voluntary and Private Ambulances) have been undertaking any remaining outpatient and routine workload. The normal VCS workload has been picked up by these IS resources and also by taxis from the HSC taxi contracts.

Non-Emergency Ambulance Control (NEAC)

During the pandemic, the NEAC team have maintained some standard, scheduled non-emergency patients and co-ordinated and managed the work of the IS resources brought in to replace PCS crews. This workload is challenging due to no electronic communication systems to contact the IS resources. Also, during Covid-19, patients can only usually travel on their own which means a greater number of journeys is required to maintain the same level of activity. The Non-Emergency Ambulance Control room have taken steps to provide for social distancing

and hygiene factors by moving control desks further apart and adjusting shift cover when required. Stringent attention to temperature testing and restricting access to the building, along with strict infection prevention control procedures are being taken to minimise the potential for outbreaks.

Emergency Ambulance Control

Category 1 Improvement Group






Our new Clinical Response Model (CRM) came into operation in November 2019 and defines how we deliver our core services for Urgent & Emergency Care (UEC). It focuses on achieving optimal outcomes for patients by providing the right response based on the clinical need for every 999 call. Category 1 calls are when a patient's condition has been identified as potentially life threatening, such as Cardiac Arrest, and require the quickest possible response.

As part of the introduction of the CRM, the Category 1 Improvement Group was established to review performance data and monitor the patient journey from when we receive a 999 call. The group, comprised of staff from across the organisation, meet regularly to identify areas of best practice and where improvements can be made to help improve our response times to patients.

A number of improvement actions were undertaken during the year 2020-21 which include:

- Achieving our target of answering at least 90% of 999 calls within 5 secs;
- Improving Pre-Triage Capture Rate to identify potential to actual (58%) of CAT1 calls;
- Improving the time taken to dispatch ambulances to predicted CAT1 calls;
- Setting up a process within EAC to review all CAT1 calls that receive a response outside of the 8 minute target response time and identify the root cause and any learning actions;
- Providing staff training and education regarding call handling & dispatch processes;
- Improving the management and response of duplicate 999 calls; and
- Improving collaboration between EAC and Field Operational Response Teams.

EAC Key Performance Indicators

 Category 1 Volume	 Time to Answer	 Early Predict (EP) Indicators	 Call Answer to EP	 Final Coding post MPDS
<ul style="list-style-type: none"> NIAS responded to 9181 Category 1 (C1) calls in 2020/21. An average of 25 Category 1 calls per day. 	EAC answered 226,271 emergency 999 calls in 2020/21. <ul style="list-style-type: none"> Target: 90% of calls answered within 5 seconds. Actual: 92% of 999 calls were answered within 5 seconds. 	<ul style="list-style-type: none"> Target: 55% of Category 1 Calls identified via use of Early Predict Indicators. Actual: 58% of Category 1 calls predicted by use of Early Predict Indicators. 	<ul style="list-style-type: none"> Target: Category 1 Early Predict within 30 seconds of call answer. Actual: Average time from pick-up to C1 EP was 37 seconds. 	<ul style="list-style-type: none"> 58% of incidents with a C1 early predict were assigned a final C1 code.

Category 1 Response Performance

Category	Measurement	Standard	Performance
Cat1	Mean	00:08:00	00:10:20
	90th Centile	00:15:00	00:20:18
Cat1T	Mean	00:19:00	00:12:34
	90th Centile	00:30:00	00:25:02

Staff within EAC and frontline operational response have been working hard to ensure that patients with potentially life threatening conditions received the fastest possible response.

The response target for Category 1 patients has not been achieved in 2020-21. NIAS acknowledges that many changes to current operating models for ambulance services are required to deliver the new performance standards including ongoing modernisation and transformation initiatives and the need for additional ambulance resources to meet demand.

The Category 1 Improvement Group continues to identify and implement changes to current practice ensuring the ambulance response for Category 1 patients with the available resources is optimised.

EAC Call Answer Performance

As part of the ongoing improvement initiatives within Emergency Ambulance Control, a plan was developed to improve the time taken to answer 999 emergency calls.

Over the past number of years the volume of emergency calls to Emergency Ambulance Control (EAC) has been steadily increasing. In the past year 226,271 emergency calls and

37,397 calls from Healthcare Professionals, i.e. calls from GPs and Hospitals were answered within EAC.

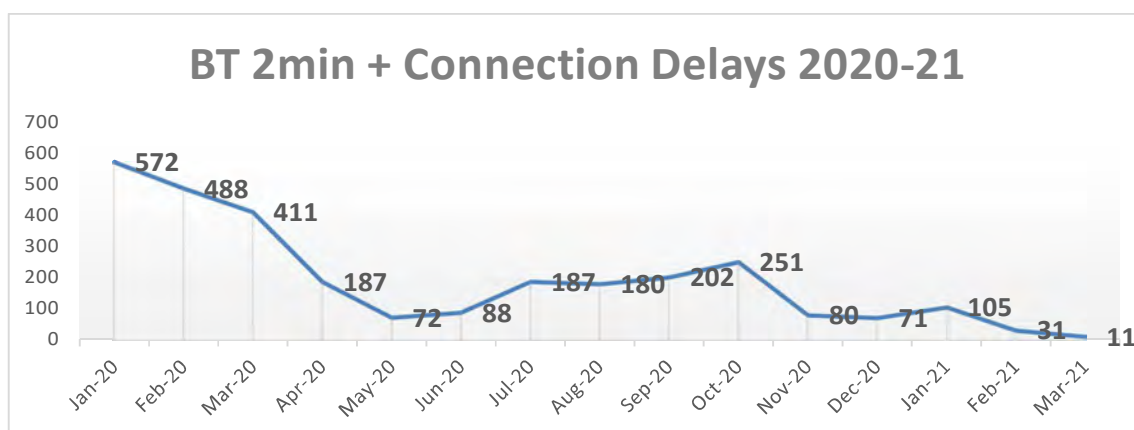
The increasing volume of calls into EAC required actions to be taken to ensure that we prioritised the answer of 999 emergency calls to achieve a target of 90% of calls being answered within 5 seconds.

As part of the Category 1 Improvement Group a number a specific actions were taken to improve our call answering performance to include:

- Benchmarking to assess best practice with other Ambulance Services;
- Adjusting the call answer skillset within EAC, ensuring a dedicated number of emergency call takers (EMDs) are assigned to answer 999 calls above all other call types;
- Introducing a new supervisory tier of management into EAC, EMD Supervisors to manage and maintain focus on call answer performance;
- EMD Supervisor hourly reports were developed to maintain focus, record rationale for any reduced performance and reviewed for any learning;
- Introducing new EAC staffing roster keys to match call taking demand with staffing levels.
- Recruiting and training 21 additional EMDs for Winter/Covid-19 pressures; and
- Communicating to EAC staff on changes to call taking required and rationale.

As a result of these initiatives and the hard work of all EAC staff the NIAS call answer performance for 2020-21 was 92% of 999 calls within 5 seconds.

The Trust also saw a reduction of the number of 2 minute plus connection delays notified by the BT Emergency Operator to call answer within EAC from 572 delays in January 2020 to 11 delays for March 2021.



Improved collaboration between EAC and Field Operational Response Teams

Plans to allow for 'Field Operations Response Team' to experience the EAC environment and vice versa have been hampered this year due to Covid-19 and the infection prevention control restrictions within EAC. It is envisaged that this work will resume during the incoming year.

Overall improvement work underway with 'Field Operations Response Team' includes:

- Better use of Mobile Data Terminals;
- Roll out of new Digital Truck Radio equipment;
- Issuing Portable Mobile Devices to the Independent Ambulance Services; and
- Improving the recording of patient Handover times at ED's.

Other EAC Developments

In 2020-21, the Trust planned to implement new management protocols for ambulance requests from Healthcare Professionals and Inter-Hospital Transfers. These enhancements have been delayed due to Covid-19 and work is underway to implement these in 2021-22. The final important development will be the implementation of the Demand Management Plan which will enable practice which is consistent and benchmarked with UK ambulance control rooms and especially support our control staff to manage peaks in demand effectively.

The Integrated Control Communications System (ICCS) and telephony replacement programme is underway and work on replacing our Computer Aided Dispatch (CAD) system will also take place during 2021-22.

Clinical Developments

Throughout this challenging year the Clinical Service Improvement and Transformation Team has maintained delivery of a comprehensive programme of clinical developments focusing on clinical safety and excellence during the pandemic, some of this includes:

- Maintaining strong relationships with all the providers of the Appropriate Care Pathways (ACPs) is an important and growing service within NIAS. There are over 40 different services to liaise with including queries, audit and review meetings;
- The Appropriate Care Pathways continue to be used by staff and the non-conveyance rate or See and Treat rate was maintained around 24.4%;

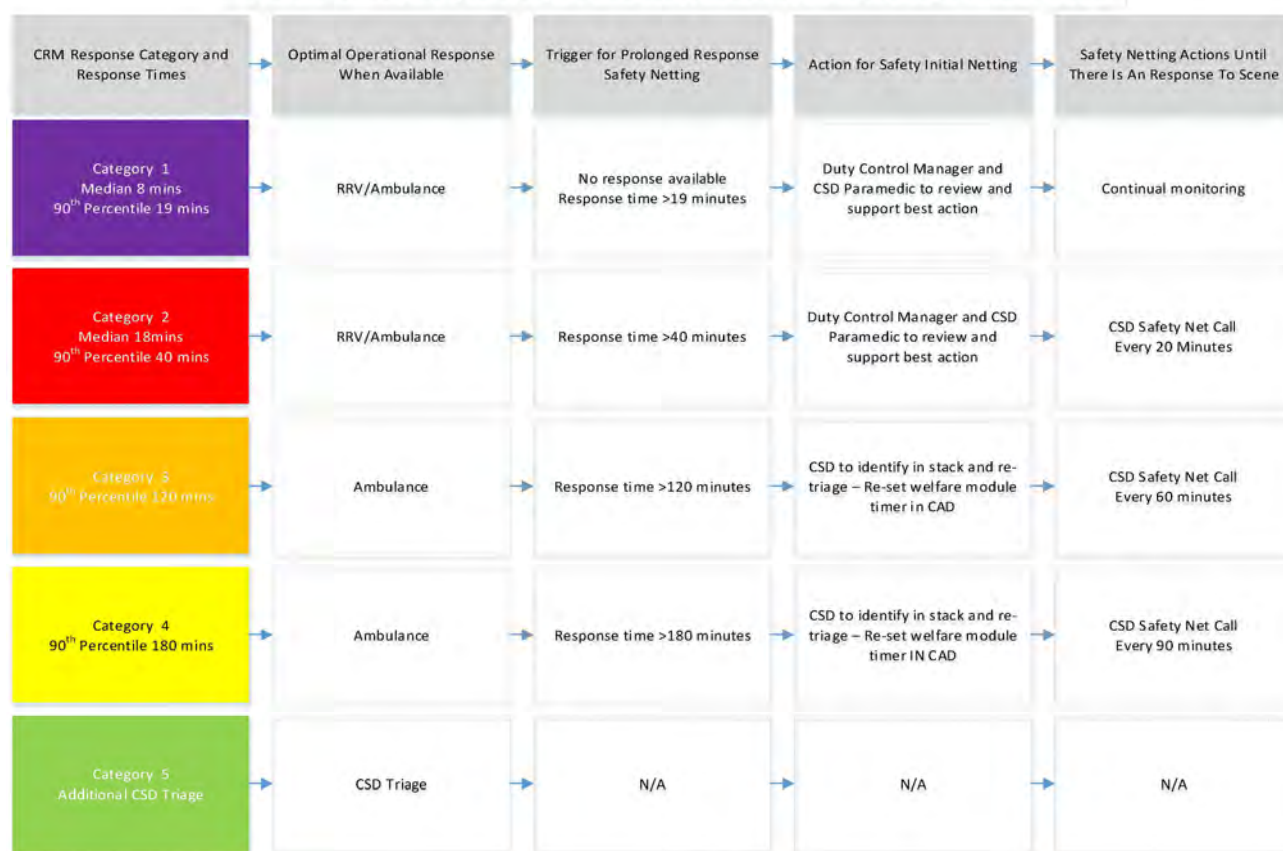
- There are ongoing meetings to scope new pathways in conjunction with Integrated Care Partnerships, Trusts, Public Health Agency, Health and Social Care Board and the Community/Voluntary sector;
- The team continue to be involved in a range of new clinical developments and groups such as the Northern Health and Social Care Trust 'falls' pilot within care and nursing homes and a partnership with the Southern Health and Social Care Trust (SHSCT) and their domiciliary care providers pilot to improve the experience of those who are uninjured after a fall but require assistance;
- Palliative Care developments;
- Review of the Multi-Agency Triage Team;
- Pilots regarding Anticipatory Care;
- Development of a Frailty Pathway;
- HSCQI and regional Improvement Initiatives;
- The HSC Clinical Education Centre continues to offer a range of virtual short courses to promote the use of pathways;
- The team continue to represent NIAS on a range of Urgent and Emergency Care sub-groups. Two members of the team co-chaired the regional Navigation sub-group and with colleagues wrote a scoping paper to contribute to the Urgent and Emergency Care Review; and
- There have been many presentations to continue to develop relationships and effective use of NIAS in partnership with other care providers.

Paramedic Clinical Support Desk

The Clinical Support Desk (CSD) provides telephone based additional clinical triage (Hear & Treat) for low acuity 999 calls. In January 2020, the CSD moved to a 24/7 operating model, increasing the provision of a CSD clinician available to support additional clinical lead triage and clinical decision support, received by EAC and welfare calls for a delayed response.

CSD has been dynamic to support the operational pressures faced during the Covid-19 pandemic, through the development of further safety netting for prolonged response 999 incidents. Practice guidance was updated to provide further guidance and structure on welfare calls practice for 999 patients.

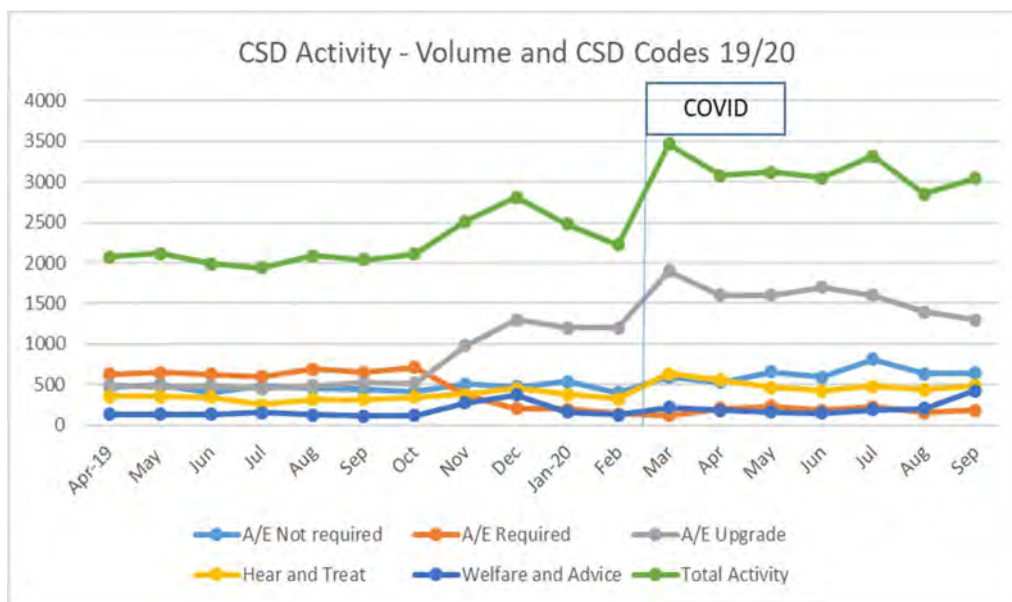
NIAS EAC Prolonged Response Safety Netting Process September 2020



The aim of this development is to ensure that firstly, if we are not going to be able to respond to patients in a timely manner, that we provide a structured welfare call before the 90th percentile time range for the dispatch category.

Secondly, the aim is to re-emphasise the ongoing practice of optimising all available resource to respond to patients, if patients present with low clinical intervention on scene and timely onward transport to the hospital would be beneficial.

The volume of incidents dealt with by CSD has significantly increased with the Covid-19 pandemic and associated system changes with the introduction of national Covid-19 Code Set, increasing the volume of incidents which CSD has to triage. Ongoing monitoring of this data has been challenging due to the NIAS data rebuild project which has paused associated CSD reports.



The CSD continues to evolve and develop especially in response to the Covid-19 pandemic. The CSD staff were removed from frontline operational duties and temporarily redeployed to maintain service delivery within EAC.

The addition of four new CSD Paramedics brings the total number of clinicians currently in post to fourteen. Moving forward a new business case for additional recurrent funding for CSD is currently being finalised for consideration by HSCB Commissioners.

Northern Ireland Major Trauma Network

With the introduction of the regional Major Trauma Bypass Tool in October 2020, NIAS' emergency ambulance crews can now pre-emptively transfer patients suffering significant trauma within a 45 minute travel time of Belfast directly to the regional major trauma centre within the Royal Victoria Hospital (RVH). This impacts on the emergency crews who may have to undertake longer journeys (with associated impact on ambulance cover in their divisional area), but has been shown to expedite definitive care significantly and improve clinical outcomes through the avoidance of secondary referral and transfers.

Review of emergency equipment and medicines

In 2021, NIAS became the first UK ambulance service to introduce the drug methoxyflurane for frontline emergency crews managing traumatic injury. This inhaled painkiller offers enhanced flexibility through an improved patient experience as well as integrating with ongoing care in

hospital and potentially decreasing overnight hospital admissions. A wider review has seen additional medication available for administration by Emergency Medical Technicians, and work is ongoing to introduce a new standardised clinical response rucksack for deployment on all ambulances.

Helicopter Emergency Medical Service

The Helicopter Emergency Medical Service (HEMS) is delivered through a partnership with the Northern Ireland Ambulance Service (NIAS) and the Air Ambulance Northern Ireland (AANI) charity. The service is led by Operational Lead with a team of 8 HEMS paramedics as well as a Clinical Lead working with a team of 15 consultants from across five Health and Social Care Trusts. HEMS brings an advanced level of pre-hospital critical care to the seriously ill and injured patient anywhere in the province, and transport them to the most appropriate hospital for their specific condition. HEMS currently operates 7 days a week for 12 hours per day. From the operational base in Maze Long Kesh site, the helicopter can reach anywhere in Northern Ireland in approximately 25 minutes.

For patients affected by serious trauma and illness, delivery of pre-hospital critical care can save life, brain and limb. The main ethos of the service is to bring the HEMS Doctor and HEMS Paramedic, along with the lifesaving equipment including pre-hospital blood, rapidly to the patient.

From the first flight on 22 July 2017 until the end of March 2021 the HEMS team has responded to a total of 2,114 missions broken down as follows:

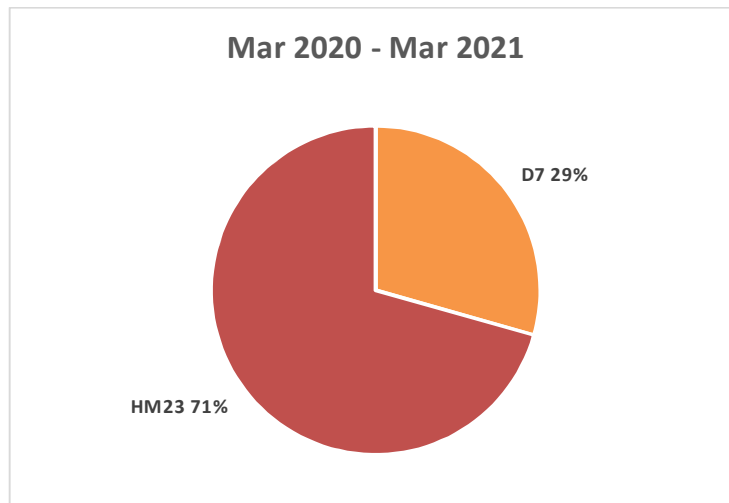
July 2017 - March 2018: 297 missions

April 2018 - March 2019: 491 missions

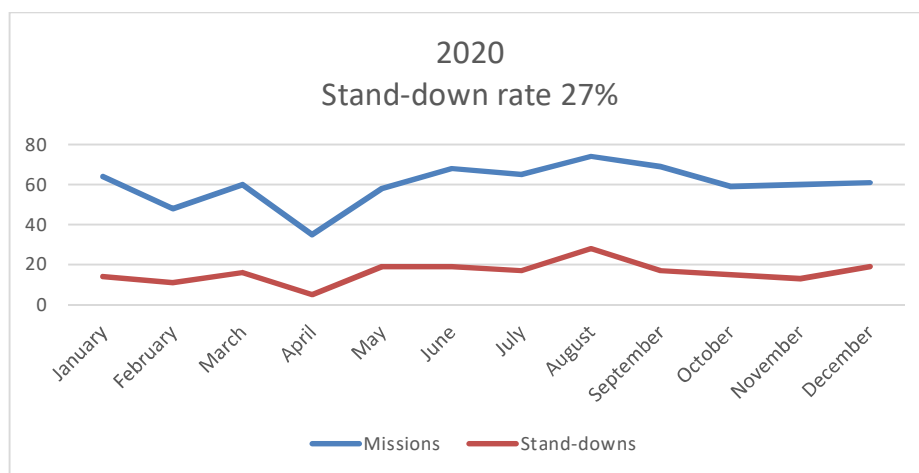
April 2019 - March 2020: 605 missions

April 2020 – March 2021: 721 missions

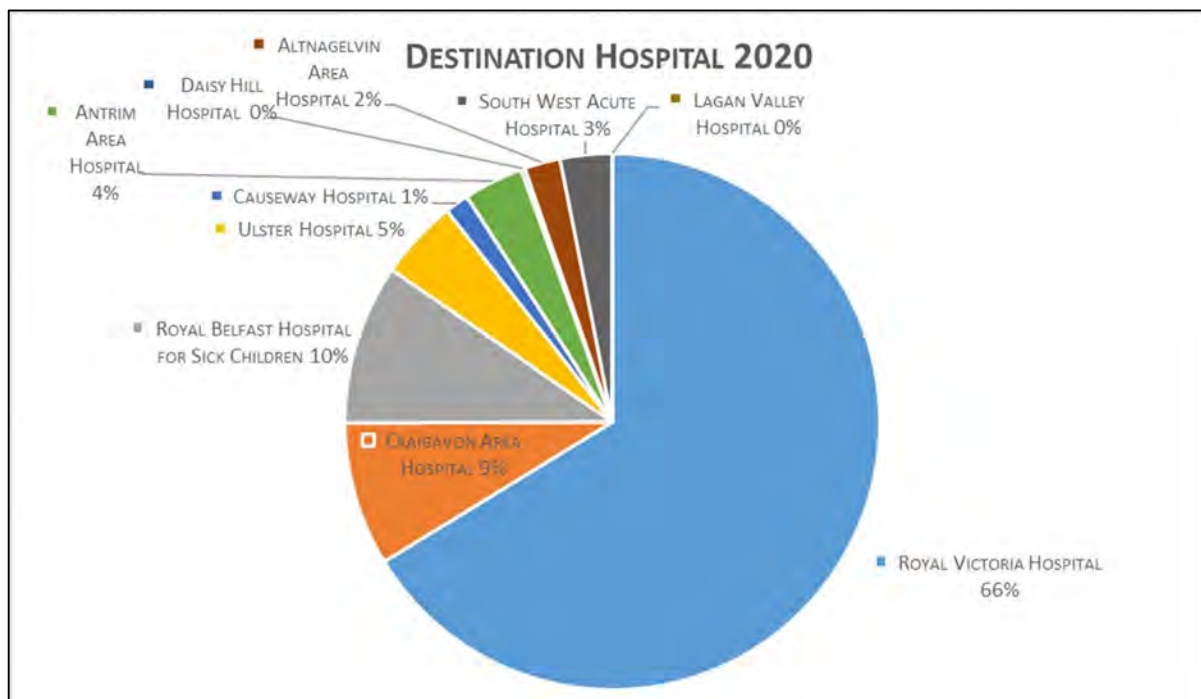
The deployment of the Helicopter (HM23) has accounted for 505 (71%) of the 721 missions responded to in the period April 2019 to March 2020 while the Rapid Response Vehicle (Delta 7) has accounted for 216 missions (29%).



HEMS arrived on scene to 528 (73%) of calls tasked resulting in a stand-down rate of 27% (193 calls), 13 of these stand down calls (0.01%) were aborted during this period due to weather or technical issues.



The top reasons for HEMS dispatch were Road Traffic Collisions (32%) and falls (23%). The HEMS team also started to respond to non-trauma calls where critical care interventions are required, which accounted for 93 (12%) of the calls during this period. During the period of April 2020 to March 2021, 418 patients were transported to hospital, of which 66% (275) were to the Royal Victoria Hospital. There are occasions where patients do not travel from scene to hospital, such as fatalities, minor injuries or discharged on scene.



Community Resuscitation

NIAS launched 'The Circuit' in February 2020, this is a National Defibrillator Network which enables Guardians of Automated External Defibrillators (AED) to reclaim their previously registered AED or to register newly purchased AEDs. AED registration enables staff in Control to direct a bystander to the closest AED in the event of an out of hospital cardiac arrest. There has been significant work undertaken in relation to AEDs, promoting best practice with organisations, individuals and partners across statutory, community, business and voluntary sectors.

Working in partnership with the Public Health Agency and Belfast Health and Social Care Trust over 200 Care Home staff and managers across Belfast received AED awareness training via zoom from the Community Resuscitation Team.

Unfortunately, due to the Covid-19 pandemic all of our Community First Responder (CFR) volunteers and GoodSAM responders were stood down for a number of months in 2020. Behind the scenes with minimal staff due to redeployment, the Community Resuscitation Team worked extremely hard to ensure that all CFR volunteers who wished to, received IPC E-learning and face to face assessments alongside their CPR and AED training. This enabled 250 volunteers across 16 Schemes to be reactivated from October 2020. GoodSAM was re-instated from October 2020.

Infection Prevention & Control

The Infection Prevention and Control (IPC) Service within NIAS was formally commenced in November 2019.

The NIAS IPC Service is part of a newly formed Directorate of Quality, Safety and Improvement (QSI) with key appointments to the Directorate including the Director for Quality, Safety and Improvement, Ms Lynne Charlton supported by a Lead IPC Nurse.

The period April 2020 to March 2021 represented a time of exceptional demand on the IPC Service as a direct consequence of Covid-19. It was extremely challenging to deliver any additional improvements beyond stabilising and ensuring the organisational IPC requirements to maintain the service were in place. The key achievements of the IPC Service out with Covid-19 delivered during this time include:

- Contribution to NIAS RQIA Quality Improvement Plan in respect of Improvement Notice IN00000 (E) 2 resulting in NIAS achieving compliance with this notice;
- Completion of IPC Education and Training Strategy and continued progress in relation to the Education and Training Improvement Plan. 348 Non Clinical Staff have completed IPC Level 1 E-learning and 268 Clinical Staff have completed Level 2 E-learning during this period;
- Formal full procurement of an electronic audit system (Doc Works) to facilitate monitoring of Infection Prevention & Control, Hygiene and Cleanliness standards and key performance indicators across the organisation for a 24 month contract period;
- Ongoing reporting of Infection Prevention & Control and Environmental Cleanliness Key Performance Indicators including station cleanliness, hand hygiene performance and IPC Education and Training to Trust Safety, Quality, Patient Experience and Performance Assurance Committee;
- Publication of IPC Newsletter (IPC Matters);
- Regional engagement of NIAS IPC service with professional bodies such as Infection Prevention Society (IPS) and the Northern Ireland IPC Lead Nurse forum;
- National engagement of NIAS with National Ambulance Service IPC Group and NIAS contribution to ongoing work to develop UK nationally agreed standards, policies and protocols for IPC; and
- Development and roll out of the following policies/ procedures:

- Vehicle Patient Equipment Decontamination Manual - July 2020; and
- NIAS Incident/ Outbreak Policy - September 2020.

IPC Service Covid-19 Management

The Infection Prevention and Control service main focus during the year was ensuring staff and patients were protected from the risk of acquisition of or transmission of Covid-19. The Key achievements of the IPC Service through Covid-19 include the following:

- Guideline development, this work has contributed to the development of PHA Covid-19 and PHE Ambulance specific IPC guidance and the AACE Document Working Safely in Ambulance Non-Clinical Settings both of which have been adopted across all UK Ambulance Services;
- IPC and Emergency Planning developed an Operational Guidance document which contained all relevant information pertinent to the operational Covid-19 response. This colour coded document remains in place and is kept under review by the Emergency Planning Department and IPC;
- A Standard Operating Procedure for the Management of Outbreaks was developed by the IPCT and approved for use in January 2021 to support staff out of hours in relation outbreak management;
- Supporting decontamination by organising additional cleaning input for vehicles, stations and non-clinical contexts such as HQ;
- Communications, internal and external using various channels, supported with material for NIAS Covid-19 share point site;
- Delivering bespoke education sessions to NIAS staff such as EMDs. Advising on suitability of external training packages from NARU PPE training and supporting with dissemination of same to NIAS staff;
- Supporting and advising on PPE utilisation across the service and region, supporting with decision making in relation to PPE allocation and distribution across NIAS;
- Contribution to the development of FFP3 mask by a locally based company through expert opinion and advice which has secured supply of FFP3 masks and reduced the risk associated with the supply of these items;
- QSI Directorate led the swabbing and testing service with the ongoing provision of support with queries and the management of results, interfacing with NIAS HR, Occupational Health (OH) services and Regional Virology in relation to this;

- Supporting the regional programme of testing for Care Homes alongside Hospital Trusts. The NIAS swabbing team contributed to the testing of 1831 residents and 1001 staff;
- Set up NIAS contact tracing service. Service delivered by team of clinical staff 12 hours per day, 7day per week service;
- Roll out of temperature monitoring across all NIAS buildings and stations;
- IPC team alongside colleagues from the training team provided leadership and direction on the setting up and ongoing support of Fit Testing across NIAS. The IPC team provided support and direction regarding provision of Fit testing relative to available FFP3s;
- Providing support to external bodies such as St Johns Ambulance and NI Community Pharmacy Association;
- Providing input into NIAS Silver Command Group, NIAS Silver Trade Union Meetings and Operational daily huddles;
- Director of Quality, Safety and Improvement led the co-ordination of the NIAS Covid-19 staff vaccination programme alongside HSC Trust Director colleagues, with the IPC team supporting alongside the NIAS Covid-19 testing team and HR Advisors; and
- Leading on the management of all Covid-19 Outbreaks across the organisation, 26 outbreaks experienced from September 2020 to January 21, 200 staff cases of Covid-19 arising as a consequence and 143 close contacts associated with these outbreaks.

Quality Improvement

Whilst acknowledging the challenges of the pandemic, the Trust remains determined to ensure we continue with our strategy for building Quality Improvement capability and capacity, we have had over 20 staff complete the SQE Quality Improvement Programme to date and three who have gone on to a Level 3 qualification. The course helps with career development and skills needed to learn how to systematically improve areas of work. Six staff completed the course this year.

This has resulted in a comprehensive range of projects led by participants including:

- Early Intervention for Potential Frequent Callers;
- Improving the use of Capnography in the Pre-Hospital Setting;
- Nursing and Residential Triage Pilot;
- Improving Engagement of Schools in CPR Training;
- Pre-Hospital Management of Pain; and

- Implementing a Paediatric Early Warning Score.

The participants are from a range of roles from delivering direct patient care coupled with staff from our Emergency and Non-Emergency Ambulance Control, and support roles.

A member of staff successfully completed the Scottish Improvement Leader Programme (SCIL). This is a national quality improvement programme and the aim is to enable individuals design, develop and lead improvement projects, lead and generate support for change, provide expert QI support and advice in their organisations.

There are a range of successes to highlight in terms of the Trust's Quality Improvement work which was celebrated on World Quality Day on 12 November 2020:

- Improvement of Hygiene, Cleanliness and IPC highlighting the valuable contribution of our vehicle cleansing operatives;
- Delivery of RQIA Quality Improvement notice in regards to IPC; and
- Supporting the improvement agenda across the organisation with Category 1 Improvement Group.

Equality of Opportunity

Under s.75 of the NI Act 1998, the Trust is statutorily obliged to have due regard to the need to promote equality of opportunity and regard for the desirability of good relations between different groups. As a designated public authority, the Trust reports annually on these duties in an annual progress report to the Equality Commission for Northern Ireland.

While objectives and priorities during the reporting period continued to be structured under the Trust's existing equality scheme and action plan, Covid-19 had a significant impact on capacity, resources and context. Key services that address particular needs, such as translation services in Emergency Ambulance Control for 999 callers whose first language is not English, were maintained throughout the pandemic. Adapting to Covid-19 involved adopting a more agile approach to considering equality duties in the context of serious and shifting realities on a daily basis meaning. As part of the recovery agenda, the Trust has sought to capture the equality issues that arose from operational decision-making and consider the related implications.

Workforce

Supporting Our Staff

Health and Wellbeing 2020-21

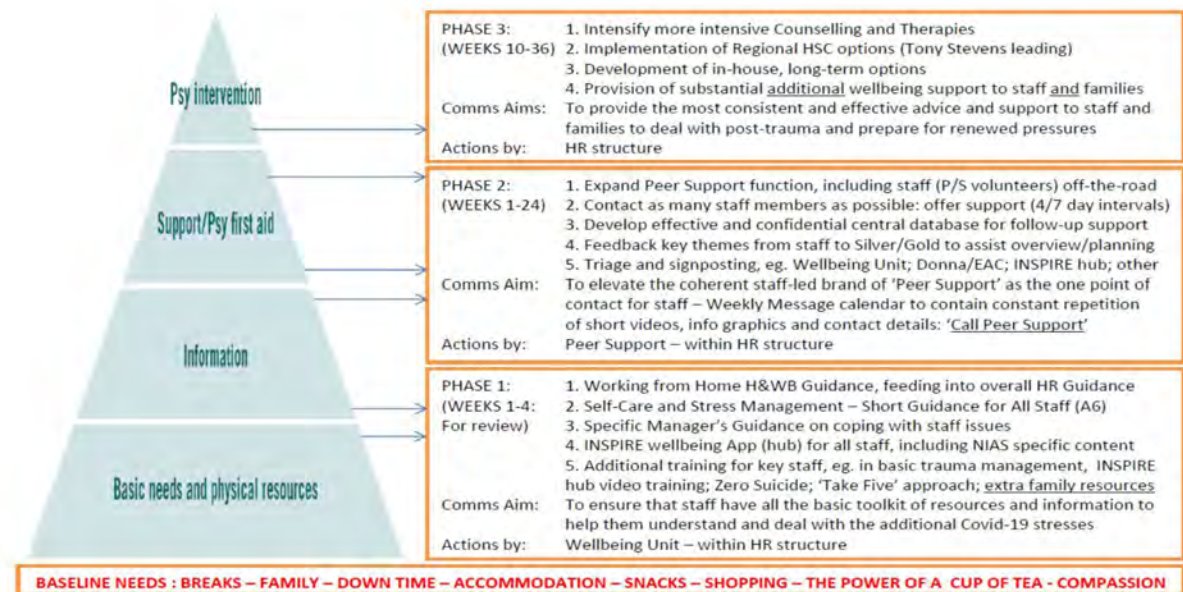
Since early in 2020 our staff have cared for people affected by the pandemic and have been impacted themselves in their own lives, therefore staff have experienced a double burden. Health and Social Care workforce wellbeing was identified as a key priority in the Kings Fund Report 'Covid-19 recovery and resilience'. NIAS staff responded to the HSC Covid-19 Wellbeing Survey that reported the healthcare workforce is displaying high rates of moderate to severe psychological wellbeing difficulties (HSC Covid-19 Wellbeing Survey, March 2021).

Evidence suggests that the impact is not just experienced by staff in patient facing roles but across the system, demanding an organisational approach. In working towards meeting the organisational aims of making NIAS the employer of choice and providing the best patient and service user care, actions to support staff wellbeing have been driven by the need to acknowledge that staff wellbeing is correlated directly with patient safety and patient care.

Staff Wellbeing and Peer Support

The effect and scale of the challenge presented to communities and the workforce as a consequence of Covid-19 has been unprecedented. Since April 2020, the support provided to staff has followed the regional HSC Framework developed and launched by the Minister to ensure a consistent and effective approach. The NIAS Covid-19 Strategy for Wellbeing (figure below) followed the key principles and the psychological response phases in the framework. It is worth noting that the HSC system has been fluctuating between anticipating peak, active stage in peak and recovery through the pandemic. As the system moved through recovery back to peak, the staff in the system may have not yet had the opportunity to recover.

COVID-19 STRATEGY (Peer Support and Wellbeing) – Commencing Week 1: Monday, APRIL 6, 2020



GRAPHIC: British Psychological Society – Guidance: The psychological needs of healthcare staff as a result of the Coronavirus pandemic (31.03.20) [NB. Timelines above are indicative of Phases, not prescriptive.]

Ensuring physical safety

Support hubs were established at four Emergency Departments across the region to provide practical food and water to enable staff to have some time out of PPE and to rehydrate, rest and re-energise.

Psychological Support

In line with the framework, NIAS staff have been able to access psychological helplines in the Trust area where they work or reside. The helplines were stood down briefly over the summer months and re-established in late October to reflect the growing demand for psychological support. As part of the regional workforce wellbeing work stream NIAS supported the development and distribution of a Covid-19 Staff Wellbeing survey.

Across HSC NIAS had the highest response rate (7.0%). The research aimed to improve understanding of how health and social care staff in Northern Ireland have been affected by the Covid-19 outbreak, and to check if the psychological supports provided by the Trusts are meeting staff wellbeing needs. NIAS will continue to contribute to and benefit from this work stream.

Wellbeing Calls and Peer Support

Wellbeing calls to staff offering psychological support and information continued from April 2020 up to July 2020. In line with a surge in demand for psychological support, this process was re-established in late October 2020. The group has made over 1,000 calls to staff this year. Peer support has continued to offer support to this process in addition to their core purpose, responding to the substantial non-Covid-19 based trauma demands across the organisation.

Enhanced psychological support

Within the framework, this is the provision of psychological interventions for those who require it at a time when they can engage with it. The wellbeing team have continued to promote the Inspire employee assistance service. This has included direct referral pathways from peer support to Inspire with the support of Occupational Health. Staff have also been encouraged to access the Inspire support hub. The Inspire Support Hub aims to broaden access and encourage prevention through online self-assessment, psychoeducation, digital intervention and escalation into appropriate services as required. Staff have been encouraged to access the hub using the NIAS secured pin and create an account personal to themselves.

Providing accessible and accurate information

Although the annual wellbeing calendar of events had been scaled back from April 2020 the wellbeing team continued to identify existing and emerging issues facing staff and provided quality assured, accurate information and support across NIAS communication platforms. Mental and emotional wellbeing was a theme addressed with the support of Inspire in the development of a NIAS specific guidance such as working from home guide.



From Suicide Prevention day to World Mental Health week NIAS has worked with other Trusts in the promotion of the regional mental health and emotional wellbeing campaign - 'Working Together to Promote Mental Wellbeing'. The campaign, launched by the interim Mental Health Champion on World Suicide Prevention Day highlighted the 5 steps to wellbeing. NIAS used each week to promote internal sources of support such as peer support and encouraging staff to complete the psychological first aid training on HSC learning. A cohort of 32 paramedic students was among the staff who completed the training. This was also an opportunity to highlight external sources of support and information such as The Ambulance Staff Charity.

As the pandemic unfolded the wellbeing calls team have updated their signposting support and information to include areas of support such as domestic violence and alcohol dependency. This included a one page ambulance sector focused signposting information sheet for the NIAS induction information pack and an A6 staff support card. The card was printed and shared across NIAS teams and displayed on notice boards on station and at headquarters.



The team also provided information on caring during Covid-19 as part of Carers week. The focus on one staff members caring story received very positive feedback. NIAS staff also responded positively to receiving copies of the Man Manual supplied by the Men's Health Forum.



Building Partnerships and Connections

NIAS/UNISON Health and Wellbeing Partnership

The Partnership focus is on staff job satisfaction, health and wellbeing, and interventions that involve actions to improve workplace relationships and respect; promote teamwork and better communications. The corresponding 2018 survey results were reflected in the NIAS corporate objective to engage with staff, identify priority areas for health and wellbeing and support staff in developing strategies and action plans to deliver on these.

Representatives from the partnership and NIAS health and wellbeing continued to meet during the year to focus on the existing survey results and emerging data on staff wellbeing including the organisational culture survey. This influenced planning for the next stage of staff engagement in the development of a health and wellbeing strategy. At March 2021, staff had been invited to attend focus groups to assist in the prioritisation of strategy actions across health and wellbeing and organisational culture.



Our NIAS Chair opened the event by sharing a very personal account of the challenges and some wins that she had experienced. A NIAS staff member working in peer support also shared another moving account of the last year. Some of the themes emerging from reflections on the challenges and wins can be seen in the word cloud below.



Nationally, NIAS is a member of the National Wellbeing Ambulance Sector group working on three work streams nationally agreed including mental health.

258

As we go forward to 2021-22, interventions to support staff health and wellbeing must anticipate that only in the late recovery phase will we be able to see the full impact of the crisis on staff physically and psychologically. Planning how we support staff in the future through issues such as moral distress and staff burnout is in focus. Resources that support recovery include time off and a supportive work environment, reducing mental health stigma, access to training and education programmes and access to peer and psychological support are central to the development of a health and wellbeing strategy. The focus will be on the promotion of rest and reflection before we rebuild. One way of reflecting on experiences is through story telling. At the end of March 2021, expert facilitators have been engaged to support staff to craft and share stories.

Clinical Education and Training

The 2020-21 year proved to be very challenging for Clinical Education, due to the impact of the Covid-19 pandemic. The year was difficult for the Regional Ambulance Clinical Training Centre (RACTC), with significant changes in programme delivery and many additional mitigating measures implemented to manage these challenges.

Covid-19 very much shaped the way in which training was delivered. In the first wave special mitigation measures put in place included the segregation of cohorts to enable social distancing, moving elements of training on-line and the complete suspension of some programmes. Many of the education team were also re-deployed to various roles to aid with the Service-wide response to dealing with the pandemic. One particular casualty was the second cohort of the Paramedic Foundation degree, which was suspended for five months and the students redeployed to operations to aid with the service response to the pandemic.

Despite planned programmes being altered or suspended, a concerted effort was made by the Clinical Education Team to still deliver as much as possible under the challenging circumstances.

The table below summarises the substantial amount of training that was completed for main programmes. This is not exhaustive, as there was also a significant amount of education support delivered in Divisions, which varied during the year as the changing situation permitted.

Course	Description	Max. No. of Students per cohort	No. of Programmes / students
ACA	Prepare new Ambulance Care Attendants for the Patient Care Service tier.	24 per cohort	Completed 3 cohorts Total of 65 students
AAP	Prepares new Associate Ambulance Practitioners to work as Emergency Medical Technicians	24 per cohort	Completed 4 cohorts Total of 81 students.
Paramedic	Foundation Degree programme in partnership with Ulster University	48 per cohort	Completed 1 cohort Total 40 students.
Post Proficiency	Annual clinical updates.	N/A	3 Divisions Completed
Qualified Induction	Orientation for recruits who already hold Paramedic / EMT qualifications.	N/A	Completed 4 Courses 24 Paramedics 2 EMTs .
Ambulance Familiarisation	Special courses run for members of other emergency services to act as contingency drivers during pandemic	12 per cohort	Completed 2 courses Total of 23 trained

Good Attendance

Sickness levels within NIAS continue to present a challenge to the Trust, with the potential to diminish levels of operational cover and affect the ability to respond in a timely manner.

NIAS' sickness absence target for 2020-21, as agreed with the DoH, was to 'improve sick absence rates by 5% on 2019-20 levels'. The cumulative absence rate during 2019-20 was 10.49%, therefore the requirement in 2020-21 was to achieve an absence rate of 9.97%. The cumulative absence level at March 2020 was 8.00%. Whilst NIAS achieved its improvement target for sickness absence, it is acknowledged that sickness absence levels remain higher than average than across the HSC and NHS Trusts.

The Trust is committed to addressing this through a comprehensive programme of Health and Wellbeing and Attendance Management with related performance indicators. To this end a programme of work has been established to develop a new framework for attendance management and Health and Wellbeing within the Trust. A review of our occupational health services was undertaken with a view to developing an improvement plan to ensure these fully meet organisational and workforce needs. During 2020-21 there was a strong focus on management of Covid-19 related absence. This included ensuring appropriate support and management of staff with underlying medical conditions and related risk assessment processes.

Throughout 2020-21 the efforts of the Good Attendance Team was in supporting the Trust's response to Covid-19 specifically in respect of the impact of Covid-19 on staff. NIAS were significantly involved in the Regional HSC Human Resources Cell, established to identify and agree workforce policy issues with the input of the Department of Health Clinical Advisory Cell and Occupational Health.

As a consequence of Covid-19 and the risk to our staff, particularly those employed in front-line operational roles, a total of 115 members of staff were identified as being vulnerable to serious illness. 39 of the 115 members of staff were required to remain at home in line with 'shielding' requirements. Following a risk assessment process, undertaken with the support of Occupational Health, the remaining 79 members of staff were either redeployed into an alternative role where it was considered safe for them to do so, or they remained at home where the risk to their health was determined to be too high for them to enter the work environment. In line with Regional HSC requirements, staff absence due to Covid-19 (self-symptomatic and self-isolation) was recorded and reported separately to sickness absence.

Violence & Aggression

Unfortunately, incidents of violence and aggression continue to increase. The Management of Aggression Working Group (reporting to Health and Safety Committee) have developed a Violence Prevention and Reduction Strategy which aims to identify and respond to incidents so that staff feel that reporting is worthwhile. It will ensure that staff are central to the process, and ensure adequate support for those engaging with the criminal justice system. It will also aim to raise the public's awareness of the issues, along with the action that will be taken.

Corporate Challenges

The Trust faces a range of corporate challenges. These are considered throughout this annual report, in particular in the Governance Statement, and include, but are not limited to:

- Increasingly constrained financial resources;
- Increasing demand for services;
- Achieving performance standards of the new Ambulance Clinical Response Model;
- Increasing Ambulance Turnaround Times;
- Managing attendance;
- Cyber security;

- Workforce pressures;
- Organisational culture; and
- Incident management, including Serious Adverse Incidents.

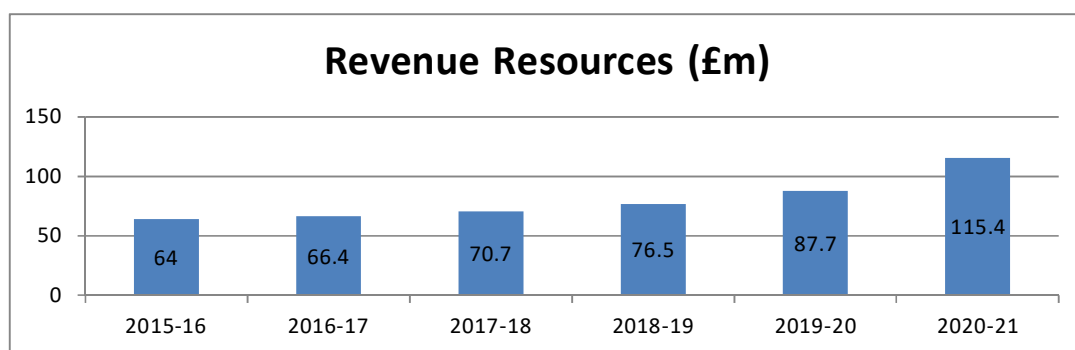
In addition, the Trust faced exceptional challenges in response to the Covid-19 pandemic. This required significant efforts to maintain essential services and changed working practices to provide a resilient and measured response to the pandemic.

These challenges will continue into 2021-22 and the Trust continues to work to ensure that services are maintained within a framework that ensures good governance, quality and safety.

Financial Resources and Performance

Revenue Resources

The Health and Social Care Board (HSCB) provide the majority of the revenue resources available to the Trust through the Service and Budget Agreement. This sets the service activity and outcomes to be delivered within the Revenue Resource Limit that is made available to meet the Health and Social Care needs of the population. The total revenue resources available to the Trust for the last six years are shown below.

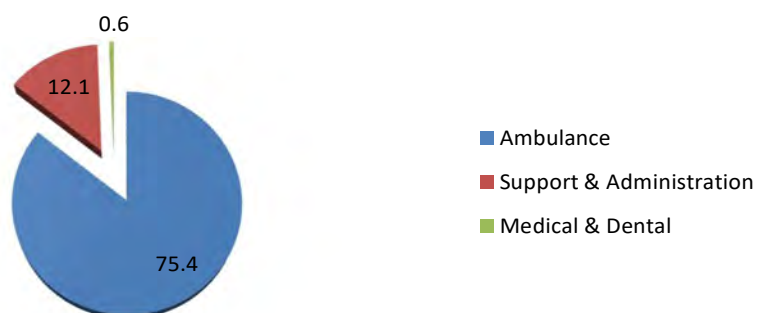


The resources available each year can vary due to a number of factors, for example supported developments, support for unavoidable costs pressures and the level of cash releasing efficiency savings required. The increase in 2020-21 is due to a number of supported developments, for example continued investment in the implementation of a foundation degree programme for Paramedics and training of significant numbers of Associate Ambulance Practitioners (Emergency Medical Technicians) and Ambulance Care Assistants. This year also included significant additional allocations to support the response to Covid-19.

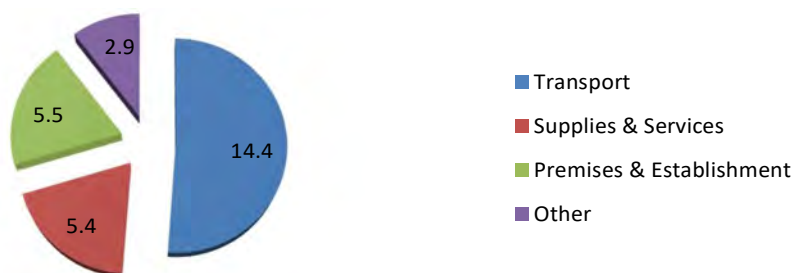
Revenue Expenditure

These resources are applied to provide the full range of services provided by NIAS. £88.1m (76%) of total expenditure in the Ambulance Service is on staff costs and the vast majority of this expenditure is on front line Ambulance Service provision. Non pay expenditure of £28.2m is largely made up of the costs of Voluntary and Private Ambulance Services, running the ambulance fleet, clinical and non-clinical services and supplies and premises and establishment costs. The breakdown of expenditure between these areas in 2020-21 is shown below.

Revenue Resources Applied - Pay (£m)



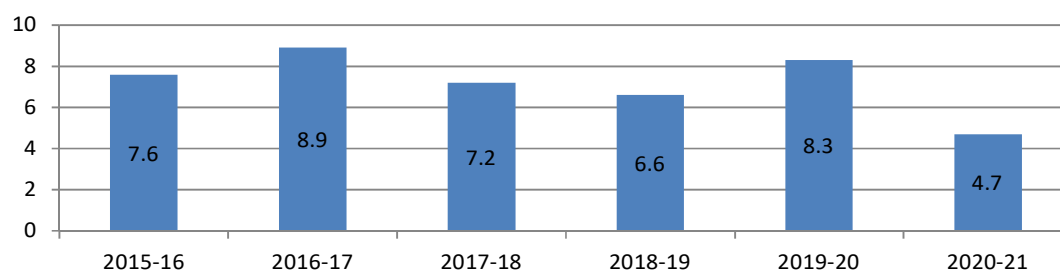
Revenue Resources Applied - Non Pay (£m)



Capital Resources

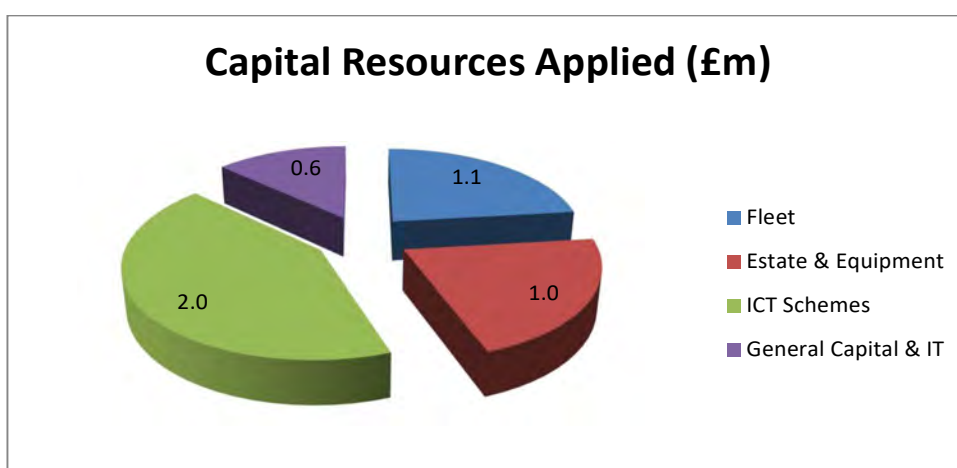
The Department of Health (DoH) provide capital resources to the Trust through the Capital Resource Limit. This is based upon a number of factors, including overall resources available and the prioritisation of schemes across all Health and Social Care bodies. The total capital allocations made to the Trust for the last six years are shown in the following table.

Capital Resources (£m)



Capital Expenditure

These resources are applied broadly across the areas of Fleet, Estate, General Capital and IT and Information Communications and Technology. A breakdown of the £4.7m expenditure in 2020-21 between these areas is shown below. Expenditure on fleet replacement was limited compared to previous years, however the Trust was able to take forward significant improvements to the ambulance estate and ICT infrastructure.

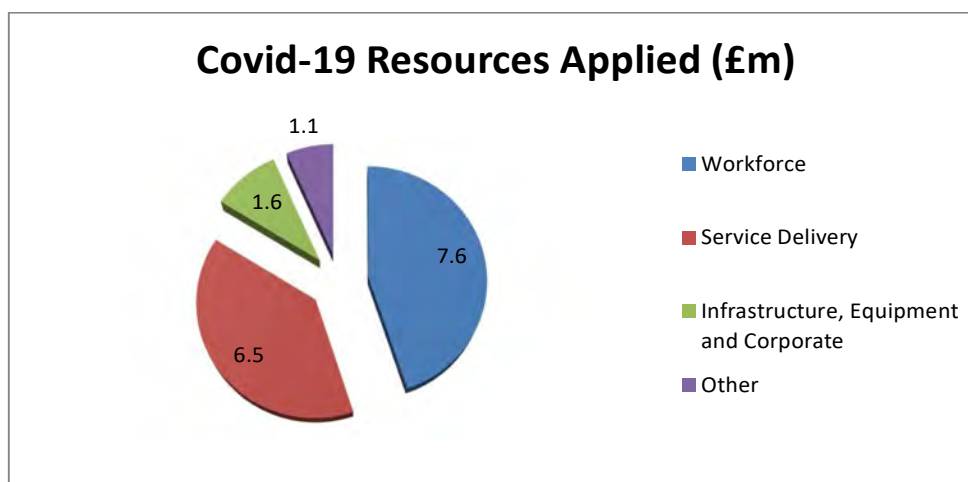


Covid-19 Expenditure

The Northern Ireland Executive and the Department of Health have undertaken major programmes of work to respond to the Covid-19 pandemic. The Trust worked collaboratively with multi-agency partners throughout the period of the pandemic to put in place a range of measures in order to protect the health of the people of Northern Ireland, to protect staff in the context of the Covid-19 emergency, to ensure that local services were maintained as far as possible and that enhanced arrangements were in place during this major event.

There was extensive engagement with other HSC organisations and HSCB/DoH in planning to meet the response to Covid-19 and identify all additional expenditure related to the response.

Included in the revenue resources outlined above is significant revenue financial support from HSCB/DoH totaling £16.8m specifically for the response to Covid-19. This was applied across a range of areas shown below.



Workforce included additional staff costs for ambulance provision, overtime, food and accommodation for staff and also vehicle cleaning. Service delivery related to the additional provision of Voluntary and Private Ambulance Services. Infrastructure, Equipment and Corporate includes additional estates related costs, personal protective equipment and cleaning of premises, vehicles and equipment. Other costs are largely in relation to funds to support the Helicopter Emergency Medical Service (HEMS).

Part of the capital resources received by the Trust included specific capital resources under Covid-19 of £2m to support the IT and Information Communications and Technology infrastructure and also for equipment.

In addition to these specific Covid-19 resources, much of the efforts and resources of the Trust were focused on the response to the pandemic. Where normal services could not be provided, these resources both physical and financial were redeployed to support the Covid-19 response. The Trust also benefitted from support, donations and gifts from charities, suppliers and the public during the year.

The impact of Covid-19 was felt most acutely during this financial year, though it will remain an issue in 2021-22 and beyond. The response could not have been provided without the support of HSCB/DoH, colleagues across the Health and Social Care system, staff, volunteers, charities, suppliers, patients and the public.

The Trust did not incur any significant additional costs in respect of the EU Exit.

Prompt Payment of Invoices

The Trust is required to pay non-Health and Social Care trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. From 1 April 2015, the scope of the prompt payment compliance measurement increased to take account of all categories of supplier payments made by Trusts, with the only exception being payments made to other organisations within the broader HSCNI.

The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% of invoices within 10 working days (14 calendar days) is also in place. The Trust has implemented and maintained a range of plans to improve and maintain performance in this area, which has resulted in sustained improvements over recent years. For the first time in a number of years, both the 70% and 95% targets have been achieved. The Trust will continue with efforts to maintain this level of performance in 2021-22.

	2021		2020	
	Number	Value £000s	Number	Value £000s
-				
Total bills paid	33,187	61,163	29,092	50,365
Total bills paid within 30 days	32,016	57,733	27,468	46,347
% of bills paid within 30 days	96.5%	94.4%	94.4%	92.0%
Total bills paid within 10 days	27,631	52,754	21,044	39,464
% of bills paid within 10 days	83.3%	86.3%	72.3%	78.4%

The Trust paid no compensation or interest as a result of payments being paid late during the financial year (2020: £nil).

Long Term Expenditure Trends and Plans

In common with the rest of the Public Sector and with the Health and Social Care system, 2020-21 has been another year of challenge. The Trust has delivered against a range of statutory and regulatory financial duties during the year. Overall, expenditure levels were over £122 million (including non-cash items – see Note 3 of the Annual Accounts). This was against a backdrop of financial savings. Cumulative savings of an additional £2.6m million were required from NIAS for the 2020-21 financial year. This savings target was achieved through a

range of non-recurrent measures and support from HSCB. The Trust will continue to work with all stakeholders to achieve required savings while maintaining safe and effective care to patients.

With the support of the DoH and HSCB, the Trust also delivered a significant programme of training as well as the Trust's response to Covid-19. Overall, the Trust delivered a small surplus of £12k.

The Trust also benefited from £4.668 million of capital resources. This included the replacement of some ambulance vehicles and investment in estate and information and communications technology that is more and more an integral part of modern healthcare delivery. Cumulative capital expenditure for the year was £4.664m, which represents an underspend of £3k.

Looking ahead, the Trust faces a range of financial pressures. The introduction and consolidation of a range of developments, for example the introduction of the new Clinical Response Model (CRM) and the foundation degree programme for Paramedics, will continue have financial implications for the Trust. There will be ongoing requirements to deliver cash releasing efficiency savings in 2021-22 and additionally, some resources provided non-recurrently during 2020-21 will need to be reviewed in 2021-22. Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards. The financial impact of Covid-19 will also be an issue beyond the current year.

The Trust is grateful for the support of the HSCB and DoH in securing the levels of investment in the ambulance service in 2020-21 and previous years. The Trust will continue to work with all HSC partners to build on this and continue to provide safe, effective and quality care within available resources.

NIAS, in common with other HSC Trusts, draws down cash directly from the DoH to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and any interest earned is repaid to the DoH. As such, there are no effects of interest costs on outturn and no potential impact of interest rate changes.

Accounts Direction

NIAS accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

Accounting Policies

The accounting policies follow International Financial Reporting Standards to the extent that it is meaningful and appropriate to HSC Trusts. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the HSC Trust for the purpose of giving a true and fair view has been selected. The HSC Trust's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. There have been no significant changes to accounting policies in the year.

Anti-Bribery and Anti-Corruption

The Trust has an Anti-Bribery Policy in place, which sets out the Trust's position on bribery and context for ensuring that all Trust activities are carried out in an honest and ethical environment. The Trust is committed to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered.

Sustainability Report

This Sustainability Report highlights the various areas managed within the remit of Fleet and Estate Services to ensure that NIAS HSC Trust operates a safe, efficient and reliable service.

The Trust is also very conscious of the continuing changes in statutory environmental guidelines and eco-friendly vehicle and other technologies coupled with the advanced pre-hospital procedures to be accommodated within the service delivery model.

Although NIAS meets the statutory requirements in vehicle specification, health and safety at work and waste disposal guidelines, stringent internal strategic compliance forms the template for oversight.

NIAS is committed to reviewing the current sustainability aims of the Fleet, Estate, Digital and Workforce Strategies to ensure they are fit for purpose and suitably resourced to operate efficiently and effectively in line with other UK ambulance services - for the years ahead.

Fleet Strategy

The Trust launched its Fleet Strategy covering the period to 2025. This strategy is based on preparing for the future and how NIAS will plan for the next generation of vehicles. The Trust was successful in having a five year fleet replacement Business Case approved by the Department of Health.

The Impact of Our Fleet

The Trust continues to invest in its fleet and equipment. This investment will allow NIAS to reduce current vehicle emissions through the use of modern low emission vehicles, utilising additional renewable energy sources such as solar and fitment of specialist technologies. Whilst the Trust continues to look at ways to reduce emissions the drivers for change continue to increase as the UK government, the Northern Ireland Assembly and the NHS set out clear targets to reduce vehicle emissions. These initiatives include:

- The Department of Transport Strategy “The Road to Zero” will see the sale of new diesel or petrol vehicles banned in the UK from 2030;
- The Northern Ireland Climate Change Bill. Transport being a specific objective; and

- Delivering a net zero NHS. This states 90% of the NHS fleet to be Low, Ultra low or Zero emission vehicles by 2028.

The automotive industry continues to innovate and expand the types of low and zero emission vehicles available. These include hybrid vehicles, electric vehicles and more recently hydrogen powered vehicles.

With these vehicles becoming more widely available NIAS continues to look at suitable vehicles for use as response vehicles however due to the environment that our vehicle fleet operate in and the specialist types of vehicle we use we must ensure we only introduce vehicles that are fit of the role that they must perform in NIAS.

Next Generation of Fleet

As stated previously vehicle manufacturers continues to innovate. This has been in part due to the UK government increasing the number of low and ultra-low emission zones and banning the sale of new diesel or petrol vehicles in the UK from 2030. This is a relatively short period in the automotive industry and as such the majority of vehicle manufacturers will be focusing on high volume products such as basic cars and vans with the more specialist vehicle requirements such as ambulances not being their priority.

This creates a number of issues for NIAS and other ambulances Trusts as the range of suitable vehicles will continue to reduce. To ensure we have suitable vehicles in the future, during the year NIAS has been an active member of the National Ambulance Strategic Fleet Group, who are now proactively involved with vehicle manufacturers and specialist builders to design the next generation of ambulances. Currently the group is involved in the following projects:

- Ford UK Project to build a lightweight ambulance based on a Ford Transit van;
- Fiat Ducato Electric ambulance; and
- Mellor coachwork building a hydrogen powered ambulance.

Estates

Environmental Impact

In line with the Sustainable Development Strategy 2016-2020, the Trust has undertaken joint procurement processes along with the five other local HSC Trusts and administered through

the Business Services Organisation (BSO) Procurement and Logistics Service (PaLS), in relation to the supply and delivery of electricity and natural gas utilities.

NIAS participation in this collaborative endeavour ensures a service wide purchasing scheme where the economies of scale come into force for both the larger and smaller trusts. The Contract Adjudication Group with representation from each of the six HSC Trusts, incorporates a range of objectives including:

- Demonstrating corporate social responsibility (carbon off-setting);
- 100% renewable energy supply;
- Ensuring reliable affordable energy provision and reducing the carbon footprint.
- Working in partnership to mitigate the effects of climate change on the environment by implementing HSC environmental and sustainability policy to increase recycling and reduce carbon footprint and use of water and energy;
- NIAS has participated in this CAG and the new contract came on line in April 2021 due to it being delayed by Covid-19; and
- NIAS endeavours to ensure sustainability and energy efficiency is evaluated and improved as required when future projects and refurbishments are considered. This includes a policy of replacement of old electrical lighting and appliances with modern low energy LED lighting and appliances.

Examples of this include:

- Site 5 modular EAC building fitted with 100% LED fittings and energy efficient cooling and heating using heat pump and heat recovery systems;
- LED lighting installed in EAC within the HQ building;
- New LED floodlighting in Downpatrick;
- New LED light fittings installed in Altnagelvin planning office;
- New LED light fittings and energy efficient water heaters installed as part of the sluice project;
- New LED lighting fittings installed in Ardoyne Garage resulting in improved lighting and a 25% saving on electricity costs for this area;
- New external floodlights installed at Ardoyne station with a saving of 75% in electricity costs for this area;

- New LED light fittings installed in Broadway covered area, resulting in a reduction of 50% in the quantity of light fittings. This has improved the lighting levels in both the workshop and garage areas with a combined saving of 80% on electrical costs for lighting these areas;
- A new programme of boiler replacements with new high efficiency boilers being installed in Antrim, Altnagelvin, Foyle Villa, Ardoyne & the RMC buildings is ongoing which will produce significant cost savings on both fuel oil, gas and electricity;
- Upgraded Building Management control systems are being installed to existing control system in HQ, Foyle Villa, Antrim and RMC. These will provide significant improvements to the monitoring and control of the existing heating within these buildings;
- Remedial works to the heating system in Ballymena to improve the efficiency of the system;
- Refurbishment of the Biomass boiler at Ballymena leading to reduced costs; and
- The new modular building currently being installed adjacent to HQ will be fitted with 100% LED light fittings, with energy efficient cooling using heat pump and energy recovery systems.

Responsible Waste Management

The focus of the Trust's waste management initiatives is to try to reduce the volume of waste produced within the Trust and to maximise recycling and recovery opportunities through our waste management contractors at their material recovery depots.

Similar to the utilities services contracts, the packaging, clinical waste and general waste management contracts are collaboratively administered through BSO PaLS along with the other HSC Trusts.

Principal Risks and Uncertainties

The Trust continues to manage the principal risks relating to corporate performance in line with our risk management policies, strategy and governance structures. NIAS complies with Department of Health guidance and assurance processes regarding the identification and management of risk.

During the 2020-21 year, the Trust re-configured its governance framework with the intention of increasing capacity within the committee structure to enhance the identification and management of risk. This development is still in progress and has been carefully planned to ensure that NIAS Trust Board and the effectiveness of the Committee structure is amplified. The current arrangement provides assurance through the Audit Committee; the Safety, Quality, Patient Experience and Performance Committee and the People, Finance and Organisational Development Committee with subsequent reporting to the NIAS Trust Board.

The Trust's Board Assurance Framework template has been assessed and continues to reflect levels of assurance linked to the delivery of the NIAS strategic objectives. The Trust continues to develop compliance measures to ensure that appropriate risk management processes are adopted at all levels in all activities and supports initiative and innovation whilst learning from mistakes and taking responsibility.

The Trust is committed to the further development of a culture where people are encouraged to challenge and expect to be challenged about how and why they do things in the interest of their patients, staff, the Trust and the public. The Trust is committed to the proportionate management of risk that ensures the Trust discharges its duty of care to our patients, staff and those who may be affected by our activities.

The Trust makes every effort to comply with the regional Serious Adverse Incident Reporting and Follow-up Procedures and the Risk Manager participates in regional reviews as Trust Governance Lead. NIAS continues to support the other HSC Trusts in relation to the investigation and reporting of their Serious Adverse Incidents; currently these are reported to Safety, Quality, Patient Experience and Performance Committee as a standing agenda item as inter-Trust and interface incidents.

The Senior Management Team continues to focus on ensuring all risks are identified at an early stage and appropriately reflected within the Corporate Risk Register which the Trust Board

continue to monitor. See Internal Governance Divergences within the Governance Statement (section 12, pages 90 to 100).

A handwritten signature in black ink, appearing to be 'MB', with a long horizontal flourish extending to the right.

Mr Michael Bloomfield

Chief Executive

24 June 2021

ACCOUNTABILITY REPORT

Overview

The purpose of the Accountability Report is to meet key accountability requirements to the Northern Ireland Assembly. The report contains three sections:

- the Governance Report;
- the Remuneration and Staff Report; and
- the Accountability and Audit Report.

The purpose of the Governance Report is to explain the composition and organisation of the Trust's governance structures and how these support the achievement of the Trust's objectives.

The Remuneration and Staff Report sets out the Trust's remuneration policy for directors, reports on how that policy has been implemented and sets out the amounts awarded to directors. In addition, the report provides details on overall staff numbers, composition and associated costs.

The Accountability and Audit Report brings together some key financial accountability documents within the annual accounts. This report includes:

- a statement of compliance with regularity of expenditure guidance;
- a statement of losses and special payments recognised in the year; and
- the external auditor's certificate and audit opinion on the financial statements.

Corporate Governance Report

Director's Report

The role of the Trust Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

The Trust Board normally meets bi-monthly in venues across Northern Ireland with arrangements for public meetings published in the local press and the Trust website to encourage public attendance. This year saw the introduction of virtual meetings to ensure governance and assurance duties could be maintained and performed safely and regularly whilst the organisation managed unprecedented operational challenges.

Within our current governance structure configuration, Non-Executive Directors form the membership of the four Trust Board Committees: the Remuneration Committee, the Audit Committee, the Safety, Quality, Patient Experience and Performance Committee and the People, Finance and Organisational Development Committee.

Whilst the authority and duties within each committee are currently in transition, each committee's broad remit is outlined below:

- The Remuneration Committee provides advice and assurance to the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives;
- The Audit Committee provides assurance of effective internal financial controls including the management of principle and associated risks;
- The Safety, Quality, Patient Experience and Performance Committee provides assurance that adequate systems and processes are in place for the delivery of high quality patient care that is safe, effective and patient focused; and
- The People, Finance and Organisational Development Committee provides assurance that all issues relating to Human Resources and Finance to deliver the Trust's strategic, and corporate plans and standards are effectively managed and regularly reviewed.

Trust Board and Committee Record of Attendance

Member	Designation	Trust Board	Audit Committee	Safety Committee	Remuneration Committee	People Committee (est. 12/20)
Mrs Nicole Lappin	Chair	8 out of 8	1 out of 4*	1 out of 4*	2 out of 2	1 out of 1
Mr Dale Ashford	Non-Executive Director	7 out of 8	4 out of 4	5 out of 5	-	-
Mr William Abraham	Non-Executive Director	8 out of 8	4 out of 4	4 out of 5	-	-
Mr Trevor Haslett	Non-Executive Director	8 out of 8	-	5 out of 5	2 out of 2	-
Mr Alan Cardwell	Non-Executive Director (up until 11 February 2021)	3 out of 8	1 out of 4	-	-	0 out of 1
Mr Jim Dennison	Non-Executive Director	8 out of 8	-	-	2 out of 2	1 out of 1
Mr Michael Bloomfield	Chief Executive	8 out of 8	4 out of 4*	5 out of 5*	2 out of 2*	1 out of 1*
Ms Michelle Lemon	Interim Director of Human Resources and Corporate Services	7 out of 8	3 out of 4*	5 out of 5*	1 out of 2*	1 out of 1*
Dr Nigel Ruddell	Medical Director	7 out of 8	3 out of 4*	5 out of 5	-	-
Ms Rosie Byrne	Director of Operations (from 1 October 2020)	4 out of 8	-	2 out of 5*	-	-
Mr Robert Sowney	Interim Director of Operations (up until 30 September 2020)	3 out of 8	2 out of 4*	4 out of 5 (2 as Clinical Adviser)	-	-
Mr Paul Nicholson	Interim Director of Finance	8 out of 8	4 out of 4	5 out of 5	-	1 out of 1*
Mr Brian McNeill	CRM Programme Director	8 out of 8	1 out of 4*	5 out of 5	-	-
Ms Lynne Charlton	Director of Quality, Safety & Improvement	8 out of 8	2 out of 4*	5 out of 5	-	1 out of 1*
Ms Roisin O'Hara	Programme Director – Strategic Workforce Planning	8 out of 8	2 out of 4*	4 out of 5	-	-
Ms Maxine Paterson	Director of Planning, Performance & Corporate Services	6 out of 8	2 out of 4*	4 out of 5	-	1 out of 1*
*Not a Committee member						

Interests Held by Board Members

A declaration of board members interests has been completed and is available at www.nias.hscni.net or on request from the Chief Executive's Office, Northern Ireland Ambulance Service, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.

Personal Data Related Incidents

The Trust is not aware of any reportable data breaches or any significant personal data related incidents in 2020-21. A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. As the HSC has multiple contractual interactions with QUB, some concerning personal information, the HSC technology teams, with the backing of the HSC SIRO's, took a number of actions to reduce potential disruption to HSC services, and continue to liaise with QUB on the impact of the cyber incident.

Statement of Disclosure to Auditors

The executive and senior management of the Trust, along with the Director of Finance have the responsibility for the preparation of the annual report and accounts. They have provided the auditors with the relevant information and documents required for the completion of the audit. The responsibility for the audit of the Trust rests with the Northern Ireland Audit Office (NIAO).

All directors have confirmed that, to the best of their knowledge, there is no relevant audit information of which the Trust's auditors are unaware. They have confirmed that they have taken all steps as directors in order to make themselves aware of any relevant audit information and to ensure that auditors are aware of that information.

Fees Paid to Northern Ireland Audit Office

The notional cost of the audit for the year ending 31 March 2021 which pertained solely to the audit of the accounts is £29,900 (2020: £29,100) made up as follows, public funds £27,800 and Charitable Trust Funds £2,100. In addition, during the year the Trust received services from the NIAO to the value of £1,244 in respect of the National Fraud Initiative 2020-21 exercise (2020: £nil). No other audit or non-audit services were provided by NIAO to the Trust during the financial year (2020: nil).

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed the Northern Ireland Ambulance Service HSC Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Northern Ireland Ambulance Service HSC Trust, of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Mr Michael Bloomfield of the Northern Ireland Ambulance Service HSC Trust as the Accounting Officer for the HSC Body. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSC Body's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of

Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Non-Executive Directors' Report

‘Never in the field of human conflict has so much been owed by so many to so few’¹

Who would have thought almost 80 years later, those words could be used in another airborne battle, this time, against an invisible enemy. The sheer spirit and determination to win the war against Covid-19 shown by NHS staff, and in particular our own NIAS colleagues, has been truly immense and humbling. For what seemed months on end, the sight of media reports and visual images covering the pandemic will forever be etched on our minds along with the tragic loss of life. The Non-Executive Directors (NEDs) would like to record once again their deep appreciation for the dedication displayed by all management and staff in the NIAS, particularly those on the front line.

To say it has been an unusual year would be an understatement, and in spite of the demands of Covid-19, significant progress has been made in a number of areas, already outlined in the Chair and CEO's foreword to this Annual Report. Trust Board meetings have been held by Zoom, which has worked well, together with Board Committees, which are chaired by NEDs and where the agenda and reporting structures have changed to reflect a new focus and emphasis. The old Assurance Committee has been replaced by the Safety, Quality, Patient Experience and Performance Committee. Although the title is fairly self-explanatory, in addition to covering previous topics such as Risk Management, Governance, and Performance, specific areas such as Quality Improvement and Patient Experience have been given special importance. This Committee's work is supported by independent Senior Clinical Advisor, Robert Sowney.

The work of Board Committees is under review with a new People, Finance and Organisational Development Committee established in-year. As the title suggests, this will be the forum for looking specifically at HR issues such as staff health and wellbeing. This always was an important area for NIAS along with organisational culture and none more so as we deal with the personal sacrifices and trauma experienced by staff as a result of dealing with the aftermath of the pandemic. The remaining Board Committees of Audit and Remuneration remain basically unchanged although a review of the Audit Committee function is being supported by independent Audit Committee Advisor, Lesley Mitchell.

¹ Churchill's speech to The House of Commons, August 20, 1940

One NED, Alan Cardwell, who retired in-year made a tremendous contribution to the work of Board and the Committees he attended. Mention should also be made of the fact that NIAS supported the Boardroom Apprentice initiative. Last year, Sarah Sellars was the NIAS Apprentice for 12 months before Anne Quirk was appointed this year.

NEDs are appointed by the Health Minister, after a rigorous selection process and their role is essentially to use their experience and skills to ensure NIAS is managed in compliance with the 'Three Es' of economy, efficiency and effectiveness, on the Department's behalf, through both constructive challenge and supporting the Senior Management Team. Continuous improvement is vital for any private or public sector organisation and over the last year, notwithstanding the demands placed on the organisation by Covid-19, the overwhelming opinion of the NEDs would be that NIAS is heading in the right direction. As NEDs we noted that, in 2020-21 NIAS received an overall limited assurance rating from Internal Audit. We recognise that this arises from the proactive approach taken by the Senior Management Team to address long standing issues which have been highlighted through individual Internal Audit Reports. We support this approach and will continue to monitor the work being carried out here and anticipate seeing positive developments throughout 2021-22 which will lead to an overall satisfactory rating from Internal Audit.

This opinion is based on regular Board and Committee meetings, which are the main opportunities for the NEDs to monitor progress against how NIAS, for example, is meeting the road map set out in the NIAS Strategic Plan **Caring today, planning for tomorrow – Our Strategy to Transform: 2020 - 2026**

Having an annual report with an opening quote from Churchill may seem unusual, but what about finishing the report by quoting Morgan Freeman, the Hollywood actor. He has a simple life mantra '...that everyone should have a dream because without one, there is no life.' Be it a dream, mission or target in life, a plan is needed to achieve your aims. Whether in your professional or personal life, the NIAS family is here to help staff achieve that dream and fulfil their potential, and we can, if we deliver our transformational strategy.

That's the challenge the NEDs would ask staff to think about, to make that vision a reality, so that NIAS will be recognised as having an employment culture that is safe, open and transparent; where opportunities exist for all levels of staff and we move NIAS to being an employer of choice and a great place to work.

Governance Statement 2020-21

1. Introduction and Scope of Responsibility

The Board of the Northern Ireland Ambulance Service HSC Trust (NIAS) is accountable for internal control. As Accounting Officer and Chief Executive of the Trust, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health (DoH). In essence, the role of Accounting Officer is to see that the Trust carries out the following functions in a way that ensures the proper stewardship of public money and assets:

- To enter into and fulfil Service Level Agreements with Health and Social Care Commissioners;
- To meet statutory financial duties; and
- To maintain and develop relationships with patients, the local community, Commissioners, other HSC bodies and suppliers.

The Trust is directly accountable to the DoH for the performance of these functions.

The Trust works in partnership with the DoH, the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and also works closely with other partner organisations such as other Health and Social Care (HSC) Trusts and the Regulation and Quality Improvement Authority (RQIA), through the establishment of and representation on various working groups, all with a view to improving the quality, safety, effectiveness and efficiency of services. These arrangements continue to be reviewed and updated in response to changes in the structure of Health and Social Care across Northern Ireland.

2. Compliance with Corporate Governance Best Practice

The Board of NIAS applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of NIAS does this by undertaking continuous assessment of its compliance with Corporate Governance best practice and applying such principles and processes where applicable.

The Trust Board is engaged in an ongoing process of self-assessment against the Board Governance Self-Assessment Tool issued by DoH. The assessment covers four key areas: Board composition and commitment; Board evaluation, development and learning; Board insight and foresight; and Board engagement and involvement.

The Trust Board have been engaged in an exercise to enhance the corporate governance framework by creating additional capacity to provide a robust system of internal governance that supports the achievement of the organisation's policies, aims and objectives.

3. Governance Framework

The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions;
- A Scheme of Delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers; and
- Standing Orders and Standing Financial Instructions, including the establishment of an Audit Committee, a Safety, Quality, Patient Experience and Performance Committee, a People, Finance and Organisational Development Committee and a Remuneration Committee.

The Audit Committee is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The Audit Committee meets not less than three times per year in line with its Terms of Reference and during the year met on four occasions. Its primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control system is maintained.

The Audit Committee completes the National Audit Office Audit Committee Self-Assessment Checklist on an annual basis as part of the assessment of its effectiveness and an action plan was developed to address any areas for improvement identified. No significant performance related issues were identified during this review. Additionally, each year the Chair of the Audit Committee provides the Trust Board with an Audit Committee Annual Report. The Audit Committee fulfilled the requirements of its terms of reference during 2020-21.

The Safety, Quality, Patient Experience and Performance Committee is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The Safety,

Quality, Patient Experience and Performance Committee met on five occasions during the year. The terms of reference of the Safety, Quality, Patient Experience and Performance Committee require it to meet not less than three times a year. The Committee fulfilled the requirements of its terms of reference during 2020-21.

The People, Finance and Organisation Development Committee was newly established in December 2020 and is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The People, Finance and Organisation Development Committee met on one occasion during the year.

The Remuneration Committee is chaired by the Chair of the Trust Board and membership is comprised of Non-Executive Directors only. The Remuneration Committee met on two occasions during the year. The Remuneration Committee's primary role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors employed by the Trust. The Remuneration Committee fulfilled the requirements of its terms of reference during 2020-21.

The Trust Board and Committee Record of Attendance is shown on page 64 of the Accountability Report. During the year, the appraisal processes in place did not identify any significant performance related issues of members of Trust Board or Committees. The Chair has ongoing discussions with each of the Non-Executive Directors in terms of their contribution to their respective committees and to give them an opportunity to highlight any specific concerns or issues.

As a direct result of the escalating pandemic, all meetings were moved to a virtual arena during 2020-21.

4. Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and Ministerial priorities are properly reflected in the management of business at all levels within NIAS.

The Board identifies the strategic and corporate aims, objectives and risks and monitors the achievement of these in the public interest. It has established a framework of prudent and effective controls to manage these risks, underpinned by a recently reviewed assurance

framework. Decisions are taken by the Board within a framework of good governance to build a successful organisation, which is always striving to achieve excellence.

Business Planning

The Trust's Delivery Plan and Corporate Plan highlight the organisation's plans for the incoming year in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. The NIAS Trust Delivery Plan, which is subject to approval by the HSCB, takes account of available resources and outlines Trust priorities in terms of actions and activity to secure objectives for the year.

In line with Department of Health direction, in June 2020, the Trust Delivery Plan approval process for all organisations was suspended due to the impact from Covid-19. NIAS was asked to submit its corporate plan to ensure actions were consistent with Ministerial priorities.

Subsequently in March 2021, a further direction from the Department of Health outlined a review and roll forward approach of 2020-21 plans with no formal Departmental approval process rather sharing revised plans for information.

During 2020-21, the Trust sought to implement the key enablers from the new strategy 'Caring today, planning for tomorrow - Our Strategy to Transform: 2020-2026. This is closely aligned to the Department of Health's "Health and Wellbeing 2026 – Delivering Together" document. Our strategy highlights the value of working as an integrated HSC system alongside a range of partners in local authorities, other agencies and the voluntary sector with the emphasis on person-centred care, ill-health prevention, social wellbeing and providing more diagnostics, treatment and care in the community and home settings.

Despite the impact of the pandemic NIAS were able to implement 57% of key actions to provide that foundation on which to build the resilience and transformation agenda required to meet the ambition of our plans. This has been coupled with an agenda to support the HSC in the stabilisation of services impacted by the Covid-19 and the subsequent rebuilding and re-configuration of that supporting structure.

During 2020-21, NIAS has been actively engaged with other ambulance services across the UK and Ireland in the development of plans to support the embedding best practice such as

business continuity and emergency planning and how NIAS can further improve the service we provide to the public, and support the wider HSC sector.

Risk Management

The Trust Board has established a Safety, Quality, Patient Experience and Performance Committee, which is a committee of the Board, and is responsible for overseeing all aspects of risk management across the organisation. The Safety, Quality, Patient Experience and Performance Committee reviews incidents (including Serious Adverse Incidents), Risk Registers and arrangements for assurance, as standing items, as well as other health and safety and risk management issues as they arise. The meetings are recorded and the minutes are reported to the Trust Board. The Trust's Director of Planning, Performance and Corporate Services has been given delegated responsibility for the oversight of risk management and is supported in this regard by a Risk Manager.

The Trust Board continues to review the arrangements in place with reference to best practice and DoH guidance in order to strengthen the arrangements for Risk Management. The Trust Board refers to the corporate risk management policy and strategy which specifies ways in which risk can be identified; the means of identification include, although not exclusively, incident reporting, Serious Adverse Incident (SAI) reporting, complaints management, risk assessment, horizon-scanning at Trust Board level, claims management, assurance, benchmarking and consultation with staff and service users. The strategy also places upon all Trust employees the responsibility to be aware of and to report any and all risks to which they or the Trust are exposed.

The strategy also contains the process by which identified risks are recorded on the Risk Register. Each significant risk will be assessed individually when deciding whether it is within the Trust's risk appetite (tolerable), or whether additional controls (terminate, treat or transfer) are required. The following risk appetite principles are applied.

- Appetite for risks relating to patient safety and employee health and safety is very low, with controls required to reduce the risks so far as is reasonably practicable;
- Appetite for risks relating to regulatory compliance, fraud, and information governance is also low, requiring appropriate risk controls;
- Appetite for risks to non-critical functions and services is higher, whilst taking into account any potential impact on any strategic/business objectives; and

- Approach to risk management is designed to encourage and promote innovation and continual progress, and not to stifle or hinder growth and development, and NIAS appetite for risks to its strategic and/or directorate objectives should reflect this.

Each risk is evaluated and, if necessary, re-evaluated in line with the regional guidance and best practice. This takes into account the likelihood and potential impact on the Trust's service users, employees, environment, reputation and resources. This evaluation then prompts the development of individual risk treatment plans against which progress is monitored through the Trust's Risk Register. The risk management processes have been in place throughout the whole financial year and up to the date of approval of the annual report and accounts.

Corporate Risks are those that impact on the organisation as a whole, or which cannot be resolved immediately or adequately reduced by treatment at a local level. They are recorded on the Corporate Risk Register, which is reviewed on a monthly basis by the Senior Management Team (SMT). New risks escalated to the Corporate Risk Register in 2020-21 include: the impact of Covid-19 across Operations and Training programmes. Staffing to support Clinical Support Desk, the management of Independent Ambulance Sector resources and the Trusts' arrangements to manage Safeguarding. The final risk is in regards to the Trusts ability to attract and retain suitably qualified staff.

Directorate Risks are those which have an impact on the particular Directorate and which can be reduced to an acceptable level by treatment at a directorate level. These are recorded on the Directorate Risk Register and are the responsibility of the Trust's line management. Directorate Risk Register updates are forwarded to the relevant Directors for distribution and review at a directorate level on a regular basis. The Trust has further developed the mechanisms for the review of Directorate Risk Registers by ensuring they are formally reviewed by Safety, Quality, Patient Experience and Performance Committee and Trust Board on a rotational basis.

In accordance with the Statutory Mandatory Training Policy, risk management training must be completed every three years. The Trust risk management e-learning package was completely refreshed in 2019 and is now incorporated with governance training in the induction provided to all new staff. The Risk Manager co-ordinates and adopts best practice with the HSC Trusts.

The Trust has been included in the RQIA schedule of unannounced visits and continues to develop policies, processes and audit functions in relation to Infection Prevention and Control

(IPC). The Trust's IPC Group oversees activities in this area and reports to the Safety, Quality, Patient Experience and Performance Committee and the Trust Board.

5. Information Governance

In NIAS, information governance is the framework of legislation and best practice guidance associated to the UK General Data Protection Regulation (UKGDPR)/Data Protection Act 2018, the Freedom of Information Act 2000, Access to Health Records (NI) Order 1993, Duty of Confidentiality etc. that regulates the manner and way in which we collect, obtain, handle, use, share and disclose information.

The Trust recognises that information is required every day across the Trust to discharge our services and understands that we hold high levels of personal information. The Trust uses this information in many ways:

- To respond effectively to emergencies;
- To ensure that non-emergency patients are taken to hospital appointments;
- To ensure continuity of care for patient we are treating;
- To support clinical research; and
- To support emergency planning.

We also understand that we need a defined structure for handling personal information in a confidential and secure manner to appropriate ethical and quality standards. This includes ensuring that information risks are managed in a robust way across the Trust. This is why we train staff in information governance areas, appoint specific roles across Directorates to support this, develop Privacy Notices, consider privacy impacts/risks at early stages of service change and ensure that a suite of policies and procedures exist that fully outline accountability and responsibilities.

We hold information on patients, clients, suppliers, other Trusts, Coroner Service for NI, the Police Service of Northern Ireland, the Police Ombudsman, Solicitors, Coroners, and other stakeholders, as well as our staff. The Trust uses this information in an appropriate manner to provide assurance on the level of care and service provision we deliver to our patients and for planning and business continuity. Good quality information forms the basis of high quality care and we understand the importance of this.

The Trust works with the Information Commissioner's Office (ICO) to resolve any complaints received about how the Trust handles data. In accordance with legislative requirements data breaches have to be reported within 72 hours to the ICO. In 2020-21, the Trust did not refer any information governance data breaches to the ICO however, a cyber security incident took place at Queen's University Belfast (QUB) in February 2021. As the HSC has multiple contractual interactions with QUB, some concerning personal information, the HSC technology teams, with the backing of the HSC SIRO's, took a number of actions to reduce potential disruption to HSC services, and continue to liaise with QUB on the impact of the cyber incident.

The impact on the HSC is being fully investigated, and there may be a financial risk in relation to possible future liability, for potential claims for loss of personal data. As the breach occurred in a third party's systems the potential for liability is unclear and any financial impact is unquantifiable at present.

Cyber Security remains a high priority for NIAS as the threat from hostile actions are increasing in number and becoming more sophisticated in their approach. The Trust places the utmost importance on the security and protection of data and information in order to ensure that confidential patient information is protected and that the network and applications are available to users. We continue to work in partnership with the other HSCNI organisations through the Regional Cyber Security Program Board to identify agreed areas for improvement and to prioritise resources to address these.

NIAS continue to work with Internal Audit to test compliance with the National Cyber Security Centre (NCSC) Ten Steps to Cyber Security. In 2020-21, NIAS has focused on developing the capability to manage network security. In the wake of Covid-19 we have nearly tripled our capacity for concurrent users working from home. Extra Licenses, Key fobs and Server Capacity to support this was made available; and policies concerning User Password Requirements/Duration have been reviewed in line with best practice and NCSC guidelines.

The challenge for NIAS and the HSC as a whole is to be prepared to minimise the impact of any cyber-attack and to ensure access to data is only available to authorised individuals and is controlled and monitored to maintain safety and confidentiality.

6. Covid-19

The impact that Coronavirus has had, and continues to have on NIAS remains centred on our emergency call volume, and our ability, as an organisation, to respond to that demand considering the pronounced sustained loss of staff resources, due to illness and welfare concerns. In addition, the organisation has had to manage external variables such as 'winter pressures' that annually put additional demands upon the Trust and this period fell within the second and third surges in coronavirus infections.

NIAS began to review the Influenza Plan and business continuity arrangements in January 2020 following the initial outbreak of Coronavirus. The Influenza Plan was updated and business continuity arrangements were refined after a period of assessment. A number of table top exercises were also conducted across the Trust to test the effectiveness of communication, the robustness of contingency plans and the efficacy of the Command and Control structures. Surge plans that were developed in the early stages of the pandemic have subsequently been revised to take advantage of organisational and departmental learning as detailed in the NIAS Learning from Covid-19: A summary Report that was reviewed by Trust Board in October 2020.

First wave: Coronavirus was declared a global pandemic on 11th March 2020, with the UK going into lockdown on the 24th March 2020. NIAS set up command and control structures on 11th March 2020 to aid in the management of staff and information in these early stages. On 26th March 2020, NIAS began swabbing our own staff and family members for coronavirus. On 1st April 2020, NIAS opened a new Control facility ahead of schedule which facilitated the social distancing of our Emergency Ambulance Control room staff and which increased our resilience around call taking, call prioritising and ambulance dispatch; identified core functions. On 8th April 2020, NIAS Hazardous Area Response Team (HART) began a training programme with the Police Service of Northern Ireland, a multiagency effort designed at increasing our operational and specialist response resilience.

During the first wave, the number of Coronavirus infections within Northern Ireland and the UK rose steadily until reaching a peak in April 2020, after which numbers gradually decreased. On 26th May 2020, Northern Ireland was the first UK region to register zero deaths from coronavirus. On 13th May 2020, NIAS began a strategy to assist in the swabbing of 1,001 staff and 1,831 residents within Nursing Homes. During this time, NIAS implemented business

continuity and modified our services to protect our core functions, ensuring that we continued to deliver 'essentials of life' services despite the potential for disruption posed by the pandemic.

From May 2020, in tandem with our ongoing response phase, NIAS began to consider our recovery strategy and a Recovery Co-ordination Group was set up to manage our return to provision of all services. The Trust experienced moderate pressures in the first wave, our reduction in capacity due to staff sickness and isolation protocols was matched by a decrease in Non-Covid-19 demand as evidenced through our call volumes therefore our capability to deliver services was maintained.

Second wave: Increasing numbers of infections began to be reported in September 2020 during which time the Northern Ireland (NI) Executive imposed restrictions in certain geographical areas of concern. NIAS began contact tracing our own staff on 26th September 2020 and reinstated our command and control structures on 30th September 2020. Numbers of infections within the province continued to rise; on 9th October 2020, the UK reported three times more people receiving a positive test than at the peak in April, with Northern Ireland seeing one of the highest rises in infection rates in the UK, a clear indication that Northern Ireland was experiencing a second wave of coronavirus infections. On 14th October 2020, the NI Executive announced a new 'circuit breaker' lockdown effective from Friday 16th October 2020.

Infection rates continued to rise until mid-November and saw a temporary lull before beginning to rise again throughout December. During this second wave, NIAS did not experience the same reduction in demand as experienced in the first wave and demand continued to escalate coupled with seasonal 'winter pressures' which was clearly evidenced right across the Health & Social Care system

A new variant of the virus (VUI-202012/01) was identified as transmitting more easily than other variants which may have exacerbated the impact from the third wave experienced by NIAS in terms of demand and staff abstractions. In the period from 14th December 2020 to 17th January 2021, NIAS entered REAP 4, the highest level in our Resource Escalation Action Plan (REAP). This indicated that the Trust was experiencing 'extreme' pressures due to staff absence and excessively long handover times at hospitals, which, coupled with the impact of increasing demand on the rest of Health and Social Care adversely affected service delivery. In particular, excessively long handover times at hospitals impacted NIAS staff and patient's welfare, as both our Accident and Emergency Tier and Patient Care Service

endeavoured to manage patients' needs for protracted periods of time in the back of ambulance vehicles.

Following a challenging Christmas period, the number of positive coronavirus cases began to steadily decline through January 2021. By 18th January 2021, a reassessment of the Trust's REAP level indicated that pressures upon the Trust had decreased from level 4, 'Extreme' to level 3, 'Severe' and this reduced further to level 2, 'Moderate' pressure by 25th January 2021, and in March 2021 has remained at REAP Level 2.

There is nothing to suggest that any additional waves of the pandemic will be carbon copies of those we have already experienced, so as an organisation it is imperative that we maximise key areas of learning from the management of Covid-19 to ensure we remain flexible, and have the agility to stand up escalation arrangements at short notice should they be required.

Until that time we remain focused on developing an infrastructure for recovery and rebuilding our services in conjunction with our HSC colleagues. NIAS remains committed to delivering safe and effective care for our clients and patients. As a result, some patients may continue to wait longer than we would like. In accordance with the Regional Rebuilding Management Board, chaired by the Permanent Secretary for Health, the process of rebuild for all Trusts, including NIAS, will be guided by the following five principles:

- **Principle 1:** We de-escalate ICU as a region, informed by demand modelling and staffing availability;
- **Principle 2:** Staff are afforded an opportunity to take annual leave before assuming 'normal' duties;
- **Principle 3:** Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity);
- **Principle 4:** All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim will be, for any given staffing availability, to maximise theatre throughput; and
- **Principle 5:** The Nightingale facilities should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible.

In accordance with these principles, NIAS will continue to work together with our partners across Northern Ireland to implement the recovery of Non–Covid-19 Health and Social Care Services and will contribute to the regional work streams and areas of focus to support the HSC in delivering for our population based on our agreed regional approach:

- To ensure Equity of Access for the treatment of patients across Northern Ireland;
- To minimise transmission of Covid-19; and
- To protect access to the most urgent services for our population.

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. In terms of assessment of the NIAS Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

Key challenges:

- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to Covid-19 locally and the need to rebuild services for prioritised clinical groups, on an equitable basis, for the Northern Ireland population; taking account of specific Trust differences, including for example the capacity of non-emergency ambulances;
- Assessing **workforce** pressures, including the ability to safely and appropriately staff the rebuild plans. We must ensure our staff are supported and feel valued by ensuring those who have been working constantly or who have been redeployed are given time to recover. Over the last year staff have been working tirelessly and have not been able to take sufficient periods of annual leave, therefore it is important to give them the opportunity to avail of this. The impact on staff resources required to support the vaccination programme, resources required to manage local cluster outbreaks and the testing and swabbing to maintain patient and staff safety, in respect of spread of infection, has been challenging. We have also have to factor in flexible working necessary to support childcare and caring commitments;
- **Building on new ways of working and innovations** to provide safe and effective care. Recognising that there has been a vast amount of innovation successfully implemented, including widespread use of virtual platforms for management of the pressures, building on this will involve working closely with our primary care and community partners and our

clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology;

- Continuing to **maintain effective Covid-19 zoning** plans in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff across sites, optimise efficient utilisation of Personal and Protective Equipment (PPE) and ensure adequate catering and rest provisions for our staff;
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites. This presents significant challenges and will include a reduction in site capacity and productivity;
- Sustaining **models for ‘swabbing’ and ‘testing’** of our staff as part of our ongoing response to Covid-19;
- Sustaining a **reliable supply of critical PPE and medicines** to enable us to safely increase our services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels;
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but can effectively and safely deliver health and social care services;
- Providing continued support to **those in need within our population** including those who were ‘shielding’, vulnerable people, and people at risk of harm;
- Rebuilding services safely in some areas requires **capital and revenue funding** to be made available; and
- **Any future surge in Covid-19 transmission** could result in a temporary adjustment to our services to cope with demand. Possibly the most significant consideration is the approval and administration of Covid-19 vaccine programme. Whilst excellent progress has been made in the roll-out of the vaccination programme, people living in Northern Ireland must remain cautious and adhere to the public health guidelines. This is a complex and long-term undertaking and it will be some time before the vaccination programme is rolled out to the majority of the population.

The people of Northern Ireland have made significant sacrifices over the course of the last year and the collective effort to make lockdown effective has been substantial. The outcome of those

sacrifices in a lowering of infection rates can be seen. We all need to play our part in sustaining this reduction in transmission to preserve life and support our health service.

7. Fraud

In line with good practice, NIAS takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place a Fraud Policy and a Fraud Response Plan to outline our approach to tackling fraud, to define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Service and provides advice to our staff on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

8. Public Stakeholder Involvement

The Trust aims to ensure that those who use our services and their representatives have an opportunity to influence and shape policy and service delivery decisions. Our Personal and Public Involvement Strategy outlines our commitment to involving key stakeholders and their representatives in the development of our services. Service user engagement and involvement is mainstreamed into key policy development processes. Personal and Public Involvement was included as part of the mandatory training programme for all staff during the year.

Significant developments have been introduced regionally during the reporting period in relation to a new online user feedback programme for all citizens and HSC Trusts in Northern Ireland that was led by the Department of Health. NIAS actively participated as a member of the Programme Board and implementation agenda around the new 'Care Opinion' online portal, which has been introduced in the first quarter of 2019-20 but has seen significant increase in usage since the HSC has promoted it extensively throughout 2020-21. The Trust continued to gather and analyse patient experience stories as part of the regional 10,000 Voices project, and to use 10,000 Voices as a learning and engagement tool; this work has further evolved in the context of the new Care Opinion online user feedback programme.

Despite the challenges of Covid-19, the Trust has engaged at each opportunity with our patient stakeholder group during 2020-21 to gain valuable feedback and direction on how we

implement our strategic plan, this insight collected from patients and service users range across our communication strategy to performance and quality information aspirations.

The Trust takes into account the views of the public in relation to identifying and managing risks through, for example, the analysis of learning outcomes, complaints and untoward incident reports (UIRs) (including, if appropriate, contact with the service user(s) and/or other related stakeholders such as public sector partners). Risk identification, assessment and management is also considered if it arises from stakeholder feedback provided during the broader policy development processes and is then referred to the relevant NIAS department as appropriate.

9. Assurance

The Trust has an Assurance Framework based on DoH guidance 'An Assurance Framework: A Practical Guide for Boards of Arm's Length Bodies'. This framework is regularly updated and submitted to the Assurance Committee for approval. This identifies the assurances provided to NIAS by its governance structure and highlights any gaps in assurance. This supports improvements in the level of assurance and underpins the challenge function of the Trust Board.

A further important source of assurance is provided by Internal Audit whose audit plans are based on key risks and systems within the organisation. As part of the 2020-21 annual audit programme, Internal Audit carried out a review of Risk Management (Including Management of Assurances) and provided a satisfactory level of assurance.

The Trust endeavours to continually improve its structures and processes of assurance through self-assessment exercises and resultant improvement plans. The Trust Board has been engaged in an ongoing process of self-assessment using the Board Governance Self-Assessment Tool issued by DoH. Similarly the Audit Committee tests its application of good practice using a Self-Assessment checklist on an annual basis, issued by the National Audit Office.

The Trust also contributes to both Mid-Year and Year End Accountability Meetings with DoH and HSCB, which are designed to provide assurances on the Trust's systems of internal control. However, many of these arrangements were paused during the year due to the pandemic.

These structures and processes and the sources of independent assurance outlined in this statement provide an appropriate and acceptable quality of assurance to Trust Board.

In order to provide an appropriate level of assurance across key areas, the Trust has drafted a Corporate Assurance Strategy and continues to work with Departmental Policy Leads and other HSC organisations to ensure that suitable and proportionate assurance arrangements are in place.

Work continues on the implementation of an overarching Quality Improvement Plan (QIP). The Trust also continues to progress actions to develop and implement controls assurance in relation to environmental cleanliness.

The Trust continues to develop systems and processes to deliver increased assurance. Action plans will be developed as appropriate and progress against the plan will be monitored throughout the year.

10. Sources of Independent Assurance

NIAS obtains Independent Assurance from the following sources:

- Internal Audit;
- Business Services Organisation (BSO); and
- Regulation and Quality Improvement Authority (RQIA).

The Trust also relies on other significant assurance functions, both internal and external to the organisation, and considers the implications of any relevant findings for the governance of the organisation. These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DoH commissioned bodies, the Medicines Regulatory Group and other professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health and Care Professions Council (HCPC), Royal Colleges and other accreditation bodies).

Internal Audit

The Trust utilises an internal audit function (commissioned from the BSO), which operates to defined standards and whose work is informed by an analysis of risk to which the Trust is exposed and annual audit plans which are based on this analysis.

The 2020-21 Internal Audit Plan was completed, apart from the year-end stocktake which was not undertaken due to Covid-19 for a second year.

The 2020-21 Internal Audit assurance work is summarised as follows:

Audit Assignment	Level of Assurance
Finance Audits:	
Financial Review	Satisfactory – Charitable Trust Funds Limited – Payments to Staff and Non Pay Expenditure (Four Significant Findings)
ICT Procurement and Contract Management	Satisfactory (No Significant Findings)
Corporate Risk Audits:	
Information Governance	Limited (Three Significant Findings)
Governance Audits:	
Governance During Covid-19	Satisfactory (No Significant Findings)
Risk Management	Satisfactory (No Significant Findings)

Definition of Levels of Assurance	
Satisfactory	Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.
Limited	There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
Unacceptable	The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

In the Financial Review, while Satisfactory assurance was provided in relation to control over the management of charitable trust funds within the Trust, Limited assurance was provided in relation to payments to staff and non-pay expenditure. Four Significant findings were identified and relate to: payroll control issues (AfC band 8 overtime; the level of verification checks on staff claims; access control issues to the HRPTS system; and oversight of the activity of core users within the HRPTS system); the use of manual cash allowances in the HRPTS system for the payment of acting up; the level of verification of invoices; and the use of Direct Award Contracts. Management is reviewing current processes and action will be taken to strengthen controls in these areas.

Limited assurance was provided in the Information Governance audit. Three Significant findings were identified and relate to: governance structures and performance management; information asset registers; and mandatory information governance training. Management is taking action to address the audit findings identified.

Recommendations to address all control weaknesses have been considered by the Audit Committee and have been, or are currently being, implemented. Progress on implementation will continue to be monitored by SMT, reviewed by Internal Audit and considered by the Audit Committee.

Follow-up on previous Recommendations

Internal Audit carried out a review of the implementation of previous internal audit recommendations at mid-year and again at year-end. Progress continues to be made and at year-end, 112 (62%) of the 181 outstanding recommendations examined were fully implemented, a further 65 (36%) were partially implemented and 4 (2%) were not yet implemented.

There are eight Priority 1 internal audit recommendation from previous financial years that are not fully implemented and relate to: the development of procedures for the management of unsocial hours both for core and relief staff; performance management arrangements need strengthened in respect of Patient Care Services (PCS); the use of systems within PCS need developed; an organisational structural review of PCS needs undertaken; ICT governance arrangements need strengthened and aligned (3 recommendations); and no framework for ICT policies, standards, guidelines and procedures in place.

Management are reviewing outstanding recommendations and current processes to ensure that appropriate action is taken in order to implement. All audit recommendations are allocated an implementation date and a responsible officer.

BSO Shared Services Audits

A number of audits (summarised below) have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan. The recommendations in these Shared Service audit reports are the responsibility of BSO management to take forward and the reports have been presented to the BSO Governance & Audit Committee. BSO management accepted all recommendations in the 2020-21 internal audit reports and are working to implement same.

Audit Assignment	Level of Assurance
Payroll Service Centre	Satisfactory – Elementary Payroll Processes Limited – Timesheet Processing, SAP / HMRC RTI Reconciliation; and Management of Overpayments and Holiday Pay
Recruitment Shared Service Centre	Satisfactory
Business Services Team	Satisfactory
Accounts Payable	Satisfactory

Whilst the overall level of assurance provided in respect of the Payroll Service Centre (PSC) was Satisfactory, three Significant issues are still deemed to be Limited. These areas relate to: end-to-end timesheet processes in the HSC (including within PSC) require strengthening, particularly in the area of demonstrating appropriate authorisation; uncertainty whether data transferred automatically from the payroll system reconciles with HMRC data; and issues remain with the accurate calculation of complex overpayments and the timeliness of recovery. Another significant issue requiring resolution is holiday pay relating to the PSNI shortfall in holiday pay.

Whilst the overall level of assurance provided in respect of the Recruitment Shared Service Centre was Satisfactory, the Limited assurance provided in 2019-20 in respect of the eRecruit System functionality is still relevant due to the significant number of off-system additional processes, controls and workarounds that are in place to facilitate the recruitment process.

Overall Opinion

Overall, for the year ended 31 March 2021, the Head of Internal Audit has provided Limited assurance on the adequacy and effectiveness of the NIAS framework of governance, risk management and control.

The Head of Internal Audit acknowledges that the framework of governance, risk management, and control is improving within the Trust and going forward, if improvement efforts are sustained and planned outcomes achieved, the Trust should move to a Satisfactory assurance position.

In the context of Covid-19, during 2020-21 the Trust did not achieve the planned progress in implementing audit recommendations. The reasons for providing Limited assurance in 2019-20 therefore largely remain in 2020-21. The Head of Internal Audit acknowledges that majority of audit assignments conducted in 2020-21 were provided Satisfactory assurance.

Regulation and Quality Improvement Authority (RQIA)

Recommendations are covered in detail in section 12 below under the heading 'Infection Prevention and Control / RQIA'.

11. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of the effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit Committee and Assurance Committee (subsequently the Safety and People Committees). A plan to address weaknesses and ensure continuous improvement to the system is in place.

12. Internal Governance Divergences

Update on prior year control issues which have now been resolved and are no longer considered to be control issues

Financial Position 2020-2021

The Trust achieved a breakeven position with a small surplus of £12k. Cumulative savings of an additional £2.6m were implemented through a range of non-recurrent measures. A capital programme in excess of £4.6m was also delivered which was within the Capital Resource Limit (CRL) set by the Department of Health. The Trust received significant non-recurrent allocations during the year. These included Transformation allocations for the introduction of the new Clinical Response Model (CRM) and the foundation degree programme for Paramedics. The impact of resources provided non-recurrently during 2020-21 will need to be reviewed in 2021-22.

Agenda for Change

Agenda for Change outstanding processes associated with Paramedic, Rapid Response Vehicle (RRV) Paramedic and Emergency Medical Technician (EMT) roles have been a long-term issue within the Trust. In July 2019, a 'Suggested Way Forward' proposal was issued to trade unions and related discussions followed in Autumn 2019.

Following a pause in discussions, as a consequence of Industrial Action, the appointment of a Health Minister in January 2020 enabled the approval of a final pay offer that could be made to trade unions within collective bargaining processes. The Trust wrote to trade unions in this regard on 16 March 2020 and during 2020-21 were able to collectively reach an agreement on the approach to implement the pay agreement. The re-alignment of staff grades and the subsequent payment to staff was concluded in November 2021 and brings the pay element of the Agenda for Change processes to a conclusion.

Complaints Management

Internal Audit previously reviewed NIAS Complaints, Incident Management and Claims Management during 2018-19 and provided unacceptable assurance in relation to complaints and incident management and limited assurance in relation to claims management resulting in seven recommendations for improvement to enhance control; five of which were priority 1.

In accordance with the 2020-21 annual internal audit plan, BSO Internal Audit carried out a follow up audit during February and March 2020. Through this audit BSO have provided satisfactory assurance and have confirmed that four of the seven recommendations are now implemented with three recommendations partially implemented. The three partially implemented recommendations were initially priority 1 recommendations and Internal Audit have now reclassified them as priority 2.

Update on prior year control issues which continue to be considered control issues

Business Services Transformation Programme and Shared Services

The Business Services Transformation Programme (BSTP) replaced aged Finance and Human Resources systems and the programme also introduced HSC wide Shared Services for all HSC organisations in Northern Ireland.

In 2020-21, Internal Audit conducted four audits of shared services areas and Satisfactory levels of assurance were provided for Accounts Payable, Business Services Team and Recruitment in their entirety and 'overall' a Satisfactory level of assurance for Payroll. Limited levels of assurance were provided in some specific areas within Payroll and one area of Recruitment identified in 2019-20 (see Section 10 above).

The Trust continues to work with BSO Shared Services to make improvements and to realise the expected benefits of the new systems and structures.

Attendance Management

Sickness levels within NIAS remain unacceptable, which has the potential to diminish levels of operational cover and affect the ability to respond in a timely manner.

NIAS' sickness absence target for 2020-21, as agreed with the DoH, was to 'improve sick absence rates by 5.0% on 2019-20 levels'. The cumulative absence rate during 2019-20 was 10.49%, therefore the requirement in 2020-21 was to achieve an absence rate of 9.97%. The cumulative absence level at March 2021 was 8.0%. Whilst NIAS achieved its improvement target for sickness absence, it is acknowledged that sickness absence levels remain higher than average than across the HSC and NHS Trusts. The Trust is committed to continuing to

address this is 2021-21 through a comprehensive programme of Health and Wellbeing and Attendance Management with related performance indicators

In recognition of NIAS higher than average levels of sickness absence than across the HSC and NHS Trusts, the Trust continue the work of the Good Attendance Programme established to implement the findings and recommendations of the Association of Ambulance Chief Executives (AACE) review for improving attendance levels within NIAS, in addition to implementing the recommendations made by Internal Audit. As part of our focus on Good Attendance, priority work streams continue to be taken forward relating to Occupational Health Services, Health and Wellbeing and NIAS Attendance Management Policy and related procedures.

Building Leases

The Trust was previously not compliant with current policies and guidance relating to the acquisition, renewal and disposal of leased property assets including PEL 98/1 and PEL (11) 01 and the DoF DAO letter. Strategic Outline Cases (SOC) and Outline Business Cases (OBC) were not completed nor were Land and Property Services (LPS) requested to perform scoping exercises prior to the renewal of leases for ambulance stations. All recently submitted SOC's, were completed with appropriate input from LPS and BSO's Directorate of Legal Services (DLS) to ensure value for money and compliance.

In recent years, the NIAS Estates function has undergone several significant personnel changes, which resulted in some aspects of estate management being overlooked including lease renewals. The Trust currently has ten Commercial leases, four of which had lapsed and were therefore not compliant with current policies and guidance relating to the acquisition, renewal and disposal of leased property assets (including PEL 98/1 and PEL (11) 01). One has since been renewed and another approved by DoH PMB SOC in June 2021. The two other lapsed leases are no longer required as collaborative arrangements with the NI Fire and Rescue Service have been agreed and negotiations are in progress to terminate these with the Landlords and LPS. The remaining six leases are compliant.

Previously the Trust had processes in place to actively manage the critical lease dates in compliance with current lease policy and had created a series of warnings and events on the 3i Estate Terrier property management system to give notice that action will be required for all commercially leased properties. However, due to the personnel changes within NIAS Estates

function, the 3i Estates Terrier function had lapsed and no such reminders were still in place. This has since been rectified through direct liaison with 3i and the new NIAS Estates Team.

EU Exit

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK was determined by negotiations that took place during the transition period ending 31 December 2020. The EU-UK trade and Cooperation agreement was agreed on the 24 December 2020 and came into effect on the 1 January 2021.

The EU has agreed a zero tariff quota deal. It changes the basis of our relationship with our European neighbours from, EU law to free trade and friendly cooperation. Northern Ireland is set apart from the rest of the UK in that it will be required to abide by EU law. This was part of the Northern Ireland Protocol agreed in advance of the overall agreement.

The Trust worked collaboratively with colleagues during 2020-21 across the Department of Health, the HSC and wider public sector to ensure we appropriately manage the new dispensation:

- **Collaboration.** NIAS participates in fora to manage the outcomes from EU Exit and the NI Protocol. These Department of Health, Arms-Length Bodies meetings focus on managing risks and issues impacting service delivery and workforce challenges and are chaired by senior accountable officers across the HSC;
- **Medical Devices and Pharmaceutical Goods.** An agreement signed on 5 November 2020 by UK and EU Commission has permitted 12 months' derogation for medical devices and pharmaceutical goods. All other contingency plans that were put in place are now held in reserve and will be implemented if issues arise;
- **Vehicles and Insurance.** Trust has obtained assurance from all contractors who supply parts and equipment to vehicles around their contingency plans. Additionally NIAS have issued an, insurance company 'green card', for each vehicle as they will be required to carry the 'green card' while driving in Ireland;
- **Staffing.** The Trust analysis of our workforce determined there was minimal impact or risk to the organisation due to potential effect on frontier or EU nationals and our common travel area arrangements allows for free movement of people between Ireland and the UK.

EU non-Irish nationals working for the Trust have been encouraged and supported to apply for EU settlement status to allow them to continue to work in the UK. The AHP Paramedic role is included for accelerated immigration process to get into UK to assist with dealing with shortages in paramedics in general; and

- **Trust Planning.** Trust plans have been updated to reflect the most recent guidance from DoH and the Medical Directorate Emergency Planning team will manage the implementation.

Emergency Ambulance Control Telephone Contingency

Ambulance Services can experience an occasional discrepancy between the number of incoming calls and the number of available call-takers. The Trust's current mitigation arrangements are coordinated by BT Emergency Operators. When calls are queuing to be answered by NIAS Emergency Ambulance Control, the BT Operators can divert them to our buddy service, the Scottish Ambulance Service (SAS) who answer them for us and then electronically pass the resulting call details onto our Computer Aided Dispatch (CAD) system.

BT occasionally seek permission to activate their contingency arrangement due to pressures on call taking across both NIAS and the SAS. Both services have seen an increase in duplicate phone calls due to demand pressures meaning people have longer to wait for an ambulance and tend to phone back for an update.

Whilst it had been the ambition of the organisation to focus on mitigating this issue within 2020-21, Covid-19 received significant focus and our business continuity arrangements saw our Working Time Solutions project paused. This project is expected to deliver a dynamic approach to allow hour-by-hour review of the 999 demand, and the dynamic adjustment of the call takers available, to ensure appropriate response to the demands placed upon it. We continue to hold BT to minimal use of their contingency arrangement.

Cyber Security

In December 2019, the Cyber Security Program Board approved the regional Cyber Security Incident Response Action Plan setting out the arrangements for HSCNI coordination of ICT services in the event of a cyber security incident in the healthcare environment. NIAS continue to work with Internal Audit to test compliance with the National Cyber Security Centre (NCSC) Ten Steps to Cyber Security. In February 2020 an audit was conducted on network security which provided only limited assurance in this area.

In the wake of Covid-19 we have nearly tripled our capacity for concurrent users working from home. Extra Licenses, Key fobs and Server Capacity to support these have been made available; and policies concerning User Password Requirements/Duration have been reviewed in line with best practice and NCSC guidelines.

NIAS has participated in and contributed to the development of HSC ICT Security Policy and Standards which have been released by DHCNI for implementation across the HSC with the result of improving network security across the system and mitigating the risks outlined within the internal audit report of February.

Organisational Capacity

There is ongoing recognition of the central role that NIAS and its staff have to contribute to the wider transformation agenda, in particular to manage demand within the community with less reliance on secondary care. NIAS continues to add to its directory of Appropriate Care Pathways. Advice and clinical oversight of call prioritisation is provided by the paramedic staffed Clinical Support Desk, which now operates for extended hours. The frequent caller team has expanded and has had a very beneficial effect on unnecessary calls to the ambulance service.

The Outline Business Case linked to the Clinical Response Model Programme was submitted to the DoH in February 2020 and includes proposals to address the organisational capacity required to ensure the effective delivery of this ambitious project and associated transformation plans. The timeline of approval has undoubtedly been impacted by Covid-19 and the affordability and timeframe for delivery will be considered within, and influenced by, the significant HSC service recovery, stabilisation and re-configuration agenda. It is anticipated that this work will commence in 2021-22.

Patient Care Service

NIAS operates non-emergency scheduled services alongside our Accident & Emergency activity. This workload is managed by the Patient Care Service (PCS). In November 2019, following an Internal Audit Review, NIAS announced a review of PCS with a view to developing an improvement programme which would include frontline PCS and the Non-Emergency Ambulance Control (NEAC) teams. The review initially undertook engagement activity with a wide range of stakeholders when the Covid-19 pandemic developed and significantly impacted progress throughout 2020 and the early part of 2021. We anticipate some elements of the

review and improvement programme will be progressed during 2021-22. Robust systems for performance management are being considered coupled with the development of business objectives and plan.

PCS KPIs will be developed and used for performance management. Our first phase will focus on Non-Emergency Ambulance Control (NEAC) call-answering standards. PCS performance visibility will be a priority to ensure appropriate assurance up to our Trust Board. The Internal Audit review further highlighted concerns in regards to our booking and despatch system. This is now being addressed within our Command and Control portfolio refreshment through the regional digital governance structures (DHCNI).

Paramedic Education and Recruitment of NIAS Paramedics to Primary Care

The Trust continues to implement a robust recruitment and education programme to ensure sufficient local supply of Paramedics through the FdSc in Paramedic Science, delivered in partnership between the Trust and Ulster University, to meet anticipated future demand, taking into account internal service developments and the potential for employment opportunities for this group of staff within the wider HSC.

This is supplemented by a rolling external recruitment programme aimed primarily at attracting newly registered Paramedics from further afield to fill current vacancies. The Trust continues to work with the DoH in relation to future third-level education provision in Northern Ireland for the delivery of qualified Paramedics.

The Community/Advanced Paramedic project has proven to be very successful in the border areas of the West Division. With learning from the initiative it is appropriate to formally test and evaluate the initiative across a mix of rural and urban locations; whilst also learning from the growing Primary Care Multi-Disciplinary Teams (MDT) approach in Northern Ireland. In discussion with Primary Care leads at HSCB and the GP Federations regarding a sustainable training programme and in order to ensure that NIAS operational services can be sustained discussions are underway regarding funding for a further training programme with postholders undertaking the appropriate postgraduate study whilst on placement in GP practices across the region.

In order to address capacity pressures in Primary Care there is an increasing potential for NIAS to lose experienced Paramedics to GP Federations, GP Practices and Out-of-Hours providers. This is balanced with the medium/longer term return benefit to NIAS that these Advanced

Paramedics, once established their training programme and progressing to being qualified. These clinicians can rotate back to NIAS bring their advanced skills to allow NIAS to change the traditional operational model and delivery of care.

Given the current staffing position within NIAS and the challenges to maintain safe levels of cover, discussions are ongoing with HSCB to ensure a planned approach to the development of appropriate Advanced Paramedic roles to support Primary Care. This needs to be managed in a way that will stabilise the NIAS workforce and associated clinical skill mix to protect emergency response capacity for those patients who require it. We will continue to work collaboratively with Primary Care to identify any potential opportunities to resolve the issue.

Incident Management (including Serious Adverse Incidents)

The Trust still faces challenges in complying fully with the regional Serious Adverse Incident (SAI) procedure, timescales for reporting. These issues were highlighted during an internal audit in March 2019 into the management of complaints, litigation and incidents, which also identified the lack of resources within the Trust's Medical Directorate and an increase in the reporting of SAs.

Significant progress has been made in terms addressing the resources required within the Trust and recruitment of a Director of Quality, Safety & Improvement as well as an Assistant Medical Director, a Serious Adverse Incident Lead and an Assistant Clinical Director (Paramedicine) in addition to support from the Leadership Centre to progress longer standing SAI reviews.

The Trust has established a weekly rapid review meeting with membership at Director level to review all potential Serious Adverse Incidents to enable more timely notification and reporting of Serious Adverse Incidents to HSCB. NIAS has highlighted the difficulties at meeting the 72 hour timeframe from incident occurring to SAI notification as clinical records are currently in paper format and required review in advance of determining if the incident meets Serious Adverse Incident Criteria. A meeting with HSCB/PHA is planned in early April 2021 to discuss this further.

Hospital Turnaround Times

As a consequence of Covid-19, NIAS has experienced a significant increase in the maximum turnaround times at hospitals which is largely due to the handover process at Emergency

Departments. It has been recognised locally and nationally that handover delays for ambulance services have the potential to result in increased risk to patients and the community.

NIAS staff are also at increased risk from Covid-19 (in a confined space) and there are personal safety risks associated with holding service users for significant periods of time.

QGARD (the Quality Sub-Group of the National Ambulance network, AACE) have undertaken a national piece of work to support the understanding of the extent of this issue. NIAS is working to increase Hospital Ambulance Liaison Officer (HALO) cover and increase capacity of Ambulance handover areas to mitigate this issue. Furthermore in 2020-21 NIAS received formal guidance from the Department of Health to support mitigation in regards to hospital turnaround times.

Safeguarding

The Trust continue to progress the actions to achieve the objectives within the RQIA Safeguarding Quality Improvement plan. A robust system has been implemented to monitor, audit, investigate and report on adherence to the safeguarding referral process, Safeguarding Policy and Procedures have been developed and are currently undergoing internal consultation. A Head of Safeguarding Post for the Trust was recruited in Feb 2021 with expected appointment date of June 2021 and work continues regionally with HSCB and HSC Trust colleagues to agree a standardised regional referral pathway for NIAS safeguarding and welfare referrals.

Response Performance

The Clinical Response Model (CRM) consists of several phases. One of the first phases to be implemented was the revised Code Sets in the EAC which took place in November 2019. This changed the Category of calls from A, B & C in the previous model to Categories 1-5.

Demand for ambulance services is projected to increase by 2.8% every year to 2022-23. Increasing the Pre-Triage sieve capture rate, which is an early identification of Category 1 life-threatening calls, to 60% improves the allocation time therefore can improve response times.

In the new CRM Category 1 calls equate to approximately 5% of calls as opposed to 30% in the previous model. The Category 1 90th percentile target is challenging in Northern Ireland, meeting this target is dependent on other standards being met within the target response times such as:

- 6% Hear & Treat rate;
- An alternative dispatch model within EAC, increasing to 5 Dispatch Desks;
- Turnaround times of 30 minutes at hospitals; and
- Increase of staffing levels within EAC and Operational front line staff.

The current standard response targets are as follows:

Category	Mean average definition	Mean standard	90 th centile standard
C1	$A25 = A24 / A8$	8 min	15 min
C1T (indicator *)	$A28 = A27 / A9$	19 min	30 min
C2	$A31 = A30 / A10$	18 min	40 min
C3	$A34 = A33 / A11$		120 min [02:00:00] HH:MM:SS
C4	$A37 = A36 / A12$		180 min [03:00:00] HH:MM:SS

Independent modelling identified that the required performance standards could not be achieved by the Trust with the resources currently available. A business case to obtain funding for the necessary resources was submitted to the Department of Health in February 2020 and approval received in April 2021. An allocation of non-recurrent funding to the value of £2.5m has been made available for 2021-22 in order to progress with the resource programme.

Condition of Estate

The Northern Ireland Ambulance Service operates from a total of 55 Locations throughout Northern Ireland. From these 55 locations, NIAS operate 61 facilities including 33 Ambulance Stations, 19 Deployment Points and 9 other facilities. The majority of the NIAS Estate is in overall poor condition, as highlighted in the DoH State of the Estate Report with functional suitability, capacity and compliance issues recorded at most sites.

Identification of new issues in the current year and anticipated future issues

Financial Position 2021-22

The Assembly passed the Budget Act (Northern Ireland) 2021 in March 2021 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2020-21 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2021 also authorised a Vote on Account to authorise departments and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2021-22

financial year. This will be followed by the 2021-22 Main Estimates and the associated Budget (No. 2) Bill before the summer recess which will authorise the cash and resource balance to complete for the remainder of 2021-22 based on the Executive's 2021-22 Final Budget.

There are a range of challenges expected in 2021-22 and achieving savings and delivering financial balance is an increasing challenge.

While the Trust achieved a breakeven financial position in the year to 31 March 2021, it is important to note that this was achieved following the receipt of significant non-recurring funding, one off contingency measures, expenditure reductions and planned in year slippage on investment. As a result the Trust is aware of the underlying recurrent deficit position it faces, which, coupled with further in-year emergent pressures, ensure that the significant budgetary challenges continue into 2021-22.

The outlook for 2021-22 is indicating the financial year's resources will also be increasingly constrained, both from a capital and revenue perspective. In addition, there is the ongoing impact and additional expenditure that will be required in relation to Covid-19.

Given the level of the significant and ongoing financial challenges currently faced across HSC, extensive budget planning work is therefore on-going between the Trust, HSCB and DoH in order to achieve a 2021-22 financial plan. It is anticipated that when the overall Financial Position of the Trust is brought together, the Trust will still carry a significant recurrent and in year 2021-22 deficit, however the Trust remains committed to working with the DoH and HSCB in seeking to find solutions to enable it to live within its budget.

Payments for Overtime

Agenda for Change (AfC) states that only staff at Pay Bands 1 to 7 are eligible for overtime payments. During the year, the Department of Health issued a determination to vary the terms and conditions specified in AfC to permit overtime to be paid to staff at Pay Band 8 and above. This was only during the period of additional pressures created by Covid-19, for work in connection with those pressures. This highlighted a practice in NIAS that for a number of years, and in some limited circumstances, overtime had been paid to staff at Band 8 and above. The Trust has plans in place to address this matter in 2021-22.

13. Conclusion

The Trust has a rigorous system of accountability, which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money Northern Ireland (MPMNI).

Further to considering the accountability framework within the Trust, I have taken into consideration the limited assurance provided by the Head of Internal Audit. I have sought assurance from the Senior Management Team (SMT), that where significant findings have identified weaknesses in established controls, that appropriate mitigations and actions plans are in place to address audit recommendations and improve internal controls.

As the reasons for the Head of Internal Audit providing limited assurance in 2020-21 relate to the level of implementation of audit recommendations, from June 2021, the Chair of the Audit Committee will head a working group to review progress on a monthly basis.

In addition, the Trust continues to take pro-active steps to identify any other potential control issues and will address these in order to strengthen the organisations accountability framework. On this basis, I am content with the operation of this improved system of internal governance during the period 2020-21.



Mr Michael Bloomfield

Chief Executive

24 June 2021

Remuneration and Staff Report

Remuneration Report for the Year Ended 31 March 2021

Section 421 of The Companies Act 2006, as interpreted for the public sector, requires HSC bodies to prepare a Remuneration Report containing information about directors' remuneration. The Remuneration Report summarises the remuneration policy of the Northern Ireland Ambulance Service Health and Social Care Trust and particularly its application in connection with senior managers. The report must also describe how the Trust applies principles of good corporate governance in relation to senior managers' remuneration.

Senior managers include the Chief Executive and Directors who operate at Board level and are listed on pages 104 and 105 and also on page 64 of the Director's Report.

Remuneration Committee

The membership of the Remuneration Committee is comprised exclusively of Non-Executive Directors and the Committee is chaired by the Chair of the Trust Board. Executive Director attendance is restricted to the Chief Executive and the Director of Human Resources and Corporate Services who absent themselves at appropriate points in the meeting to prevent any issues such as an actual or perceived conflict of interest arising. Membership of and attendance at the Remuneration Committee is detailed on page 64 of the Director's Report.

Remuneration Policy

The policy on the Remuneration of Directors and Senior Managers for current and future periods is governed and administered on the basis of the DoH Departmental Directives and Circulars on HSC Senior Executive Salaries. NIAS applies the Senior Executive Performance Management Scheme as set out within Departmental Circular HSS(SM) 1/2003. The circular sets out the following requirements which are applied within the Trust:

- The Board determines the strategic and operational corporate objectives of the Trust for the year ahead taking into account the parameters established by the Department and incorporating them within the Trust Delivery Plan;
- The Chair agrees the Chief Executive's performance objectives, undertakes a review of performance and objectives, and completes a final report on the Chief Executive's performance each year;
- The Chief Executive agrees the individual performance objectives of Directors, undertakes a review of performance and objectives, and completes a final report on Director's performance each year;
- Senior Executives agree performance objectives with the Chief Executive, participate in reviews and take responsibility for personal development;
- Performance objectives are linked to Trust Delivery Plans and Strategic Plans. Performance objectives are clearly defined and measurable;
- Each Director's performance is reviewed by the Chief Executive on an annual basis. The approach adopted is based on an assessment of the Executive Director's contribution towards the achievement of agreed objectives aligned to the Trust's Strategic and Trust Delivery Plan. A similar approach is used by the Chair for the Chief Executive. Performance pay would be considered within the total pay limit determined by the DoH;
- The Remuneration Committee encourages effective appraisal of staff and scrutinises objectives for consistency, robustness and alignment with priorities. The Committee also ensures that a robust process has taken place and monitors for consistency of assessment before recommending overall banding and award for senior executives; and
- The Remuneration Committee recommendations are presented to Trust Board for

consideration and approval.

The Remuneration Committee received confirmation from DoH in relation to executive pay awards for 2016-17 and 2017-18 in March 2021. These pay awards are not reflected in the tables on the following pages and will be paid in April 2021. The Remuneration Committee awaits confirmation from DoH in relation to outstanding executive pay awards for 2018-19, 2019-20 and 2020-21.

Service Contracts

All Directors, except the Medical Director and the Interim Director of Operations, in the year 2020-21 were employed on the Department of Health (NI) Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for those Senior Executives appointed prior to December 2008, and HSS(SM) 3/2008 for those Senior Executives appointed in the Trust since December 2008. The Trust Medical Director is employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004. The Interim Director of Operations was engaged as an Associate from the HSC Leadership Centre.

Directors

Non-Executive Directors

Mrs Nicole Lappin, Chair, appointed 1 July 2018 for a period of four years.

Mr Dale Ashford, Non-Executive Director, appointed 16 April 2018 for a period of four years.

Mr William Abraham, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and reappointed 18 May 2019 to a date not later than 17 May 2023.

Mr Trevor Haslett CBE, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and re-appointed 18 May 2019 to a date not later than 17 May 2023.

Mr Alan Cardwell, Non-Executive Director, initially appointed 1 August 2015 for a period of four years and reappointed 1 August 2019 to a date not later than 31 July 2023. Mr Cardwell retired as a Non-Executive Director with effect from 11 February 2021.

Mr Jim Dennison, Non-Executive Director, appointed 1 March 2019 for a period of four years.

The terms and conditions applicable to Non-Executive Directors are issued by the DoH.

Directors

Mr Michael Bloomfield, Chief Executive, appointed 19 March 2018.

Mr Brian McNeill, Director of Operations, appointed 1 June 2005. Mr McNeill took up the role of Programme Director Clinical Response Model on 1 May 2019.

Mr Robert Sowney, Interim Director of Operations, appointed 1 May 2019. Mr Sowney left post on 30 September 2020.

Ms Rosie Bryne, Director of Operations, appointed 7 September 2020.

Dr Nigel Ruddell, Medical Director, appointed 1 November 2018.

Mr Paul Nicholson, Interim Director of Finance, appointed 1 July 2019.

Ms Roisin O'Hara, Director of Human Resources and Corporate Services, appointed 1 March 2002. Ms O'Hara took up the role of Programme Director Strategic Workforce Planning in March 2020.

Ms Michelle Lemon, Interim Director of Human Resources and Corporate Services, appointed 8 January 2020.

Ms Lynne Charlton, Director of Quality, Safety & Improvement, appointed 1 November 2019.

Ms Maxine Paterson, Director of Planning, Performance and Corporate Services, appointed 5 April 2020.

Duration of Contract

With the exception of Mr Robert Sowney who is engaged as an Associate from the HSC Leadership Centre, all Senior Executives are on permanent Contracts of Employment with continuation subject to satisfactory performance.

Notice Periods

A three-month notice period is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Termination Payments (Audited)

Statutory provisions only as detailed in contract. There were no payments made to directors in respect of either compensation for loss of office or early retirement during 2020-21.

Senior Employees' Remuneration (Audited)

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Trust were as follows:

Name	Salary £000	2020-21				Salary £000	2019-20			
		Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions Benefit (rounded to nearest £1,000)	Total £000		Bonus / Performance pay £000	Benefits in Kind (Rounded to nearest £100)	Pensions Benefit (rounded to nearest £1,000)	Total £000
Non-Executive Directors										
Nicole Lappin	20 - 25	-	-	-	20 - 25	20 - 25	-	200***	-	20 - 25
William Abraham	5 - 10	-	-	-	5 - 10	5 - 10	-	-	-	5 - 10
Dale Ashford	5 - 10	-	-	-	5 - 10	5 - 10	-	100***	-	5 - 10
Alan Cardwell (to 11 Feb 2021)	5 - 10	-	100***	-	5 - 10	5 - 10	-	-	-	5 - 10
Jim Dennison	5 - 10	-	-	-	5 - 10	5 - 10	-	-	-	5 - 10
Trevor Haslett, CBE	5 - 10	-	-	-	5 - 10	5 - 10	-	-	-	5 - 10
Directors **										
Michael Bloomfield	90 - 95	-	-	7	100 - 105	90 - 95	-	300***	20	115 - 120
Rosemarie Byrne (from 7 Sep 2020)	45 - 50 (80 - 85*)	-	-	54	100 - 105	-	-	-	-	-
Lynne Charlton (from 01 Nov 2019)	70 - 75	-	-	20	90 - 95	25 - 30 (70 - 75*)	-	-	17	45 - 50
Michelle Lemon (from 8 Jan 2020)	65 - 70	-	-	9	70 - 75	15 - 20 (65 - 70*)	-	-	15	35 - 40
Sharon McCue**** (to 30 Jun 2019)	-	-	-	-	-	15 - 20 (70 - 75*)	-	100***	-	25 - 30
Brian McNeill	70 - 75	-	-	(2)	70 - 75	70 - 75	-	-	(6)	80 - 85
Paul Nicholson (from 01 Jul 2019)	70 - 75	-	-	8	80 - 85	50 - 55 (70 - 75*)	-	-	16	70 - 75
Roisin O'Hara	70 - 75	-	-	7	75 - 80	70 - 75	-	100***	17	95 - 100
Maxine Paterson (from 6 Apr 2020)	80 - 85	-	-	21	100 - 105	-	-	-	-	-
Dr Nigel Ruddell	120 -125	-	-	33	150 - 155	115 - 120	-	-	8	120 - 125

The remuneration and pension values, detailed in the above table, relate to the period of Directorship as outlined in the Remuneration Report. The following pay award circulars are not reflected in the table and will be paid in 2021-22: HSC(SE) 1/2021 Senior Executive Pay Award 2016-17; HSC(SE) 2/2021 Senior Executive Pay Award 2017-18; and HSC(F) 14-2021 The Payment of Remuneration of Chairs and Non-Executive Members Determination (NI) 2021 (which is in respect of service after 31 July 2018 and 31 July 2019).

Pay award circulars for senior executives relating to 2018-19, 2019-20 and 2020-21 have not yet been issued and nor has the circular relating to the payment of remuneration of Chairs and Non-Executive Members for the period of service after 31 July 2020.

The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increases or decreases due to a transfer of pension rights.

The single total figure of remuneration includes salary, bonus / performance pay, benefits in kind as well as pension benefits.

* denotes full-year equivalent salary.

** During the financial year there were a number of changes to Directors as set out above and on pages 104 and 105. The remuneration information disclosed above reflects the relevant directors' salaries on a pro-rata basis.

*** The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument. These include for example, travel and cycle to work scheme.

**** Reduced hours from 1 January 2018.

Senior Employees' Pension (Audited)

Name	2020-21				
	Real Increase in Pension and Related Lump Sum at Age 60 £000s	Total Accrued Pension at Age 60 and Related Lump Sum £000s	CETV at 31/03/20 £000s	CETV at 31/03/21 £000s	Real Increase in CETV £000s
Michael Bloomfield	0-2.5 + lump sum of (0-2.5)	40-45 + lump sum of 95-100	807	850	37
Rosemarie Byrne	2.5-5 + lump sum of 2.5-5	25-30 + lump sum of 65-70	469	777	34
Lynne Charlton	0-2.5 + lump sum of 0-2.5	20-25 + lump sum of 40-45	333	365	18
Michelle Lemon	0-2.5 + lump sum of (0-2.5)	15-20 + lump sum of 30-35	280	300	9
Brian McNeill	0-2.5 + lump sum of 0-2.5	30-35 + lump sum of 95-100	793	816	26
Paul Nicholson	0-2.5 + lump sum of (0-2.5)	25-30 + lump sum of 50-55	465	495	10
Roisin O'Hara	0-2.5 + lump sum of (0-2.5)	30-35 + lump sum of 75-80	619	652	8
Maxine Paterson	0-2.5 + lump sum of nil	10-15 + lump sum of nil	89	111	21
Dr Nigel Ruddell	0-2.5 + lump sum of 0-2.5	40-45 + lump sum of 95-100	777	845	35

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors. In addition, no entries are provided in respect of pensions for Directors who either leave the Trust's employment or reach the applicable pensionable age during the financial year.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Negative Results

In some cases, the real increase in CETV and the pension benefits accrued for the single total figure of remuneration can be negative – that is, there can be a real decrease. This is particularly likely to happen during periods of pay restraint and/or where inflation is higher than pay increases. The final salary pension of a person in employment is calculated by reference to their pay and length of service. The pension will increase from one year to the next by virtue of them having an extra year's service and by virtue of any pay rise during the year. Where there is no pay rise, the increase in pension due to extra service may not be sufficient to offset the inflation increase – that is, in real terms, the pension value can reduce, hence the negative values.

Fair Pay Disclosure (Audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

In accordance with Circular Reference: HSC(F) 23-2013 Amendment on Disclosure of Highest Paid Director and Median Remuneration, (Hutton Fair Pay review Disclosure) staff pay in March (excluding severance payments) should be annualised, and the salary of the highest paid Director is taken at the mid-point of the remuneration band as disclosed in the Senior Employees' Remuneration table. Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The table below outlines this relationship:

	2020-21	2019-20
Band of Highest Paid Directors Remuneration	£120k- £125k	£115k - £120k
Median Total Remuneration	£36,610	£32,970
Ratio	3.35	3.56

The midpoint of the remuneration band of the highest paid Director in the Northern Ireland Ambulance Service HSC Trust during the financial year was £122,500 (2020:£117,500). This was 3.35 times (2020: 3.56) the median remuneration of the workforce, which was £36,610 (2020 £32,970). Remuneration ranged from £18,005 to £121,579 (2020: £17,652 to £115,910).

There was a decrease in the ratio from 3.56 in 2019-20 to 3.35 in 2020-21. This is due to the effect of the resolution of the outstanding agenda for change processes for Paramedic and EMT roles and the payment of arrears which raised the level of the median earnings.

Staff Report

Number of Senior Staff by Band and Gender

	Director		Non-Executive Director		Senior Staff*		Other Staff		TOTAL	
	No	As %age	No	As %age	No	As %age	No	As %age	No	As %age
Male	4	37.5%	4	80%	9	60%	959	65.1%	976	65%
Female	5	62.5%	1	20%	6	40%	512	34.9%	524	35%
TOTAL	9		5		15		1,471		1,500	

* Senior staff are considered to be those operating at Assistant Director level (Band 8b and above) and excludes those operating at Senior Manager level (Band 8a and below).

The information in the above table is taken from the Human Resources, Payroll & Travel System (HRPTS) and reflects the position of staff in post on 31 March 2021. The above figures reflect substantive posts and do not include dual employments.

Staff Policies Applied During 2020-21

There has been a significant focus during 2020-21 on establishing and implementing policy positions, procedures and support structures to address the series of HR issues arising from Covid-19.

In addition, achievements during 2020-21 in relation to the workforce included:

- A reduction in sickness absence and achievement of the 2020-21 sickness absence target;
- Reaching a collective agreement to conclude the outstanding Agenda for Change pay banding processes for EMT's, Paramedics and RRV Paramedics and implementation of the associated pay uplift and arrears;
- Implementing a new Assistance to Study Procedure; and
- Delivering against a comprehensive health and well-being agenda, including further development of the peer support workstream.

The Trust has continued to recruit new staff, both in front line operations and in the development of new specialist posts to support Corporate and Clinical functions. The Trust continues to manage its workforce through the application of a range of HR policies and

procedures and in accordance with its statutory responsibilities under equality and employment legislation and best practice.

The Trust is fully committed to meeting its statutory duties under Section 75 of the Northern Ireland Act, the Human Rights Act, the Disability Discrimination Act and the Disability Discrimination (NI) Order. All employment policies are implemented in line with the Trust's Equality of Opportunity Policy and Equality Scheme.

During 2020-2021, 96 applications were received by the Trust from individuals who declared a disability and the Trust employs 44 staff who declare a disability as at 31/3/2021. The Trust continues to implement its statutory responsibility to make reasonable adjustments in relation to selection, appointment and employment processes and arrangements, including making reasonable adjustments to facilitate the continued employment in relation to staff who acquire a disability during their employment. The Trust also continues to support students attending the Regional Ambulance Clinical Training Centre who declare a disability and make reasonable adjustments to both the learning environment and assessment arrangements as appropriate.

The Trust is fully committed to meeting its obligations under the Public Interest Disclosure (Northern Ireland) Order 1998, which provides protection to NIAS employees who make a disclosure, in the public interest, about suspected malpractice/wrongdoing in the workplace. The NIAS 'Your Right to Raise a Concern' (Whistleblowing) Policy has been developed and implemented to provide a framework under which all such concerns are managed, with a Non-Executive Director (NED) appointed to have oversight of the NIAS Whistleblowing Policy and too ensure that a culture of openness is encouraged and supported throughout the organisation.

The Trust recognises that staff who are prepared to speak up should be considered one of its most important sources of information in seeking to enhance its reputation; identify and address problems that disadvantage or endanger other people; and present opportunities for learning. Where appropriate, concerns raised are subject to investigation, normally conducted by a professional manager who is external to the Trust. Each whistleblowing concern is treated with the upmost confidence to protect the anonymity of the whistleblower. During 2020-21, a total of 3 live Whistleblowing complaints were investigated by the Trust. Where appropriate, the Trust formally communicates with each whistle-blower to inform them of investigation outcomes, actions and learning outcomes.

Staff Turnover

	2020-21	2019-20
Staff Turnover %	3.42%	4.60%

As the majority of our workforce are front line ambulance staff, the labour turnover rate is low due to a lack of opportunity for similar careers outside of the Northern Ireland Ambulance Trust. In the last financial year 36% of turnover was due to staff resigning from their post, the other 64% was made up of staff retiring, death in service and fixed term contracts coming to an end.

Staff Engagement including Health and Wellbeing

Evidence shows that staff wellbeing is correlated with patient safety and patient care. In the Workforce section of the Performance Report starting on page 39, details are provided on the areas where NIAS has actively engaged with staff and include: Health and wellbeing; peer support; physical safety; psychological support; the NIAS / UNISON health and wellbeing partnership; and the Women's Development Forum.

HSC Culture Assessment Survey



NIAS staff engaged in the first ever HSC Culture Assessment Survey. The survey focused on areas such as how many respondents would recommend NIAS as a great place to work, staff perception of how effective training has been, levels of team working and a score for compassionate care.



The feedback from this survey and the 'lessons learned' engagement workshops resulted in short term and long term actions. In the short term the senior leadership team began conducting monthly walk arounds on station. A working group was initiated focusing on improving communications based on staff feedback. A culture programme has been designed and a health and wellbeing strategy is due to be launched later in 2021. Both the programme and the strategy will have medium and long term actions to address issues raised across staff engagements.

Communications and Engagement Strategy

In ***“Caring today, planning for tomorrow – Our Strategy to Transform 2020-2026”***, Communications and Engagement was identified as a key element to enabling this transformation. Our vision for Communications and Engagement will be delivered through a Communications and Engagement Strategy. To help inform this strategy, NIAS needed to hear staff views on the effectiveness of current communications and engagement processes, and suggestions as to how we could develop a strategy which delivers high quality communications and engagement across the organisation and with other partners and stakeholders.

A zoom engagement session was held in March 2021, with focus on Communications and Engagement. The purpose was to gather staff views to help inform the development of a social media strategy for the Trust as part of the wider communications agenda. The group discussion identified strengths and weaknesses of the current communication strategy, and the engagement revealed that staff wanted communication channels and content to be tailored to specific groups such as control staff and each operational division as well as the whole organisation.

Staff Costs (Audited)

	2021		2020	
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Staff costs comprise:				
Wages and salaries	64,161	5,150	69,311	54,971
Social security costs	7,369	0	7,369	5,330
Other pension costs	11,391	0	11,391	9,364
Sub-Total	82,921	5,150	88,071	69,665
Capitalised staff costs	281	0	281	252
Total staff costs reported in Statement of Comprehensive Net Expenditure	83,202	5,150	88,352	69,917
Less recoveries in respect of outward secondments			0	(26)
Total Net Costs			88,352	69,891

Staff costs include £nil (2020: £nil) relating to the Charitable Trust Funds.

There were £281k staff costs charged to capital projects during the year (2020: £252k).

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2020-21 accounts are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2020-21 accounts. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020-21 accounts.

Average Number of Persons Employed (Audited)

	2021		2020	
	Permanently employed staff No.	Others No.	Total No.	Total No.
The average number of whole time equivalent persons employed during the year was as follows:				
Medical and dental	2	0	2	2
Nursing and midwifery	0	0	0	1
Professions allied to medicine	0	0	0	0
Ancillaries	3	84	87	40
Administrative & clerical	116	48	164	134
Ambulance staff	1,258	7	1,265	1,199
Works	0	0	0	0
Other professional and technical	0	0	0	0
Social services	0	0	0	0
Other	0	0	0	0
Total Average Number of Persons Employed	1,379	139	1,518	1,376
Less average staff number relating to capitalised staff costs	(6)	0	(6)	(6)
Less average staff number in respect of outward secondments	0	0	0	(1)
Total Net Average Number of Persons Employed	1,373	139	1,512	1,369

The number of persons employed include nil (2020: nil) relating to the Charitable Trust Funds.

Pension Liabilities

The Trust participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the Department of Health. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes i.e. 1995 Section, 2008 Section and 2015 Scheme and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Scheme accounts.

The Scheme member's contributions are based on their full year whole time equivalent (WTE) pensionable pay.

Full-Time Pensionable Pay used to determine contribution rate	Contribution rate (before tax relief) (gross) 1 April 2015 to 31 March 2021
Up to £15,431.99	5.0%
£15,432.00 to £21,477.99	5.6%
£21,478.00 to £26,823.99	7.1%
£26,824.00 to £47,845.99	9.3%
£47,846.00 to £70,630.99	12.5%
£70,631 to £111,376.99	13.5%
£111,377.00 and over	14.5%

A NEST (National Employment Saving Trust) Scheme is also in operation for employees who are not eligible to the HSC Pension Scheme and the HSC Pension Scheme 2015, with a member contribution rate of 5% in 2020-21.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020-21 accounts, including any adjustment as a result of the 'McCloud Remedy'.

Off Payroll Engagements

There was one off-payroll engagement of a board member during the financial year (2020: one). The total number of individuals on payroll and off-payroll that have been deemed "board members" during the financial year is twelve.

The Interim Director of Operations has been engaged as an Associate from the HSC Leadership Centre from 1 May 2019 to 30 September 2020. The cost of this engagement during the current financial year was £50,025 (2020: £86,000). This was during a period of exceptional change and movements of Directors and also as part of the response to Covid-19.

Expenditure on Consultancy

The Trust spent £nil on consultancy during the financial year (2020: £nil).

Sickness Absence Data

NIAS' sickness absence target for 2020-21, as agreed with the DoH, was to 'improve sick absence rates by 5.0% on 2019-20 levels'. The cumulative absence rate during 2019-20 was 10.49%, therefore the requirement in 2020-21 was to achieve an absence rate of 9.97%. The cumulative absence level at March 2021 was 8.0%. Whilst NIAS achieved its improvement target for sickness absence, it is acknowledged that sickness absence levels remain higher than average than across the HSC and NHS Trusts. The Trust is committed to continuing to address this in 2021-21 through a comprehensive programme of Health and Wellbeing and Attendance Management with related performance indicators. In line with Regional HSC requirements, staff absence due to Covid-19 (self-symptomatic and self-isolation) is recorded and reported separately to sickness absence.

2020/21 Monthly Sickness Absence including Comparators to Previous Reporting Year (2019/20)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NIAS ABSENCE TARGET (2020/21)	REDUCE SICKNESS ABSENCE RATES BY 5% ON 2019/20 PERFORMANCE TO 9.97% (TBC)											
NIAS cumulative % hrs lost (19/20)	10.77%	10.62%	11.17%	11.40%	11.26%	11.05%	10.94%	10.81%	10.85%	10.74%	10.67%	10.49%
NIAS monthly % hrs lost (19/20)	10.77%	10.47%	12.41%	12.06%	11.70%	9.96%	10.35%	9.89%	11.16%	9.80%	9.96%	8.51%
NIAS cumulative % hrs lost (20/21)	6.8%	6.9%	7.2%	7.5%	7.8%	8.0%	8.1%	8.1%	8.4%	8.3%	8.2%	8.0%
NIAS monthly % hrs lost (20/21)	6.8%	6.9%	7.9%	8.2%	9.2%	8.9%	8.9%	8.3%	10.3%	7.7%	6.9%	5.8%
Monthly % hrs lost (S/T)	1.1%	1.2%	1.7%	1.4%	1.6%	2.0%	2.2%	2.2%	2.4%	2.5%	1.8%	1.2%
Monthly % hrs lost (L/T)	5.8%	5.7%	6.2%	6.8%	7.6%	6.9%	6.7%	6.1%	7.9%	5.2%	5.1%	4.6%
Monthly % hrs lost COVID 19 (Self-Symptomatic and self-isolation)	2.10%	1.04%	0.71%	0.16%	0.53%	1.45%	2.18%	3.98%	3.09%	3.91%	1.58%	0.91%
Av. days lost (7.5 hrs) per Employee per Mth	1.39	1.33	1.59	1.73	1.78	1.87	1.80	1.59	1.76	1.49	1.28	1.23
Av. NIAS estimated costs (£'000)	£275	£280	£320	£342	£440	£440	£541	£416	£410	£396	£390	£299
NIAS Cumulative % Hrs Lost:	(2019/20) 10.49%					(2020/21 @ 31 Mar 2021) 8.0%				ON TARGET		

Reporting of Early Retirement and Other Compensation Scheme - Exit Packages (Audited)

There were no early retirements and/or compensation exit packages in 2020-21 (2020: £nil).

Redundancy and other departure costs are paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme.

Staff Benefits

There were no staff benefits paid in 2020-21 (2020: £nil).

Trust Management Costs

	2021 £000s	2020 £000s
Trust management costs	7,634	5,965
Income:		
RRL	121,620	94,268
Income per Note 4	973	932
Non cash RRL for movement in clinical negligence provision	(50)	(53)
Less interest receivable	0	0
	122,543	95,147
Less adjustments as detailed in HSS (THR) 2/99	(1,204)	(1,115)
Total Income	121,339	94,032
% of total income	6.29%	6.34%

The management costs have been prepared on a consistent basis from previous years and the above information is based on the Audit Commission's definition "M2" Trust management costs, as detailed in HSS (THR) 2/99. The adjustments above are exceptional items which may distort the management costs, for example, income from independent ambulance provider recharges to other Trusts and non-recurrent funding for projects undertaken.

The denominator in the calculation of the management cost percentage is derived from total income, which includes non-cash items. The Trust received significant additional income in 2020-21 in respect of the response to Covid-19. With the effect of this increase in income removed, the headline management cost percentage for 2020-21 is 6.99%.

Retirements due to Ill-health

During 2020-21 there were 5 early retirements from the Trust, agreed on the grounds of ill-health (2020: 6). The estimated additional pension liabilities of these ill-health retirements will be £4k (2020: £18k). These costs are borne by the HSC Pension Scheme.

ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Regularity of Expenditure (Audited)

The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Northern Ireland Ambulance Service HSC Trust's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health.

The Chief Executive discharges these responsibilities through a governance framework that is tested regularly and on which annual independent assurances are obtained. This framework and the assurances obtained are set out in the Governance Statement for 2020-21 on pages 70 to 101.

The Comptroller and Auditor General provides an annual opinion to the Northern Ireland Assembly, which includes an opinion on regularity. The full Certificate and Report of the Comptroller and Auditor General is set out on pages 120 to 126.

Statement of Losses and Special Payments

Losses and special payments are items of expenditure that the NI Assembly would not have contemplated when it agreed funding to the Trust. They are subject to special controls and procedures and require specific approval in accordance with limits set by the DoH. The limit delegated to the Trust, for approval of losses, differs depending on the type of loss but all losses and special payments, irrespective of value, require approval in line with the Trusts Scheme of Delegation. Losses over a particular threshold require approval by the DoH.

Losses and Special Payments (Audited)

Losses Statement	2020-21	2019-20
Total number of losses	1	7
Total value of losses (£000)	0	8

Losses	2020-21 £000s	2019-20 £000s
Cash losses	0	0
Claims abandoned	0	0
Administrative write-offs	0	0
Fruitless payments	0	8
Stores losses	0	0

Special payments	2020-21	2019-20
Total number of special payments	10	14
Total value of special payments (£000)	81	198

Special payments	2020-21 £000s	2019-20 £000s
Compensation payments	0	0
- Clinical Negligence	15	164
- Public Liability	0	0
- Employers Liability	46	33
- Other	19	0
Ex-gratia payments	1	1
Extra contractual	0	0
Special severance payments	0	0

The Northern Ireland Ambulance Service HSC Trust did not make any individual payments for losses and special payments over £250k during the year (2020: £nil).

Other Payments (Audited)

The Northern Ireland Ambulance Service HSC Trust did not make any other payments during the year (2020: £nil).

Fees and Charges (Audited)

The Northern Ireland Ambulance Service HSC Trust had no income generated from fees or charges during the year (2020: £nil).

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37, the Northern Ireland Ambulance Service HSC Trust also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of a contingent liability. This is where it is not currently possible to quantify the potential impact or liabilities. See Note 21 on page 162 of the Annual Accounts for further information.



Mr M Bloomfield
Chief Executive
24 June 2021

NORTHERN IRELAND AMBULANCE SERVICE TRUST – PUBLIC FUNDS

THE CERTIFICATE OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Qualified Opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Ambulance Service Trust for the year ended 31 March 2021 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them.

The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards as adopted by the European Union and interpreted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion, except for the effects of the matter described in the Basis of opinions section of my certificate, the financial statements:

- give a true and fair view of the state of the group's and of Northern Ireland Ambulance Service Trust's affairs as at 31 March 2021 and of the group's and the Northern Ireland Ambulance Service Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I disagree with the Northern Ireland Ambulance Service Trust's classification of a £4 million liability for unpaid elements of annual leave. The liability was recognised in the financial statements as an accrual however, I consider there to be sufficient uncertainty over the timing and amount of this liability for it to be classified as a provision as per definitions prescribed in International Accounting Standards.

The classification of the liability as an accrual in the Northern Ireland Ambulance Service Trust's financial statements secures funds for future payment, rather than having to bid for them again in the coming year and conflicts with budgetary guidance issued by the Department of Finance. NIAS consulted the Department of Health on whether it should adjust its accounts given the potential qualified audit opinion. The Department strongly supported a position where NIAS would be consistent in its accounting treatment with other Trusts and not adjust the accounts. It considered that a qualification in this regard was not a negative reflection of NIAS's financial management

My 'true and fair view' opinion is qualified with regard to the classification of £4 million payroll

liabilities as accruals. This misstatement does not impact on Comprehensive Net Expenditure or Net Asset position. The Northern Ireland Ambulance Service Trust has chosen not to adjust the financial statements to remove this misstatement

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs), applicable law and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of Northern Ireland Ambulance Service Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2019, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Northern Ireland Ambulance Service Trust's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Northern Ireland Ambulance Service Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Northern Ireland Ambulance Service Trust is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Trust and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate. The Trust and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Northern Ireland Ambulance Service Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. Apart from the disagreement of accounting treatment in which I have qualified my opinion, I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Trust and the Accounting Officer are responsible for the preparation of the financial statements and for

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Northern Ireland Ambulance Service Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Northern Ireland Ambulance Service Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

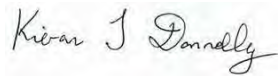
- obtaining an understanding of the legal and regulatory framework applicable to the Northern Ireland Ambulance Service Trust through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on the Northern Ireland Ambulance Service Trust's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Northern Ireland Ambulance Service Trust's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential fraud in the following areas: expenditure recognition and management override of controls;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate; and

- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

My detailed observations are included in my report attached to the financial statements.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
Belfast
BT8 6RB

8 July 2021

Report by the Comptroller and Auditor General to the Northern Ireland Assembly

Northern Ireland Ambulance Service 2020-21

Introduction

1. This report highlights a significant matter arising from my audit of the Northern Ireland Ambulance Service's (NIAS) Annual report and Accounts for 2020-21. I qualified my opinion on the financial statements as I disagreed with NIAS's classification in the accounts of an estimated £3.967 million liability for unpaid elements of annual leave. NIAS recognised this liability as an accrual in the financial statements. I consider there to be sufficient uncertainty regarding the timing and amount of this liability for it to be classified as a provision under the definitions in International Accounting Standard (IAS) 37, *Provisions, Contingent Liabilities and Contingent Assets*.
2. IAS 37 states that a provision should be recognised when there is *a present obligation resulting from a past event, payment is expected and there is uncertainty over its timing or amount*. There is no specific definition of an accrual in International Financial Reporting Standards. Accruals are recorded in the accounts as a current liability as there is little, or no, uncertainty over the timing or amount of the transaction creating the obligation. The only outstanding element should be the receipt of the invoice for goods received or services delivered.

Background

3. The Department of Health (DoH) recognises that Health and Social Care employers have not implemented all the terms and conditions for payroll, known as the Agenda for Change (AfC), in regard to pay during annual leave. This was the case right across the UK.
4. In the case of *Agnew v Police Service of Northern Ireland (PSNI)*, a tribunal found in favour of the plaintiff and mandated that PSNI should implement a remedy, to include arrears of pay covering the 20 year period from when the European Working Time Directive (WTD) was introduced. While an appeal of judgement in *Agnew vs PSNI* is due to be heard in the Supreme Court, this will focus on the period of liability and not the principle of paying regular overtime as part of pay during annual leave. It is expected DoH, on behalf of HSC employers including NIAS, will be required to negotiate and settle this issue with Trade Unions although this process has not yet started.
5. It is not disputed that a liability exists: the area of doubt is the quantification of the liability and the period to which the liability applies. NIAS, in line with the position across the HSC, believes that there is a clear and reasonable basis for estimating these costs in light of the practices in other parts of the UK.
6. In England negotiations are at an advanced stage using a qualifying period of 2 years (2019-20 and 2020-21). Wales is negotiating with Trade Unions and recommending a deal that goes back 2.5 years. Scotland settled its liability by going back to 1 August 2017 and is now in a position to pay leave in full compliance of terms and conditions. The amount of compensation for each jurisdiction was based upon various different assumptions of how to quantify qualifying pay elements.
7. NIAS, in conjunction with the Department and other HSC employers, used the information from other jurisdictions to determine an estimated liability for the purposes of the accounts.

This does not take into consideration any legal advice for local circumstances and is in advance of proposals being drafted for negotiation with trade unions.

Figures included in the accounts

8. Although all Trusts have adopted the same accounting treatment, the accrual of £3.967 million is material to the auditor's opinion for NIAS's financial statements when considered in the context of total operating expenditure.
9. NIAS consulted DoH on whether it should adjust its accounts given the potential qualified audit opinion. DoH strongly supported a position where NIAS would be consistent in its accounting treatment with other Trusts and not adjust the accounts. It considered that a qualification in this regard was not a negative reflection of NIAS's financial management.

Summary of findings


10. NIAS accounted for the holiday pay liability of £3.967 million as an accrual in its 2020-21 financial statements rather than a provision. This course of action had the effect of securing funds from the 2020-21 budget for future payment, rather than having to bid for them again in the coming year. This does not accord with budgetary guidance issued by DoF¹.

NIAS's response

11. NIAS told me that the holiday pay issue has been under consideration for some time and that this and other regionally significant issues are routinely discussed with Trust Finance Directors to ensure a consistent approach across the HSC. As it became clear that the NHS in England was reaching a settlement, the Department and the Trusts agreed collectively on the accounting treatment to be adopted.

Conclusions

12. I am concerned that NIAS has applied an accounting treatment for liabilities that does not meet the Department of Finance's budgetary guidance or International Accounting Standards. I intend to monitor the situation in the coming months as negotiations progress on the holiday pay issue. I expect to see a resolution and payment of the retained funds before 31 March 2022.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
Belfast
BT8 6RB
8 July 2021

¹ Department of Finance - *Supply Estimates in Northern Ireland: Guidance Manual July 2020*

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

FINANCIAL STATEMENTS

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

This account summarises the income generated and expenditure consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

		2021 £000s		2020 £000s	
	NOTE	Trust	Consolidated	Trust	Consolidated
Income**					
Revenue from contracts with customers	4.1	644	644	693	693
Other operating income*	4.2	329	578	239	244
Total Operating Income		973	1,222	932	937
Expenditure					
Staff costs	3.1	(88,071)	(88,071)	(69,665)	(69,665)
Purchase of goods and services	3.1	(17,149)	(17,149)	(9,086)	(9,086)
Depreciation, amortisation and impairment charges	3.1	(6,179)	(6,179)	(6,350)	(6,350)
Provision expense	3.1	(172)	(172)	(349)	(349)
Other expenditures	3.1	(11,010)	(11,157)	(9,731)	(9,733)
Total Operating Expenditure		(122,581)	(122,728)	(95,181)	(95,183)
Net Operating Expenditure		(121,608)	(121,506)	(94,249)	(94,246)
Finance income	4.2	0	0	0	0
Finance expense	3.1	0	0	0	0
Net Expenditure for the Year		(121,608)	(121,506)	(94,249)	(94,246)
Revenue Resource Limit (RRL) and capital grants	24.1	121,620	121,620	94,268	94,268
Add back charitable trust fund net expenditure*		0	(102)	0	(3)
Surplus / (Deficit) against RRL		12	12	19	19

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2021 £000s		2020 £000s	
		Trust	Consolidated	Trust	Consolidated
Items that will not be reclassified to net operating costs:					
Net gain / (loss) on revaluation of property, plant and equipment	5.1-2 / 9.1	635	635	(725)	(725)
Net gain / (loss) on revaluation of intangibles	6.1-2 / 9.1	0	0	0	0
Net gain / (loss) on revaluation of charitable assets		0	74	0	(19)
Items that may be reclassified to net operating costs:					
Net gain / (loss) on revaluation of investments		0	0	0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March		(120,973)	(120,797)	(94,974)	(94,990)

The notes on pages 131 to 165 form part of these accounts.

* All donated funds have been used by Northern Ireland Ambulance Service Health and Social Care Trust as intended by the benefactor. The Trust Board as corporate trustee has delegated responsibility to the Director of Finance and ICT to manage internal disbursements. The Director of Finance and ICT ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Financial Position as at 31 March 2021

This statement presents the financial position of the Trust. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

		2021		2020	
	NOTE	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1-2	38,191	38,191	39,459	39,459
Intangible assets	6.1-2	1,114	1,114	182	182
Financial assets	8.1	0	457	0	283
Non current trade and other receivables	13.1	0	0	0	0
Other current assets	13.1	0	0	0	0
Total Non Current Assets		39,305	39,762	39,641	39,924
Current Assets					
Assets classified as held for sale	10.1	0	0	0	0
Inventories	11.1	209	209	101	101
Trade and other receivables	13.1	1,120	1,120	1,071	1,071
Other current assets	13.1	566	566	159	159
Current Intangible assets	13.1	0	0	0	0
Current Financial assets	8.1	0	0	0	0
Cash and cash equivalents	12.1	660	660	1,285	1,285
Total Current Assets		2,555	2,555	2,616	2,616
Total Assets		41,860	42,317	42,257	42,540
Current Liabilities					
Trade and other payables	14.1	(19,858)	(19,858)	(19,374)	(19,376)
Other liabilities	14.1	0	0	0	0
Intangible current liabilities	14.1	0	0	0	0
Provisions	15.3	(1,019)	(1,019)	(924)	(924)
Total Current Liabilities		(20,877)	(20,877)	(20,298)	(20,300)
Total Assets Less Current Liabilities		20,983	21,440	21,959	22,240
Non Current Liabilities					
Provisions	15.3	(2,784)	(2,784)	(2,960)	(2,960)
Other payables	14.1	0	0	0	0
Financial liabilities	8.1	0	0	0	0
Total Non Current Liabilities		(2,784)	(2,784)	(2,960)	(2,960)
Total Assets Less Total Liabilities		18,199	18,656	18,999	19,280
Taxpayers' Equity and Other Reserves					
Revaluation reserve		9,005	9,005	8,570	8,570
SoCNE reserve		9,194	9,194	10,429	10,429
Other reserves - charitable fund		0	457	0	281
Total Equity		18,199	18,656	18,999	19,280

The notes on pages 131 to 165 form part of these accounts.

The financial statements on pages 127 to 130 were approved by the Board on 24 June 2021 and were signed on its behalf by:



Ms Nicole Lappin
Chair
24 June 2021



Mr M Bloomfield
Chief Executive
24 June 2021

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Cash Flows for the year ended 31 March 2021

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Trust during the reporting period. The statement shows how the Trust generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the Trust. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Trust's future public service delivery.

	NOTE	2021 £000s	2020 £000s
Cash Flows from Operating Activities			
Net surplus after interest / Net operating expenditure		(121,506)	(94,246)
Adjustments for non cash costs		6,309	6,597
(Increase) / decrease in trade and other receivables		(456)	1,120
<i>Less movements in receivables relating to items not passing through the Net Expenditure Account</i>			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase) / decrease in inventories		(108)	0
Increase / (decrease) in trade payables		484	2,584
<i>Less movements in payables relating to items not passing through the Net Expenditure Account</i>			
Movements in payables relating to the purchase of property, plant and equipment		456	1,842
Movements in payables relating to the purchase of intangibles		(1,039)	(39)
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions	15.1	(253)	(433)
Net Cash Outflow from Operating Activities		(116,113)	(82,575)
Cash Flows from Investing Activities			
(Purchase of property, plant & equipment)	5.1	(4,042)	(9,831)
(Purchase of intangible assets)	6.1	(40)	0
Proceeds of disposal of property, plant & equipment		70	131
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund		(100)	(5)
Share of income reinvested		0	0
Net Cash Outflow from Investing Activities		(4,112)	(9,705)
Cash Flows from Financing Activities			
Grant in aid		119,600	93,400
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net Financing		119,600	93,400
Net Increase / (Decrease) in Cash & Cash Equivalents in the Period		(625)	1,120
Cash & Cash Equivalents at the Beginning of the Period	12.1	1,285	165
Cash & Cash Equivalents at the End of the Period	12.1	660	1,285

The notes on pages 131 to 165 form part of these accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021

This statement shows the movement in the year on the different reserves held by the Trust, analysed into the SoCNE Reserve (which reflects a contribution from the Department of Health). The SoCNE Reserve represents the total assets less liabilities of the Trust, to the extent that the total is not represented by other reserves and financing items. The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The Charitable Fund Reserve reflects the total value of charitable donations received by the Trust which have yet to be utilised.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2019		11,249	9,295	297	20,841
Changes in Taxpayers Equity 2019-20					
Grant from DoH		93,400	0	0	93,400
Other reserves movements including transfers	14.2	0	0	0	0
Actuarial gain / (loss)		0	0	0	0
(Comprehensive expenditure for the year)		(94,249)	(725)	(16)	(94,990)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3.1	29	0	0	29
Balance at 31 March 2020		10,429	8,570	281	19,280
Changes in Taxpayers Equity 2020-21					
Grant from DoH		119,600	0	0	119,600
Other reserves movements including transfers		200	(200)	0	0
Actuarial gain / (loss)		0	0	0	0
(Comprehensive expenditure for the year)		(121,608)	635	176	(120,797)
Transfer of asset ownership		543	0	0	543
Non cash charges - auditors remuneration	3.1	30	0	0	30
Balance at 31 March 2021		9,194	9,005	457	18,656

The notes on pages 131 to 165 form part of these accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1. Authority

These financial statements have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the HSC Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Currency and Rounding

These accounts are presented in £ sterling and rounded in thousands.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise: Land, Buildings, Transport Equipment, Plant & Machinery, Information Technology, Furniture and Fittings, and Assets under Construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building or station, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institution of Chartered Surveyors Global Standards & UK National Supplement in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2020 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance (DoF). The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the Trust’s services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to noncurrent assets.

Modern Equivalent Asset

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. LPS have included this requirement within the latest valuation.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Assets Under Construction (AUC)

Assets in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the Revaluation Reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land, since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of "non-current assets held for sale" are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

The following asset lives have been used:

Asset Type	Asset Life
Freehold Buildings	15 - 70 years
Leasehold Property	Remaining period of lease
IT Assets	3 - 10 years
Intangible Assets	3 - 10 years
Other Equipment	3 - 15 years

1.5 Impairment Loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the Revaluation Reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the Revaluation Reserve.

1.6 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure, which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Trust's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible Assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value. Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Non-current Assets Held for Sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the Revaluation Reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Income is stated net of VAT.

Grant in Aid

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments

The Trust does not have any investments.

The Charitable Trust Funds are invested on behalf of the Trust by the NIHPSS Common Investment Fund (see Note 1.26) and have been consolidate.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.12 Research and Development Expenditure

Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure.

The Northern Ireland Ambulance Service HSC Trust's expenditure on research and development during the year was £nil.

1.13 Other Expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus / deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

The Trust as Lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Private Finance Initiative (PFI) Transactions

The Northern Ireland Ambulance Service HSC Trust has had no PFI transactions during the year.

1.17 Financial Instruments

- **Financial Assets**

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSC Body's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

- Financial assets at fair value through Statement of Comprehensive Net Expenditure;
- Held to maturity investments;
- Available for sale financial assets; and
- Loans and receivables.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

- Financial Liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial Risk Management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities.

Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore, the HSC is exposed to little credit, liquidity or market risk.

- Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

- Interest Rate Risk

The Trust has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

- Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

- Liquidity Risk

Since the Trust receives the majority of its funding through its principal Commissioner, which is voted through the Assembly, it is therefore not, exposed to significant liquidity risks.

1.18 Provisions

In accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DoF-issued discount rates as at 31 March 2021 of:

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	(0.02)%
	Medium term (5 – 10 years)	0.18%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	1.2%
	Year 2	1.6%
	Into perpetuity	2.0%

The discount rate to be applied for employee early departure obligations is -0.95% for 2020-21.

The Department of Justice issues the discount rate to be used when calculating any future loss elements included within personal injury claims. This rate is 2.5% for 2020-21, but is set to change as outlined in note 21.

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 Contingent Liabilities / Assets

In addition to contingent liabilities disclosed in accordance with IAS37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities, which are required to be disclosed under IAS37, are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS37 are stated at the amounts reported to the Assembly.

Under IAS37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.20 Employee Benefits

Short-term Employee Benefits

Under the requirements of IAS 19 Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave (including untaken flexi leave) that has been earned at the year-end. This cost has been calculated using actual staff numbers and costs applied to the actual untaken leave balance as at 31 March 2021. It is not anticipated that the level of untaken leave will vary significantly from year to year.

Retirement Benefit Costs

The Trust participates in the HSC Pension Schemes. Under these multi-employer defined benefit schemes both the Trust and employees pay specified percentages of pay into the schemes and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the schemes on a consistent and reliable basis.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2020-21 accounts are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2020-21 accounts. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions and a change in financial assumption methodology will be used in 2020-21 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Charitable Fund Reserve

The Charitable Fund Reserve reflects the total value of charitable donations received by the Trust which have yet to be utilised.

1.22 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.23 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

1.24 Government Grants

The note to the financial statements distinguishes between grants from the UK government entities and grants from the European Union.

1.25 Losses and Special Payments

Losses and special payments are items that the Northern Ireland Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments in the Assembly Accountability section of the Annual Report is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.26 Charitable Trust Account Consolidation

HSC organisations are required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result the financial performance and funds have been consolidated. The Trust has accounted for these transfers using merger accounting as required by FReM. It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

The Board of the Northern Ireland Ambulance Service HSC Trust as corporate trustee has delegated responsibility to manage the internal disbursements of Charitable Trust Funds to the Director of Finance. The director ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

1.27 Accounting Standards that have been Issued but have not yet been Adopted

The International Accounting Standards Board (IASB) have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

The IASB issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may have changed as a result of these Standards.

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2022. Management consider that on initial application, the introduction of IFRS 16 will have minimal impact on the accounts.

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 2 SEGMENTAL ANALYSIS

2.1 Analysis of Net Expenditure by Segment

For operational purposes, the services provided by the Northern Ireland Ambulance Service are broadly divided into emergency and non-emergency services. The Executive Directors along with Non Executive Directors, Chairman and Chief Executive form the Trust Board which co-ordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. As the Trust Board of the Northern Ireland Ambulance Service in its capacity as the 'Chief Operating Decision Maker' receives financial information for the Trust as a whole and makes decisions based on the provision of an ambulance service for the whole of Northern Ireland, it is appropriate that the Trust reports on a one operational segment basis.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 3 STAFF COSTS AND OPERATING EXPENSES

3.1 Staff Costs and Operating Expenses

	2021		2020	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Staff costs ¹ :				
Wages and salaries	69,311	69,311	54,971	54,971
Social security costs	7,369	7,369	5,330	5,330
Other pension costs	11,391	11,391	9,364	9,364
Purchase of care from non-HSC bodies	10,146	10,146	5,244	5,244
Revenue grants to voluntary organisations	1,000	1,000	0	0
Capital grants to voluntary organisations	0	0	0	0
Personal social services	0	0	0	0
Recharges from other HSC organisations	1,075	1,075	827	827
Supplies and services - Clinical	2,644	2,644	1,832	1,832
Supplies and services - General	2,489	2,489	559	559
Establishment	1,664	1,664	1,720	1,720
Transport	3,969	3,969	4,327	4,327
Premises	3,022	3,022	2,433	2,433
Bad debts	0	0	0	0
Rentals under operating leases	156	156	156	156
Rentals under finance leases	0	0	0	0
Finance cost of finance leases	0	0	0	0
Interest charges	0	0	0	0
PFI and other service concession arrangements service charges	0	0	0	0
Research & development expenditure	0	0	0	0
Clinical negligence - other expenditure	0	0	0	0
BSO services	688	688	493	493
Training	961	961	937	937
Professional fees	107	107	131	131
Patients travelling expenses	0	0	0	0
Costs of exit packages not provided for	0	0	0	0
Elective care	0	0	0	0
Other charitable expenditure	0	147	0	2
Miscellaneous expenditure	280	280	260	260
Non Cash Items				
Depreciation	6,032	6,032	6,054	6,054
Amortisation	147	147	221	221
Impairments	0	0	75	75
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(72)	(72)	(131)	(131)
(Profit) on disposal of intangibles	0	0	0	0
Loss on disposal of property, plant & equipment (including land)	0	0	0	0
Loss on disposal of intangibles	0	0	0	0
Increase / Decrease in provisions (provision provided for in year less any release)	215	215	379	379
Cost of borrowing of provisions (unwinding of discount on provisions)	(43)	(43)	(30)	(30)
Auditors remuneration	30	30	29	29
Add back of notional charitable expenditure	0	0	0	0
Total	122,581	122,728	95,181	95,183

¹ Further detailed analysis of staff costs is located in the Staff Report on page 113 within the Accountability Report.

In addition to the notional auditors remuneration above, during the year the Trust received services from its External Auditor (the Northern Ireland Audit Office) to the value of £1,244 (2020: £nil) in respect of fees for the National Fraud Initiative 2020-21 exercise.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 4 INCOME

The implementation of IFRS 15 includes a 5 stage model for the recognition of revenue from contracts with customers.

4.1 Revenue from contracts with customers

	2021		2020	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
GB / Republic of Ireland Health Authorities	0	0	0	0
HSC Trusts	417	417	390	390
Non-HSC:- Private patients	0	0	0	0
Non-HSC:- Other	227	227	303	303
Clients contributions	0	0	0	0
Total	644	644	693	693

4.2 Other Operating Income

	2021		2020	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Other income from non-patient services	52	52	213	213
Seconded staff	0	0	26	26
Charitable and other contributions to expenditure by core trust	277	277	0	0
Donations / Government grant / Lottery funding for non current assets	0	0	0	0
Charitable income received by charitable trust fund	0	249	0	5
Investment income	0	0	0	0
Research and development	0	0	0	0
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	329	578	239	244
TOTAL INCOME	973	1,222	932	937

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.1 Consolidated Property, Plant & Equipment - Year Ended 31 March 2021

	Land £000s	Buildings (excluding dwellings) £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation								
At 1 April 2020	2,191	15,667	3,226	10,261	30,544	4,601	216	66,706
Indexation	0	0	0	29	0	0	9	38
Additions	0	212	1,599	278	257	1,240	0	3,586
Donations / Government grant /								
Lottery funding	0	0	0	0	0	0	0	0
Reclassifications	0	9	(1,283)	0	0	1,238	36	0
Transfers	60	483	0	0	(4,025)	0	0	(3,482)
Revaluation	300	763	0	0	0	0	0	1,063
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0
Impairment charged to the								
revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0
Disposals	0	0	0	(2,562)	(1,284)	(495)	0	(4,341)
At 31 March 2021	2,551	17,134	3,542	8,006	25,492	6,584	261	63,570

Depreciation

At 1 April 2020	0	0	0	7,485	16,888	2,823	51	27,247
Indexation	0	0	0	22	0	0	2	24
Reclassifications	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	(4,025)	0	0	(4,025)
Revaluation	0	442	0	0	0	0	0	442
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0
Impairment charged to the								
revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0
Disposals	0	0	0	(2,562)	(1,284)	(495)	0	(4,341)
Provided during the year	0	399	0	597	4,261	768	7	6,032
At 31 March 2021	0	841	0	5,542	15,840	3,096	60	25,379

Carrying Amount

At 31 March 2021	2,551	16,293	3,542	2,464	9,652	3,488	201	38,191
At 31 March 2020	2,191	15,667	3,226	2,776	13,656	1,778	165	39,459

Asset Financing

Owned	2,551	16,293	3,542	2,464	9,652	3,488	201	38,191
Finance leased	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other								
service concession arrangements								
contracts	0	0	0	0	0	0	0	0
Carrying Amount	2,551	16,293	3,542	2,464	9,652	3,488	201	38,191

Any fall in value through negative indexation or revaluation is shown as an impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £nil (2020: £nil).

During the year the Trust had assets funded from government grants to the value of £nil (2020: nil), and no assets funded from donations (2020: £nil) or lottery funding (2020: £nil).

The carrying amount as at 31 March 2020 includes £nil (2020: £nil and 2019: £nil) relating to the Charitable Trust Funds.

The £300k revaluation of land relates to a land transfer from DoH at nil value. The £763k (cost) and £442k (depreciation) revaluation of buildings relates to a reconciliation exercise undertaken during the year to ensure that the carrying value of fixed assets were agreed to underlying information.

RICS, IFRS, IVS & HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS. The last asset revaluation was carried out on 31 January 2020. LPS have confirmed that, provided the relevant Indexation Categories supplied for the Effective Period 1 April 2020 to 31 March 2021 have been appropriately applied to the corresponding relevant asset classifications, as at 31 March 2021, then the restated 31 January 2020 land and building valuation figures remain appropriate at 31 March 2021.

As a result of the recent and ongoing COVID-19 pandemic events, and in line with current RICS guidance, LPS have advised that market evidence gathered as part of the recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of subjectivity in terms of informing opinions of value. For the avoidance of doubt, this does not mean that figures cannot be relied upon, rather, the declaration of material uncertainty ensures transparency and provides further insight as to the market context under which valuation opinion has been prepared. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore, the need for further future valuations will remain under consideration, subject to resources.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.2 Consolidated Property, Plant & Equipment - Year Ended 31 March 2020

	Buildings (excluding dwellings)	Assets under Construction	Plant and Machinery (Equipment)	Transport Equipment	Information Technology (IT)	Furniture and Fittings	Total
Land £000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s

Cost or Valuation

At 1 April 2019	2,797	17,394	3,160	9,510	30,210	3,965	283	67,319
Indexation	0	0	0	154	387	0	0	541
Additions	0	835	2,503	557	3,557	535	3	7,990
Donations / Government grant /								
Lottery funding	0	0	0	0	0	0	0	0
Reclassifications	0	0	(2,437)	40	2,242	155	0	0
Transfers	0	0	0	0	(138)	0	0	(138)
Revaluation	(606)	(2,511)	0	0	0	0	(46)	(3,163)
Impairment charged to the SoCNE	0	(51)	0	0	0	0	(24)	(75)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,714)	(54)	0	(5,768)
At 31 March 2020	2,191	15,667	3,226	10,261	30,544	4,601	216	66,706

Depreciation

At 1 April 2019	0	1,767	0	6,714	18,125	2,296	95	28,997
Indexation	0	0	0	116	248	0	0	364
Reclassifications	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	(138)	0	0	(138)
Revaluation	0	(2,198)	0	0	0	0	(63)	(2,261)
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,714)	(54)	0	(5,768)
Provided during the year	0	431	0	655	4,367	581	19	6,053
At 31 March 2020	0	0	0	7,485	16,888	2,823	51	27,247

Carrying Amount

At 31 March 2020	2,191	15,667	3,226	2,776	13,656	1,778	165	39,459
At 31 March 2019	2,797	15,627	3,160	2,796	12,085	1,669	188	38,322

Asset Financing

Owned	2,191	15,667	3,226	2,776	13,656	1,778	165	39,459
Finance leased	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0
Carrying Amount	2,191	15,667	3,226	2,776	13,656	1,778	165	39,459
At 31 March 2020	2,191	15,667	3,226	2,776	13,656	1,778	165	39,459

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.1 Consolidated Intangible Assets - Year Ended 31 March 2021

	Software Licenses £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Payments on Account & Assets under Construction £000s	Total £000s
Cost or Valuation						
At 1 April 2020	1,082	0	30	0	0	1,112
Indexation	0	0	0	0	0	0
Additions	1,079	0	0	0	0	1,079
Donations / Government grant / Lottery funding	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
At 31 March 2021	2,161	0	30	0	0	2,191
Amortisation						
At 1 April 2020	900	0	30	0	0	930
Indexation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Provided during the year	147	0	0	0	0	147
At 31 March 2021	1,047	0	30	0	0	1,077
Carrying Amount						
At 31 March 2021	1,114	0	0	0	0	1,114
At 31 March 2020	182	0	0	0	0	182
Asset Financing						
Owned	1,114	0	0	0	0	1,114
Finance leased	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0
Carrying Amount						
At 31 March 2021	1,114	0	0	0	0	1,114

Any fall in value through negative indexation or revaluation is shown as an impairment.

During the year the Trust had no assets funded from donations, government grants or lottery funding.

The carrying amount as at 31 March 2021 includes £nil (2020: £nil and 2019: £nil) relating to the Charitable Trust Funds.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.2 Consolidated Intangible Assets - Year Ended 31 March 2020

Software Licenses £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Payments on Account & Assets under Construction £000s	Total £000s
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Cost or Valuation

At 1 April 2019	1,043	0	30	0	0	1,073
Indexation	0	0	0	0	0	0
Additions	39	0	0	0	0	39
Donations / Government grant / Lottery funding	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
At 31 March 2020	1,082	0	30	0	0	1,112

Amortisation

At 1 April 2019	679	0	30	0	0	709
Indexation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Provided during the year	221	0	0	0	0	221
At 31 March 2020	900	0	30	0	0	930

Carrying Amount

At 31 March 2020	182	0	0	0	0	182
At 31 March 2019	364	0	0	0	0	364

Asset Financing

Owned	182	0	0	0	0	182
Finance leased	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0
Carrying Amount	182	0	0	0	0	182
At 31 March 2020	182	0	0	0	0	182

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 7 FINANCIAL INSTRUMENTS

7.1 Financial Instruments

As the cash requirements of the Northern Ireland Ambulance Service HSC Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

The Trust did not have any financial instruments as at 31 March 2021 (2020: £nil).

NOTE 8 INVESTMENTS

8.1 Investments

The Trust's Charitable Trust Funds are invested in the NIHPSS Common Investment Fund. The net market value of funds invested with the investment fund at 31 March 2021 was £457k. The investments saw a gain of £74k in 2020-21 compared to a loss of £19k in the prior year. Where the uncertainty around the Covid-19 pandemic caused a sharp downturn in quarter 4 of the prior year, it is expected that there is likely to be ongoing uncertainty and market volatility as a result of Covid-19 and EU Exit into 2021-22.

	Investments	
	2021	2020
	£000s	£000s
Balance at 1 April	283	297
Additions	100	5
Disposals	0	0
Revaluations	74	(19)
Balance at 31 March	457	283
Trust	0	0
Charitable trust fund	457	283
	457	283

8.2 Market Value of Investments as at 31 March 2021

	Held in UK	Held outside UK	2021	2020
	£000s	£000s	Total	Total
			£000s	£000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	457	0	457	283
Investments in a Common Deposit Fund or Investment Fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment portfolio	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
Total Market Value of Fixed Asset Investments	457	0	457	283

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 9 IMPAIRMENTS

9.1 Impairments

	2021		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	0	0	0
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	0	0	0

	2020		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	75	0	75
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	75	0	75

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

10.1 Assets Classified as Held for Sale

	Transport	
	2021 £000s	2020 £000s
Cost		
At 1 April	169	46
Transfers in	4,025	138
Transfers out	0	0
(Disposals)	0	(15)
Impairment	0	0
	<hr/>	<hr/>
At 31 March	4,194	169
	<hr/>	<hr/>
Depreciation		
At 1 April	169	46
Transfers in	4,025	138
Transfers out	0	0
(Disposals)	0	(15)
Impairment	0	0
	<hr/>	<hr/>
At 31 March	4,194	169
	<hr/>	<hr/>
Carrying Amount at 31 March	0	0
	<hr/>	<hr/>

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

At 31 March 2021 non current assets held for resale comprise A&E Ambulances and other support vehicles.

Due to the specification of ambulance vehicles, their age and high mileage, the resale market is uncertain and most vehicles are sold through an auction house.

During the year ended 31 March 2021, vehicles with a fair value (less costs to sell) of £nil (2020: £nil) were sold.

The assets are valued at the lower of their carrying value (representing net book value) and fair value (less costs to sell).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 11 INVENTORIES

11.1 Inventories

	2021		2020	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Pharmacy supplies	0	0	0	0
Theatre equipment	0	0	0	0
Building & engineering supplies	0	0	0	0
Fuel	19	19	26	26
Community care appliances	0	0	0	0
Laboratory materials	0	0	0	0
Stationery	6	6	14	14
Laundry	0	0	0	0
X-Ray	0	0	0	0
Stock held for resale	0	0	0	0
Orthopaedic equipment	0	0	0	0
Heat, light and power	0	0	0	0
Medical & surgical equipment	63	63	61	61
PPE	113	113	0	0
Other	8	8	0	0
Total	209	209	101	101

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 12 CASH AND CASH EQUIVALENTS

12.1 Cash and Cash Equivalents

	2021		2020	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Balance at 1st April	1,285	1,285	165	165
Net change in cash and cash equivalents	(625)	(625)	1,120	1,120
Balance at 31st March	660	660	1,285	1,285

The following balances at 31 March were held at:

	2021		2020	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Commercial banks and cash in hand	660	660	1,285	1,285
Balance at 31st March	660	660	1,285	1,285

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

13.1 Trade Receivables, Financial and Other Assets

	Trust £000s	2021 Consolidated £000s	Trust £000s	2020 Consolidated £000s
Amounts Falling Due Within One Year				
Trade receivables	0	0	0	0
Deposits and advances	0	0	0	0
VAT receivable	875	875	815	815
Other receivables - not relating to fixed assets	245	245	242	242
Other receivables - relating to property plant and equipment	0	0	14	14
Other receivables - relating to intangibles	0	0	0	0
Trade and Other Receivables	1,120	1,120	1,071	1,071
Prepayments	566	566	159	159
Accrued income	0	0	0	0
Current part of PFI and other service concession arrangements prepayment	0	0	0	0
Other Current Assets	566	566	159	159
Carbon reduction commitment	0	0	0	0
Intangible Current Assets	0	0	0	0
Amounts Falling Due After More Than One Year				
Trade receivables	0	0	0	0
Deposits and advances	0	0	0	0
Other receivables	0	0	0	0
Trade and Other Receivables	0	0	0	0
Prepayments and accrued income	0	0	0	0
Other Current Assets Falling Due After More Than One Year	0	0	0	0
TOTAL TRADE AND OTHER RECEIVABLES	1,120	1,120	1,071	1,071
TOTAL OTHER CURRENT ASSETS	566	566	159	159
TOTAL INTANGIBLE CURRENT ASSETS	0	0	0	0
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	1,686	1,686	1,230	1,230

The balances are net of a provision for bad debts of £nil (2020: £nil).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

14.1 Trade Payables and Other Current Liabilities

	2021		2020	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Amounts Falling Due Within One Year				
Other taxation and social security	1,586	1,586	1,987	1,987
VAT payable	0	0	0	0
Bank overdraft	0	0	0	0
Trade capital payables - property, plant and equipment	2,195	2,195	2,651	2,651
Trade capital payables - intangibles	1,078	1,078	39	39
Trade revenue payables	1,576	1,576	978	978
Payroll payables	9,938	9,938	9,546	9,546
VER payables	0	0	0	0
BSO payables	6	6	1,147	1,147
Other payables	1,405	1,405	1,505	1,507
Accruals	2,074	2,074	1,521	1,521
Accruals - relating to property, plant and equipment	0	0	0	0
Accruals - relating to intangibles	0	0	0	0
Deferred income	0	0	0	0
Trade and Other Payables	19,858	19,858	19,374	19,376
Current part of finance leases	0	0	0	0
Current part of long term loans	0	0	0	0
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	0	0	0	0
Other Current Liabilities	0	0	0	0
Carbon reduction commitment	0	0	0	0
Intangible Current Liabilities	0	0	0	0
Total Payables Falling Due Within One Year	19,858	19,858	19,374	19,376
Amounts Falling Due After More Than One Year				
Other payables, accruals and deferred income	0	0	0	0
Trade and other payables	0	0	0	0
Clinical negligence payables	0	0	0	0
Finance leases	0	0	0	0
Imputed finance lease element of PFI contracts and other service concession arrangements	0	0	0	0
Long term loans	0	0	0	0
Total Non Current Other Payables	0	0	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	19,858	19,858	19,374	19,376

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.1 Provisions for Liabilities and Charges - 2021

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2021 £000s
Balance at 1 April 2020	0	0	99	3,785	3,884
Provided in year	0	0	74	378	452
(Provisions not required written back)	0	0	(18)	(219)	(237)
(Provisions utilised in the year)	0	0	(22)	(231)	(253)
Cost of borrowing (unwinding of discount)	0	0	(6)	(37)	(43)
At 31 March 2021	0	0	127	3,676	3,803

Provisions have been made for three types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, and Injury Benefit. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation Branch. For Clinical Negligence, and Employer's and Occupier's claims, the Trust has estimated an appropriate level of provision based on professional legal advice.

The Trust has no provisions relating to either the Review of Public Administration or the Comprehensive Spending Review.

15.2 Comprehensive Net Expenditure Account Charges

	2021 £000s	2020 £'000
Arising during the year	452	458
Reversed unused	(237)	(79)
Cost of borrowing (unwinding of discount)	(43)	(30)
Total Charge within Operating Expenses	172	349

15.3 Analysis of Expected Timing of Discounted Flows - 2021

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2021 £000s
Not later than 1 year	0	0	62	957	1,019
Later than 1 year and not later than 5 years	0	0	24	574	598
Later than 5 years	0	0	41	2,144	2,185
At 31 March 2021	0	0	127	3,675	3,802

The provision in respect of other liabilities and charges comprises: £821k for Employer's and Occupier's Liability; and £2,854k for Injury Benefit.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.4 Provisions for Liabilities and Charges - 2020

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2020 £000s
Balance at 1 April 2019	0	0	273	3,695	3,968
Provided in year	0	0	89	369	458
(Provisions not required written back)	0	0	(33)	(46)	(79)
(Provisions utilised in the year)	0	0	(227)	(206)	(433)
Cost of borrowing (unwinding of discount)	0	0	(3)	(27)	(30)
At 31 March 2020	0	0	99	3,785	3,884

Provisions have been made for four types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit and Industrial Tribunal. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation Branch. For Clinical Negligence, Employer's and Occupier's claims, as well as Industrial Tribunal claims the Trust has estimated an appropriate level of provision based on professional legal advice.

15.5 Analysis of Expected Timing of Discounted Flows - 2020

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2020 £000s
Not later than 1 year	0	0	28	896	924
Later than 1 year and not later than 5 years	0	0	21	772	793
Later than 5 years	0	0	50	2,117	2,167
At 31 March 2020	0	0	99	3,785	3,884

The provision in respect of other liabilities and charges comprises: £827k for Employer's and Occupier's Liability; and £2,958k for Injury Benefit.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 16 CAPITAL COMMITMENTS

16.1 Contracted Capital Commitments at 31 March not otherwise included in these Financial Statements

	2021 £000s	2020 £000s
Property, plant & equipment	807	749
Intangible assets	0	0
	807	749

These contracted capital commitments largely relate to partially completed capital schemes recorded as assets under construction at 31 March 2021. £335k relates to REACH with associated software and communications technology used within the ambulance fleet. £471k to Fleet and Estate.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Finance Leases

The Northern Ireland Ambulance Service HSC Trust has not entered into any finance leases as at either 31 March 2021 or 31 March 2020.

17.2 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

Obligations under operating leases comprise:

	2021 £000s	2020 £000s
Land		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	0
Buildings		
Not later than 1 year	180	111
Later than 1 year and not later than 5 years	407	110
Later than 5 years	0	0
	587	221
Other		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	0

Obligations under operating leases for Ambulance Stations are recorded fully under Buildings, as the leases do not split the lease cost between land and buildings.

17.3 Operating Leases - Lessor Agreements

The Northern Ireland Ambulance Service HSC Trust has not entered into any lessor agreements as at either 31 March 2021 or 31 March 2020.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 PFI Contracts

The Northern Ireland Ambulance Service HSC Trust has not entered into any PFI contracts during the year ending 31 March 2021 (2020: nil).

NOTE 19 OTHER FINANCIAL COMMITMENTS

19.1 Other Financial Commitments

The Northern Ireland Ambulance Service HSC Trust has not entered into any non cancellable contracts (which are not leases or PFI and other service concession arrangements contracts) during the year ending 31 March 2021 (2020: nil).

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

20.1 Financial Guarantees, Indemnities and Letters of Comfort

The Northern Ireland Ambulance Service HSC Trust has not entered into any of the following: quantifiable guarantees, indemnities or provided letters of comfort during the year ending 31 March 2021 (2020: nil).

NOTE 21 CONTINGENT LIABILITIES

21.1 Contingent Liabilities

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle any possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2021	2020
	£000s	£000s
Clinical negligence	64	63
Public liability	2	2
Employers' liability	50	43
Other	0	0
Total	116	108

Discount Rate

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. Currently the rate in Northern Ireland has to be set in accordance with principles set out by the House of Lords in Wells v Wells. The Department of Justice made a statutory rule on 29 April 2021 changing the rate, under the Wells v Wells framework, (from 2.5%) to -1.75%, with effect from 31 May 2021. The Department has also brought forward a Bill to change how the rate is set. The Damages (Return on Investment) Bill was introduced to the Assembly on 1 March 2021 and is currently at Committee Stage. Subject to the legislative process, it is anticipated that the Bill will be enacted early next year and the rate would then be reviewed under the new framework.

There were no cases settled under a periodic payment order where the estimated impact of the change in discount rate has been included in the clinical negligence provisions figure. However, for cases not yet settled, it was not possible to quantify the additional financial liability at this stage as this is a significant task given the number of claims involved. As such, a review will be undertaken in 2021-22 to establish the increase in liability that has arisen from the decrease in discount factor as personal injury compensation will be inflated for existing future loss.

Backdated Holiday Pay

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. However, the PSNI has appealed the CoA judgment to the Supreme Court. The Supreme Court hearing was scheduled for the 23rd and 24th June 2021 but this has subsequently been adjourned. Based on the position in the NHS in England, Scotland and Wales, an accrual at 31 March 2021 has been calculated by HSC management for the liability and is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain as the calculation has not been agreed with Trade Unions. The potential additional financial effect of this is unquantifiable at present.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 21 CONTINGENT LIABILITIES

QUB Cyber Security

A cyber security incident took place at Queen's University Belfast (QUB) in February 2021. As the HSC has multiple contractual interactions with QUB, some concerning personal information, the HSC technology teams, with the backing of the HSC SIRO's, took a number of actions to reduce potential disruption to HSC services, and continue to liaise with QUB on the impact of the cyber incident. The impact on the HSC is being fully investigated, and there may be a financial risk in relation to possible future liability, for potential claims for loss of personal data. As the breach occurred in a third party's systems the potential for liability is unclear and any financial impact is unquantifiable at present.

NOTE 22 RELATED PARTY TRANSACTIONS

22.1 Related Party Transactions

The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS24 - Related Party Transactions. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Director of Finance and ICT and is available for inspection by members of the public.

The Chief Executive, Mr M Bloomfield holds the position of Chair of the NI Confederation, which is a branch of the NHS Confederation. During the year the Trust had transactions with NHS Confederation to the value of £4,051 (2020: £6,854).

The Director of Finance, Mr P Nicholson is a committee member of the NI branch of the Healthcare Financial Management Association (HFMA). During the year the Trust had transactions with HFMA to the value of £nil (2020: £810).

In relation to the Interim Director of Operations Mr R Sowney (appointed in May 2019 to 30 September 2020), his spouse was the Faculty Partnership Manager at Ulster University who was responsible for supporting the development and evaluation of the Foundation Degree in Science in Paramedic Practice from October 2017 until December 2019. During the financial year 2019-20 the Trust had transactions with Ulster University to the value of £52,709 (2019: £12,962). From October 2019, Mr Sowney's spouse provided academic support for NIAS student paramedics as an associate consultant through the BSO HSC Leadership Centre. During the year the Trust had transactions with the BSO HSC Leadership Centre relating to this to the value of £33,338 (2020: £13,000).

During the year, none of the other board members, members of the key management staff or other related parties has undertaken any material transactions with the Northern Ireland Ambulance Service HSC Trust.

The Northern Ireland Ambulance Service HSC Trust is an arms length body of the Department of Health and as such the Department is a related party and the ultimate controlling parent with which the Trust has had various material transactions during the year. During the year the Northern Ireland Ambulance Service HSC Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the other five HSC Trusts, the Regulation and Quality Improvement Authority and the Business Services Organisation.

NOTE 23 THIRD PARTY ASSETS

23.1 Third Party Assets

The Trust held £nil cash at bank and in hand at 31 March 2021 which relates to monies held by the Trust on behalf of patients (2020: £nil). The Trust does not hold any monies on behalf of patients due to the nature of the service provided.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit (RRL) for the Northern Ireland Ambulance Service HSC Trust is calculated as follows:

	2021 £000s	2020 £000s
HSCB	115,337	87,578
PHA	87	93
SUMDE & NIMDTA	0	0
DoH (excludes non cash)	0	0
Other Government Departments	0	0
Non cash RRL (from DoH)	6,309	6,597
Total agreed RRL	121,733	94,268
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	0	0
Adjustment for PPE Stock	(113)	0
Adjustment for Research and Development under ESA10	0	0
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	121,620	94,268

24.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2021 £000s	2020 £000s
Gross capital expenditure	4,665	8,029
Less charitable trust fund capital expenditure (Receipts from sales of fixed assets)	0	0
	0	0
Net Capital Expenditure	4,665	8,029
Capital Resource Limit	4,668	8,346
Adjustment for Research and Development under ESA10	0	0
Overspend / (Underspend) against CRL	(3)	(317)

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.3 Cumulative Break Even Performance

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2021 £000s	2020 £000s
Net Expenditure	(121,608)	(94,249)
RRL	121,620	94,268
Surplus / (Deficit) against RRL	12	19
Break Even cumulative position (opening)	918	899
Break Even cumulative position (closing)	930	918

Materiality Test:

	2021 %	2020 %
Break Even in year position as % of RRL	0.01%	0.02%
Break Even cumulative position as % of RRL	0.76%	0.97%

The Department recognises a material surplus or deficit as 0.25% of RRL. The in year break even position is therefore not considered material for any of the last 5 years. The cumulative position at 31 March 2021 is £930k (0.76% of total revenue), which is considered material. This amount is the cumulative effect of non material surpluses building each year since the inception of the Trust.

NOTE 25 POST BALANCE SHEET EVENTS

25.1 Post Balance Sheet Events

There are no post balance sheet events having a material effect on the accounts.

Date Authorised for Issue

The Accounting Officer authorised these financial statements for issue on 8 July 2021.



Northern Ireland Ambulance Service HSC Trust

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TB/19/08/2021/11



TRUST BOARD
PRESENTATION OF PAPER

Date of SMT:	19 August 2021
Title of paper:	NIAS Corporate Plan 2021-22
Brief summary:	The Corporate Plan for 2021-22 was signed off by Trust Board in June 2021. A public version has been created to share with our staff and on our website, which is more user-friendly and contains less detail, while maintaining full alignment with the detailed Corporate Plan.
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	SMT - 10 August 2021
Prepared and presented by: Date:	Andoni Arandia, Assistant Director Planning, Performance & Transformation 12 August 2021



NIAS

Corporate Plan

2021/22



Northern Ireland Ambulance Service
Health and Social Care Trust

Contents

	Page
<i>Strategic Context</i>	03
<i>Organisational Context</i>	04
<i>Our Vision</i>	04
<i>Our Goals</i>	05
<i>Delivering Care</i>	05
<i>Our Workforce</i>	05
<i>Organisational Health</i>	06
<i>Quality and Safety</i>	06
<i>Digital Enablers</i>	06
<i>Our Infrastructure</i>	06
<i>Communications & Engagement</i>	06
<i>Corporate Plan Workstreams</i>	07



The Northern Ireland Ambulance Service (NIAS) provides a vital service to the population of Northern Ireland.

It provides a range of services that often touch people at the most worrying and vulnerable times in their lives, and is highly valued by the public.

The Northern Ireland Ambulance Service (NIAS) provides a vital service to the population of Northern Ireland. It provides a range of services that often touch people at the most worrying and vulnerable times in their lives, and is highly valued by the public.

Strategic Context



This Corporate plan aligns our priorities and objectives to the following guiding strategies:

Health and Wellbeing 2026: Delivering Together: On 26 October 2016, the Minister of Health launched a 10-year approach to transforming health and social care, “Health and Wellbeing 2026: Delivering Together”. This plan was the Minister’s response to the Expert Panel’s report “Systems, Not Structures: Changing Health and Social Care” which was published on the same date. “Delivering Together” presents a vision of transformed Health and Social Care services, based on a population health model that puts patients at the centre of services through co-production. It set an ambitious plan to see a future in which:

- people are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing;
- when they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion;
- staff are empowered and supported to do what they do best; and services are efficient and sustainable for the future.

The Programme for Government. The Department of Health has established a programme of reform with the objective to transform health and social care services. Its aim is to produce better health and wellbeing outcomes for all our people and thereby contributing to the realisation of the Minister’s ambition as set out in the Programme for Government (PfG) for everyone to lead long, healthy and active lives.

Organisational Context

NIAS faces a range of significant challenges and major issues over the period covered by this plan. These include the need to deliver safe, high quality care, improved response times and service modernisation in the context of the continued challenging financial environment. The Trust's frontline challenges are similar to those faced by Ambulance Services across the rest of the UK and these have been well documented in the National Audit Office Review (2017) of English Ambulance Services and by Association of Ambulance Service Chief Executive (AACE) strategies.

These include:

- demand for ambulance services is rising
- rising demand has not been met with increases in funding;
- workforce issues are limiting the ability to meet rising demand;
- delays in being able to transfer the care of patients at emergency departments are contributing heavily to keeping ambulance staff away from where they are needed most, with the associated risk to patient safety for those waiting for an ambulance response;
- the need to progress delivering new models of care with unprecedented pressures on our workforce.

These issues cannot be overcome by NIAS alone and require support from DoH, HSCB, Trusts and local providers.

This Corporate Plan 2021/22 describes how we intend to address these challenges, building on the progress made to date, and sets out our ambition to deliver the best and most appropriate care to patients in Northern Ireland who require ambulance services, putting them at the heart of everything we do.

The Corporate Plan has been informed by an engagement process with our staff and key stakeholders to shape the development of our new strategy: *Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026*. Our *Strategy to Transform* provides a comprehensive picture of our organisation – who we are, what we do, our role in the Health and Social Care system and some of the challenges we are working to overcome. Importantly it describes our long-term goals within our vision for 2026 and how and why we need to transform our services to achieve these.

Some elements of our strategy are already well underway, but over the course of the next five years we are aiming for a step change in some priority areas that will determine the way we care for patients, and how we perform within the health and social care system. We will manage these changes through a comprehensive transformation programme, delivering annual phased activity and monitoring progress through a transparent process of governance.



The Corporate Plan does not reflect everything that we do and NIAS staff are involved in many other areas of normal business that are not included but are no less important. Rather it highlights the key priorities for the year ahead that will contribute to the implementation of our Strategy to 2026.

NIAS has undergone significant transformation during the last few years and this continues to evolve with exciting challenges ahead. Caring for our staff is central to everything we achieve and the Trust recognises their contribution to any success. We will continue to develop a culture where staff feel valued and engaged and are inspired to deliver better outcomes. Engaging with service users and listening to their experience of our services will be an important part of how we implement this plan.

Our Vision

To consistently show compassion, professionalism and respect to the patients we care for.

Our Goals:



Our patients will feel professionally cared for; always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care

Our communities will continue to value and trust us

Our four organisational goals described in our Strategic plan are that:

There are several key transformation work streams supporting the implementation of the NIAS Strategy, and the Corporate Plan is grouped in line with these work streams. We will measure the outcomes of each of our key objectives to enable us to:

Delivering Care

Continuously enhance the way we are delivering care. This includes developing new roles, continuing to expand our care pathways, achieving seamless integration with the wider system, and improving our offer of non-emergency transport provision.

Our Workforce

Seek to increase the size of our workforce considerably, both frontline and the essential corporate services that support them.

We will also continue to develop the steps we are taking to engage with staff, improve their health and wellbeing, and enhance their career and personal development.





Organisational Health

Seek to increase the size of our workforce considerably, both frontline and the essential corporate services that support them.

We will also continue to develop the steps we are taking to engage with staff, improve their health and wellbeing, and enhance their career and personal development.

Quality and Safety

Develop a new quality and safety strategy which will clearly define how we support staff to provide the best and most appropriate care possible. Working with colleagues in the rest of the health system, this will include measurement of the outcomes of the care we provide and patient experiences of our services, so we can continuously learn and improve.



Digital Enablers

Focus on our digital enablers, upgrading out-of-date systems, increasing interoperability with the health and social care systems and embracing new technologies through a comprehensive programme of digital innovation.

Our Infrastructure

Reconfigure our infrastructure to facilitate our new clinical model, developing our estate and our fleet in line with our growing workforce and emerging technological advances.



Communications & Engagement

Improve our communications & engagement with our staff, patients, partner providers and our communities, ensuring their continuing involvement in shaping how we achieve our vision.

Our key actions are divided into those workstreams as follows:

1.0 Delivering Care

1.1 We will develop a supporting business case to secure funding in order to improve our service to patients through increased workforce and supporting infrastructure. Develop and submit the Strategic Outline Case for CRM.

Develop and submit the Outline Business Case for CRM.

Introduce the HCP/IFT framework by completing the delivery of the training module to existing and new staff and engaging with HCP across NI.

1.2 We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources.

Delivery of CAT1 implementation plan actions relating to call stack management, and staff roles.

Assess the CAT2 response performance baseline and identify improvement opportunities.

Plan and deliver the implementation of the identified improvement opportunities.

1.3 We will deliver a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users.

Conclude the PCS assessment and generate proposals for improvement

Seek approval from SMT and Trust Board to implement proposed improvements.

Implement PCS improvement recommendations and measure benefits against expectations to SMT.

Demonstrate utilization productivity increase of 5% against the 2020/21 baseline.

1.4 We will continue to embed our Appropriate Care Pathways developing safe alternatives to ED in order to reduce demand on frontline services increasing the levels of Hear and Treat and See and Treat practice.

Deliver the Hear and Treat and See and Treat levels in line with the Strategic Plan.

1.5 We will commence a coordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances.

Re-establish the number of substantive crews performing non-emergency transport to 95% of 2019/20.

Design a quality and safety assurance framework for the independent service providers.

1.6 We will deliver a Patient Safety Plan within EAC to assist in managing periods of high demand.

Implement the set of protocols within the patient safety plan

1.7 We will increase the capacity and skillset of CSD clinicians.

Recruit and train additional CSD clinicians to have 24/7 cover.

Increase the capacity and skill mix of the CSD clinicians.

1.8 We will improve the governance around medical equipment

Introduce a standardized paramedic response bag aimed at improving governance around medical equipment

Review the provision of drug packs to emergency crews.

1.9 We will improve cardiac arrest survival rates across Northern Ireland

Launch a pre-hospital cardiac arrest strategy and create implementation plan

2.0 Our Workforce

2.1 We will develop a comprehensive workforce plan for the whole organisation designed to support our strategy and to ensure our quality of service meets the performance trajectory requirements in terms of time and quality.

Embedding the workforce planning methodology and framework to frontline operations.

Roll out of the methodology and framework to the Medical directorate.

2.2 We will develop a Recruitment and Selection Strategy, which will include the appropriate approach to support the delivery of a skilled and effective workforce.

Create an outline plan to develop the strategy.

Hold engagement sessions with stakeholders and complete benchmarking.

Submit strategy for approval to SMT and Trust Board.

2.3 We will deliver a Clinical Education Plan with educational opportunities across a range of levels, qualifications, topics and specialties for the clinical workforce that aligns with the HCPC requirements for BSc-level paramedic education.

Submit a review of the Training School structures to support the development of an education academy for NIAS to SMT and Trust Board.

Train up to 46 additional Paramedics, 25 AAPs and 25 ACAs with appropriate investment.

Launch the Newly Qualified Paramedic (NQP) support project within the Medical Education Programme

2.4 We will continue to work with HSCB and Primary Care to develop a model for training Advanced Paramedics to work on a rotational basis in Primary Care.

Receive feedback and signoff on business case.

Develop a training programme in conjunction with the education provider, and recruit to posts.

2.5 We will undertake a review of our Operations Structure to provide more effective support for staff, including on a 24/7 basis.

Complete the stakeholder engagement activities

Obtain approval of the outcome paper by Trust Board for approval

Consultation with stakeholders

2.6 We will develop a comprehensive Health and Wellbeing Strategy with a range of objectives and measurable outcomes to support the wellbeing of staff.

Launch Culture and Health & Wellbeing programme

Secure approval by SMT & Trust Board October 2021

2.7 We will continue to secure reductions in sickness absence.

Establish new framework and action plan to ensure best practice and deliver improvements.

Create a baseline dashboard to track current performance of absence and attendance.

Action plan to be presented to People Committee for approval.

2.8 We will develop a comprehensive programme for the management of aggression towards NIAS staff and protect the health & wellbeing of our staff.

Achieve Trust Board approval

Design and conduct a staff and public awareness campaign.

Develop Corporate Management of aggression Policy & Procedures

TB/19/08/2021/12



‘SAFETY’ COMMITTEE REPORT TO TRUST BOARD 19/8/21

The Safety, Quality, Patient Experience and Performance Committee met on Thursday 10 June 2021. Issues discussed included:

1	<p><u>Annual Quality Report 2019-20</u></p> <p>The report provides details of the quality improvement and innovation activity being delivered by NIAS staff in support of the principles underpinning Q2020. A copy has been shared with all NEDs.</p>
2	<p><u>Update on the progress of the delivery of the Education Programme within the Medical Directorate</u></p> <p>The update was provided by Neil Sinclair and Charlie Thompson. Five key projects have been established and leads identified for each: New Recruits Education Programme (Frank Orr); Transition from Foundation to Bachelor Degree (Sean Maguire); Clinical Education Plan (Neil Sinclair); Clinical Supervision (Emma Giddings) and RATC Structure and Approach Review (Neil Sinclair). The Trust’s Strategic Implementation Group will oversee implementation.</p>
3	<p><u>NIAS Clinical Development Programme Update</u></p> <p>The update was provided by Neil Sinclair and Dr Russell McLaughlin who advised that the programme had been established with the aim of continually modernising the delivery of high quality pre-hospital care across NI and aligning NIAS practice against other UK and international ambulance Trusts.</p>
4	<p><u>NIAS Hand Hygiene/Aseptic Non-Touch Technique Policies</u></p> <p>The RQIA Improvement Notice had recommended the development of a Trust stand-alone Hand Hygiene Policy. Its implementation would be monitored by the IPC team through independent hand hygiene audits.</p> <p>The Aseptic Non-Touch Technique policy only related to those staff who undertook clinical procedures such as cannulation and wound dressing.</p>
5	<p><u>Risk Management Progress Report including Corporate Risk Register</u></p> <p>Two new risks added to register – Financial Stability 2021-22 & Internal Audit recommendations. Committee agreed to focus on those risks which were not ‘standing items’ and which arose year after year.</p>
6	<p><u>SAls Current Position</u></p> <p>In 2021/22, 22 SAls reported to HSCB. Agreement reached with PHA/HSCB that the 72-hour timeframe for notification of a SAI would commence following consideration of the SAI at the Rapid Review Group. As of 25/5/21, 20 SAls outstanding with the intention of submitting responses to the HSCB by the end of June.</p>



7	<p><u>Complaints/Compliments – current position</u></p> <p>Increase in monthly number of complaints received by the Trust around themes such as delayed transport/response; staff attitude/behaviour & quality of treatment and care. In the year April 2020- March 2021, 131 complaints investigated and closed. This is a 38% on previous year. In the period, 1 April – 10 May 2021, 35 complaints were investigated and closed. Work continues to clear the backlog.</p>
8	<p><u>Care Opinion – quarterly report</u></p> <p>In the period, January-March 2021, 13 Care Opinion stories had referred to NIAS. Generally positive comments re the service.</p>
9	<p><u>Report from Patient Engagement Sessions</u></p> <p>Report provided positive as well as critical feedback. Point made in discussion that it would be important to focus on feedback from those patients who had not had a good experience. Recruitment exercise underway for Head of Co-Production & PPI.</p>
10	<p><u>10,000 More Voices – Your Experience of PCS</u></p> <p>A largely positive report produced in collaboration with PHA.</p>
11	<p><u>Hygiene, Cleanliness and Infection Prevention Control – Key Performance Indicators</u></p> <p>Committee received an update in relation to these KPIs for the period 1 April 2020-31 March 2021. Independent audits to be carried out by Environment Audit Team members rather than Station Officers. Work being undertaken to develop a robust audit training programme within the Trust.</p>



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND
PERFORMANCE COMMITTEE HELD AT 9.30AM ON THURSDAY
10 JUNE 2021 (VIA ZOOM DUE TO COVID-19)**

PRESENT: Mr D Ashford - Committee Chair
Mr T Haslett - Non Executive Director
Mr W Abraham - Non Executive Director

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive (left the meeting at 10.30am)
Ms L Charlton - Director of Quality, Safety & Improvement
Ms K Keating - Risk Manager
Ms M Lemon - Interim Director of Human Resources (left the meeting at 10.30am)
Mr B McNeill - Programme Director - CRM
Mr P Nicholson - Interim Director of Finance (left the meeting at 10.30am)
Ms R O'Hara - Programme Director – Strategic Workforce Planning
Ms M Paterson - Director of Planning, Performance & Corporate Services
Dr N Ruddell - Medical Director
Mrs C Mooney - Board Secretary
Mr N Sinclair - Assistant Clinical Director (for agenda items 6 & 7)
Mr C Thompson - Head of Transformation (for agenda item 6 only)
Dr R McLaughlin - Assistant Medical Director (for agenda item 7 only)
Ms E Boylan - SAI Lead (Clinical) (for agenda item 11 only)
Ms D McKay - Equality & PPI Officer (for agenda item 12 only)

APOLOGIES: Ms R Byrne - Director of Operations
Mr R Sowney - Senior Clinical Adviser

1 **Apologies & Opening Remarks**

Mr Ashford thanked those present for facilitating the earlier start. Apologies were noted from Ms Byrne, Mr Sowney and Ms Quirk.

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

There were no declaration of conflicts of interest.

2.2 **Quorum**

The Chair confirmed the Committee as quorate.

2.3 **Confidentiality of Information**

The Chair emphasised the confidentiality of information.

3 **Previous Minutes (SC25/03/21/01)**

The minutes of the previous meeting on 25 March had been **APPROVED** by e-mail and presented to the May Trust Board.

4 **Matters Arising (SC10/06/21/02)**

Members **NOTED** the action list.

At the Chair's request, Dr Ruddell advised the Committee that Lateral Flow Testing (LFT) had been offered to all frontline staff. He added that the Chief Medical Officer had indicated he would like to see an 80% uptake by the end of June. Dr Ruddell confirmed that the LFTs had also been made available to some non-patient facing staff, for example those staff in the Control Room. He said that consideration was being given to providing weekly reports on the uptake figures.

Referring to the regional policy around supporting staff involved in incidents, complaints, claims and coroner's inquests, the Chair reminded those present that the policy was to have been amended following comments made at the March meeting and shared with

members by e-mail for approval. Ms Charlton reminded members that the Chair of the Safety Committee had requested that the policy would clarify that, while the intention was to promote and embed a just culture of openness and learning and support for staff, individuals would be held to account where appropriate. She acknowledged that this was not a huge amendment and undertook to circulate an amended policy to members for their consideration.

5 Annual Quality Report 2019-20 (SC10/06/21/03)

Ms Charlton drew members' attention to the Annual Quality Report 2019-20 which provided an important showcase to the public of the quality improvement and innovation activity being delivered by NIAS staff in support of the principles underpinning Q2020.

Ms Charlton advised that the version of the Report before the Committee reflected the submissions from each Directorates against the five themes of Q2020 which were:

- Transforming the Culture
- Strengthening the workforce
- Measuring the improvement
- Raising the standards
- Integrating the care

She said she hoped the Committee would be impressed by the breadth of work which had been undertaken against the context of Covid-19 in the first quarter of 2020. Ms Charlton referred in particular to the section within the Report which focussed on learning from Covid-19 and explained that the Department of Health (DoH) had specifically requested the inclusion of such a section.

Mr Abraham sought further detail on the reference to Proteus within the Report.

Ms Charlton explained that this year a number of staff had successfully completed leadership development programmes including Aspire, Proteus and Acumen which were delivered by the HSC Leadership Centre. She advised that Proteus was targeted at staff at Assistant Director level while Acumen was for those at Director level and Aspire for those at senior management level. Ms

Charlton commented the feedback from these courses had been positive.

Mr Haslett complimented those involved in the development of the report. He commended the amount of work undertaken in the context of Covid-19 and believed the report provided a positive overview.

Mr Abraham commended the narrative and the photographs within the report.

Ms Charlton thanked Mr McPoland and Mr Ruane from the Trust's Communications Team for producing the report. She pointed out that the contributions within the report reflected the work of all Directorates.

Mr Bloomfield echoed the comments made by members. He advised that, while the DoH had revised the timetable due to Covid-19, it had indicated its intention to revert to the original schedule for producing the Quality Report to coincide with World Quality Day in November.

The Committee **NOTED** the Annual Quality Report 2019-20.

6 **Update on the progress of the delivery of the Education Programme within the Medical Directorate (SC10/06/21/04)**

At the Chair's invitation, Mr Neil Sinclair and Mr Charlie Thompson presented a high level progress report on the current status of the implementation of the Programme and highlighted the priorities for the next phase of the programme implementation.

Mr Sinclair indicated that the education review was an overarching umbrella programme designed in line with the strategic vision, objectives and priorities, defined in the NIAS 'Strategy to Transform 2020-2026', with a view to cohesively organising all elements within 'Education' into a review and improvement programme. He said that the programme would specifically contribute to the delivery of a number of Trust strategic priorities.

Mr Sinclair described the five key projects included within the Education Programme and said that project leads had been identified to progress this work, ie:

- a) New Recruits Education Project – Frank Orr, Project Lead
- b) Transition from Foundation to Bachelor Degree Project – Sean Maguire, Project Lead
- c) Clinical Education Plan Project – Neil Sinclair, Project Lead
- d) Clinical Supervision Project – Emma Giddings, Project Lead
- e) RATC Structure and Approach Review Project – Neil Sinclair, Project Lead

Mr Thompson provided an overview of the risks and issues; the benefits expected; the governance/reporting and the progress to date.

He advised that, following approval of the programme plan, more specific terms of reference were currently being developed for each of the five projects with a view to collectively contributing towards the realisation of the benefits of the programme. Mr Thompson advised that, in terms of oversight, the Strategic Implementation Group would oversee the implementation of the programme. He added that a Programme Board, with Dr Ruddell acting as Senior Responsible Officer (SRO), would also be established and its membership finalised.

Mr Bloomfield said he hoped it was clear from the oversight arrangements put in place the gravity with which the Trust had approached the review of the education programme. He alluded to the Strategic Implementation Group and the fact that its establishment reflected a new way of progressing significant projects within the Trust under the management of Ms Paterson. He added that this approach would now be adopted for other areas of work.

Continuing, Mr Bloomfield acknowledged the fact that the reason for undertaking the education review may have appeared overtaken by the focus on the performance management arrangements. However he believed it was important to ensure the review was in a position to be progressed and make a difference. Mr Bloomfield said that, in his view, the most critical element of the review was how training was delivered to staff and by that extension how culture permeated throughout the organisation. He suggested that the Committee might find it helpful to focus on ensuring the Trust was addressing this issue moving forward.

Agreeing with the comments made by Mr Bloomfield, Ms Lemon said that, in addition to the individual project deliverables, it would be important to consider the vision for the strategic review. She added she was conscious of a number of other projects which would link to this work and welcomed the establishment of the Strategic Implementation Group which would provide the overarching oversight and linkages.

Ms Lemon said that she hoped the culture programme would be launched in July and acknowledged the need to determine a culture baseline upon which to measure improvements. She referred to the importance of staff as well as trade union involvement.

The Chair acknowledged the importance of culture and referred to the challenges associated with measuring culture and determining that improvements had taken place. He sought confirmation that the Committee would receive regular updates on progress in relation to the review and said he would also welcome updates on how the improvement work around culture was being taken forward and how such improvements were being measured.

Ms Charlton thanked Mr Sinclair and Mr Thompson for their update. She made reference to stakeholder involvement in the work and acknowledged that, as well as staff being viewed as stakeholders, consideration was being given to involving service users in the review. She added that the Trust was committed to ensuring such involvement took place throughout the project as well.

The Chair sought assurance that requirements around the Clinical Response Model had been taken into account when developing the scope for the education review.

Mr McNeill explained that, in the Strategic Outline Case, the Trust had identified the number of staff it needed to recruit as well as making provision for a number of additional staff within the Education and Learning Development Team. He pointed out that securing the CRM funding would allow the Trust to recruit these staff on a permanent basis. Mr McNeill clarified that changes in the third level education course would mean that the trainers would provide more support as opposed to having a direct input to the programme itself and he acknowledged that the detail of this was currently being worked through.

Dr Ruddell commented that CRM would accelerate the education programme to deal with the additional staff from the BSc or those recruited directly to EMT/PCS level as well as having the scope within CRM to build and strengthen the Education and Learning Development Team. Dr Ruddell acknowledged the significant challenges presented by Covid-19 and he commended the team for having delivered the extent of training it had. He stressed the need to move away from temporary appointments and said that the team was fully committed to the challenges ahead.

The Chair thanked Mr Sinclair and Mr Thompson for their update which was **NOTED** by the Committee.

7 NIAS Clinical Development Programme Update (SC10/06/21/05)

Mr Sinclair remained for this discussion and was joined by Dr Russell McLaughlin, both of whom provided a detailed presentation on the work being taken forward within the Trust in terms of clinical developments. They explained that there was a number of key clinical developments highlighted within the Trust's 'Strategy to Transform 2020-2026' and the programme had been developed in order to progress these.

The Committee noted that the programme of clinical projects had been developed with the aim of continually modernising the delivery of high quality pre-hospital care across NI and aligning NIAS practice against other UK and international ambulance Trusts. As well as further developing the Paramedicine profession in NI and developing further background strategy which would allow for transformation in how the Trust delivered clinical care, there would also be a focus on improving on day to day clinical service delivery.

Dr Ruddell said that presenting to the Committee had provided an opportunity to showcase the work which had been taken forward and he added that this had been made possible through the expansion of the team. He referred in particular to the work around cardiac arrest data and said that NIAS had been the first UK ambulance service to be able to introduce a Cardiac Arrest Strategy. Dr Ruddell acknowledged that, while there was still work to be done, it had already proved to be beneficial.

Mr Haslett commended the presentation and said he had found it reassuring to note the significant amount of work being undertaken while the Trust continued to respond to Covid-19.

Ms Paterson noted that the education review was key to the delivery of the Trust's strategic planning with the care and outcomes of patients being key factors. She acknowledged the need for synergy with other programmes. She asked how this work would dovetail with other projects and sought clarification on whether any risks had been identified. Ms Paterson also asked how her Directorate could support this work from a project management perspective.

In response, Mr Sinclair said he very much appreciated the project management support provided to the education review. He acknowledged the need to ensure that the work was described appropriately and suggested that Mr Thompson could examine the interdependencies.

Ms Charlton welcomed this work and alluded to the positive impact on staff morale. She said that it was clear that staff were enthused by the work around clinical developments.

Mr Sinclair referred to the work being taken forward around culture. He was of the view that individuals had joined the service because they were passionate about clinical care. He was of the view that investing in staff and providing feedback would provide the baseline for change in the organisation's culture. Mr Sinclair acknowledged that very often the focus on ambulance services was in relation to response times. However he said he firmly believed that ensuring excellent clinical product was an important element of changing the culture and contributed towards ensuring staff were happier in their role and ultimately remaining longer as a paramedic within the Trust.

The Chair thanked Dr McLaughlin and Mr Sinclair for their presentation which was **NOTED** by the Committee and they withdrew from the meeting.

8 **NIAS Hand Hygiene Policy (SC10/06/21/06)**

Ms Charlton said that members would be familiar with the work which had been undertaken by the Trust to respond to the RQIA improvement notice. She added that one element of the notice had

been for the Trust to develop a stand-alone Hand Hygiene Policy and indicated that every other Ambulance Service would have similar arrangements.

Ms Charlton said that the policy related to all staff within NIAS but specifically to those staff who delivered direct care to patients. She highlighted the key elements of the policy and said that, following approval, its implementation would be monitored by the IPC team through independent hand hygiene audits.

Ms Charlton indicated that the roll-out of the policy across the organisation would be undertaken in a supportive way. She acknowledged that the 'bare below the elbow' would be a fundamental change in culture and accepted there would be challenges in its introduction.

On a proposal from Mr Haslett which was seconded by Mr Abraham, the Committee **APPROVED** the NIAS Hand Hygiene Policy.

9 **NIAS Aseptic Non-Touch Technique (SC10/06/21/07)**

Ms Charlton clarified that this policy only related to those staff who undertook clinical procedures such as cannulation and wound dressing. She referred to the Trust's IPC Strategy and said that the Aseptic Non-Touch Technique was a key component of the Strategy. Ms Charlton advised that face-to-face training and competency checking would be required once every two years for all staff who undertook aseptic procedures. She indicated that, following approval, the policy would be implemented across the organisation in line with the agreement in the NIAS Training and Education Strategy, Jan 2020 V0.3.

The Chair alluded to the requirement for training to be validated every two years through face-to-face training and suggested that this could prove challenging.

Ms Charlton acknowledged that the Trust was engaged with regional colleagues to explore options of an e-learning option for the theoretical aspects of the training. However she confirmed that the competency assessment would still be required to be conducted face-to-face and advised that the IPC team was working closely with

the Education and Training Team to determine the best approach to deliver on this aspect.

Mr Abraham referred to Trust Board responsibilities in relation to promoting a culture of high expectations associated with IPC and a willingness to hold others to account and asked how this would be evidenced.

Ms Charlton stressed the need to ensure a supportive infrastructure within the organisation as well as a constructive and support challenge at Committee and Trust Board level.

On a proposal from Mr Abraham and seconded by Mr Haslett, the Committee **APPROVED** the NIAS Aseptic Non-Touch Technique policy.

10 **Risk Management Progress Report including Corporate Risk Register (SC10/06/21/08)**

At the Chair's request, Ms Keating took members through the detail of the Risk Management Progress Report. She advised that she had met with Directors on a 1:1 basis to consider the risks attributed to them.

She drew the Committee's attention to the description of 'All Risks by Key Outcome' and highlighted the fact that the majority of risks were around delivering care, followed by workforce and organisational development risks.

Ms Keating pointed out that two new risks had been added to the Corporate Risk register. One related to Financial Stability 2021/22 and the other to the outstanding Internal Audit Recommendations. She added that no risks had been closed since the Committee has last considered the register.

Ms Keating alluded to the Directorate Risk Register and referred in particular to the risk associated with the telephony system in the Control Room. She clarified that mitigation was in place with the progression of the business case around the Integrated Control and Command System.

Ms Keating advised that she and Ms Paterson had recently met to discuss the age profile of a number of risks, in particular a number

of risks relating to Estates and the Medical Directorate. She cited the example of the long-standing risk around the paramedic bag and said that this had been recently progressed following work by Dr McLaughlin and Mr Sinclair.

Mr Abraham questioned the inclusion of the risk around ensuring 'Financial Stability 2021/22'. He asked whether other Trusts included a similar risk and invited comment from Mr Nicholson in relation to this.

Responding, Mr Nicholson explained that there were now two risks relating to Financial Stability. He commented that achieving 'Financial Stability 2020/21' remained a risk until the Trust accounts were certified while 'Financial Stability 2021/22' had been identified as a new risk. Mr Nicholson pointed out that he had confirmed the position of other Trusts and advised that they too had identified 'Financial Stability 2021/22' as a risk and had included this within their respective Corporate Risk Register. He said that he would support its inclusion on the Register given the increasing uncertainty around funding and lack of recurrent funding.

Mr Abraham said that, while he accepted Mr Nicholson's explanation, Non-Executive Directors should focus on those risks which were not 'standing items' arising year after year. This would assist in keeping the Committee's focus on emergent issues.

The Chair agreed with the point being made by Mr Abraham and suggested that some risks could be viewed as 'perennial' whilst there was a need to highlight new and emerging risks. He referred in particular to the outstanding IA recommendations and sought an explanation as to why this had been identified as a risk now when the issue had been in existence for some time.

Mr Bloomfield explained that, as Chair of the Audit Committee, Mr Abraham had asked for an increased level of scrutiny and monitoring to be put in place and arrangements were being made for Mr Abraham to meet with Mr Bloomfield and Mr Nicholson on a monthly basis. Mr Bloomfield also alluded to the limited assurance opinion from the Head of Internal audit. He reminded the Committee that the Trust had now received a limited opinion for a third year and the Head of Internal Audit had clarified that this was due to the fact that so many IA recommendations remained outstanding. Mr Bloomfield acknowledged the difficulties associated

with progressing the recommendations and said that the Trust's plan to fully achieve the recommendations in the 2020/21 year had been significantly impacted by Covid-19. He accepted that progress had also stalled in the second half of the year due to NIAS' response to the further Covid-19 surges. Mr Bloomfield said that it would have been inappropriate to ask staff to divert time from maintaining service delivery to address IA recommendations.

Continuing, Mr Bloomfield advised that Directors had included within their individual objectives reference to making substantial progress on the recommendations by September.

Mr Haslett supported Mr Bloomfield's comments and suggested that ensuring the Trust response to service delivery was prioritised could apply to the entire Corporate Risk Register. He commented that he had found the Register summary useful and referred in particular to some of the older risks such as estates condition and cyber security. Mr Haslett acknowledged the efforts being made by Mr McNeill in relation to improving the NIAS estate. He sought assurance that work was ongoing in relation to the 23 risks identified to reduce the mitigation and reduce those risks categorised as 'extreme' and 'high'.

Mr Bloomfield assured the Committee that work was ongoing to reduce the risks. He said it was unlikely that the risk around the NIAS estate would be removed when one took into account the condition of the estate and the significant resource which would be required. Mr Bloomfield said that Mr McNeill was currently working on an ambitious NIAS Estate Strategy and was of the view that the related risk would remain on the Corporate Risk Register for as long as was appropriate. He reiterated his assurance that work was being taken forward to address the risks and that the necessary mitigation was in place.

Ms Paterson alluded to the fact that the management of risk would transfer to the Audit Committee from the Safety Committee and said that this transition would take place over the coming months. She believed that this would provide Non-Executive Directors with the opportunity to drill down into the detail of the Risk Register.

The Chair emphasised the importance of maintaining close working links between the Audit and Safety Committees.

Mr Haslett proposed the Committee approve the Risk Management Progress Report including the Corporate Risk Register. This proposal was seconded by Mr Abraham and **APPROVED** by the Committee.

11 **SAIs – current position (SC10/06/21/09)**

The Chair welcomed Ms Boylan to the meeting.

Ms Charlton drew members' attention to the SAI position report within the papers and explained that the report provided an update on current Serious Adverse Incident Reviews within the Trust and had been set out in line with the HSC Board Members' Handbook Board Prompts or Safety Checks. She added that the Committee Chair had indicated that he was supportive of this approach.

Continuing, Ms Charlton welcomed the appointment of Ms Boylan and commended her approach in leading SAIs.

Ms Charlton reported that, in 2021/22, the Trust had reported 22 SAIs to the HSCB. She advised that the Rapid Review Group (RRG) had met on a weekly basis since May 2020 and acknowledged the focus this brought in terms of the collective discussions around whether an incident met SAI criteria. Ms Charlton indicated that it was not always necessarily a unanimous view but the appropriate decision was made on the views expressed at the meeting.

Ms Charlton highlighted the themes identified from SAIs. These included clinical practice, professionalism, resources and she acknowledged that there were often a number of themes within one SAI. Ms Charlton further acknowledged the learning emanating from the SAI review and advised that the Trust continued to share the learning as appropriate.

Referring to engagement with service users, Ms Charlton acknowledged that this could prove challenging both emotionally and psychologically. She stressed the need for ongoing support both for service users and for staff.

Ms Charlton alluded to the Internal Audit unacceptable finding relating to the time taken for the Trust to notify the HSCB of an incident and reminded the meeting that there was a 72 hour

timeframe from the incident occurring to SAI notification to the HSCB. She said that it was important for the Trust to understand this in more detail with a view to improving the position. Ms Charlton acknowledged that the challenge was around collating the necessary records in order to determine whether an incident met the SAI criteria.

Ms Charlton said that, following discussion with the HSCB and PHA, it had been agreed that, as the decision to notify an incident occurred when all of the pertinent information had been gathered from the relevant areas and reviewed by the RRG, NIAS would measure the 72 hours from the date of the RRG meeting. Ms Charlton said that she would be meeting with the BSO Internal Audit team to discuss this in advance of the next planned follow up audit in this regard.

In terms of SAIs outstanding, Ms Charlton reported that, as of 25 May 2021, there were 20 SAIs currently outstanding. However, she advised that responses to these would be submitted to the HSCB by the end of June.

Concluding her presentation of the report, Ms Charlton drew members' attention to the Appendix which set out a number of learning points from recent SAIs and the corresponding actions taken by the Trust.

The Chair thanked Ms Charlton for her report and invited questions/Comments from members.

Ms Paterson commended the layout of the report and believed that presentation of the data and narrative provided the Committee with assurance. She said that it would be helpful to look at how the information provided within the report could be incorporated into future regular reporting and she offered her assistance in taking this further.

Mr Haslett thanked Ms Charlton and Ms Boylan for their contributions to date. Mr Haslett said that, as a Non-Executive Director, he welcomed the significant improvements which had been made over the last number of months and he commended all involved.

The Chair echoed what had been said in relation to the layout of the report. He alluded to the HSC Board Members' Handbook and believed that providing prompts within the report as to the nature of questions which should be asked by Non-Executive Directors demonstrated a level of maturity. The Chair believed that there was a general improvement and greater positivity across this area of work.

Ms Charlton clarified that a recommendation from the Inquiry into Hyponatraemia Related Deaths (IHRD) was that Board members should be advised of SAI-related deaths. She reported that, in discussion with the Chair, it had been agreed that Board members would now be advised when such an incident occurred. However she explained that such circumstances did not always mean that a death was related to services provided by the Trust.

The Chair thanked Ms Charlton and Ms Boylan for their report which was **NOTED** by the Committee. He thanked Ms Boylan for her attendance and she withdrew from the meeting.

12 **Complaints and Compliments – position report (SC10/06/21/10)**

Ms Charlton referred to the Internal Audit finding in relation to complaints and acknowledged that, while progress was being made, further work was required to address the backlog of complaints.

She reported that there had been an increase in the monthly number of complaints received by the Trust around themes such as delayed transport/response as well as staff attitude and behaviour and quality of treatment and care. She pointed out that each complaint was considered at the weekly RRG meeting where decisions were taken regarding the immediate actions required.

Ms Charlton acknowledged that, whilst the significance of every complaint was fully recognised, she had requested an analysis to determine the volume of complaints in 2020/21 against the context of service activity. She reported that, in 2020/21, the Trust had received 226,271 emergency calls which equated to one complaint for each 9,838 emergency calls received. In terms of the 174,510 emergency calls attended, there was one complaint for every 1,837 emergency incidents and in relation to the 131,838 non-emergency journeys undertaken, there was one complaint for 4,709 non-emergency patient journeys.

Ms Charlton said that members would be aware of the KPI target of two days to acknowledge a complaint and reported that 87% of complaints were acknowledged within two days during April 2020-March 2021. In relation to responding to a complaint, Ms Charlton reminded the meeting that the KPI target to close a complaint was 20 days. She reported that, between April 2019 and 10 May 2021, 260 complaints had been closed. Ms Charlton indicated that, from April 2020 - March 2021, 131 complaints had been investigated and closed which represented an increase of 38% on the previous year. She noted that 35 complaints had been investigated and closed during the period 1 April 2021- 10 May 2021.

Ms Charlton conveyed her appreciation to the complaints team for their contribution. She believed that, in the context of Covid-19, the improved position was to be commended as very often Investigating Officers were involved in the Trust response to the pandemic.

The Committee **NOTED** the Complaints and Compliments position report.

13 **Care Opinion – Quarterly Report from Public Health Agency (SMT10/06/21/11)**

Ms Charlton referred to the Care Opinion report within the papers and reported that there had been 13 Care Opinion stories related to NIAS over the period January to March 2021 and that these were generally positive about the service. She reminded the meeting that Care Opinion was a standing item on the weekly SMT agenda.

Ms Charlton said that, as an organisation, the Trust was committed to encouraging more Care Opinion stories and she indicated that Care Opinion decals had replaced flu decals on PCS vehicles. She pointed out that, unlike other organisations, the Trust could not display posters in wards, on doors etc and encouraging people to use Care Opinion was often challenging as patients were unwell while in the Trust's care.

The Committee **NOTED** the Care Opinion Quarterly Report.

14 Report from Patient Engagement Sessions (SC10/06/21/12)

The Chair welcomed Ms Demi McKay to the meeting. At the Chair's request, Ms McKay took members through the detail of the report.

Ms Paterson commented that participating in the service user engagement sessions had allowed her to hear at first hand the experience of the service user and had found the experience valuable. Ms Paterson suggested that the approach used by Ms McKay would be helpful to the Trust in terms of its overall delivery.

Mr Haslett said that he had found the report reassuring and interesting, in particular the feedback from service users. He acknowledged that, while it was not necessarily negative feedback, such feedback could be used to improve services.

The Chair welcomed the fact that the report had also set out any critical feedback which had been received. He suggested that it would be important to focus on the feedback from those service users who had not had a good experience.

Ms Charlton agreed that this was an important point. She referred in particular to work being taken forward in collaboration with the Health and Social Care Board and the Public Health Agency and mentioned the fact that the No More Silos and work around urgent and emergency care have PPI workstreams. She acknowledged that the Trust was working on building a PPI structure as there were currently no dedicated posts without other portfolios in this area but believed that the Trust's recent recruitment exercise for the Head of Co-Production and PPI signalled the Trust's commitment to this area. She added that this postholder would represent the Trust at strategic and Departmental level.

Ms Charlton emphasised the importance of meaningful engagement being led and informed by patients and acknowledged that this work was in its infancy within the Trust.

The Committee **NOTED** the Report from Patient Engagement Sessions. The Chair thanked Ms McKay for her attendance and she withdrew from the meeting.

15 **10,000 More Voices – Your Experience of PCS (SC10/06/21/13)**

Ms Charlton referred to the report and acknowledged the collaborative working arrangements and support from PHA officers in this work. She noted that the report was largely positive and she highlighted a number of salient points to the meeting including the response rate and the limitations outlined within the report.

The Chair alluded to the Internal Audit findings around PCS and welcomed the positive comments from patients who had used the service. He sought clarification on the current position of the PCS review.

Ms Paterson advised that SMT had recently received an update report and she had also met with Mr Wright to understand how best to take forward those recommendations on which progress could now be made. Ms Paterson said that, when considering baseline information, it would be important to understand what measures could be factored in when the work to improve the service commenced. She said that there would be liaison with the Quality, Safety and Improvement Directorate to ensure that any improvements would be sustained and embedded in the longer-term.

She suggested that it might be helpful for the Committee to receive an update on this at its next meeting.

Mr Abraham commended all involved and welcomed the progress being made.

The Committee **NOTED** the report ‘10,000 More Voices – Your Experience of PCS’

16 **Hygiene, Cleanliness and Infection Prevention Control – Key Performance Indicators (SC10/06/21/14)**

Ms Charlton drew members’ attention to this paper and summarised the performance in relation to Environmental and Vehicle Cleanliness Key Performance Indicators for the twelve month period 1 April 2020 – 30 April 2021. She also highlighted a number of key developments which had taken place and which would be introduced over the coming weeks.

Ms Charlton advised that Trusts were supportive of having ED Cleaning Services on their sites. She pointed out that the number of Vehicle Cleaning Operatives had increased from 41 to 77 and explained that these posts had been funded with non-recurrent funding received in respect of Covid-19. Ms Charlton advised that the Trust had received notification of some non-recurrent funding for vehicle cleaning which would be available for the first quarter but not beyond that and added that it was her intention to undertake a recruitment exercise for permanent staff in the near future.

Continuing, Ms Charlton advised that work was being undertaken to scope other UK ambulance services audit tools and said the Trust planned to introduce independent audits which would be carried out by two members of the Environmental Audit Team rather than by Station Officers. She alluded to the need for a robust audit training programme within the Trust.

Ms Charlton drew the Committee's attention to the fact that the Trust had two subject matter experts who would ensure an effective and efficient cleaning regime across stations. She added that the Trust also planned to recruit permanent cleaning supervisors and explained that the funding for these posts originated in the IPC business case.

The Chair welcomed the progress being made.

Mr Haslett also welcomed the progress, particularly around IPC and commented that today's meeting had been very encouraging to him as a Non-Executive Director. He commended all involved and extended particular thanks to Ms Charlton.

Ms Charlton stressed that, while there were not many staff within the Quality, Safety and Improvement Directorate, it had been very much a collaborative approach across Directorates.

The Committee **NOTED** the update on Hygiene, Cleanliness and Infection Prevention Control – Key Performance Indicators.

17 **Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 16 September 2021 at 10am (arrangements to be confirmed).

18 **Any Other Business**

- **Committee Starting Time**

The Committee agreed that future meetings should start at 9.30am.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE
MEETING CLOSED AT 12.00 NOON.**

SIGNED:



DATE:

4 August 2021



ACTION - SAFETY COMMITTEE – 10 JUNE 2021

		INDIVIDUAL ACTIONING	UPDATE
1	Regional policy supporting staff involved in incidents, complaints, claims and coroner's inquests – amendments to be made and circulated to members for consideration	LC/KK	Amended policy e-mailed 24/6/21 to Cttee members for consideration
2	PCS Review – members to receive an update at the next meeting	RB	
3	Future meetings to commence at 9.30am	CM	Noted

**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD AT 10AM ON THURSDAY
22 APRIL 2021 (VIA ZOOM DUE TO COVID-19)**

PRESENT:

Mr J Dennison	-	Committee Chair
Mr T Haslett	-	Non Executive Director (left the meeting at 12 noon)
Ms N Lappin	-	Non Executive Director

IN

ATTENDANCE:

Mr M Bloomfield	-	Chief Executive
Ms M Lemon	-	Interim Director of Human Resources
Mr P Nicholson	-	Interim Director of Finance
Ms A Quirk	-	Boardroom Apprentice
Mrs C Mooney	-	Board Secretary

1 Apologies & Opening Remarks

The Committee Chair welcomed members to the meeting. He said that he had noted that the papers before members contained a number of requests for noting and approval and said he was unsure as to the Committee's level of authority to approve any projects which required recurrent funds.

Ms Lemon clarified that the documents accompanying the HR Strategic Plan 2021-22 had been provided as appendices to the Plan and had gone through approval processes at the Trust's Senior Management Team.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

Ms Lappin noted that, as Chief Commissioner of the Charity Commission for Northern Ireland, she would not participate in any discussion around NIAS Charitable Trust.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 **Previous Minutes (PC22/04/21/01)**

The minutes of the previous meeting held on 2 December 2020 were **APPROVED** on a proposal from Mr Dennison and seconded by Ms Lappin.

4 **Matters Arising (PC22/04/21/02)**

4.1 **Clinical, Learning and Development Plan – Mid Year Update**

Mr Bloomfield advised that the Trust Board would receive an update on the Review of Clinical Education at its meeting on 6 May 2021.

4.2 **Appointment of Director of HR**

Mr Bloomfield advised that the Trust had received approval from the DoH to progress this issue and he undertook to keep members updated.

4.3 **Face-to-face meetings**

The Committee Chair said he welcomed the opportunity to meet on a face-to-face basis with NED colleagues when they recently met with Mr Sowney and said he looked forward to doing so again soon.

4.4 **Financial Management Workshop**

The Committee Chair referred to the financial management workshop on 20 April and said he had found it helpful.

Ms Lappin thought it had been an excellent workshop and acknowledged that it had provided an opportunity for Non-Executive Directors to consider what information they might wish to see at Committee and Board level. She suggested that she would consider convening a Non-Executive Director only session to discuss such issues further. Ms Lappin said that she was also conscious that a workshop on assurance/risk register was to be organised.

Mr Haslett agreed to give some thought as to the areas he would like to see covered in reports to the Committee/Board and added that such areas needed to be proportionate to the funding.

The Committee Chair pointed out that the capital strategy would be vital to the work carried out over coming years. He also expressed an interest in budget setting and the delegation and management of budgets across Directorates and suggested that the Committee might find it helpful to focus on these areas moving forward.

5 Financial Plan 2021-22 (PC22/04/21/03)

At the Chair's request, Mr Nicholson advised that, at the December meeting, he had provided update on the Financial Plan 2020-21 showing what levels of income had materialised in line with the initial assumptions last year. He drew the Committee's attention to the paper before them which provided an initial assessment of the opening financial position for the new financial year 2021-22 as well as savings requirements and income levels. He commented that the paper was timely given that members had attended Financial Management Workshop earlier in the week.

Mr Nicholson reminded the meeting that funds were allocated on a Full Year Effect (FYE recurrently) basis and a Current Year Effect (CYE Non Recurrently) basis. He explained that, from the £115 million the Trust received in 2020-21, only £87 million was recurrent and was now included in the opening Revenue Resource Limit (RRL).

Mr Nicholson pointed out that the Trust also had a savings requirements totalling £2.6 million and he added that these funds had been removed from the RRL. He indicated that, while it was

not expected that additional savings would be required from DoH/HSCB in-year, the Trust was entering into the new financial year with a £2.6 million gap and said he estimated that only £1 million of these savings could be achieved.

Continuing, Mr Nicholson advised that there were other issues to be worked through which would have the potential to increase this requirement for savings.

In response to a question from Ms Lappin on how the Trust planned to achieve the £1 million savings, Mr Nicholson explained that the Trust had been able to contribute funding from a number of frontline vacancies to the savings requirement.

Ms Lappin also referred to the fact that a number of new Directorates had been established within the Trust and asked to what extent Directors knew it would not be possible to fill vacancies.

Responding, Mr Nicholson confirmed that the Trust continued to fill vacancies and he agreed with Ms Lappin's point that the Trust had used funding from vacancies to achieve a balanced budget.

Mr Nicholson advised the meeting that there were a number of regional issues currently being worked through by the Trust which would impact on the overall financial position and which could result in an increase in the savings requirement. He drew members' attention to the transformation funding of £5.1 million and explained that this largely related to paramedic training and associated backfill of staff. Mr Nicholson pointed out that the Trust had received £5 million in each of the previous two years and had expected to receive a further £5 million in the current year. However, following a recent meeting with the HSCB, Mr Nicholson said that this funding would not now be available and added that the Trust had been asked to scope the implications of this funding not being available in the current year.

Referring to the points made by Mr Nicholson, Mr Bloomfield reminded the meeting that the Trust needed in excess of £30 million to fully implement the Clinical Response Model (CRM) and added that a significant proportion of this related to corporate support functions. Mr Bloomfield said that, while the Trust recognised such investment was needed, this had also been confirmed in the AACE benchmarking report. He advised that the Trust was not taking

permanent decisions to reduce corporate support functions but was using opportunities that arose in-year.

Mr Nicholson referred to the other ring-fenced funding of £11 million in respect of CRM and explained that this was a marker based on the first year costs of the Strategic Outline Case which had recently been passed to the Department of Finance by the Department of Health.

Mr Nicholson indicated that the Trust had been advised that £2.5 million would be available to NIAS in 2021-22 for this Project and again the Trust had been asked for an assessment of what could be delivered within this resource.

Mr Nicholson pointed out that the Trust had received confirmation of the allocations for Community Paramedics and Research and Development of just over £0.6 million. He said that, while this funding was very welcome, the allocation was of a non-recurrent nature and created a number of issues around the development of these staff and also the retention of them beyond the period of funding.

Continuing, Mr Nicholson advised that the £12.6 million in relation to Covid-19 was the current best estimate of the costs for the full year across each of the areas of workforce, Service Delivery, PPE and Cleaning. He was of the view that it was a good estimate as the Trust had learnt from previous experience in 2020-21, but indicated that this figure may change. Mr Nicholson said that, like last year, the Trust was assuming that all additional costs relating to Covid in the current year would be met in full by DoH/HSCB.

Ms Lappin thanked Mr Nicholson for his explanation of the figures and suggested it would be helpful for future reports to contain some explanatory narrative. She expressed concern at the level of non-recurrent funding received by the Trust and was of the view that it would be remiss not to comment on the significant impact this would have on the Trust in terms of service delivery. Ms Lappin suggested that this issue should be discussed in greater detail at Trust Board with a view to agreeing what action might be taken. She said that, while the Permanent Secretary had sought clarification at a meeting she had attended with the Chief Executive as to how many paramedics the Trust could train, the Trust needed the necessary funding to deliver training.

Ms Lappin said she noted that the Trust had assumed that funding to cover Covid-19 costs would be forthcoming from the DoH and asked if any confirmation of this had been received.

Responding, Mr Nicholson advised that formal confirmation had been received and funding had been included within RRL. He said he was confident that all costs of Covid-19 would be covered by the DoH and was preparing the year-end position to reflect this position. Mr Nicholson added that all Trusts had been asked to assess the impact of funding not being received.

Ms Lappin sought clarification that the RRL of £87 million included the funding for Covid-19 costs. Mr Nicholson advised that, while £87 million was the Trust's opening position, a further £12 million had been assumed in addition to this as part of the response to Covid-19.

The Chair referred to the £2.5 million received in respect of CRM and asked whether this was in addition to the £87 million RRL. Mr Nicholson explained that, while the Trust had included a marker of £11 million for CRM within its Financial Plan, only £2.5 million had been received.

Ms Lappin suggested that it would be helpful for the Committee to receive a table showing the Trust's RRL as well as other income received and funding assumptions so as to give members some detail of guaranteed funding in-year.

Mr Bloomfield provided the Committee with a detailed explanation of the Trust's planned approach to the CRM funding. He explained that the Trust had received funding for the previous two years to deliver the paramedic foundation degree and ensure associated backfill. Mr Bloomfield was of the view that, while this funding was provided under the auspices of transformation, such funding should have been confirmed from workforce budgets. He said that the Trust had been aware that this funding had been of a non-recurrent nature and added that the DoH was fully aware of the Trust's need to supply trained paramedics.

Continuing, Mr Bloomfield accepted that the overall budget settlement had been poor. He indicated that Cohort 3 of paramedic training had already commenced and was now in its fourth week.

He added that the funding received would be used to complete this cohort and ensure the associated backfill arrangements were put in place. Mr Bloomfield indicated that the impact of ceasing training would be significant across the organisation and he said that both the DoH and the HSCB had agreed that NIAS would be given priority in Monitoring Rounds. He pointed out that it was the Trust's intention to commence Cohort 4 in October with Cohort 5 commencing before the end of March 2022. Mr Bloomfield added that there would be little risk associated with Cohort 5.

Mr Bloomfield said that, at the HSCB's request, the Trust was scoping the impact and he believed it would be important to ensure there was clarity around the financial risk associated with undertaking this training.

Mr Haslett referred to the opening RRL of £87 million and said that he would like to see some detail as to how this could be further broken down. He suggested that the Trust's energy costs identified as being £100,000 in the Plan appeared to be low and commented that, while there had been mention at the recent financial workshop of costs of £11 million for independent ambulance providers, such costs were not referred to within the Plan. Likewise, he said, it was not clear whether expenditure for HEMS of £1 million were included within the RRL of £87 million.

In response, Mr Nicholson clarified that the HEMS expenditure was included within the RRL and that the costs associated with independent ambulance providers were included within the overall Covid-19 costs of £12.6 million. He acknowledged that energy costs had always proved difficult to predict and advised that some regional work was being taken forward in this regard.

Mr Haslett thanked Mr Nicholson for the clarification and said he looked forward to seeing further detail as the financial reports evolved over the coming weeks.

The Chair referred to discussion at the March Trust Board meeting where reference had been made to the costs associated with voluntary and independent ambulance providers and said she would be keen to have sight of the detail behind the figures. She indicated that the Board had been keen to see expenditure in this area reduce and would find the detail to be helpful in monitoring this.

Mr Haslett explained that, in the past, he would have looked at overtime figures to determine if overtime was being used to cover sickness as well as determining whether overtime was being used to supplement staffing levels.

The Chair referred to the £1.1 million which had been identified against holiday pay. He questioned whether this related to staff entitlement or whether it was funding identified to cover unused annual leave or to buy leave back.

Mr Nicholson advised that the funding identified related to an ongoing legal case and liabilities in respect of holiday pay. He explained that, in 2020-21, the DoH had provided funding to meet that liability and added that the £1.1 million identified within the Plan was the ongoing revenue commitment. He pointed out that in 2020-21 the Trust's financial account would have a significant accrual relating to this liability.

Ms Lemon advised that work was being taken forward on a regional basis to resolve this system-wide issue and confirmed that Trusts had been asked to make provision for funding.

The Committee Chair referred to Mr Bloomfield's earlier comment around proceeding at risk in terms of training and CRM. He said that he did not disagree with the approach being taken by the Trust and believed it would be important to articulate this at Trust Board.

Mr Bloomfield acknowledged that the Trust would have to carefully consider the response from the HSCB and the potential impact it might have across the organisation in terms of the Trust's commitment to progressing CRM. He said that he intended to update the Trust Board and seek its support in the approach outlined.

Ms Lemon pointed out that there were employment connotations associated with the offers made to those students undertaking the courses, particularly those individuals undertaking training relating to new posts.

Mr Nicholson referred to increased market prices in the context of Covid-19 and said that, at the last meeting, there was some discussion around the prices paid for PPE. He added that the Committee had asked for a paper on this issue.

Mr Nicholson said that, while he would like to provide an update, he would prefer to leave a formal paper to the National Audit Office, as the issue was significant and far reaching.

Continuing, Mr Nicholson pointed out that, during the pandemic, there were price increases across a huge range of products over hundreds of suppliers with prices between products and suppliers changing daily and often many times in a day.

He cited the example of aprons which increased from just over 3p to an average of around 12p – an average increase of approx 240%; face masks from around 14p to an average of 78p – an average increase approaching 500%; visors from around 66p to an average around £1.40 – an average increase over 100%; gloves, depending on the type, went from around 3p to 7p to an average around 22p – an average increase touching 400%. Mr Nicholson referred to NIAS specifically and said that coveralls costing around £4 had increased to over £15 each.

Mr Nicholson acknowledged that there had been significant increases for some products and some suppliers with some seeing a 1000% increase for a period of time. He said that very often global supply shortage was the reason quoted for such increases and added that this was both for the finished goods and also raw materials and supplier capacity. In addition to this, prices were also affected by minimum orders and freight costs with some provisions being delivered by air rather than by sea as had been the case.

Mr Nicholson assured the Committee that everything was procured through BSO PaLS. He said that it was important to note this not just in relation to price increases but also product quality, including the identification of counterfeit goods. There was also a significant supply provided free of charge from the DoH pandemic stockpile. Mr Nicholson pointed out that all costs had been fully supported with funding.

Continuing, Mr Nicholson acknowledged that, while price fluctuations continued, they were not at the level seen at the start of the pandemic. However he cautioned that this could happen again especially in relation to further surges and other global events.

Mr Nicholson advised the Committee that this area would receive significant attention from Auditors and other bodies both within NIAS and the wider HSC and NHS and confirmed that any relevant details would be brought either to People or Audit Committee.

Ms Lappin agreed that it was inevitable that such areas would come under close scrutiny and said she hoped that, when doing so, cognisance was given to the Covid-19 context and the importance of staff receiving the necessary equipment to keep themselves and patients safe. She said that she would be happy to consider any further action necessary.

Mr Bloomfield thanked members for their support and understanding.

The Financial Plan 2021-22 was **NOTED** by the Committee.

6 Human Resources Strategic Plan 2021-22 (PC22/04/21/04)

Introducing this agenda item, Ms Lemon said she was mindful that Mr Haslett had not been at the inaugural meeting of the Committee when the HR Review undertaken by the Association of Ambulance Chief Executives (AACE) had been discussed and she undertook to share a copy of the Review with Mr Haslett.

Ms Lemon explained that the review provided a baseline for the HR Strategic Plan before members and, at the Committee Chair's request, she proceeded to take members through the detail of the Plan.

Mr Haslett suggested that the timescale for achieving the objectives set out in the Strategic Plan should correlate with the Trust's Strategy to Transform with a view to achieving these by 2026. He said that a mid-point review after three years could be incorporated as well as the prioritisation of those objectives to be achieved within the first year. He referred to the size of the HR team and said, in recent discussions with Mr Sowney around his findings since assuming the role of Senior Clinical Adviser, Mr Sowney agreed that it would be important to progress a proportionate amount of tasks.

Ms Lemon acknowledged the significant task ahead in achieving the objectives and said that many were already being progressed.

Ms Lappin agreed with the points made by Mr Haslett. She sought further clarification from Ms Lemon in relation to how she envisaged the Committee monitoring the delivery of the objectives and how often the Committee would consider such information.

Ms Lemon suggested that, while it would be helpful for members to comment on what they would like to see at Committee level, the Committee might find it helpful to focus on a specific area. She acknowledged that, in her view, health and wellbeing, attendance management and the culture programme would be specific priorities.

Ms Lappin referred to the five priority strategic objectives and suggested that the next meeting examine objective 3 in detail, ie 'To invest in the Health, wellbeing and development of our people, improving employee and applicant experience and making NIAS an Employer of Choice'. She said she would be interested to hear how this work was progressing in partnership with Trade Union colleagues. Ms Lappin acknowledged that there may be other aspects of work that Ms Paterson might wish to bring to the Committee's attention.

Ms Lappin said that it was clear from discussions with Mr Sowney, along with NIAS Directors, agreed on the need to improve the culture within the organisation. She acknowledged that, while the paper before the Committee focussed on the HR Directorate, culture was a Trust-wide issue. Ms Lappin referred to the review of education to be discussed at the May Trust Board meeting and she questioned how this would link with the work being taken forward and how members could have input to the review.

Ms Lemon was of the view that the review would highlight such issues. She explained that previously training sat within the remit of the HR Directorate while the clinical education element had transferred to the Medical Directorate. She said that she would be keen to see the outworkings of the review.

Mr Haslett clarified that his suggestion to spread the timescale for progressing the Plan had focussed on the need for a more realistic timeframe and the identification of priorities. He acknowledged that it would be acceptable to take longer to progress different elements of the work but that the key issue should be to include the culture element.

Ms Lemon alluded to Ms Lappin's earlier reference to culture being a Trust-wide issue and said that the Senior Management Team was clear that culture was very much a cross-Directorate issue.

Mr Bloomfield accepted that it was an ambitious programme with a broad scope. He said that, despite best efforts and messages, there were still examples that demonstrated the need for changes to organisational culture. He said that he had every confidence that Ms Lemon would lead the implementation of the HR Strategic Plan but acknowledged that she did require support to do so.

The Committee Chair agreed that the HR Strategic Plan was ambitious and asked whether its implementation depended on resources forthcoming from the monitoring rounds or whether the Trust needed to seek additional resources.

Responding, Ms Lemon agreed that some elements of the Plan were dependent on having the appropriate structures in place. She was of the view that the objectives set out within the Plan were all deliverable and were reflective of work already underway. She agreed with members' view that the Plan was ambitious but pointed out that the Trust could not afford not to implement it.

Mr Bloomfield assured the Committee that the Trust would do everything possible to ensure that the key posts within the HR structure were put in place.

Mr Nicholson pointed out that, while the Trust had already invested some resources, elements were also included within the CRM business case. He said it was important to determine the risk associated with implementing the HR Strategic Plan with non-recurrent funding.

The Committee Chair said that he would find it helpful to establish how the Plan aligned with the Trust's Strategy to Transform and he suggested the inclusion of a column to provide this information as well as information around expected outcomes.

Mr Bloomfield referred to the Chair's declaration of an interest of conflict and alluded to the provision of alternative therapies through funding received via NHS Charities. He suggested that there was a need for further discussion around the decision-making processes

in relation to such funding and said he was conscious that Board members were Trustees of the NIAS Charitable Fund.

Ms Lappin suggested that Ms Quirk would identify this through her work on the Scheme of Delegation and said that, in some Trusts, the management and application of Charitable Funds had been delegated to a Committee.

Mr Nicholson said that the management of the Charitable Trust Funds had been delegated to the Director of Finance. However, he recognised that, following a number of significant donations to the NIAS Charitable Fund, there was a need to review this position.

Ms Lemon referred briefly to the appendices which accompanied the Strategic Plan and explained that she had provided these as points of reference.

Responding to a question from Ms Quirk on whether consideration had been given to the risk around the use of independent services, Ms Lemon agreed to discuss this further offline.

The Committee Chair referred to the fact that the Trust used occupational health services within the Western and Belfast Trusts and asked whether NIAS availed of services in other Trusts. In response, Ms Lemon explained that this would be examined within the procurement element of the review of occupational health services. She confirmed that NIAS only used occupational health services within HSC and pointed out that there was a need for consistency in terms of the services received.

Ms Lappin said that it would be remiss of the Committee not to note that the Trust had spent approx. £250,000 in ensuring the provision of occupational health services. She believed this was reflective of the level of support needed by staff over the past year and in the months ahead as a result of the legacy of Covid-19. Ms Lappin noted that there were no significant contracts in place for the provision of occupational health services and she drew the Committee's attention to the fact that the Trust could not afford for such expenditure to continue. She suggested that it would be helpful to receive information on what contracts had been put in place to assist the Committee in seeking assurances that the appropriate governance systems had been put in place and to allow the Committee Chair determine whether further 'deep dives' were

required as a means of ensuring the contracts were delivering for staff. She further suggested that the Committee may wish to interrogate such information with a view to informing what should be considered at other Trust Committees.

Ms Lemon agreed with the points made by Ms Lappin. She referred to the Committee Chair's earlier request in relation to the provision of information around outcomes and measuring improvement and said that, in order to do this, it would be important to determine the baseline for improvement. Expressing her concern at this, Ms Lemon explained that she had included this point on the HR Risk Register. She added that, while there was an improvement plan in place, she believed it was important for the Committee to be aware of the difficulties associated with delivering improvement because the baseline was challenging.

Ms Lappin referred to the extract from the Risk Register contained within the NIAS OHS Provision Review paper and suggested that it would be helpful for the Committee, at its next meeting, to be advised as to whether the risk had been addressed within the timescale identified, ie June 2021, or what steps had been taken to mitigate the risk.

Ms Lappin also suggested that, moving forward, it would be helpful for Directors to indicate in the cover paper accompanying documents to Committees, how the paper linked with the Trust's Corporate Plan and the Trust's Risk Register to demonstrate that the necessary action was being taken to mitigate the risk.

The Committee Chair thanked Ms Lemon for her presentation and the HR Strategic Plan 2021-22 was **NOTED** by the Committee.

7 Date of next meeting


The next meeting of the People Committee will take place on Thursday 1 July 2021 at 10am (arrangements to be confirmed).

Consideration would be given to face-to-face meetings if permitted.

8 Any Other Business

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE
MEETING CLOSED AT 12.30PM.**

SIGNED: 

DATE: 8 July 2021



‘PEOPLE’ COMMITTEE REPORT TO TRUST BOARD 19/8/21

The People, Finance and Organisational Development Committee met on Thursday 8 July 2021.
Issues discussed included:

1	<u>HR Strategic Plan</u> Committee received a detailed presentation from Ms Lemon on how objectives within the HR Strategic Plan linked to the Trust’s ‘Strategy to Transform 2020-2026’.
2	<u>Consultation on the Personal Development Performance Review (PDPR) Policy & Procedure</u> The Committee received a presentation from Ms O’Hara and Mr Plant on the work being taken forward in relation to PDPR and the intention to run a pilot in the autumn 2021 with a view to full implementation of PDPR in 2022.
3	<u>Financial Update</u> Operational pressures continued in 2021-22 with significant reliance on independent ambulance providers and on overtime. NIAS required to identify savings of £2.6 million – potential for this to be reduced marginally.
4	<u>Attendance Management – June 2021</u> The Committee received an update from Ms Gardner on the steps being taken by the Trust to reduce sickness absence. Cumulative absence figure in 2019-20 was 10.49% - reduced to 8% in 2020-21, resulting in a reduction of 2.49%. This did not include Covid-19 figures.
5	<u>Occupational Health Improvement Plan</u> The Committee received an update from Ms Pepper on the progress made to date on the review of Occupational Health Services (OHS) which was being taken forward on a phased approach. NIAS currently does not have any in-house OHS and receives its OHS through other providers. It is hoped that the review would be concluded by April 2022.
6	<u>NIAS Culture Programme - #Proud to work for NIAS</u> The Committee received an update from Mr Kearney on the culture programme being taken forward in three distinct phases: Discovery, Design and Delivery.



AUDIT COMMITTEE REPORT TO TRUST BOARD

The Audit Committee met on Thursday 24 June 2021 and I would like to bring the following issues to the attention of the Board in advance of the formal minutes.

1	<u>Committee Terms of Reference</u> The Committee Terms of Reference are in the process of being reviewed and will be expanded to include the remit of risk assurance as part of the ongoing restructuring of Board Committees. The redrafted Terms of Reference will be presented to the Board in due course.
2	<u>Committee Annual Report</u> The format and content of the Committee Annual Report has been reviewed and the Annual Report for 2020/21 has been submitted to the Board.
3	<u>Implementation of Prior Year Internal Audit Recommendations</u> In order to bring some focus to the implementation of prior year Internal Audit recommendations, monthly meetings have been arranged between myself, the Chief Executive and the Interim Director of Finance to monitor progress. The first meeting was held on 23 June 2021 and I reported to the Audit Committee that good progress is being made. A copy of this report is attached.
4	<u>Audit Committee Self Assessment Questionnaire</u> The Audit Committee Self Assessment Questionnaire has been completed and was presented to the Audit Committee.
5	<u>Internal Audit Charter</u> The Head of Internal Audit presented the biennial Internal Audit Charter, which outlines the role and responsibilities of Internal Audit and documents the standards to which they work. The Audit Committee approved the Charter.

6	<p><u>Draft Report to Those Charged with Governance 2020/21</u></p> <p>This was the primary item of business for the Committee and is commented on in detail in the AC Annual Report.</p> <p>External Audit presented the draft Report to Those Charged with Governance 2020/21 and points to highlight are as follows:</p> <ul style="list-style-type: none"> • The report contained a recommendation to reclassify a holiday pay accrual amounting to £3.967m to a provision in the accounts. It was accepted that this is technical accounting issue. • The Committee considered the position of the External Auditors and reviewed the correspondence to/from the Permanent Secretary dated 22/23 June 2021, which provided direction to the Trust on the issue. • Whilst respecting the view of the External Auditors the Committee decided not to make the adjustment to a provision primarily based on the need to ensure there is consistency of approach across the HSC system as well as the other reasons set out in the Annual Report. • It should be noted that due to the materiality of this issue, the Comptroller and Auditor General will take a view during certification as to whether the accounts are to be qualified. • The report documented one Priority One issue and it related the retrospective approval of Direct Award Contracts. • An unqualified audit opinion has been given in respect of the Charitable Trust Funds. • The Committee noted that the audit did not highlight any further issues and that the Interim Director of Finance and his team were commended for such an outcome and for their hard work during a difficult season.
7	<p><u>Annual Report and Accounts 2020/21</u></p> <p>The Committee recommends approval to the Board of the:</p> <ul style="list-style-type: none"> • Annual Report and Accounts for the year ended 31 March 2021 (Public Funds) as presented by NIAS; and • Annual Report and Accounts for Charitable Trust Funds for the year ended 31 March 2021. <p>The Committee noted the Letters of Representation for both sets of Accounts and a draft resolution to be sent to the Board and Accounting officer has been prepared the form of which is attached as an Annex to the Annual Report.</p>
8	<p><u>ICT and IT Governance Policies</u></p> <p>A number of ICT and IT Governance policies were approved to be forwarded to the Board for formal approval. These are regional policies and cover the following areas: Information Security; Accounts and Passwords; Asset Management; Clear Desk and Screen Policy; Data Transfers; Email Communications; Encryption; Incident Identification and Reporting; Remote and Mobile Working; Removable Media; and Use of Internet Services.</p>



9	<u>ICT Cyber-Security</u> The Audit Committee were informed of and endorsed inclusion of a new risk to the Risk Register, which relates to: The impact of a Cyber attack on a HSC Supplier or Partner organisation.
10	<u>ICT Compliance with Internal Audit Recommendations.</u> The Committee was provided with an update on this issue.
11	<u>Information Governance Compliance with Internal Audit Recommendations</u> The Committee was provided with an update on this issue.

Submitted By:
William Abraham
Chair of Audit Committee



**MINUTES OF THE AUDIT COMMITTEE HELD ON
THURSDAY 24 JUNE 2021 AT 9AM BY ZOOM
(DUE TO COVID-19)**

PRESENT: Mr W Abraham Non-Executive Director (Chair)
Mr D Ashford Non-Executive Director

IN

ATTENDANCE: Mr M Bloomfield Chief Executive
Ms L Charlton Director of Quality, Safety & Improvement
Mr N Gray Northern Ireland Audit Office (left the meeting at 10.15am)
Ms C Hagan ASM (External Auditors)
Mr S Knox Northern Ireland Audit Office
Ms C McKeown Head of Internal Audit, BSO Internal Audit
Mrs L Mitchell Independent Adviser to Committee
Mr P Nicholson Interim Director of Finance
Mr A Phillips Assistant Director of Finance
Dr N Ruddell Medical Director
Ms F Slevin Financial Accounts Manager
Mrs C Mooney NIAS Board Secretary
Mr B McNeill Programme Director – CRM, Estates & Fleet (left the meeting at 9.20am)

APOLOGIES: Ms R Byrne Director of Operations
Ms M Lemon Interim Director of Human Resources
Ms M Paterson Director of Planning, Performance & Corporate Services
Ms R O'Hara Programme Director – Workforce Planning

Welcome, introduction and format of meeting

The Chair welcomed everyone to the meeting and thanked them for facilitating the 9am start.

1 **Apologies**

Apologies were noted from Ms Byrne, Ms Lemon, Ms Paterson and Ms O'Hara.

2 **Declaration of Potential Conflict of Interest & Confirmation of Quorum**

The Chair confirmed that the meeting was quorate and asked those present to declare any conflicts of interest now or as the meeting progressed.

The Chair also stressed the confidentiality of information presented.

3 **Previous Minutes (AC24/06/21/01)**

It was noted that the minutes of the previous meeting held on Thursday 13 May 2021 had been **APPROVED** by e-mail and would be reported to Trust Board later that afternoon.

4 **Matters Arising (AC24/06/21/02)**

Members noted the briefing note provided by Mr McNeill in respect of the heating system in Ballymena Station.

With regard to the action around assessing the potential impact of inflation on the Trust, Mr Nicholson advised that the impact of price rises and inflation was being felt acutely in HSC. He indicated that this had impacted most notably in terms of capital schemes which had resulted in a complete review of the HSC ten year capital plan. He added that this issue was being discussed by Directors of Finance on a monthly basis and was being monitored at the highest levels of HSC and DoH.

Mr Nicholson referred to the Band 8 overtime issue and reported that Covid-19 dispensations had been extended. He said that the Trust would now engage with the affected staff and he acknowledged the potential difficulty in achieving a resolution given the nature of the service.

Referring to action point 16, the Chair confirmed that he had met with Mr Bloomfield, Mr Nicholson and Ms Paterson on 23 June to discuss the progress on addressing the outstanding Internal Audit recommendations and said he would provide further detail under the next agenda item.

5 Committee Chair's Business

5.1 Audit Committee Annual Report

The Chair advised that he would finalise the draft of the report following discussions at today's meeting on a number of emergent issues relating to the accounts. He added that the report would then be presented to the In Committee Trust Board later that afternoon.

5.2 Audit Committee Self-Assessment

The Chair confirmed that the self-assessment had been issued.

5.3 Meeting to discuss outstanding IA recommendations

The Chair undertook to share the note of the meeting he had had with Mr Bloomfield, Mr Nicholson and Ms Paterson. A copy of which is attached to these minutes.

Mr Bloomfield explained that, as agreed by the Remuneration Committee at its meeting on 17 June, he and colleague Directors had included an objective within their overall objectives for 2021-22 to make substantial progress on prior-year recommendations by the end of September and to have recommendations fully implemented by the end of March. He indicated that this also related to making appropriate progress on current recommendations within the appropriate timescales and said that, subject to review by Internal Audit, an estimated 40% of outstanding recommendations were considered fully implemented.

Mr Bloomfield advised that, rather than go through individual recommendations, the first meeting had been used to give the Committee Chair an overall sense of the progress being made. He added that Trust officers would be engaging with Internal

Audit over the coming weeks to focus on addressing these issues.

Mr Ashford said he welcomed the progress being made and looked forward to further updates.

6 Standing Item

6.1 Direct Award Contract (DACs) (AC24/06/21/05)

Mr Nicholson drew the Committee's attention to the Direct Award Contracts (DAC) Register up to 15 June and reminded the meeting that this had been discussed in some detail at the May meeting.

He acknowledged that, in previous years, there had only been a small number of DACs. However, there had been 38 approved in total in the 2021-22 financial year. Mr Nicholson explained that a significant proportion of these had been as a result of Covid-19 and the need for the Trust to move rapidly.

Mr Ashford noted that the briefing provided a context for the number of DACs. He referred in particular to the entry relating to the Association of Ambulance Chief Executives (AACE) and sought further clarification.

The Chair commented that his understanding was that this was the only organisation providing such support and that, by definition, it would be included on the DAC.

Mr Nicholson confirmed that this was the case. He explained that AACE had provided significant support to the Trust over the last number of years and said that Board members would receive a specific update at the Trust Board later that afternoon.

Mr Bloomfield said that the Trust had recently taken the opportunity to review the support provided by AACE in the 2020-21 year with a view to finalising the support required in the 2021-22 year at a cost of the order of £250,000 which was less than each of the previous years. He said that the Trust considered this to be the last year of the programme as the Trust's capacity continued to increase and it became more self-

sufficient. Mr Bloomfield clarified that AACE would continue to provide support to the Trust as it did to all Ambulance Services across the UK.

He alluded to the significant support provided by AACE over the last number of years, particularly in relation to the introduction of the new Clinical Response Model, and said their advice and input had been invaluable.

The Chair stated that, from his perspective as a Non-Executive Director, the input and methodologies used by AACE and made available to the Trust's Senior Management Team had been critical when determining the strategic direction for the Trust.

Mr Knox referred to the £2,000 which had been retained in respect of the heating system at Ballymena station and asked whether the Trust intended to pay this.

Mr Nicholson was of the view that this would not be paid in light of the issues. Mr McNeill confirmed that this would be the case.

The Chair said that he understood the decision not to pursue recovery in relation to the heating issues any further given the time that had elapsed and the costs involved. He also welcomed the confirmation that the retention had not and would not be paid.

6.2 Fraud Update – verbal update

Mr Phillips confirmed that no further fraud cases had been identified. He advised that he was working on preliminary enquiries with regard to two ongoing cases and would provide a report to the Directors of Finance and Human Resources recommending how best to proceed.

Referring to the National Fraud Initiative, Mr Phillips advised that significant work was ongoing between the Trust and Shared Services in relation to matching. He indicated that, of the 548 matches, 86 had been cleared with no issues flagged. Mr Phillips added that 471 matches had related to payroll with 50 of those still to be reviewed. He said that the Trust was liaising with payroll in relation to access to the system. He

confirmed that one of the matches reviewed had related to a fraud allegation. Mr Phillips said that he hoped that the matching exercise would conclude before the next Audit Committee meeting.

Mr Phillips advised of work ongoing across the region in relation to fraud risk assessment. He reported that he had met with the Counter Fraud Service and the Regional Fraud Liaison Officer Group and hoped to be able to progress this work to review actions in September. Mr Phillips undertook to provide an update at the October meeting.

7 Internal Audit

7.1 Internal Audit Charter (AC24/06/21/06)

Drawing the Committee's attention to the Internal Audit Charter, Ms McKeown explained that the Charter was reviewed and presented to Audit Committee for approval every two years. She advised that the document was largely unchanged since it had last been approved by Audit Committee in 2019.

However she pointed out that additional narrative had been included under the Quality Assurance and Improvement Programme section in respect of 'Supervision of Staff' and 'Management meetings' including maintenance of the Internal Audit Risk Register.

Responding to a question from the Chair, Ms McKeown explained that every Internal Audit service was required to have a Charter outlining the purpose, authority and responsibility of the Internal Audit activity.

The Committee **APPROVED** the Internal Audit Charter.

8 External Audit

8.1 External Audit Draft Report To Those Charged With Governance 2020-21 (AC24/06/21/07)

Mr Gray offered his thanks to Ms Hagan and her colleagues and to the Trust's Finance team for their assistance in drafting this report.

He drew members' attention to page 1 of the report, in particular the holiday pay accrual, and External Audit's request that this should be disclosed as a provision. Mr Gray indicated that the Committee would need to consider whether this item needed to be adjusted. He clarified that, in his opinion, this constituted a material error and, if not adjusted, could potentially lead to a qualified audit opinion from the Comptroller and Auditor General.

The Chair said he appreciated the points made by Mr Gray and invited Mr Bloomfield to comment on this issue.

Mr Bloomfield thanked Ms Hagan and Mr Gray for the report and agreed that the focal point of today's discussion would undoubtedly be around the holiday pay accrual issue. He said it was worth noting that, other than this one issue, the Draft Report To Those Charged With Governance had been positive and had focussed on the significant work taken forward by the Trust, in particular by Mr Nicholson and the Finance team.

Continuing, Mr Bloomfield acknowledged that, while he very much respected the position of the NIAO on this matter, he found the NIAO's recommendation to adjust this item very challenging.

Mr Bloomfield said that members would be familiar with the background to the ongoing legal case. He explained that, as consistent with other HSC Trusts and ALBs, NIAS had been allocated funding during the year to pay the likely settlement arising from the legal case. He clarified that this settlement would cover a number of financial years.

Mr Bloomfield advised that the DoH had allocated funding in respect of the settlement to HSC Trusts and ALBs and DoH/HSC had collectively agreed on the accounting treatment to be adopted and that DoH had determined that it would be treated as an accrual. He said that all HSC Trusts had treated the funding in this way. Mr Bloomfield said that he fully understood the point being made by Mr Gray in terms of the materiality that applied to NIAS and added that this was partly due to the scale of the Trust's budget in comparison to other Trusts.

Mr Bloomfield explained that the reason the Trust had been put into this materiality was its reliance on overtime to ensure service delivery. He added that this had never been the case more so than in the past year when 25% of Trust staff had been unavailable for work. Mr Bloomfield indicated that service delivery had been assured through the willingness of staff to work overtime. He was of the view that it was for this reason that the Trust had been significantly impacted by this issue. Mr Bloomfield reiterated that NIAS had acted consistently with other HSC Trusts in how it had treated the allocation in line with the determination of the DoH. He said he would have significant concerns in diverting from the DoH determination and not acting consistently with other Trusts.

Mr Nicholson thanked all involved in the production of the Draft Report To Those Charged With Governance and was of the view that it had been a positive and clean report. He described the accrual issue as a technical accounting matter.

Mr Nicholson said that, while he very much appreciated the NIAO's position on this matter, the Trust's position recommended to the Committee was consistent with the rest of the HSC. He referred to correspondence between the Trust's Chief Executive and the Permanent Secretary, DoH, on the issue and the subsequent response from the Permanent Secretary.

The Chair drew the meeting's attention to the correspondence and reminded those present of the DoH's determination to HSC on how to treat the allocation. He indicated that, should the Trust implement the NIAO's recommendation, it would result in the Trust contravening the DoH's determination and not maintaining a consistent position with the rest of the HSC. The Chair said it was his understanding that NIAS had been the only Trust to receive such a recommendation from the NIAO and queried this point.

Mr Nicholson explained that a consistent approach had been taken across the HSC in terms of adhering to the DoH's determination on how to treat the allocation. He clarified that it was the NIAS materiality level which had resulted in the Trust finding itself in this unique position in terms of the potential

qualification of its accounts. He said that he would expect it to be an unadjusted error in other HSC organisations' accounts.

Mr Gray confirmed this was the position.

The Chair said that, as a Non-Executive Director, he was concerned at the ramifications for the Trust should it contravene DoH's determination and advice. He expressed uncertainty as to the Trust's position should it accept the NIAO's recommendation. However, he referred to the exchange of correspondence between the Trust and the DoH and said that this had provided him with reassurance.

Mr Bloomfield acknowledged that he too shared the Chair's concerns. He reiterated the fact that the Trust had found itself in this position due to the materiality level. Mr Bloomfield further advised the Committee that he was of the view that it would be unhelpful for the Trust to adopt a different approach to other Trusts and agreed that applying a consistent approach across the HSC would be important. He pointed out that, should the Trust implement the NIAO's recommendation and on the basis of liability being determined, the Trust would be unable to identify the necessary funding when it was required.

The Chair acknowledged that, in normal circumstances, the potential of having Trust accounts qualified would be alarming. However, he was of the view that the Permanent Secretary's correspondence had addressed this point directly by advising that it would 'in no way be viewed by the Department as a reflection on the financial management of the Trust.'

The Chair said, for these reasons, he would propose the Committee approve the accounts without reclassifying the holiday pay accrual as a provision and accept the potential consequences. He said that he very much appreciated and respected the views already expressed by all. He suggested that it would be helpful for Mr Bloomfield to follow-up with the Permanent Secretary pending the outcome of the Committee's discussions.

Mr Bloomfield assured the Committee that, as Accounting Officer, the prospect of having the Trust accounts qualified was one that he took extremely seriously. He referred to the fact

that the Trust currently had a limited overall Internal Audit opinion and acknowledged that this, combined with the potential of qualified accounts, was concerning. Mr Bloomfield added that, from a public perspective, these two issues would normally not reflect well on the Trust.

Mr Bloomfield said that, for the reasons already outlined, it was his view that, while respecting the position of the NIAS, the Trust recommended maintaining the accrual position while remaining cognisant of the potential consequences this may have.

The Chair invited Ms Mitchell to comment.

Ms Mitchell said that she respected the NIAO perspective and its recommendation to the Audit Committee. However, she was of the view that the correspondence from the Permanent Secretary was determinative and clarified that it was the DoH's preference for the Trust not to make the adjustment on the basis of consistency with the rest of the HSC. Ms Mitchell advised that, in view of this correspondence, she supported the Chair's proposal to follow DoH advice.

Mr Ashford expressed his disappointment that, although the Draft Report To Those Charged With Governance was a very positive report and demonstrated improvement, the focus had now transferred to a technical accounting issue. He said that he too would share the Chief Executive's concern that, if the Trust decided to adjust to a provision, the Trust would be unable to identify the necessary funding to settle any liability. Mr Ashford said that it would be likely that such funding would have to be identified from services elsewhere.

Continuing, Mr Ashford reminded the meeting that, at the outset, Mr Gray had indicated that failure to comply with the NIAO's recommendation could potentially result in the Trust's accounts being qualified. However he said he hoped the Comptroller and Auditor General would appreciate the Trust's position. Mr Ashford said that, given the comments made as well as the correspondence from the Permanent Secretary, he would agree that the Trust would not accept the NIAO recommendation to adjust the holiday pay accrual to a provision.

The Chair thanked Mr Ashford for his comments and said that, when the Committee came to consider the accounts, he and Mr Ashford had delegated authority to make the determination to accept the accounts as presented without implementing the recommendation from External Audit. He suggested that the meeting should move forward on this basis subject to the Committee reviewing the accounts.

The Chair commended all involved for the manner in which they had approached this issue despite the differences in opinion.

Ms Hagan conveyed her thanks to Mr Bloomfield, Mr Nicholson and Mr Phillips for their support during the audit. She added that this was the second year that the audit had been carried out remotely and acknowledged the challenges this had presented in terms of information flow. Ms Hagan highlighted those matters which had arisen by exception during the audit and acknowledged that the report did not allude to the operational and service delivery challenges experienced by the Trust in-year due to Covid-19. She added that these had been referred to within the Trust's annual report.

Ms Hagan advised that the External Audit opinion would be to propose the qualification of the Trust accounts and said that it would be necessary to revise the draft audit certificate to take account of this. She highlighted that no irregularities had been identified in the course of the audit.

Turning to the Charitable Trust Funds, Ms Hagan reported an unqualified audit opinion without qualification.

Ms Hagan referred to the overall Draft Report To Those Charged With Governance and advised that certain elements would need to be revised to reflect the discussion at today's meeting.

The Chair referred to the finding identified within the report in relation to the need to maintain a contracts register and invited Mr Nicholson to comment.

Mr Nicholson explained that this had been a prior-year Internal Audit Recommendation. He said progress had been impacted by Covid-19 but recognised the need for the Trust to strengthen its controls in this area. Mr Nicholson said that it was hoped that significant progress would be made including planned changes in structures in order to address this recommendation.

The Chair agreed with views expressed earlier in the meeting that, apart from the holiday pay accrual issue, the report had been 'clean' and he thanked everyone for their input.

Mr Ashford agreed with these comments and acknowledged that, while a number of issues of a minor nature had been identified, the report had generally been positive.

The Chair referred to a difference in the respective views expressed by Mr Gray and Ms Hagan and asked for clarification. Mr Gray had previously expressed the view that there was potential for the accounts to be qualified while Ms Hagan had stated that they would be qualified.

Mr Gray clarified the position, noting that the decision to qualify the Trust accounts ultimately lay with the Comptroller and Auditor General. He said that External Audit would provide the Comptroller and Auditor General with a detailed briefing on the circumstances which had led to the External Audit recommendation and include the fact that the Trust was adhering to DoH determination.

Mr Ashford clarified that the situation had only arisen due to the materiality level of the Trust's budget and he hoped that the Comptroller and Auditor General would take this into consideration during his deliberations.

Following this discussion, members **NOTED** the Report To Those Charged With Governance.

9 **Annual Report and Accounts**

9.1 **Draft, Audited, Uncertified Annual Report & Accounts for the year ended 31 March 2021 (AC24/06/21/08)**

At the Chair's invitation, Mr Nicholson advised that the Annual Report and Accounts were an updated, audited version of those brought to Audit Committee on 13 May 2021. He expressed his gratitude to everyone involved in providing comments and making changes that had improved the document. Mr Nicholson expressed particular thanks to External Audit and ASM for their vigorous reviews of the documentation and for their suggestions which had improved presentation and completeness.

Continuing, Mr Nicholson advised that, subject to the Audit Committee and Trust Board meetings, it remained the case that the Trust had achieved the three financial duties required of it, namely:

- revenue surplus of £12,000
- capital underspend of £3,000
- 96.5% of invoices by number paid within 30 days

Mr Nicholson believed that the annual report and accounts very much reflected a unique year in the Trust. He thanked all those involved, not just in bringing this report and accounts to this point, but in the individual and team efforts and actions throughout the year that had resulted in this position.

Continuing Mr Nicholson pointed out that some small areas of outstanding audit matters remained to be clarified as well as a number of minor amendments. He noted that there would also be some changes such as additional disclosures in the notes to the accounts on contingent liabilities and discount rates as well as potential additional narrative in the Governance Statement in relation to the holiday pay position and the opinion of the NIAO and Comptroller and Auditor General. Mr Nicholson reminded the meeting that the letter of representation and audit certificates would also be revised.

He said that, subject to the completion of this work and the work of Audit Committee today, the annual report and accounts

would be presented to the In Committee meeting of the Trust Board for consideration with a view to seeking approval and application of electronic signatures due to Covid-19.

The Chair indicated that he wished to place on record his thanks to all involved. He described the target of paying invoices within 30 days as 'elusive' and acknowledged that this was a significant achievement.

Mr Nicholson said that he would ensure the Chair's thanks were passed on. He said that it was of great personal disappointment that the focus of the 2020-21 year which had been an exceptional year for the Trust would be on the limited audit opinion and potentially qualified accounts.

On a proposal from the Chair, which was seconded by Mr Ashford, the Committee agreed to recommend for approval by the Trust Board:

- The Draft, Audited, Uncertified Annual report and Accounts for the year ended 31 March 2021 as prepared by NIAS and not to adopt the recommendation of External Audit that the holiday pay accrual be changed to a provision.
- It was noted that the Annual Report and Accounts would be electronically signed.

The Committee confirmed its understanding that this may result in a qualification in relation to the public fund accounts.

The Committee noted its reasons for this decision as follows:

- The accounting treatment of this matter by NIAS was done in accordance with the treatment determined by the DoH to be followed by all bodies in HSC.
- If the External Audit position was adopted, this would mean that NIAS would not be following the requirement of DoH and would not be consistent with other HSC organisations.
- The parties concurred that this was a technical accounting matter which was being addressed differently by the parties and the impact of qualified accounts, although not desired, was acceptable to NIAS and the HSC in this context.
- The letter from the Permanent Secretary and NIAS Chief Executive made it clear that, while respecting the NIAO view,

consistency of treatment across HSC is a key point and maintaining the centrally determined view and not adopting the External Audit recommendation was 'strongly supported' with a clear understanding of the consequences.

- In the event NIAS would disregard the DoH determined treatment, it was unclear to Non-Executive Directors what the impact might be in relation to the underlying obligations for which the funds were accrued.

As a result, a possible consequence might be that the Comptroller and Auditor General would certify the 2020-21 financial statements as follows:

- a) In relation to Public Funds, with a qualified audit opinion.
- b) In relation to Charitable Funds, with an unqualified audit opinion.

9.2 Letter of Representation: NIAS for the year ended 31 March 2021 (AC24/06/21/09)

The Committee noted that the letter of representation would be amended following the earlier discussion.

9.3 Draft, Audited, Uncertified, Charitable Trust Funds Trustee's Annual Report for the year ended 31 March 2021 (AC24/06/21/10)

The Chair asked Mr Nicholson to present the Charitable Trust Funds accounts and asked members to then pose any questions they may have.

Mr Nicholson advised that the Charitable Trust Funds Annual Report and Accounts were also now audited versions of those brought to the Committee on 13 May 2021. He expressed his thanks for the reviews and comments which had improved the document.

Mr Nicholson reported that the accounts showed the figures while the Trustee's annual report provided background and context to the year. He indicated his wish to place on record again the Trust's appreciation of the wave of generosity

throughout the year, financial and non-financial, by individuals, groups and businesses.

Mr Nicholson advised that, as with public funds annual report and accounts, the documentation would be presented to the In Committee meeting of the Trust Board for consideration with a view to approval.

Mr Nicholson reminded the meeting that, as was detailed in the Trustee's Annual Report and in line with the Standing Orders the Chair of the Audit Committee would assume the position of Trust Chair when the Charitable Trust Funds were discussed and that his electronic signature would be applied to the documents. Mr Nicholson explained that this was due to the NIAS Chair's position of Chief Charity Commissioner of the Board of the Charity Commission for Northern Ireland.

Mr Ashford referred to discussions at the May Committee meeting when members had the opportunity to consider the draft annual report and accounts in detail and said that he had no further questions.

The Chair acknowledged the challenges presented by undertaking audits remotely and he thanked External Audit for their assistance and perseverance in this regard and said he had noted this in the draft Chair of NIAS Audit Committee's Annual Report.

Mr Bloomfield said it was inevitable that the Committee would focus on areas of concern and believed that this was appropriate. He referred to the accounts and said that, whilst these remained a focal point of the meeting today, cognisance should also be taken of the annual report which highlighted an exceptional year for the Trust in terms of performance. Mr Bloomfield said that the commitment and dedication shown by staff across the organisation had been extraordinary. He expressed his thanks to members of the Senior Management Team for their support over the last year. Mr Bloomfield said he was extremely proud of the work of the Trust over the last year and added that this was reflected within the report.

9.4 Letter of Representation: NIAS Charitable Trust Funds for the year ended 31 March 2021 (AC24/06/21/11)

The Committee indicated that it was content with the letter of representation.

On a proposal from the Chair, which was seconded by Mr Ashford, the Committee agreed to recommend for approval by the Trust Board:

- the Draft, Audited, Uncertified, Charitable Trust Funds Trustee's Annual Report for the year ended 31 March 2021. It was noted that the Charitable Trust Fund accounts would be electronically signed by the Audit Committee Chair and the Chief Executive and
- the Letter of Representation (Charitable Funds) for the year ended 31 March 2021 which would be signed by the Chief Executive.

10 ICT Policy Standardisation and IT Governance (AC24/06/21/12)

Introducing this agenda item in Ms Paterson's absence, Mr Nicholson explained that the approval of these policies would support the implementation of a number of areas of work and address some outstanding Internal Audit recommendations. He said that, if approved, there would be a programme to ensure the roll out and implementation of the policies.

Mr Nicholson believed that the policies highlighted the level of work being undertaken regionally and said that Trust officers continued to work closely with DoH and Digital Health Care colleagues in this regard. He said that members would be aware of the importance of ICT and Information Governance.

There was some discussion in relation to the revised Committee structure and the fact that ICT and Information Governance issues would now fall within the remit of the Audit Committee.

Mr Ashford said that, while he appreciated the need for the policies, he would be more concerned at ensuring the implementation of the policies and ensuring staff were aware of their content.

Mr Nicholson agreed with this point and acknowledged that the roll-out, training of staff and implementation would be challenging. He emphasised that all staff were responsible for ICT security and Information Governance within the Trust.

The Committee **APPROVED** the ICT Policy Standardisation and IT Governance. However members suggested that it would be helpful to also seek Trust Board approval to the policies given the current overlap of delegated authority.

Members stressed the need to ensure that the policies were appropriately rolled-out and implemented as well as ensuring the necessary training was available to staff.

11 **ICT Cyber Security (AC24/06/21/13)**

Mr Nicholson drew the Committee's attention to update on ICT Cyber Security and explained that the update provided background to the ongoing work in this area. He said that the view taken was that a cyber-event was being treated as a 'when and not an 'if' event.

Mr Nicholson reminded the meeting that this area had already been included as an extreme risk in the NIAS Risk Register and advised that, subject to the Audit Committee's approval, the Register would be updated to reflect the regional position and actions to address any gaps and mitigate any impact.

Members **APPROVED** the ICT Cyber Security update.

12 **ICT Compliance with IA recommendations Update (AC24/06/21/14)**

Mr Nicholson advised that the update on compliance and delivery of ICT network security Internal Audit recommendations had been provided for members to note. He referred to the significant scope of the programme of work which had a number of regional dependencies. Mr Nicholson said that the papers considered by the Committee at its meeting today formed part of the steps to improve security and address recommendations.

Members **NOTED** the update on ICT Compliance with IA recommendations.

13 **Information Governance Compliance (AC24/06/21/15)**

Mr Nicholson drew the Committee's attention to this update which outlined the position in relation to Information Governance, setting the context and current compliance levels and status against internal audit recommendations. The update also referred to the steps being taken and the structures which had been put in place to improve assurance levels in this area.

Mr Nicholson commented that ICT Security and Information Governance were becoming increasingly more significant. He alluded to the significant programme of work ongoing across both areas and said this would become an increasing focus of the Audit Committee moving forward.

Members **NOTED** the Information Governance Compliance update.

The Chair noted that it was clear from the papers considered by the Committee that there was an increased structure and focus around the management of the ICT security and Information Governance aspects of Trust business. He welcomed the progress which had been made and agreed that such critical areas were becoming focal points not only for the Trust but more generally.

14 **Closed Meeting**

At this point in the meeting, NIAS officers withdrew from the meeting to allow the Committee Chair meet with the Internal and External Auditors in a closed session.

Following this meeting, the Committee Chair advised that a schedule of meetings between him and the Head of Internal Audit would be arranged to take place during the year.

There were no other matters or further actions required as a result of the closed meeting.

15 **Any Other Business**

There were no items of Any Other Business.

16 **Date, time and venue of next meeting**

The next meeting of the Audit Committee will take place on Thursday 7 October 2021 at 10am (venue and arrangements to be confirmed)

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 11.30AM

SIGNED: 

DATE: 10 August 2021



**Audit Committee - NOTE OF MEETING TO DISCUSS OUTSTANDING
INTERNAL AUDIT RECOMMENDATIONS HELD VIA ZOOM
23 JUNE 2021**

Present: Mr William Abraham – Chair, Audit Committee
Mr Michael Bloomfield – Chief Executive
Mr Paul Nicholson – Interim Director of Finance
Ms Maxine Paterson – Director of Planning, Performance & Corporate Services

In

Attendance: Mrs Carol Mooney – Board Secretary

1. Mr Abraham set out the expectations of the Audit Committee in relation to these extraordinary meetings which included receiving an updated list or spreadsheet of outstanding matters as well as a report on progress and issues arising.
2. Mr. Nicholson provided an overview of the approx. 68 outstanding IA recommendations and advised that there were a number of such recommendations which would be fully implemented in the coming weeks.
3. The spreadsheet detailing each recommendation will be prepared and provided prior to the next meeting where it can be presented and discussed.
4. The Chief Executive undertook to provide an update on the process to be put in place and spoke to the Trust's commitment in ensuring progress was realised.
5. It was noted that all Directors had an individual personal objective to make substantial progress on those recommendations relating to their area by the end of September with a view to ensuring full implementation by the end of March 2022.
6. It was agreed that the next meeting would be between mid to end July.



CHAIR OF NIAS AUDIT COMMITTEE ANNUAL REPORT 2020-21

1. Introduction

The Audit Committee provides the Accounting Officer and the Board with assurance on the adequacy and effectiveness of internal control systems and that all regulatory and statutory obligations are being met. The Chair of NIAS Audit Committee Annual Report 2020-21 (the “Report”) will be used by the Accounting Officer and Board in preparing their own report for publication in fulfilment of the reporting requirements of the Corporate Governance Code (NI). (Appendix A contains matters considered in the preparation of this Report.)

This Report is presented to the Board as an additional source of assurance, providing confidence that the independent scrutiny and findings of the Audit Committee over the course of the last financial year supports the approval and 'sign-off' of the Annual Report and Annual Accounts, including the Governance Statement.

The Report is complementary to the work and findings of the other Board Committees, especially in respect of the Governance Statement.

2. Chairman's Comments

There are a few key matters that I would like to draw specific attention to as follows:

2.1. Impact of Covid-19 Pandemic

As noted in the previous year's Annual Report, the Covid-19 pandemic has caused upheaval throughout the NHS, including NIAS, and has impacted on the activity of the Audit Committee. Non-Executive Directors were advised by HSC to increase diligence and oversight during the currency of the pandemic. Additional meetings and discussions were held between Management and Non-Executive Directors. During the height of the crisis, there were weekly updates between the Chair of the Audit Committee, Chair of the Assurance Committee, Trust Chair, CEO and Senior Management. In addition, during 2020-21, the Audit Committee continued to meet using online virtual meetings. The Audit Committee was able to hold all of its

scheduled meetings and the workflows into the Audit Committee were received and completed in time.

Despite this impact, in my view, the governance arrangements and level of control were not adversely impacted, in part due to the business continuity arrangements put in place and the hard work of everyone involved. This view is supported by the Satisfactory finding on the Internal Audit review of NIAS's responses to the pandemic during the 2020-21 Internal Audit cycle. I commend the entire NIAS team for their dedication and outstanding work during this unprecedented ongoing crisis.

2.2. Chairman's Comment on External Audit Report

The Northern Ireland Audit Office issued a draft Report to Those Charged With Governance dated 16 June 2021 (the "EA Report") which is incorporated by reference. EA completed the audit of the NIAS 2020-21 financial statements in accordance with International Standards on Auditing (UK) (ISAs) issued by the Financial Reporting Council; with Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'; and with the Audit Strategy presented to the Audit Committee in March 2021.

The EA Report made the following recommendation:

"The Audit Committee should:

- review the findings set out in this report, including the draft letter of representation and audit certificate at Appendices One and Two respectively; and
- recommend adjusting the holiday pay accrual to a provision."

The EA Report summarised this issue as follows:

"Holiday Pay Overtime Accrual

An accrual relating to holiday pay overtime amounting to £3.967m (2019/20 £nil) has been recognised in the financial statements. This has been calculated in line with Departmental guidance. We reviewed the calculations based on NIAS' payroll records to confirm accuracy. We believe that the holiday pay should be re-classified from an accrual to a provision."

Subject to this adjustment, EA propose that the Comptroller and Auditor General (C&AG) will certify the 2020-21 financial statements with an unqualified audit opinion, without modification.

EA also propose that the C&AG will certify the 2020-21 financial statements for the Charitable Trust Fund with an unqualified opinion, without modification.

In addition to the Holiday Pay Overtime Accrual issue, during the audit, EA reviewed internal controls; accounting systems; and procedures to the extent considered necessary for the effective performance of the audit. One Priority 1 finding was identified in relation to regularity and the internal control environment which is a recurring recommendation and relates to contract management and the retrospective approval of Direct Award Contracts and the lack of an up to date and accurate contracts register.

2.3. Audit Committee Recommendation

The Audit Committee met on 24 June 2021 and, among other things, discussed the EA Report, the Holiday Pay Overtime Accrual issue and EA's recommendation.

The Audit Committee considered, in particular:

- The EA Report and presentation made by EA at the Audit Committee
- Comments of the CEO and Interim Director of Finance made during the meeting
- The HSC advice in relation to the treatment of this matter
- A letter from NIAS' CEO to the Permanent Secretary, 22 June 2021, and the reply from the Permanent Secretary to NIAS CEO, 23 June 2021, dealing with this matter

After discussion and consideration, the Audit Committee agreed to recommend the accounts of NIAS as prepared by NIAS and did not adopt the recommendation of EA that the Audit Committee recommend that the holiday pay accrual be changed to a provision. It is understood that this may result in a qualification in relation to the Public Fund accounts.

This was done for the following reasons:

- the accounting treatment of this matter by NIAS was done in accordance with the treatment determined by the Department of Health (DoH) to be followed by all bodies in HSC.
- If the EA position was adopted this would mean that NIAS would not be following the requirement of DoH and would be out of synch with other HSC organisations.
- The parties concurred that this was a technical accounting matter which is being addressed differently by the parties and the impact of qualified accounts, although not desired, was acceptable to NIAS and the HSC in this context.
- The letter from the Permanent Secretary and HSC Chief Executive made it clear that, while respecting the EA view, maintaining the centrally determined view and not adopting the EA recommendation “strongly supported” with a clear understanding of the consequences.
- In the event NIAS disregarded the DoH determined treatment it was unclear to non-executive directors what the impact could be in relation to the underlying obligations for which the funds were accrued.

As a result, a possible consequence might be that the Comptroller and Auditor General will certify the 2020-21 financial statements as follows:

- a) In relation to Public Funds, with a qualified audit opinion.
- b) In relation to Charitable Funds, with an unqualified audit opinion.

2.4. Chairman’s Comments on Internal Audit Opinion

I note the following statement from the Head of Internal Audit (IA) regarding her overall opinion detailed within her Annual Report:

*“Overall for the year ended 31 March 2021, I can provide **limited assurance** on the adequacy and effectiveness of the organisation’s framework of governance, risk management and control.” (emphasis added)*

In relation to the above opinion, the Head of Internal Audit went on to state:

“When providing Limited assurance in 2019/20, I acknowledged that the framework of governance, risk management, and control was improving within NIAS and going forward, if improvement efforts were sustained and planned outcomes were

achieved, the organisation should move to a satisfactory assurance position. In the context of COVID-19, during 2020/21 the organisation has not made the progress it had planned in implementing audit recommendations where Limited assurance was previously provided. The reasons for providing Limited assurance in 2019/20 therefore largely remain in 2020/21. I acknowledge that I am providing Satisfactory assurance in the majority of audit assignments conducted in 2020/21.”

I acknowledge that the Head of Internal Audit's opinion is independent and only comes to the Audit Committee for noting. However, it is being taken seriously by the AC and NIAS and I have agreed with the CEO to have additional monthly update meetings for at least the next six months to clear the outstanding audit recommendations that have led to this Limited assurance continuing from 2019/20 to 2020/21.

However, I note the following in relation to this Limited finding:

- The impact of Covid-19 specifically affected and delayed the ability of NIAS to address the issues from 2019/20 that led to the continuation of this Limited opinion for 2020/21. For example, one of the key employees had to be taken off work being done on IA issues to be a key member of the Silver response team during the pandemic. These decisions were taken in the interests of patient safety, were advised to the Board and all parties are in agreement that these were the right decisions at that time. This was to some extent acknowledged by IA who provided a Satisfactory Assurance for NIAS in relation to its governance during Covid-19.
- The Head of IA agreed that the issues that gave rise to the Limited Assurance pre-existed the tenure of the current CEO. The current year IA report is positive with no current year priority 1 findings. There was meaningful progress on past issues (see Appendix D for further details) despite the pandemic, albeit not enough for the Head of IA to amend her opinion. In my opinion, this is indicative of a management team that is focusing on the issues facing NIAS in order to bring about transformative change. I reported to the Board (presented at Board Meeting 24 June 2021) my concern that a CEO and management team engaging in a transformational process dealing with historic issues could be hindered by ongoing Limited IA opinions. Therefore, in my opinion, there does need to be a distinction between: 1. current year issues where a Limited

determination would indicate a problem arising in the organisation; and 2. historical issues where a Limited opinion may actually indicate that the current management team is doing its job to bring about meaningful improvements.

I noted last year that NIAS leadership is aware of the issues highlighted by Internal Audit and has been taking significant and focused steps to address these issues. I noted, by way of example, that there were formerly only four Directors and now there are eight. In addition, a number of other positions and roles have been filled further strengthening the ability of the organisation to deal with these issues.

As noted, the CEO is implementing an aggressive programme to clear outstanding IA recommendations and I will be meeting with him on a monthly basis to monitor this progress and to support NIAS in achieving this goal. The first of such meetings was held on 23 June 2021 and substantial progress was reported to the Audit Committee on 24 June 2021. I agree with the Head of IA's view that the the organisation should move to a satisfactory assurance position if this work is continued.

As a result, it is my view that this level of assurance does not indicate a recent downward trend in the organisation's capabilities, rather it reflects the continuing efforts of the CEO and Senior Management to focus on and improve areas that may be challenging to the organisation, despite the impact of the Covid-19 pandemic.

3. Audit Committee, Membership, Meetings and Attendance

3.1. Terms of Reference

The Audit Committee Terms of Reference (TOR) are reviewed on an annual basis. The Audit Committee reviewed its TOR on 29 October 2020. Further review of the TOR will be undertaken in 2021/22 as part of the ongoing restructuring of the Board's Committees.

The Board has revised its Committee structure with the renaming and restructuring of the Assurance Committee to become the Safety, Quality, Patient Experience and Performance Committee and the creation of a new Committee, the People, Finance and Organisational Development Committee.

It is envisaged that the Audit Committee will become the Audit and Risk Committee with revised Terms of Reference sometime during 2021/22.

3.2. Membership

I would like to take this opportunity to thank my fellow Non-Executive Director colleagues for their support and expert input to the NIAS's Audit Committee meetings throughout 2020-21. Membership of the Audit Committee comprises:

- Mr William Abraham
- Mr Dale Ashford; and
- Mr Alan Cardwell who left the Audit Committee when he retired as a Non-Executive Director with effect from 11 February 2021.

3.3. Meetings of the Committee

The Committee is required by its Terms of Reference to meet not less than three times per year. During the year commencing 1 April 2020, the Audit Committee met on four occasions (all of which were held via Zoom due to the Covid-19 pandemic) as detailed below:

- 28 May 2020
- 2 July 2020
- 29 October 2020
- 18 March 2021

All of the above meetings included the opportunity for a private meeting between the Audit Committee and the Internal and External Auditors. A 'Closed Meeting' is a standing agenda item for the Audit Committee.

The attendance record for Audit Committee members during 2020-21 is as follows:

- Mr W Abraham 4 out of 4
- Mr D Ashford 4 out of 4
- Mr A Cardwell 1 out of 3*

(*Member of the Audit Committee for only part of the year.)

4. Internal Audit (IA)

4.1. IA Report

On 7 May 2021, IA produced its report, NORTHERN IRELAND AMBULANCE SERVICE TRUST, HIA ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2021 (the “IA Report”) which is incorporated by reference. During the year, the Committee considered reports from IA covering the IA work assignments detailed in the table set out in Appendix B, which also sets out a summary of the opinions of IA in relation to such assignments.

The IA Report sets out the work of IA in more detail including:

- IA Strategy/Plan and Assignments
- BSO Shared Services Updates
- Year-End Follow-Up Report
- Internal Audit Overall Audit Opinion

In addition to the Limited assurance discussed above, limited assurance was also issued by IA in respect of the following audit areas: Payments to Staff; Non Pay Expenditure; and Information Governance. All of the audit recommendations have been recognised and accepted by Senior Management and steps have been taken to address these concerns.

4.2. IA Framework

The primary objective of Internal Audit is to provide an independent and objective opinion to the Accounting Officer, the Board and the Audit Committee on the adequacy and effectiveness of the system of internal control. The work of the Internal Auditor is informed by an analysis of risks to which the Trust is exposed.

Annual audit plans, which are approved by the Audit Committee, are based on this risk analysis. Planned inputs of 155 days were agreed by the Committee for 2020-21. In response to the Covid-19 pandemic, routine assurance audit work was stood down in quarter 1 of 2020-21 and audit instead conducted commissioned advisory work. There was also an element of under-utilisation of available audit days during this period. The Head of Internal Audit has however, concluded that sufficient audit work was conducted during 2020-21 to enable an annual assurance opinion to be provided.

4.3. Comments on IA Work

It is noted that the work delivered by BSO Internal Audit was to a high standard and delivered in a professional and effective way, with reports setting out in a clear manner any remedial action required. I note the high achievement of the Internal Audit team and commend them for achieving such an exemplary result.

I would highlight that Internal Audit conduct their work in accordance with the Public Sector Internal Audit Standards (PSIAS). An Internal Quality Assessment of BSO Internal Audit Service's compliance with the PSIAS was performed in January 2021, and provided assurance that the Service complies satisfactorily with the requirements of these standards.

Internal Audit is professionally required to undergo an independent External Quality Assessment (EQA) every five years. The Chartered Institute of Internal Audit (IIA) performed the most recent EQA of BSO Internal Audit during March 2019. Out of 62 fundamental principles, Internal Audit conformed to 60, with partial conformance in the remaining two. Further work is required to implement the two EQA recommendations around assurance mapping and co-ordination of assurances.

The assessments therefore found it appropriate that BSO Internal Audit conforms to the PSIAS and the Institute of Internal Audit's professional standards.

It would be useful moving forward to have a discussion or ability for the views of Audit Committee members to be heard by the Head of IA in relation to the IA Report prior to the finalisation of such report and its presentation to the Audit Committee for noting. Moving forward, additional meetings between the Chair of the Audit Committee and the Head of IA will be scheduled for 2021-22.

5. External Audit Framework

At the Audit Committee held on 18 March 2021, the AC considered the EA Audit Strategy which highlighted how EA on behalf of the Comptroller and Auditor General (C&AG), planned to audit the financial statements for the year ending 31 March 2021. This included:

- how significant risks of material misstatement to transactions and balances would be addressed;
- planned timetable, fees and audit team;
- relevant changes to financial reporting guidance;
- matters which EA are required to communicate to the Committee under International Standards on Auditing (ISAs), including the scope of the audit, EA's respective responsibilities, and how EA maintain independence and objectivity; and
- Public Reporting work undertaken by the C&AG that is relevant to NIAS.

EA are independent of NIAS in accordance with the ethical requirements that are relevant to their audit of the financial statements in the UK, including the FRC's Ethical Standard. EA have fulfilled their ethical responsibilities in accordance with these requirements and have developed important safeguards and procedures in order to ensure their independence and objectivity.

The NIAO appointed ASM, Chartered Accountants to undertake the detailed work to support the C&AG's opinion. On a day-to-day basis the audit was managed and the work carried out by ASM staff, under the direction of the NIAO. The responsibility for recommending the form of audit opinion to the C&AG is retained by the NIAO.

6. Financial Reporting and Governance Statement

The Audit Committee, aided by NIAS management, IA and External Audit, review the NIAS Annual Report and the NIAS Accounts (Public Funds and Charitable Funds) including the Schedule of Losses and Special Payments and recommend the approval of the NIAS Annual Report and NIAS Account.

7. Fraud

The Audit Committee receives regular updates on fraud cases involving NIAS at every meeting as a standing agenda item.

8. Governance

The Audit Committee reviewed its Terms of Reference at the committee meeting on 29 October 2020. These Terms of Reference will be reviewed and amended in line with the wider governance review at Board level with the creation of a new committee called the People, Finance and Organisational Development Committee as well as changing the Assurance Committee to become the Safety, Quality, Patient Experience and Performance Committee. The Audit Committee will liaise and review the activities of the Audit Committee in the light of these changes to ensure overall effectiveness.

The Audit Committee completes an annual self-assessment and the NAO Audit and Risk Assurance Committee Effectiveness checklist forms the basis of this review (see Appendix C for a summary).

Reports on the use of Direct Award Contracts used to be presented at Audit Committee on an annual basis. Due to issues raised by Internal Audit, Direct Award Contracts are now a standing agenda item at each Audit Committee meeting.

9. Committee Statement of Assurance

Considering all of the inputs for the 2020-21 period, the Audit Committee was satisfied that the Trust's system of governance and internal control arrangements were adequate and satisfactory.

Currently, as the committees are structured the Audit Committee does not provide assurance on risk management.

10. Audit Committee Recommendation

The Audit Committee reviewed the Charitable Trust Funds Trustee's Annual Report and Accounts for the year ended 31 March 2021 and the Letter of Representation (the 2020-21 Accounts"). The Audit Committee also received a report from the Interim Director of Finance.

The Audit Committee, having relied upon the work of the Trust's External and Internal Auditors and assurances provided by them, agreed at its meeting on 24 June 2021 to provide resolutions in the form attached in Appendix E to the Trust Board recommending the approval of the 2020-21 Accounts.

11. Conclusion

I would also like to express my personal thanks to all those who continue to support and contribute to the work of the Audit Committee.

In particular, I would highlight the interim Director of Finance and the finance team for the responsive and professional approach consistently demonstrated throughout what has been a difficult year. In addition, I would like to thank both Internal and External Audit for their contribution to the work of the Audit Committee and the assurances they provide.



Mr W Abraham
Chair, Audit Committee

24 June 2021

Appendix A

REPORTING CONSIDERATIONS

Audit and Risk Assurance Handbook (NI – April 2018)

(6.4/6.5/6.6) of the ARAC Handbook refers specifically to the Annual Report:

- 6.4 The ARAC should provide an Annual Report, timed to support the preparation of the Governance Statement. This internal report needs to be open and honest in presenting the Committee's views if it is to be of real benefit to the Accounting Officer and Board. This report is likely to be used by the Accounting Officer and Board in preparing their own report for publication in fulfilment of the reporting requirements of the Corporate Governance Code (NI).
- 6.5 The Annual Report should summarise the Audit and Risk Assurance Committee's work for the year past, and present the Committee's opinion about:
- the effectiveness of governance, risk management and control;
 - the comprehensiveness of assurances in meeting the Accounting Officer's and Board's needs;
 - the reliability and integrity of these assurances;
 - whether the assurance available is sufficient to support the Accounting Officer and Board in their decision taking and their accountability obligations;
 - the implications of these assurances for the overall management of risk;
 - any issues the Audit and Risk Assurance Committee considers pertinent to the Governance Statement and any long term issues the Committee thinks the Accounting Officer and/or Board should give attention to;
 - financial reporting for the year;
 - the quality of both Internal and External Audit and their approach to their responsibilities; and
 - the Committee's view of its own effectiveness, including advice on ways in which it considers it needs to be strengthened or developed.
- 6.6 The ARAC's report should take into account any other relevant assurance reports. This may include obtaining assurances from other parts of the departmental group in respect of key risks.

Audit Committee Terms of Reference

Paragraph 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 quality and assurance standards.

Appendix B

INTERNAL AUDIT ASSIGNMENTS 2020-21

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
Finance Audits:	
Financial Review	Satisfactory: Charitable Trust Funds Limited: Payments to Staff; and Non-pay Expenditure (Four Significant Findings)
ICT Procurement and Contract Management	Satisfactory (No Significant Findings)
Corporate Risk Audits:	
Information Governance	Limited (Three Significant Findings)
Governance Audits:	
Risk Management	Satisfactory (No Significant Findings)
Governance During Covid-19	Satisfactory (No Significant Findings)
Follow Up Reviews:	
Mid-Year	Not applicable
Year-End	Not applicable
BSO Shared Services Audits:	
Payroll Service Centre	Satisfactory: Elementary Payroll Processes Limited: Timesheet Processing; SAP / HMRC RTI Reconciliation; and Management of Overpayments and Holiday Pay
Recruitment Shared Service Centre	Satisfactory
Business Services Team	Satisfactory
Accounts Payable	Satisfactory

Appendix C

AUDIT COMMITTEE SUMMARY OF EFFECTIVENESS CHECKLIST 2020-21

Principle 1: Membership, independence, objectivity and understanding
The Audit and Risk Assurance Committee should be independent and objective; in addition each member should have a good understanding of the objectives and priorities of the organisation and of their role as an Audit and Risk Assurance Committee member.
Comment: In relation to membership of the Audit Committee, one non-executive board member who was also a member of the Audit Committee retired in February 2021 and has not yet been replaced. The Board has empowered a new committee called the People, Finance and Organisational Development Committee and we will liaise and review the activities of the Audit Committee in the light of this change to ensure effectiveness.
Principle 2: Skills
The Audit and Risk Assurance Committee should corporately own an appropriate skills mix to allow it to carry out its overall function.
Comment: During the financial year additional support for the Audit Committee was procured from the HSC Leadership Centre.
Principle 3 and 4: The role and scope of the Committee
<p>The Audit and Risk Assurance Committee should support the Board and the Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.</p> <p>The scope of the Audit and Risk Assurance Committee's work should be defined in its terms of reference and should encompass all the assurance needs of the Board and Accounting Officer. Within this the Audit and Risk Assurance Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor and financial management and reporting issues.</p>
Comment: In relation to governance arrangements, the Board's review of its governance and memberships is ongoing and a new Committee called the People, Finance and Organisational Development Committee has been empowered. The new Chair and CEO have engaged in this process. In addition the Assurance Committee has been revised and renamed as the Safety, Quality, Patient Experience and Performance Committee.
Principle 5: Communication and reporting

The Audit and Risk Assurance Committee should ensure it has effective communication with all key stakeholders, for example, the Board, the Group Chief Internal Auditor, Head of Internal Audit, the External Auditor, the Risk Manager and other relevant assurance providers.

Comment: No separate meetings have been held with either Internal Audit or External Audit; however, there is a standing agenda item at the Audit Committee for a closed session with these parties. This closed session took place in 3 out of 4 Audit Committee meetings during 2020-21.

Appendix D

Comparison of the Implementation of Outstanding Internal Audit Recommendations

Year	Total	Fully Implemented	Partially Implemented	Not Yet Implemented
2013-14	130	57% - 74	35% - 46	8% - 10
2014-15	137	75% - 103	20% - 28	5% - 6
2015-16	181	63% - 114	31% - 57	6% - 10
2016-17	166	69% - 114	30% - 51	1% - 1
2017-18	149	68% - 102	32% - 32	0% - 0
2018-19	151	73% - 111	26% - 39	1% - 1
2019-20	152	71% - 108	28% - 43	1% - 1
2020-21	181	62% - 112	36% - 65	2% - 4

There are eight Priority 1 audit recommendations from previous financial years that are not fully implemented and relate to: procedures for the management of unsocial hours for both core and relief staff; performance management for PCS; use of systems for PCS; an organisational structural review of PCS; implementation of an ICT governance framework; establish Enterprise Architecture for ICT; establish a Chief Information Security Officer role; and establish a framework for ICT policies and guidance.

Appendix E

Resolutions to Trust Board

Annual Report and Accounts for the Year Ended 31 March 2021

Resolution to Trust Board

The Trust has a Committee structure with agreed Terms of Reference outlining specific duties in respect of the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control.

Within this framework the Audit Committee, having relied upon the work of the Trust's External and Internal Auditors and assurances provided by them, agreed at its meeting on 24 June 2021 (subject to the satisfactory completion of any outstanding audit matters and a number of minor amendments and changes) to recommend to the Trust Board that:

1. The Annual Report and Accounts for the year ended 31 March 2021 should be approved by the Trust Board as presented and:
 - the Performance Report should be signed by the Chief Executive;
 - the Accountability Report (which includes: Governance Report; Remuneration and Staff Report; and Accountability and Audit Report) should be signed by the Chief Executive;
 - the Financial Statements relating to Public Funds should be signed by the Chair and the Chief Executive; and

This is recommended by the Audit Committee to the Trust Board and Accounting Officer despite the recommendation from the Northern Ireland Audit Office in its Report to those charge with Governance that the Audit Committee should recommend adjusting the holiday pay accrual to a provision. This may result in a qualification to the accounts.

2. The Letter of Representation (Public Funds) for the year ended 31 March 2021 should be approved by the Trust Board and signed by the Chief Executive.

The application of signatures in all documentation will be electronic rather than physical given the restrictions in place due to Covid-19.

Charitable Trust Funds Trustee's Annual Report & Accounts
for the Year Ended 31 March 2021

Resolution to Trust Board

The Audit Committee reviewed the Charitable Trust Funds Trustee's Annual Report and Accounts for the year ended 31 March 2021 and the Letter of Representation. The Audit Committee also received a report from the Interim Director of Finance.

The Audit Committee, having relied upon the work of the Trust's External and Internal Auditors and assurances provided by them, agreed at its meeting on 24 June 2021 (subject to the satisfactory completion of any outstanding audit matters and a number of minor amendments and changes) to recommend to the Trust Board that:

1. The Charitable Trust Funds Trustee's Annual Report and Accounts for the year ended 31 March 2021 should be approved by the Trust Board; and
 - a) The Trustee's Annual Report should be signed by the Chair of Audit Committee* and the Chief Executive; and
 - b) The Financial Statements should be signed by the Chair of Audit Committee* and the Chief Executive.
2. The Letter of Representation (Charitable Trust Funds) for the year ended 31 March 2021 should be approved by the Trust Board and signed by the Chief Executive.

The application of signatures in all documentation will be electronic rather than physical given the restrictions in place due to Covid-19.

* As detailed in the Trustee's Annual Report and in line with the Standing Orders the Chair of the Audit Committee assumes the position of Chair when Charitable Trust Funds are discussed, as the Chair was appointed Chief Commissioner to the Board of the Charity Commission for Northern Ireland.



Northern Ireland Ambulance Service Health and Social Care Trust

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