



Northern Ireland Ambulance Service
Health and Social Care Trust



Employee Resource Pack

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Foreword

Dear Colleagues

Health and Social Care organisations, including the Northern Ireland Ambulance Service Trust (NIAS), operate in an increasingly changing environment. In June 2012 the Regional Ambulance Training Centre (RATC) produced a Corporate Information Resource Pack in collaboration with subject experts from across the Trust. The purpose of the pack was to ensure all staff had access to up-to-date information on a range of key topics. It was published on the intranet and new recruits were provided with individual copies during Induction.

The pack has recently been reviewed and updated by the RATC along with subject experts from across the Trust and renamed as the Employee Resource Pack. It will be published on the intranet and will be regularly updated to ensure the information remain current and valid. In addition, all new recruits will be provided with a copy of the pack during Induction.

I hope you find the Employee Resourcing Pack a useful reference and learning tool and any comments or feedback you may have will be most welcome for consideration during the development of future versions.

A handwritten signature in black ink that reads "Linda Rafferty". The script is cursive and fluid.

Linda Rafferty
Assistant Director of Human Resources
Education, Learning & Development

PART ONE

CORPORATE GOVERNANCE

Section 1: The Trust's Mission, Vision and Core Values

Objective

By the end of this section you will have an understanding of:

- The Trust's Purpose
- The Trust's Mission
- The Trust's Vision
- The Trust's Values

NIAS Purpose

The Northern Ireland Ambulance Service is highly valued by the people of Northern Ireland. It exists to improve their health and well-being, and applies the highest levels of human knowledge and skill to preserve life, prevent deterioration and promote recovery. The Ambulance Service touches lives at times of basic human need, when care and compassion are what matter most.

NIAS Mission Statement

"The Northern Ireland Ambulance Service will provide safe, effective, high-quality, patient-focussed care and services to improve health and well-being by preserving life, preventing deterioration and promoting recovery."

NIAS Vision

"Improved health and well-being for the Northern Ireland community through safe, effective, high-quality, patient-focussed care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole healthcare system."

NIAS Values

The Trust's 6 values drive the organisational culture and beliefs and support the achievement of the vision.

Respect & Dignity – We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

Commitment to Quality Care - We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

Compassion - We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

Improving Lives - We strive to improve health and well-being and people's experiences of the health service. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

Working Together for Patients - We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals within and outside the health service. We put the needs of patients and communities before organisational boundaries.

Everyone Counts - We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Section 2: Corporate Governance

Objective

By the end of this section you will have an understanding of:

- What Corporate Governance is
- Why it's important
- How it contributes to the organisation

What is Corporate Governance?

The systems, processes and behaviours by which the NIAS Trust Board leads, directs and controls their functions so that organisational objectives, including safety and quality of service are achieved. Also covered is the manner in which the Trust engages with employees, patients and carers, the wider community/partners.

The prime duty of a Board is to ensure that the organisation is well governed. The Trust Board is expected to make the best use of its total resources: financial, employees, physical infrastructure. As leaders of the organisation the Trust Board works with employees and its partners to achieve the Trust's objectives.

Why is Corporate Governance important?

Corporate Governance helps to achieve high standards of patient care, thus protecting patients and ensuring appropriate use of public money. Through good governance the Trust Board can ensure the care and wellbeing of patients and employees.

This is achieved by having good plans in place which are supported by appropriate resources so that all of the above can be achieved.

How does Corporate Governance work?

Composition of the Trust Board

The Trust Board comprises a Non-Executive Chair and equal numbers of Executive and Non-Executive members who share responsibility for the Board's decisions. Executive Directors are full-time employees of the Trust with responsibility for the day to day running of the operation. They include:

- Chief Executive

- Director of Finance and Information & Communications Technology (ICT)
- Director of Operations
- Medical Director
- Director of Human Resources and Corporate Services

Role of the Trust Chairman

The Chair is responsible for leading the Board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole. The Chair is accountable to the Minister for Health, Social Services and Public Safety through the Departmental Accounting Officer.

The Chair has a particular leadership responsibility on the following matters:

- formulating the Board's strategy for discharging its duties;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Department of Health & Social Services & Public Safety Northern Ireland (Department) and other departmentally designated authorities;
- ensuring that risk management is regularly and formally considered at Board meetings;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of propriety;
- representing the views of the Board to the general public;
- ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board members; and
- ensuring that all Board members are fully briefed on the terms of their appointment, their duties, rights and responsibilities and assesses, annually, the performance of individual Board members

A complementary relationship between the Chair and the Chief Executive is important. The Chief Executive is accountable to the Chair and Non-Executive members of the Board for ensuring that Board decisions are implemented, that the organisation works effectively, in accordance with government policy and public service values, and for the maintenance of proper financial stewardship.

The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action fulfilling the decisions of the Board.

Role of Non-Executive Directors

Non-Executive Directors are appointed by the Minister for Health, Social Services and Public Safety to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability, through the Department, to the Minister and to the local community.

The contribution of Non-Executive Board members to Board business derives from their wide experience and their detachment from the job of management. They have a key role in working with the Chair in the appointment of the Chief Executive and other Executive Board members. The Chair and the Non-Executive Board members compromise the Remuneration and Audit Committees.

In addition, they undertake specific functions agreed by the Board including the oversight of staff, relations with the general public and the media, participation in professional conduct and competency enquiries, staff disciplinary appeals and procurement of information management and technology. Their exercise of such functions should be in a Non-Executive capacity.

Role of the Chief Executive

The Chief Executive helps to create the vision for the Board and the Trust to modernise and improve services. He/she is responsible for ensuring that the Board is empowered to govern the Trust and that the objectives it sets are accomplished through effective and properly controlled executive action.

The Chief Executive's roles and responsibilities cover:

- Leadership
by helping to create the vision for the Board and the organisation to modernise and improve services, communicating this vision to others and empowering them to deliver the Trust's agenda.
- Performance management
by ensuring that the Board's plans and objectives are implemented and that progress towards implementation is regularly reported to the Board using accurate systems of

measurement and data management. By agreeing the objectives of the senior executive team and reviewing their performance through regular accountability reviews.

- Governance
by ensuring that the systems on which the Board relies to govern the Trust are effective. This will enable the Chief Executive to sign the Governance Statement on behalf of the Board, to state that the systems of governance, including financial governance and risk management are properly controlled.
- Accountability
to the Board for meeting their objectives and, as Accounting Officer, to the Permanent Secretary of the Department for the performance of the Trust.

As Accounting Officer the Chief Executive has responsibility for ensuring that the Trust meets all its statutory and legal requirements and adheres to guidance issued by the Department in respect of governance. This responsibility encompasses the elements of financial control, organizational control, clinical and social care governance, health & safety, equality and human rights and risk management.

At the end of each business year the Chairs of the Audit Committee and Assurance Committees will meet with appropriate executive officers to consider and agree a draft Governance Statement prior to recommending it to the Chief Executive for signing off. A mid-year statement will also be prepared in consultation with the Committee Chairs.

Whilst this overall responsibility is maintained, responsibilities for some aspects of governance have been delegated to executive directors as follows:

- Risk Management - Medical Director
- Clinical and Social Care Governance - Medical Director
- Financial Control - Director of Finance & ICT
- Information Governance – Director of Finance & ICT
- Operational Performance - Director of Operations
- Equality and Human Rights – Director of Human Resources & Corporate Services
- Health & Safety – Director of Human Resources & Corporate Services
- Personal and Public Involvement – Medical Director

Role of Senior Executive Management Team

Senior Executive Management Team (SEMT) is the Chief Executive's team of directors who are responsible to him/her for providing corporate leadership, and delivering the Trust Board's vision, values and objectives. It is not a delegated Committee of Trust Board.

Role of Executive Directors

The Executive Directors are accountable to the Chief Executive for regulatory matters and professional standards related to the professional governance of the health and social care workforce.

Compliance with Delegated Statutory Functions are the responsibility of the relevant Executive Director and they are responsible for providing the necessary statutory reports to Trust Board for monitoring.

Directors are responsible for ensuring that, within their area of responsibility, staff are aware of and comply with the processes for assuring sound governance.

They will continue to develop local systems and structures to support various governance strategies, policies and procedures and ensure these are monitored and audited.

As part of the Trust's performance framework, the Chief Executive will agree with Directors, the objectives and targets for their service. Directors will cascade these through the service in line with the Trust's planning process, to inform objective setting for teams and individuals and their subsequent appraisal and performance review.

Directors ensure their services provide the required information to support the assurance process and identify areas of shortfall or omissions which may adversely impact on the Board's ability to fulfil its governance responsibilities and which impact on the Assurance Framework.

Medical Director

The Medical Director is accountable to the Chief Executive for professional medical governance within the Trust; including the added responsibilities of the 'Responsible Officer' role as defined by the General Medical Council.

The Medical Director is accountable to the Chief Executive for providing the strategic lead to the development and integration of corporate, clinical and social care governance and risk management.

The Medical Director ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet its statutory and legal responsibilities relating to non-financial governance and that these are based on good practice and guidance from the Department and other external advisory bodies.

The Medical Director is the Trust's Director with responsibility for Infection Prevention and Control and has also been designated the Trust's Data Guardian and Caldicott Guardian.

The Medical Director is responsible for ensuring adequate arrangements for discharging the Trust's responsibility for meeting the standards associated with safeguarding the interests of children, vulnerable adults and mental health clients.

The Medical Director is accountable to the Chief Executive for ensuring acceptable levels of patient/care experience.

Director of Finance & ICT

The Director of Finance & ICT is accountable to the Chief Executive for the strategic development and operational management of the Trust's financial control systems. He/she, with the Chief Executive, are responsible for ensuring that the statutory accounts of the Trust are prepared in accordance with the Department's requirements.

The Director of Finance & ICT ensures, on behalf of the Chief Executive that the Trust has in place systems and structures to meet its statutory and legal responsibilities relating to financial information, management and control. He/she ensures the Trust has in place Standing Orders and Standing Financial Instructions, including a Reservation of Powers and Scheme of Delegation. He/she has been designated the Trust's Senior Information Responsible Officer (SIRO).

Director of Operations

The Director of Operations is responsible to the Chief Executive for leading the development of the Trust's Corporate Plan and ensuring that risks to the delivery of the Trust's objectives are identified, assessed and managed in line with the Risk Management Strategy.

The Director of Operations ensures that an effective planning and performance management framework is developed and implemented.

Director of Human Resources & Corporate Services

The Director of Human Resources & Corporate Services is accountable to the Chief Executive for ensuring that regulatory requirements are met for the workforce.

The Director of Human Resources & Corporate Services is responsible for ensuring that the training and development needs of staff and students are identified and met.

Conduct of Trust Board and Trust employees

The Trust Board seeks to ensure that the organisation has an ethos and culture of public service. This must permeate everything we do and reflect public expectation.

Board members are governed by the Department's Code of Conduct and Accountability (for Non-Executives) and the Code of Conduct for NHS Managers (for the Executive team).

It follows that, as employees of a public sector body, all Trust employees have the same obligations and should be committed to the highest standards of corporate and personal conduct in all aspects of their work with the Trust. Employees will also have obligations in respect of standards set by their regulatory and/or professional bodies.

The Governance Accountability Framework

The core committees integral to the governance of the Trust are identified below.

Trust Board has appointed 3 Committees to scrutinise Trust governance systems and provide assurance to Trust Board on their effectiveness.

The Audit Committee is a statutory committee with prescribed responsibilities for assuring financial probity in the Trust.

The Assurance Committee deals with all non-financial governance matters.

The Remuneration Committee is a statutory sub-committee of Trust Board tasked with the responsibility for the remuneration of Executives.

The Audit and Assurance Committee Chairs hold a joint meeting to consider the Governance Statement. Committees have cross membership to ensure 'joined up' thinking.

Terms of reference for each of the sub committees of Trust Board are outlined in Standing Orders.

The Senior Executive Management Team, chaired by the Chief Executive has executive responsibility for corporately managing and resourcing an integrated system of governance within the organisation.

Specialist Advisory Committees will have a reporting schedule to the relevant Trust Board Committees.

The Secretary to the Board will hold a copy of the terms of reference for each committee within the governance framework, including the Specialist Advisory Committees. These will also be made available to all staff through the Trust intranet.

Assurance Framework

Purpose

An Assurance Framework provides an explicit framework for reporting key information to boards. It identifies which of the organisation's objectives are at risk because of inadequacies in the operation of controls or where the organization has insufficient assurance about them. At the same time, it provides structured assurances about where risks are being effectively managed and objectives are being delivered. This allows boards to decide on an efficient use of their resources and address the issues identified in order to improve the quality and safety of services. The process for constructing an assurance framework sets out to answer a number of questions:-

- Can the Trust achieve its objectives?
- What are the risks that may prevent the achievement of those objectives?
- What controls are in place to manage those risks?
- How does the Trust Board know these controls are effective?
- How can the Board be confident that its objectives can be achieved?

Process

In order that a robust system of assurance can be established the following steps are followed:

- Principal objectives at strategic and directorate level are set.

- Risks to the achievement of these objectives are identified and recorded on the Trust Risk Register.
- Key controls intended to manage these risks are identified.
- Assurances available to cover these objectives and risks are evaluated and gaps identified.
- Action plans to address any gaps are identified, owned and regularly monitored.

Principal Objectives

The principal objectives have been identified through the corporate planning process but are likely to change over time as the strategic imperatives of the Trust change focus. The objectives identified on the Assurance Framework have been identified by Senior Executive Management Team.

Principal Risks

Principal risks are those which threaten the achievement of the organisation's objectives. It is important to recognise that these need to be managed proactively rather than the organisation reacting to risk exposure. Good governance requires that principal risks should be identified on a continuous basis through the Trust's risk management processes and board and executive discussions and reviewed through appropriate Committees.

Department of Health Guidance on Building the Assurance Framework offers guidance on the identification and management of risks. The senior executives identify the top current risk issues to be reported to the Board through the Assurance Framework.

To make the monitoring, review and prioritisation of principal risks explicit, the following has been adopted.

- Risk Rating Low - Recorded on service and directorate risk registers and managed at directorate level, monitored and reviewed by Directorate Governance Teams.
- Risk Rating Moderate/High - Included on Trust Risk Register. Monitored and reviewed by Senior Executive Management Team and Assurance Committee on behalf of Trust Board.
- Risk Rating Extreme - The top corporate risks are identified and prioritised onto the Assurance Framework from the Trust Risk Register and reviewed by Trust Board.

Key Controls

The key controls to be identified are those which, when taken together, support staff in the achievement of the organisation's objectives and include, for example:

- Management structure and accountabilities
- Clinical Governance processes
- Incident reporting and risk management processes
- Complaints and other patient and public feedback procedures
- Staff education and training
- Statutory frameworks, for instance the Standing Orders, Standing Financial Instructions and associated Scheme of Delegation
- Communications processes
- Equality and Human Rights & PPI processes
- Internal Audit

Independent Assurance

Independent sources of assurance on the effectiveness of the Trust's key controls include:-

- External audit
- External inspection bodies, such as the Regulation and Quality Improvement Authority, Health & Care Professions Council, and Royal Colleges

Monitoring and Reporting

Trust Board has agreed the following arrangements for ensuring that the Assurance Framework is proactively monitored so that the processes are embedded within the organization and link to key business, planning and investment decisions:-

- Assurance Framework
 - o Monitored at corporate level by Senior Executive Management Team
 - o Monitored for fitness of assurances at Assurance Committee/Trust Board
- Controls
 - o Reviewed at strategic level at Trust Board

What can we do when things go wrong?

The Trust must also have in place systems of reporting and monitoring which provide the means to identify where controls are ineffective or assurances absent. These processes are part of the risk management arrangements in the Trust and inform the risk register. These include:

Untoward Incident Reporting – The Trust can use learning from untoward incidents to change and develop strategies in order to reduce the level of risk within the organisation. This will maintain and improve the quality of patient care, reduce or eliminate the risk of loss, damage or injury to patients, employees, and protect the Trust's assets. All employees are required to report all clinical and non-clinical near misses, incidents, work related ill health and hazards that have the potential to cause harm. This will allow risks to be assessed and appropriate action taken to prevent or reduce the likelihood of a recurrence.

Complaints Management – Making a complaint is one way in which service users can make their views known when their expectations have not been met. The management of complaints provides the Trust with valuable opportunities to learn, and to improve the services provided. All employees responsible for the provision of patient care should be aware of how to manage a situation where a patient or their representatives have indicated dissatisfaction. Employees are encouraged to try to resolve complaints as they arise; often patients are satisfied with a simple explanation, apology or reassurance.

Claims Management – Ensuring effective arrangements are in place to minimise the potential for claims against the Trust. This will reduce the financial impact on the Trust from the ensuing litigation which diverts resources from the provision of care.

Whistle-blowing Arrangements – Provide employees with an opportunity to raise concerns in instances where they have a genuine concern. This may include a breach of legal obligations, miscarriage of justice, danger to the health and safety of an individual, damage to the environment or a deliberate cover up which cannot be dealt with through other policies or provisions.

Education, Learning and Development

Learning and development of all employees is an essential part of governance as it enables employees to carry out their roles effectively and safely. Mandatory training is required by the organisation to limit risk to patients, employees and the public. This also helps maintain safe working practices.

All Trust employees will be expected to participate in the Trust's mandatory training programme to ensure that this is achieved.

Conclusion

This Governance Framework and Assurance Framework is supported by the implementation of key strategies, policies and plans.

The Trust Board needs to be confident that the systems, policies and people it has put in place are operating in a way that is effective, are driving the delivery of objectives and targets and are focused on good governance practices.

In order to achieve this confidence, the Trust Board will:

- Review this framework annually to ensure it is fit for purpose.
- Review and revise the organisational objectives identified with the Assurance Framework.
- Review the internal and independent assurances on which it relies and make adequate arrangements to address any gaps.
- Require policy and framework to be regularly reviewed, monitored and audited in accordance with the process identified within each document.
- Implement and maintain an adequate performance review framework.
- Receive information and reports in accordance with the Board's annual business cycle.
- Consider the internal auditor's opinion statement to improve the robustness of the Assurance Framework
- Consider the outcomes of other independent assurance to improve the robustness of the Assurance Framework.
- Receive regular reports from all core governance committees.

Effective governance and assurance arrangements are critical in ensuring the confidence of the Board, staff, patients and the public and partner organisations in the Trust and for the effective delivery and execution of its functions. Developing a culture of openness and transparency is integral to assuring all, of the effectiveness of these arrangements, together with an environment that fosters and develops personal and organisational growth as a key to success.

Websites containing additional information:

<http://www.dhsspsni.gov.uk>

<http://www.rqia.org.uk>

<http://www.audit-commission.gov.uk>

Useful Contacts:

Chief Executive's Office, email: chief.secretary@nias.hscni.net

Related Policies:

- Risk Management Strategy
- Untoward Incident Procedure
- Complaints Policy
- Standing Orders
- Whistleblowing

Related Documents:

- Code of Conduct for NHS Managers
- Northern Ireland Ambulance Service Annual Report and Financial Accounts

Read the Policies and other documents on:

The Trust's intranet and internet sites.

Section 3: Information Governance

Aim

By the end of this section you will have an understanding of:

- Information Governance
- The Data Protection Act
- Confidentiality Code of Practice
- The Caldicott Principles
- Best practice within the Trust

Information Governance

Information Governance is the way by which the Trust handles all organisational information - in particular the personal and sensitive information of patients and employees. It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

It provides a framework to bringing together the requirements, standards and best practice that apply to the handling of information. It has four fundamental aims:

- To support the provision of high quality care by promoting the effective and appropriate use of information;
- To encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources;
- To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards;
- To enable organisations to understand their own performance and manage improvement in a systematic and effective way.

The framework currently encompasses:

- Data Protection Act 1998
- The Confidentiality Code of Practice
- Freedom of Information Act 2000

- Records Management
- Information Quality Assurance
- Information Security

The Trust fully recognises and understands that having accurate, relevant and accessible information is vital to the efficient management of the organisation which values records and information as important corporate assets. Every staff member within the Trust has a role in achieving this.

For example;

- If Patient Report Forms are not completed or completed poorly then we have limited information to support the management of the patient or other stakeholders. Examples including – the patient going into Hospital; dealing with queries from PSNI; attending Court; dealing with a family member; respond to a Solicitor; to aid in a Complaints investigation enquiry; to process a Court order; to process a Subject Access request etc
- If Untoward Incident records are not completed for incidents, then the Trust cannot clearly identify trends in risk management aspects.
- If fields are not accurately completed when inputting information into any software system then data quality errors occur – leading to “rubbish in/rubbish out” and poor management information to support decision making.

It covers the use and management of information in all formats including:

- Patient/client/service user information held on the Trust’s system e.g. Command and Control Systems to facilitate emergency and non-emergency activity, diverts information, FORMIC (which stores scanned copies of Patient Report Forms), MDTs etc
- Staff and personnel information held in HR files, Regional Ambulance Service Training Files, Resource Management Centre records etc
- Organisational, business and operational information e.g. Finance Systems, DATIX (records Untoward, Complaints and Legal records), ELITE Fleet System, Post-In/Out Systems, Vehicle Log Books etc
- Research, Audit and reporting information e.g. Clinical Audit

And applies to all aspects of information handling including but not limited to:

- Information recording and processing systems whether paper, electronic, video or audio records (including telephone and radio transmissions);
- Transmitted across networks;
- Printed out and/or filed in some form;
- Written on paper and/or filed in some form;
- Sent by fax;
- Stored on tapes and disks;
- Captured on CCTV or digital camera;
- Spoken in conversation e.g. telephone;
- Sent via email;
- Stored on databases or bespoke software systems.

DATA PROTECTION ACT 1998 (DPA 1998)

The Data Protection Act 1998 replaced the Data Protection Act 1984.

Introduction

‘Data protection law reinforces common sense rules of information handling, which most organisations try to follow anyway. It is there to ensure that organisations manage the personal information they hold in a sensible way. Organisations must keep the information accurate and up to date; they must only keep it for as long as they need it, for a specified purpose and they must keep it secure.’ Information Commissioner’s Office

We need to collect and use information about people with whom we work in order to carry out our business and provide our services. These may include members of the public, current, past and prospective employees, clients, customers and suppliers. In addition, we may be required by law to collect and use information. All personal information, whether in paper, electronic or any other format, must be handled and managed in accordance with DPA. The Act also allows people to find out what personal information is held about them by making a subject access request. This covers information held electronically and in some paper records including staff files, patient records, finance records etc

Data Protection Principles

Firstly, the Act states that anyone who processes personal information must comply with eight principles which make sure that personal information is:

- (i) Processed fairly and lawfully;
- (ii) Processed for limited purposes and in an appropriate way;
- (iii) Relevant and sufficient for the purpose;
- (iv) Accurate and up to date;
- (v) Kept for as long as is necessary and no longer;
- (vi) Processed in line with individuals' rights;
- (vii) Secure;
- (viii) Only transferred to other countries that have suitable data protection controls.

Our purpose for holding personal information, along with a general description of the categories of people and organisations to which we may disclose it, are listed in the Information Commissioner's Data Protection Register.

Disclosure of Personal Information

Strict conditions apply to the disclosure of personal information both internally and externally. We will not disclose personal information to any third party unless we believe it is lawful to do so. Respect to confidentiality will be given where appropriate. In certain circumstances, information relating to staff acting in a business capacity may be made available provided:

- We have the statutory power or are required by law to do so; or
- The information is clearly not intrusive in nature; or
- The member of staff has consented to the disclosure; or
- The information is in a form that does not identify individual employees.

Should an individual or organisation feel they are being denied access to personal information, or feel their information has not been handled correctly, they can contact the Information Commissioner. The Information Commissioner's Office (ICO) is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. It has offices in the UK and a local office based in Belfast, Northern Ireland.

All staff have a duty to ensure they manage personal and sensitive information in a secure and confidential manner and in line with the Data Protection Act 1998.

CODE OF PRACTICE ON PROTECTING THE CONFIDENTIALITY OF SERVICE USER INFORMATION

The use and sharing of service user personal information forms an essential part of the provision of health and social care. It benefits individual service users, enables health and social services to function effectively and is often necessary in the public interest. However, the essential nature of such uses needs to be set alongside the expectation service users have that all personal information will be kept confidential.

Duty of Confidentiality

The relationship between health and social care staff and service users should be one of reliability and trust. Service users have implicit understanding that private information will not be used or disclosed without their knowledge and consent. All health and social care staff therefore have strong ethical and legal obligations to protect service user information. The right to confidentiality is guaranteed partly by the Data Protection Act 1998, partly by the Human Rights Act 1998, and partly by principles established by judges on a case by case basis (the common law). In addition there are ethical standards which staff within health and social care are obliged to abide by. Disciplinary consequences may follow from a breach of ethical standards.

Service users right to privacy and staff duty of confidentiality apply regardless of the form in which information is held or communicated, for example electronic, paper, photographic or biological.

Particular care is needed on the part of health and social care staff to ensure that the right to confidentiality of vulnerable people – especially children and adults with incapacity – is respected and the duty of confidentiality owed to them is fulfilled.

In 2009, a new Code of Practice was introduced in Northern Ireland to support staff in making good decisions about the protection, use and disclosure of service user information. This Code of Practice replaces earlier guidance “The Protection and Use of Patient and Client Information (June 1999).

This relates to aspects of:

- Sharing Information for Direct Care
- Using Service User Information for Other Health and Social Care Purposes
- Disclosing Information in the Public Interest

Refer to the Trust's intranet site for the Code of Practice on Protecting the Confidentiality of Service User Information.

Caldicott Principles

The Caldicott Committee, chaired by Dame Fiona Caldicott was set up following concerns regarding the way information flowed within NHS organisations. The subsequent report on the 'Review of Patient Identifiable Information' was published in December 2007. Below are the key instructions regarding data:

- **Justify the purpose(s) of using confidential information**
Every proposed use or transfer of patient-identifiable information within or from an organisation should be clearly defined and scrutinised.
- **Do not use patient-identifiable information unless it is necessary**
Patient-identifiable information items should not be included unless it is essential for the specified purpose(s) of that flow.
- **Use the minimum necessary patient-identifiable information that is required**
Where use of patient-identifiable information is considered to be essential, the inclusion of each individual item of information should be considered and justified so that the minimum amount of patient identifiable information is transferred.
- **Access to patient-identifiable information should be on a strict need-to-know basis**
Only those individuals who need access to patient-identifiable information should have access to it. They should only access information they need.

- **Everyone with access to patient-identifiable information should be aware of their responsibilities**

Action should be taken to ensure that those handling patient-identifiable information – both clinical and non-clinical employees – are made fully aware of their responsibilities and obligations to respect patient confidentiality.

- **Understand and comply with the law**

An individual within the organisation must be responsible for compliance.

Best Practice Guidelines for Handling Confidential Data

What is Personal Identifiable Data (PID)?

It is information about employees and patients from which a person can be identified. It could include any combination of information such as name, address, date of birth, Health and Social Care number or medical details in any format. It could be photographic or audio ie recording of 999 call, fax, email, invoices, receipts etc

The protection of PID is the responsibility of all employees professionally, ethically and legally.

The final part of this section sets out some simple guidelines to help employees of NIAS to meet their responsibilities in the protection of PID, comply with Trust Policies and abide by the Law.

Operational Staff

- Lock MDT screens when not in the vehicle.
- Ensure PRFs are housed in secure location in both the vehicle and on station.
- Don't let confidential conversations be overheard.
- Ensure radios are turned down in public areas to minimise conversations being overheard.

Post and Internal Mail

- Ensure envelopes containing PID are sealed and marked "Private and Confidential".
- Double check the full postal address of the recipient.
- Use Royal Mail Special Delivery for posting PID externally.
- Ask the recipient to confirm receipt.

- Use two envelopes for bulky letters for extra security.
- Take care when using window envelopes that the correct, full address is visible. It should also state “Strictly Private and Confidential” and/or “To be opened by addressee only”.
- Do not mail computer media containing PID unless it is an encrypted copy of the original.

Around the Workplace

- Secure doors and windows when leaving unattended.
- Escort visitors where possible.
- Always carry/wear your identify badge.
- Operate a clear desk policy, especially when hot desking or working in an open plan area.
- Do not leave PID unattended especially overnight. Store in locked and secure filing units provided.
- Never share your password.
- Do no write names, telephone numbers on whiteboards for everyone to see.
- Always log off/shut down your PC when leaving your desk.
- Don't let other people see what's on your screen – protect the information.
- When generating documents, emails, notes etc bear in mind that the Freedom of Information Act allows the information to be discovered!

Waste

- Dispose of PID appropriately. For example, all daily PCS booking transport lists should be shredded, as should incomplete or incorrect Patient Report Forms.
- Confidential waste must not be used as scrap for messages, notes etc

Personal Conduct

- You must not use your privileged position as a Trust employee to look up personal information about yourself, your relatives, friends, ex-partners etc or add comments to it.
- Hold confidential conversations only in a place where you cannot be overheard.
- Gain patient consent before sharing their information with friends, relatives or with any other person.
- Report ALL suspected breaches of confidentiality using the Trust's Untoward Incident procedure.

- Be cautious with information you place on Facebook, Twitter and Social Networking sites in general – you never know where it might end up.

Websites containing additional information

www.ico.gov.uk

www.igt.connectingforhealth.nhs.uk

Useful Contacts

Caldicott Guardian – Medical Director (based at Ambulance HQ)

Senior Information Risk Officer and Personal Data Guardian – Director of Finance and ICT
(based at Ambulance HQ)

Corporate Manager – corporate.manager@nias.hscni.net (responsible for the day to day management of information governance aspects including data protection, freedom of information, records management etc)

Policies and procedures relating to this subject can be found at:

Trust's intranet site:

- Records Management Policy
- Data Protection Act 1998 Policy
- Freedom of Information Policy
- ICT Security Policy
- Email Policy
- Password Policy
- Internet Policy
- Patient Report Form procedures
- Records Management – Information Sheets
- Social Media Policy

Section 4: Freedom of Information

Aim

By the end of this section you will have an understanding of:

- The Freedom of Information Act 2000
- Why it's important

What is the Freedom of Information Act 2000?

The Freedom of Information Act (FOI) deals with access to official information. In addition there are also regulations which provide access to environmental information. These are known as the Environmental Information Regulations (EIR).

The Freedom of Information Act applies to most public authorities like the Northern Ireland Ambulance Service HSC Trust but also schools, local council authorities, health authorities etc. It also applies to companies which are wholly owned by public authorities.

The Act gives the public a general right of access to information held by public authorities. The Act also requires public authorities to have an approved publication scheme, which is a means of providing access to information which an authority proactively publishes. It should lead to a better understanding of:

- How we carry out our duties;
- Why we make decisions and;
- How we spend money.

It supports a culture of openness and accountability across the public sector. When responding to requests, there are procedural requirements set out in the Act which an authority must follow. There are also valid reasons for withholding information, which are known as exemptions from the right to know.

The role of the Information Commissioner's Officer (ICO) is to enforce and promote the Act and EIR. It has responsibility for ensuring that information is disclosed promptly and that exemptions from disclosure are applied lawfully.

General Guidance

Who can request information?

Under FOI, any individual, anywhere in the world, is able to make a request to a public authority for information. They do not have to indicate why they want the information.

How do we comply with the Freedom of Information Act?

The FOI Act only applies to public authorities as defined by the Act itself.

Public authorities are obliged to provide information:

- Through a publication scheme, for example, the Trust's internet site; and
- In response to requests made under the general right of access.

It gives you a general right of access to all recorded information held by the Trust.

Recorded information can be held in the form of documents, emails, notes, letters, 999 call records etc. It does not have to be about you, and you do not have to give a reason for wanting it.

When responding to requests, there are set procedures that the Trust needs to follow.

These include:

- The time public authorities are allowed for responding to requests;
- The fees or amount that public authorities can charge for dealing with requests. Public authorities are not obliged to deal with requests if the costs of finding the information exceed a set amount known as the appropriate limit; and
- Public authorities need not comply with vexatious or repeated requests.

The Act also recognises that there are valid reasons for withholding information by setting out a number of exemptions from right to know, some of which are subject to a public interest test.

Sometimes members of staff use the Freedom of Information Act to access information but always remember that you can speak to your Line Manager, who will also be able to assist you with queries you may have.

How do I get hold of the information?

You can make a formal freedom of information request. This must:

- Be in writing;

- Clearly describe the information you want;
- Include your name and address (email is an acceptable form of address).

Alternatively every public authority makes some information publicly available already, for example, annual reports, policy documentations, financial accounts etc. The information we are committed to routinely publish is described in the approved model publication schemes produced by the ICO and which must be adopted. A copy of the model scheme can be accessed via the ICO website.

How quickly should we respond?

If the information is covered by the publication scheme and already in the public domain the information can be provided immediately. However, if you make a formal freedom of information request, a public authority has up to 20 working days to provide a response, starting from the day after it gets your request.

In some cases this time limit may be extended. If so, the public authority should write to you within the 20 day limit and let you know when they will be able to send the information.

In what circumstances may we refuse a request for information?

You may refuse a request for information where:

- The request is vexatious or repeated.
- The cost of complying with the request exceeds the 'appropriate limit' (see FAQ on cost/fee limits).
- The information requested falls under one of the exemptions listed in Part II of the Freedom of Information Act.

What is an exemption and how does it work?

Some information could be exempt from disclosure. There are 23 exemptions in the Act, some of which are '**absolute**' and some '**qualified**'

Where information falls under an **absolute exemption**, the harm to the public interest test that would result from its disclosure is already established, for example, in relation to personal information or if disclosure would result in an actionable breach of confidence.

Does the Freedom of Information Act apply to personal data?

The Freedom of Information Act gives applicants the right to request information held by public authorities. It does not provide a right of access to personal information about you. If someone is requesting their personal data this should be handled as a Subject Access Request under the Data Protection Act.

What are the cost limits for a Freedom of Information Act request?

The appropriate cost limit for a request is £600 for central government and Parliament and £450 for other public authorities, like us. This means when you receive a request you need to estimate how much it will cost to deal with it, and if it will be within this limit.

When estimating the cost of compliance, you can take into consideration the cost of:

- Determining whether it holds the information requested
- Locating the information
- Retrieving such information or documents
- The cost of staff time associated with these activities is currently calculated at £25 per hour.

You cannot take the time spent considering whether or not information is exempt from release into account when estimating the cost of compliance.

If charges are made – they must be justifiable and transparent.

If a requestor is dissatisfied with the response they receive to their initial request for information, they can request an internal review. All responses issued provide guidance on how to request an internal review ie to write to the Director of Finance and ICT within 2 months of the date of the response being issued and therefore the Information Commissioner

What Does This Mean to Me?

- As an individual you are entitled to access information from public authorities including the Northern Ireland Ambulance Service.
- As an employee of the Trust you need to be aware of the Freedom of Information Act and be prepared to act quickly if you receive a request for information.
- As an employee of the Trust you need to be prepared to provide advice and assistance to the enquirer.

- All Trust records, including the records you generate and keep on a day to day basis are now potentially open to greater scrutiny by the public.
- Keep only the information you need to keep and where to find it.
- Where a request has been made, it is an offence to destroy, alter or conceal information to avoid its disclosure.

What do I need to know if someone requests information from me about the Trust or about any other information we hold?

- A freedom of information request must be made in a recorded format which could include email, letter, tape, recorded telephone or text message.
- By law, the request for information must be made within 20 working days.
- The person requesting the information does not need to tell you it is an FOI request. All they need to do is to request the information.
- You are not entitled to know why they want the information or to check whether the person requesting it is genuine
- A request for information may come from any part of the Trust or from anywhere in the world!
- If you routinely give out certain information to the public, staff – continue to give it out. These are not FOI requests.

What should I do when I receive a request for information and do I need to recognise it as a FOI request?

- Record the date the request is received ie date stamp etc
- If it mentions Freedom of Information, forward the request immediately to Trust's Corporate Manager based at Headquarters or corporate.managernias.hscni.net who deals with the management of all FOI requests
- If you are unsure if it is an FOI request, contact the Corporate Manager for further guidance.

The Trust fully supports the increased public awareness to information however FOI does not mean that all Trust information may be divulged. Reasons including Data Protection, Confidentiality and the commercial interests of the Trust may still mean that the information is not and should not be released.

Websites containing additional information

www.ico.gov.uk

www.igt.connectingforhealth.nhs.uk

Useful Contacts

Corporate Manager – corporate.manager@nias.hscni.net (responsible for the day to day management of information governance aspects including data protection, freedom of information, records management etc)

Policies and procedures relating to this subject can be found at:

Trust's intranet site

- Freedom of Information Policy
- Records Management Policy
- Data Protection Act 1998 Policy
- ICT Security Policy
- Email Policy
- Password Policy
- Internet Policy
- Patient Report Form procedures
- Records Management – Information Sheets

Section 5: Records Management

Aim

By the end of this section you will have an understanding of:

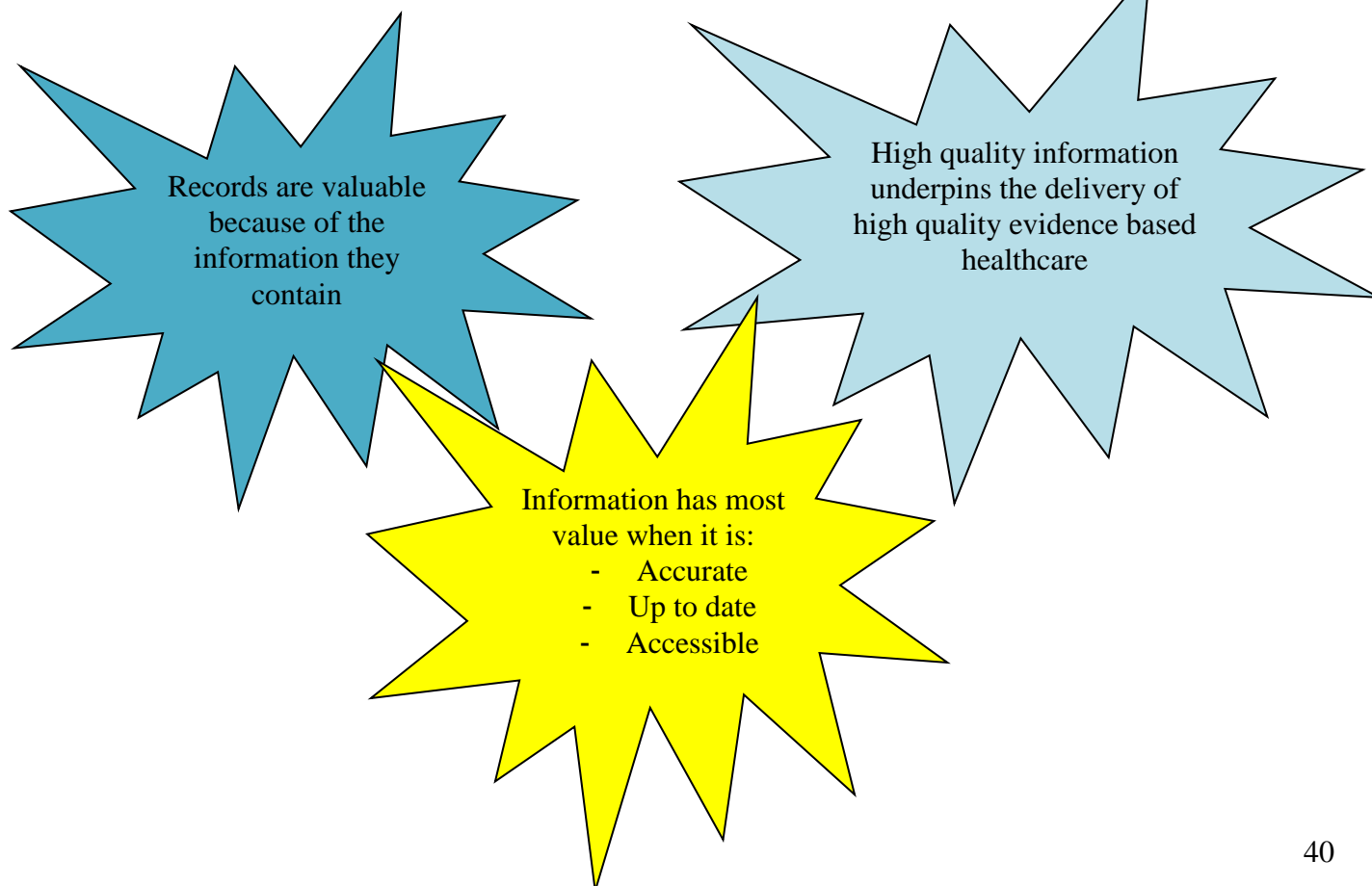
- Records Management
- Best Practice within the Trust

Introduction

A record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of Northern Ireland Ambulance Service employees – including agency or casual staff.

Information may be needed:

- To support patient care and continuity of care;
- To support the day to day business which underpins the delivery of care;
- To support evidence-based clinical practice;
- To support sound administrative and managerial decision-making as part of the knowledge base for HSC services;
- To meet legal requirements including requests from patients under subject access provisions of the Data Protection Act 1998, the Freedom of Information Act 2000 or to assist with any type of work related business e.g staff queries, complaints etc
- To assist business and clinical audits.



Types of Records:

Records are valuable because of the information they contain. That information is only useable if it is correctly and legibly recorded in the first place, is then kept up to date and is accessible when needed. These include all types of records including:

- Patients health records including patient report forms, command and control system information;
- Administrative records including personnel, estates, financial, complaint handling, risk management, command and control systems etc
- Emails;
- Computerised records;
- Scanned records;
- Photographs, slides and other images;
- Diaries.

Roles and Responsibilities

Chief Executive

The Chief Executive has overall responsibility for records management in the Trust. The Trust has a particular responsibility for ensuring that it corporately meets its legal obligations and for the adoption of internal and external governance requirements.

Senior Information Risk Officer (SIRO)

The Trust's SIRO has particular responsibility for information risks in relation to information governance aspects including records management. The Trust SIRO is the Finance and ICT Director.

Caldicott Guardian

The Trust's Caldicott Guardian has a particular responsibility for safeguarding patients' interests regarding the use of patient identifiable information. The Trust's Caldicott Guardian is the Medical Director.

Information Asset Officers (IAOs)

These are senior individuals within Directorate areas who have more specific duties and are involved in the running of the relevant business within that area. Their role is to understand what is held in manual and computerised systems, what is added and what is removed, how information is moved, and who has access to it and why.

Local Managers/Local Records Officers

The responsibility for local records management is devolved to the relevant Directors and Senior Managers for the management of records generated by their activities. To support this Local Record Officers have been identified within Directorate areas to provide advice and support in relation to records management processes.

All Staff

All Trust staff, whether clinical or administrative, who create, receive and use records have record management responsibilities.

In particular all staff must ensure that they:

- Keep appropriate records of their work in the Trust;
- Manage those records;
- Comply with Trust Policy, procedures and guidance on records management.

Records Management

Records management is the process by which an organisation manages all their records from creation, all the way through their lifecycle to their eventual disposal.

The aims of records management are to ensure that:

- Records are available when needed;
- Records can be assessed;
- Records can be interpreted;
- Records can be trusted;
- Records can be maintained through time;
- Records are secure;
- Records are retained and disposed of appropriately;
- Staff are trained;
- Staff are aware of their responsibilities.

Best Practice – Manual Records

1. Records should be kept in structured filing systems with information accessible to required staff at all times. These files constitute the records of the Trust. Generally any item should be kept in a registered file that:

- Contains information or work relating to a file subject;
 - Shows the reasons why something has been accepted or rejected or why something has been done or not done;
 - Shows who was involved in the decision making or the work done;
 - Contains financial papers, statistics, staff information, corporate information, treatment and care relating to the file subject;
2. Ensure records are legible so that it can be easily read and reproduced when required.
 3. Accurate file titling is essential for an efficient filing system. The title of every file should accurately reflect the contents; be as specific as possible and indicate both the information content and the type of documents.
 4. Put it where it can be found when needed ie file regularly
 5. Files should not contain any loose papers.
 6. Avoid duplication of papers – only one copy of papers need be filed.
 7. Do not just consider manual records – consider your naming of electronic files. Refer to the Trust's intranet site for further guidance.
 8. Keep records up to date.
 9. Suitably dispose of records as soon as possible.

Best Practice – Email Management

1. Remember that all work e-mails are Trust records and business related emails should always be saved into shared network areas rather than being saved into folders created in your Outlook.
2. Exercise the same degree of care and professionalism in regard to the content of e-mail messages as you would with a letter, memo or report.

3. Set an out of office message giving alternative contact details when you are out of the office, or arrange for someone else to check your e-mail.
4. Delete unwanted e-mails as soon as they are no longer required.
5. Ensure that your deleted items are actually deleted.
6. Set up a separate folder for your personal e-mails.
7. Use a plain text format rather than html.
8. Make use of expiry date and properties options if these are available in your system.
9. Use short, meaningful titles/subjects for your e-mails.
10. When replying to an e-mail, save the original text as part of your response.
11. Remember that e-mail is not a secure form of communication and on most occasions should not be used to communicate personal and confidential information e.g patient information without relevant encryption. Consider using a heading such as "Private and Confidential" in email correspondence, where required or password protect a document before sending.
12. Remember that **ALL** your e-mails may be open to scrutiny and can be released under the Freedom of Information Act 2000.

Best Practice - Electronic Records

As part of our day to day work we all use computers to create electronic information, data, documents and records. We also need to share information with others. To do this effectively, it is important to consider:

- Where, how and in what format electronic documents should be saved;
- The best ways to make appropriate documents available to staff who may need access to them.

The information held in electronic files may be required to respond to a request under the Freedom of Information Act or Data Protection Act. Such requests must be processed

within a specific timeframe which requires records to be readily accessible to authorised staff.

All Directorate areas and Departments should devise a folder structure to keep track of the electronic documents they hold and to assist with records auditing. The simplest way to achieve this is to mirror the manual file registration system.

We need to do this because:

- Records management is improved by using a shared drive because duplication of information is avoided and it is easier to locate the original/master document;
- Information may be needed for reference by others in the future so needs to remain accessible;
- It is easier to locate information to comply with requests under the Freedom of Information Act;
- Electronic records created should be maintained in line with the Trust's Disposal and Retention Schedule. This process is easier to manage when similar records with the same retention periods are together in a classified location;
- Shared access to documents improves the network by reducing the need for duplicate documents being stored.

How to Name an Electronic File

"File names" are the names that are listed in the computers file directory and that users give to new documents when they save them for the first time. Naming documents consistently, logically and in a predictable way will distinguish similar records from one another at a glance and ensure correct location and easy retrieval. Naming documents according to an agreed convention should also make file naming easier for colleagues because they will not have to "re-think" the process each time.

Good Practice Example

	<u>Correct</u>	<u>Incorrect</u>
File Name	20120119MinsTrustBoard 20120315MinsTrustBoard 20120517MinsTrustBoard 20120531MinsTrustBoard	19_Jan_2012_Mins_TrustBoard 15_March_2012_Mins_Trust Board 17_May_2012_Mins_Trust Board 31_May_2012_Mins_Trust Board
Why	This example shows the minute of a Trust Board Meeting. By stating the year “back to front” the minutes and papers from the most recent meeting appear at the bottom of the directory list	

Disposing of Records

The Trust has created a Retention and Disposal Schedule which details the timeframes for which records have to be held. This ensures the prompt disposal of records when the retention period has ended or the transfer of the record to the Public Records Office Northern Ireland (PRONI) if required (for example, board minutes). NO RECORDS OR FILES SHOULD BE DESTROYED WITHOUT MAINTAINING A REGISTER OF SAME.

If records contain personal identifiable information these should be disposed of in a confidential manner. The Trust has placed shredders throughout the organisation to ensure confidential waste can be disposed of appropriately, for example, PCS patient transport lists, command and control records that have been printed off and no longer required etc

The Retention and Disposal Schedule provides the legal basis for the Trust to dispose of records.

Examples of Records Released on a Daily Basis

The importance of effective record keeping cannot be over stated. Everyday records are used to support decisions the Trust has made including:

- Complaints management, for example, access to Command and Control records, 999 emergency call recordings, Patient Report Forms, responding to queries
- Solicitor Enquiries, for example, Patient Report Form releases, ambulance timings

- PSNI Enquiries, Police Ombudsman or Historical Enquiries Team
- Disciplinary Investigations or Grievances
- Social Workers, for example, child protection issues
- Risk Management, for example, reports to Health and Safety Executive
- Freedom of Information Act 2000 – information requests
- Assembly Questions responses to DHSSPS
- Councillor or MLA enquiries

The list goes on and on..... YOU need to be aware that a record may be released to the public no matter what role you play in the organisation.

Section 6: Fraud and Bribery

Objective

By the end of this section you will have an understanding of:

- The role of the Counter Fraud and Probity Service
- The Bribery Act 2010
- Types of fraud and fraud offences.
- How to report a suspicion of fraud

Why do we need to be aware of fraud?

Every year millions of pounds are lost from the NHS due to fraud. In 1998, the NHS Counter Fraud Service was created in order to investigate fraud against the NHS and to also try and recover money that had been obtained fraudulently. In Northern Ireland, counter fraud services are provided to all HSC bodies by the Counter Fraud and Probity Service, which is part of the Business Services Organisation.

The counter fraud process ensures that action is taken across the complete range of our work. We seek to:

- create an anti-fraud culture
- maximise the deterrence of fraud
- prevent fraud
- detect fraud quickly
- professionally investigate detected fraud
- apply effective penalties, including legal action
- seek to restore money defrauded.

What is fraud and what types of offence happen?

In 2006, the Fraud Act was introduced and for the first time specific offences were created relating to fraud. Prior to the introduction of the Fraud Act 2006, most offences involving fraud would have been dealt with under the Theft Act.

Fraud is generally defined as a deception which is carried out in order to cover up a theft of property or money. There are now three main offences within the Fraud Act 2006, which cover the majority of frauds that occur within the NHS.

1. Fraud by false representation – e.g. submission of false travel claims, timesheets etc.
2. Fraud by failing to disclose information – e.g. failure to disclose criminal convictions on a job application.
3. Fraud by abuse of position – e.g. over-ordering stock and keeping the surplus for personal use, or abuse of Trust equipment such as mobile phones or vehicles.

The Trust has set in place procedures (in the form of Standing Orders, Standing Financial Instructions) designed to minimise the likelihood of the Trust being a victim of fraud and has issued guidance to be followed in the event of suspected fraud being reported. The Trust has agreed procedures in place that are designed to reduce the likelihood of fraud and protect staff against unjust allegations. These procedures must be followed at all times. For example:

- If you authorise timesheets, or documents such as expense forms, check what you are signing for is reasonable.
- Do not accept free gifts from suppliers (unless of a nominal value such as diaries).
- If you are offered hospitality, and are uncertain if it is appropriate, check with your Line Manager before, not after, the event. If hospitality is accepted, it must be recorded in the Trust's hospitality register.

The Bribery Act 2010

The Bribery Act 2010 came into force on the 1st July 2011 and in response, the Ministry of Justice has published their final guidance to help organisations understand the new legislation, its implications and to help deal with the risks of bribery.

Background to the Act

For the purposes of the Act, bribery is defined as the giving or taking of a reward in return for acting dishonestly and/or in breach of the law. Under the Bribery Act 2010, there are four possible offences:

- Bribing another person (section 1)
- Being bribed (section 2)
- Bribing a foreign public official (section 6)

- Failure to prevent bribery (section 7)

It is a criminal offence for an individual to give or to receive a bribe. It is a corporate offence if a business is found to have failed to prevent bribery.

Penalties for the offence

If the 'corporate offence' is committed, then both the organisation and its directors can receive a sanction including unlimited fines. The possible sanction for an individual involved in bribery has risen from 7 years in prison to 10 years.

Reporting acts of bribery

The avenues for reporting suspicions of bribery are the same as those for reporting suspicions of fraud.

What should you do if you have a suspicion of fraud or bribery?

All staff have a duty to protect the assets of the Service which include information and goodwill as well as property, and the Board wishes to encourage anyone having suspicions of fraud or corruption to report them.

It is the responsibility of all staff to highlight any suspicions of fraud at the earliest opportunity.

The Trust has a number of avenues by which staff can raise suspicions of fraud. These are detailed below and in the Trust's Fraud Response Plan and Whistleblowing Policy.

Concerns should be raised initially with the appropriate line manager. However, staff can raise their concerns directly with their Director, the Director of Finance or the Head of Internal Audit; if they so wish.

Staff should also be aware that the DHSSPSNI has initiated a fraud reporting hotline that can be used to highlight concerns in confidence and anonymously if preferred. Alternatively the Trust has a Policy and Procedure relating to Public Interest Disclosures ('Whistleblowing') which complements the Trust's Fraud Policy and Fraud Response Plan.

Within this policy the Trust has appointed a Designated Person as the initial point of contact for complaints under the formal procedure. The Designated Person will usually be an Non Executive Director of the Trust and will have direct access to the Chair of the Trust's Audit

Committee.

All information will be treated in the strictest confidence. The relevant contact details are as follows:

DHSSPS Fraud Hotline 0800 0963396

Director of Finance (028) 9040 0751

Head of Internal Audit 0300 5550113

Designated Person (Whistleblowing) 028 90400713 or w.b@nias.hscni.net

If staff are unsure whether or how to raise a concern or want confidential advice at any stage, they may contact their trade union. They may also contact the independent charity Public Concern at Work on 020 7404 6609 or by email at whistle@pcaw.org.uk. Their legal team can talk staff through their opinions and help them to raise a concern about malpractice at work.

For more information visit the website at www.pcaw.co.uk

Any employee reporting reasonably held suspicions should not suffer as a result of this report. **Victimising or deterring staff from reporting concerns is a serious disciplinary matter.** Any contravention of this policy should be reported to the Chief Executive or Chairman of the Audit Committee. All members of staff can, therefore, be confident that their reasonably held suspicions will be taken seriously and no member of staff will suffer in any way as a result of reporting them.

The Trust positively discourages anybody who has reasonably held suspicions from trying to investigate the matter themselves, talking to others about their suspicions or approaching or accusing the individual themselves. Any of these actions could result in a successful outcome as a result of a counter fraud investigation, being compromised or jeopardised - and therefore all suspected cases of fraud and corruption must be investigated by a trained and accredited Counter Fraud Specialist. Evidence, including witness statements, is required to be collected in a manner consistent with Code C of the Police and Criminal Evidence Act 1984. It is essential that line managers and other staff do not carry out any investigations or interviews.

All investigations are dealt with in the strictest confidence.

Please do not conduct your own investigations or attempt to recover evidence. However, anyone who encounters behaviour, or finds documents that they think may constitute fraud, should retain any evidence and make notes of any issues and concerns immediately. Once they have raised their concerns, they should take no further action, and in particular, they should not share their suspicions with other parties.

What happens next?

Whichever reporting route is chosen, in the event that a fraud is identified, the Trust will seek to enforce the law to the fullest extent practicable. This may include:

- Disciplinary action against individuals perpetrating or assisting a fraud, that is likely to include summary dismissal.
- Recovery of the proceeds of any fraud.
- Criminal action against the employee that may result in fines and/or imprisonment.

Websites containing additional information

www.nhsbsa.nhs.uk – click on Counter Fraud

www.hscbusiness.hscni.net – click on services then select Counter Fraud & Probity Services.

Policies and internet pages relating to this subject can be Found at:

[http://www.niamb.co.uk/docs/documents/Policies/TW-2-FIN%20\(03\)%202009_Fraud%20Policy%20Published%20April%202010.pdf](http://www.niamb.co.uk/docs/documents/Policies/TW-2-FIN%20(03)%202009_Fraud%20Policy%20Published%20April%202010.pdf)

[http://www.niamb.co.uk/docs/documents/Policies/TW-1-FIN%20\(01\)%202008_Gifts%20and%20Hospitality%20Policy_v02%20Published%20March%202010.pdf](http://www.niamb.co.uk/docs/documents/Policies/TW-1-FIN%20(01)%202008_Gifts%20and%20Hospitality%20Policy_v02%20Published%20March%202010.pdf)

<http://nias-sp:81/downloads/Policies/Whistle%20Blowing%20Policy%20Oct%202012.pdf>

Useful Contacts

DHSSPS Fraud Hotline 0800 0963396

Director of Finance (028) 9040 0751

Head of Internal Audit 0300 5550113

Designated Person (Whistleblowing) 028 90400713 or w.b@nias.hscni.net

Section 7: Managing Complaints

Aim

By the end of this section you will have an understanding of:

- What a complaint is
- The Complaints Procedure
- What people complain about
- Good practice principles for dealing with complaints

What is a complaint?

A complaint is any expression of dissatisfaction which requires a response. A complaint is NOT a request for information or for a service; it is not a comment or suggestion; neither is it purely when someone is unhappy. A service user may complain because we have done something and done it badly in the person's opinion or we said we would do something but did not.

Why do people complain?

Some examples of why people complain are that they believe that we have not met their specific need or have acted in an unprofessional manner; they have had difficulty obtaining information; they have had limited choice; they are frustrated by their experience; there have been delays in treatment or transport.

Complaints Procedure

The Complaints Procedure sets out the actions to be adhered to by all staff when dealing with complaints and complies with the guidance set out by the Department of Health Social Services and Public Safety (DHSSPS) entitled "*Complaints in Health and Social Care – Standards & Guidelines for Resolution & Learning*".

The complaints procedure details how effective and prompt management of complaints is key in improving patient care in the Northern Ireland Ambulance Service HSC Trust.

The key aims of this procedure are to ensure that all complaints receive thorough and timely investigation, that appropriate responses are provided and that corrective actions are undertaken and implemented.

This procedure is based on DHSSPSNI Guidance to support the development and implementation of an effective complaints management system and is based around four key principles:

- Openness and accessibility – flexible options for pursuing a complaint and effective support for those wishing to do so;
- Fairness and independence – emphasising early resolution in order to minimise strain and distress for all;
- Responsiveness – providing an appropriate and proportionate response;
- Learning and development – ensuring complaints are viewed as a positive opportunity to learn and improve services.

We believe that our patients and clients have the right to expect services of the highest quality. When our services do not meet these expectations, the Trust welcomes and values the resulting complaints because they give us information which can be used to improve services. Complaints should therefore be seen as providing us with an opportunity to improve the services and patient care we provide.

Staff Responsibilities In Dealing With Complaints

Staff are responsible for:

- discussing and attempting to resolve complaints as they arise and to put things right where possible within identified timescales;
- contributing to the investigation of complaints and enquiries within the Trust and returning statements, reports and other information to the Investigating Officer within requested timescales.

Key Points Of The Complaints Procedure

- **Enhanced local resolution** – Emphasis on the Trust to resolve the complaint to the satisfaction of the person complaining.
- **Standards for complaints handling** – Provides timescales and actions to be undertaken by all HSC Trusts in the administration of complaints

- **“Unacceptable Actions” policy** – Provides guidance and instructions in dealing with complainants who are deemed, for example, to be unreasonable, vexatious or abusive.

What Do People Complain About?

In 2013/14 the Trust received 152 formal complaints. Each complaint was fully investigated and where applicable, apologies issued to complainants with corrective action taken to prevent repeat occurrences and learning outcomes considered.

The breakdown of the subject and area of the complaints received in 2013/14 are demonstrated below:

SUBJECT	COUNT	%
Ambulance Late/ No Arrival	71	51%
Staff Attitude	44	31%
Clinical Incident	14	10%
Suitability of equipment/vehicle	2	1%
Other	9	7%

The top 3 areas of complaints for the Trust are:

- Ambulance Late/No Arrival
- Staff Attitude
- Clinical Incidents

Over 50% of complaints are things that frontline staff can do something about.

Complaints are often about basic care needs and how we interact with our users, not just about skills.

One bad experience can mar the entire contact.

“It’s not what you say; it’s the way that you say it.”

"It's not what you do, it's the way that you do it."

Good Practice Principles (DHSS 2004) for Handling Complaints.

Below are good practice principles for anyone handling a complaint, either verbal or written. These are common sense and courtesy, and they reflect how we would all like to be treated.

- Treat everyone with respect & dignity. You are representing the organisation.
- Identify yourself – it is polite to always introduce yourself.
- Listen carefully – find out the real nature of the problem – the person may be anxious/upset and have difficulty expressing their issues. Take the extra couple of moments – it will pay off.
- Be helpful, sensitive, courteous – complainants want to be taken seriously; offer to help; show you want to help; stay calm and empathetic; **DON'T** argue back! Try to defuse the situation.
- Confidentiality – discuss protection of patient/client confidentiality; ensure the patient/client is agreeable to discussions about them and has given consent/authorisation.
- An apology can often resolve a matter quickly. It's ok to say sorry!
- Take ownership – attempt to find a solution but **DON'T** "jump in" with solutions until you are sure you have heard and understood their complaint – people often initially only want someone to listen to them – get something "off their chest". Check details. Ask what they would like to happen. Agree actions. Emphasise resolution is best as quickly as possible and as near to the point of contact as possible. Don't make promises you can't keep. Don't blame others or policies.
- Ask for help from someone else, e.g. your line manager, supervisor, colleague etc, if you are in doubt or unsure how to handle a situation, feel 'out of your depth' or indeed you need them to provide some support.
- If a complaint raises a specific urgent concern or risk, ensure the patient's/client's immediate needs are met before looking at the other aspects of the complaint.
- Do you know who the designated person is for managing complaints within your organisation? And how to contact them?
- If you have dealt with a verbal complaint, document and report it. If the complainant is still unhappy, advise them of the formal process and provide them with a complaints leaflet.

Summary of the Key Steps to good complaints handling:-

1. Learn to listen – hear the complaint right through
2. Your first response must be words of sympathy
3. Don't justify or apportion blame
4. Collect further facts you need to know by asking suitable questions
5. Agree a course of action with the complainant
6. Ensure it is all done – Follow the course of action all the way through to completion

What are the Response Times in Dealing with Complaints?

- All complaints should be acknowledged within **2 working** days
- All complaints should be responded to within **20 working** days

Why do Complaints Matter?

To the Organisation:

- Identify risks
- Learn lessons
- Improve services
- Reputation
- Make case for more resources

To the Service User:

- Public accountability
- Restore confidence
- Address negative feelings
- Closure
- Improvement
- Valued/worthwhile

***“To err is human.....
To cover up is unforgivable.....
To fail to learn is inexcusable.” Sir Liam Donaldson***

Useful Contacts:

NI Ambulance Service HSC Trust
Admin & Complaints Manager
Trust Headquarters, Site 30
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8SG

Policies & Procedures (available via NIAS Intranet & Internet)

NIAS Complaints Policy
NIAS Complaints Procedure

Useful web links

Complaints in HSC – Standards & Guidance for Resolution & Learning
<http://www.dhsspsni.gov.uk/complaints-hsc-standards-guidelines-resolution-learning-july08.pdf>

Section 8: Whistleblowing (Public Interest Disclosure)

Aim

By the end of this section you will have an understanding of:

- What whistleblowing is
- The Public Interest Disclosure (NI) Order 1998
- The procedure within NIAS for raising a concern
- Who to contact

PART 1: The Wider Context

The Public Interest Disclosure (Northern Ireland) Order 1998, protects workers who 'blow the whistle' about wrongdoing. In general, workers should be able to make disclosures about wrongdoing to their employer, so that problems can be identified and resolved quickly within organisations. NIAS have internal procedures which can be used for the purpose of facilitating disclosures.

The provisions introduced by the Order protect most workers from being subjected to a detriment by their employer. Detriment is not defined but may take a number of forms, such as denial of promotion, facilities or training opportunities which the employer would otherwise have offered. Employees who are protected by the provisions may make a claim for unfair dismissal if they are dismissed for making a protected disclosure. Workers who are not employees may not claim unfair dismissal; however, if the employer has terminated their contract because they made a protected disclosure, they may instead make a complaint that they have been subjected to a detriment.

'Worker' has a special wide meaning in the case of whistleblowing. As well as employees it includes agency workers and people who aren't employed but are training with employers.

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What can be disclosed?

Certain kinds of disclosures qualify for protection ("qualifying disclosures"). Qualifying disclosures are disclosures of information which the worker

reasonably believes tend to show that one or more of the following matters is either happening now, took place in the past, or is likely to happen in the future:

- a criminal offence;
- a breach of a legal obligation;
- a miscarriage of justice;
- a danger to the health or safety of any individual;
- damage to the environment; or
- deliberate covering up of information tending to show any of the above five matters.

It should be noted that in making a disclosure the worker must have reasonable belief that the information disclosed tends to show one or more of the offences or breaches listed above ("a relevant failure"). The belief need not be correct - it might be discovered subsequently that the worker was in fact wrong - but the worker must show that he held the belief, and that it was a reasonable belief in the circumstances at the time of disclosure. If however, a disclosure is made maliciously and the worker knows it to be untrue, the Trust will investigate this under a separate appropriate process.

Circumstances in which disclosures are protected ("a protected disclosure")

Making a qualifying disclosure to NIAS

A qualifying disclosure will be a protected disclosure where it is made:

- (a) to NIAS, through the procedures in place for that purpose; or
- (b) to another person directly, whom the worker reasonably believes to be solely or mainly responsible for the relevant failure.

The only additional requirement on the worker is that he should act in good faith. No other requirement is necessary to qualify for protection.

Disclosure to NIAS will ensure that concerns are dealt with quickly and by the person who is well placed to resolve the problem.

Making a qualifying disclosure to a prescribed person

Workers who are concerned about wrongdoing or failures can make disclosures to a person or body which has been prescribed by the Public Interest Disclosure (Prescribed Persons) Order (Northern Ireland) 1999 for the purpose of receiving disclosures about the matters concerned. If a worker makes a qualifying disclosure to such persons or bodies, it will be a protected disclosure provided the worker:-

- makes the disclosure in good faith;
- reasonably believes that the information, and any allegation it contains is substantially true; and
- reasonably believes he is making the disclosure to the right 'prescribed person' (e.g. breaches of health and safety regulations can be brought to the attention of the Health and Safety Executive for Northern Ireland).

Making a qualifying disclosure to a legal adviser

A qualifying disclosure will be a protected disclosure if it is made to a legal adviser in the course of obtaining legal advice.

Making a qualifying disclosure to a Minister

A qualifying disclosure made in good faith by a worker, employed in a Government-appointed organisation, such as a non-departmental public body, will be a protected disclosure if made to a Government Minister (either directly or via departmental officials).

Making a qualifying disclosure to others

A qualifying disclosure will be a protected disclosure if the following conditions are met:

Firstly, the worker must: -

- make the disclosure in good faith;
- reasonably believe that the information, and any allegation contained in it, is substantially true;
- not act for personal gain; and
- act reasonably taking into account the circumstances.

In addition, one or more of the following conditions must be met:

- the worker reasonably believed that he would be subjected to a detriment by his employer if disclosure were to be made to the employer or to a prescribed person;
- in the absence of an appropriate prescribed body, the worker reasonably believed that disclosure to the employer would result in the destruction or concealment of information about wrongdoing;
- the worker had previously disclosed substantially the same information to his employer or to a prescribed person.

The industrial tribunal will decide whether the worker acted reasonably, in all the circumstances, but in particular will take into account:

- the identity of the person to whom the disclosure was made (e.g. it may be more appropriate to disclose to a professional body that has responsibility for standards and conduct in a particular field, such as accountancy or medicine, than to the media);
- the seriousness of the relevant failure;
- whether the relevant failure is continuing or is likely to occur again;
- whether the disclosure breaches the employer's duty of confidentiality to others (e.g. information that is made available by the worker may contain confidential details about a client);
- what action has or might reasonably be expected to have been taken if a disclosure was made previously to the employer or a prescribed person; and
- whether the worker complied with any internal procedures approved by the employer if a disclosure was made previously to the employer.

Making a qualifying disclosure about an exceptionally serious failure

If you believe you are blowing the whistle on an exceptionally serious failure in the workplace you do not need to go through the normal channels and can publicly blow the whistle straight away.

The conditions given for blowing the whistle to others will not apply, if you

- make the disclosure in good faith;
- reasonably believe that the information disclosed, and any allegation

contained in it, is substantially true;

- do not act for personal gain; and
- act reasonably taking into account the circumstances.

Also, it must be reasonable for the worker to make the disclosure in view of all the circumstances, having regard in particular to the identity of the person to whom the disclosure is made.

It is not enough for something to be an exceptionally serious failure in your opinion alone (e.g. if you don't agree with a working practice). It must be a matter of fact that something is a genuinely serious failure. An example could be an exceptionally serious health and safety risk that is putting workers' lives at risk.

Disclosures about health and safety matters

The Employment Rights (Northern Ireland) Order 1996 already provides protection for employees who, in certain circumstances, raise concerns about, or take action in connection with, health and safety matters (see Articles 68, 68A and 132 of that Order). For example, the 1996 Order already provides that it is unfair to dismiss an employee who acts to protect himself or others from serious and imminent danger.

The provisions provide protection, as explained above, to any worker who discloses information about a health or safety danger in accordance with the provisions. Clearly, where there is a recognised health and safety representative present, the worker should normally tell him about the problem, as it is part of the representative's role to raise such matters with the employer. The existing health and safety provisions in the Employment Rights (Northern Ireland) Order 1996, and the provisions introduced by the Order are therefore complementary.

Contractual duties of confidentiality

Any provision in an agreement between a worker and his employer which would prevent the worker from making disclosures protected by the provisions is void. This applies to any agreement between the employer and worker (it might be a term in a contract of employment or a separate agreement)

including agreements settling claims under the provisions.

Raising a grievance

It is good practice, where possible, to attempt to resolve problems in the workplace through discussion. General advice on how to do this is set out in the Code of Practice on Disciplinary and Grievance procedures, published by the Labour Relations Agency.

It is important to note, however, that employees do not have to raise a grievance in order to make a protected disclosure.

Industrial tribunals and remedies

Workers protected by the provisions (including employees) can complain that they have been subjected to detriment by their employer for making a protected disclosure. As noted earlier, an 'employee' can make a claim of unfair dismissal; a 'worker' who is not an employee and whose contract has been terminated by his employer because he made a protected disclosure can claim that he has been subjected to a detriment.

As with many other claims to industrial tribunals, the complaint should normally be made within three months of the dismissal or detriment. The tribunal can also consider a complaint made outside the three-month time limit (either by an employee or by a 'worker') if they believe it was not reasonably practicable for the employee to have made a complaint within it and that it has been made within such further period as they consider reasonable.

For unfair dismissal claims, interim relief is also available, provided the claim is made within seven days of the effective date of the termination of employment.

Where a tribunal finds that a complaint of unfair dismissal is justified, it will order re-instatement or re-employment, or the payment of compensation.

Where a worker complains that he has been subjected to a detriment and the tribunal finds the complaint well-founded, it will make a declaration to that effect and may order the payment of compensation.

PART 2: The NIAS Context

How to raise a concern internally

You do not need to have firm evidence of malpractice before raising a concern. However you will be asked to explain as fully as you can, the information or circumstances that gave rise to your concern.

Step One

If you have a concern about malpractice, we hope you will feel able to raise it first with your line manager or with their immediate manager. This can be done orally or in writing. The line manager will inform the Trust’s Designated Person of the details of the malpractice.

Step Two

If, for whatever reason, you feel that raising it with your immediate line manager is not appropriate, or it has not worked, please raise the matter with the Head of Department/Division or with one of the following:

Director	Name	Tel Number	Email address
Director of HR & Corporate Services	Ms R O’Hara	028 90400740	Roisin.Ohara.nias.hscni.net
Director of Finance & ICT	Mrs S McCue	028 90400750	Sharon.Mccue@nias.hscni.net
Director of Operations	Mr B McNeill	028 90400720	Brian,Mcneill@nias.hscni.net
Medical Director	Dr D McManus	028 90400738	David.Mcmanus@nias.hscni.net

If you wish to raise a matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step Three

If these channels have been followed or you believe there is an on-going risk or feel that the matter is so serious that you cannot discuss it with any of the above, the Trust has appointed a Designated Person as a direct point of contact for anyone wishing to raise a direct concern.

The Designated Person will have direct access to the Trust's Chairman and Chief Executive. It is recognised that in some situations, an employee may have initially discussed the matter with his/her Manager. It is therefore important that this fact is brought to the attention of the Designated person. Details of the Designated Person are:

Angela Paisley, Non-Executive Director. Tel no: 028 90400713 (Confidentially via the Chairman's Office). Email: w.b@nias.hscni.net

Ultimately the matter can be referred to the Minister for Health Social Services and Public Safety.

How NIAS will handle the matter

Once you have told us of your concern, we will look into it to assess initially what action should be taken. This may involve an informal review, an internal enquiry or a more formal investigation. Where it is decided that a formal investigation is necessary, the overall responsibility for the investigation will lie with a nominated "investigating officer". In any event, we will tell you who is dealing with the matter, how you can contact him or her, and whether your further assistance may be needed. If you request, we will write to you summarising your concern and setting out how we propose to handle it.

When you raise the concern you may be asked how you think the matter might best be resolved. If you do not have any personal interest in the matter we request that you tell us at the outset. If your concern falls more appropriately with the Grievance Procedure, we will tell you.

We will give you as much feedback as we properly can, and if requested, we will confirm it in writing. However, we may not be able to tell you about the precise action we take where this would infringe a duty of confidence owed by us to someone else.

Independent Advice

If you are unsure whether or how to raise a concern or you want confidential advice at any stage, you may contact your Trade Union. You may also contact the independent charity Public Concern at Work on 020 7404 6609 or by email at helpline@pcaw.co.uk.

Their lawyers can talk you through your options and help you raise a concern about malpractice at work. For more information you can visit their website at www.pcaw.co.uk.

External Disclosures

Whilst we hope we have given you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you can properly report a concern to an outside body. We would rather you raise a matter with the appropriate regulator – such as the Northern Ireland Audit Office or the Health and Safety Executive of Northern Ireland – than not at all. Public Concern at Work (or your Trade Union) will advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

Contacts

To make a disclosure to the Comptroller and Auditor General, write to:

The Comptroller and Auditor General

Northern Ireland Audit Office

106 University Street

Belfast

BT7 1EU

Alternatively, in respect of disclosure, email: whistleblowing@niauditoffice.gov.uk or telephone 028 90251023.

Conclusion

Whilst we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly and properly. By using these whistleblowing arrangements, you will help us to achieve this.

Section 9: Equality and Diversity

Objective

By the end of this section you will have an understanding of:

- what equality and diversity means;
- the legislation that supports equality and diversity;
- the key areas covered by the legislation;
- your responsibility for ensuring compliance with equality and diversity legislation;
- Discrimination, Harassment and Victimisation

What is equality and diversity about?

Equality is about ensuring that people are treated fairly and given the same opportunities. It is not about treating everyone in the same way as this does not necessarily mean that people are being treated fairly, but recognises that people's needs are met in different ways. It means that we need to treat people according to their needs and this may mean in fact that we need to treat certain people differently in order to ensure that they are treated equally.

Diversity is about recognising that people come from different backgrounds. By welcoming diversity in colleagues, valuing each other's unique talents and contribution and treating each other fairly, we will work better together to provide the best possible service to the public. Having a workforce which fully represents the society we serve will increase public confidence and help our patients and clients approach us, resulting in an improved service.

Equality and Diversity in NIAS

NIAS is committed to providing appropriate services to people throughout Northern Ireland, ensuring that our workforce respects the diversity of the community we serve and that NIAS as an employer respects the diversity of its staff. We aim to ensure that the particular needs of disadvantaged groups in our society are recognised and addressed.

Equality and Diversity Legislation

Northern Ireland has a comprehensive framework of equality and anti-discrimination law. Legal duties are placed on all public authorities, and individuals who work within them, to require and encourage fairness towards all service users and their workforce and to ensure respect for their rights.

Section 75 of the Northern Ireland Act 1998

Section 75 of the Northern Ireland Act aims to change the practices of public authorities so that equality of opportunity and promotion of good relations are central to policy making and service delivery. It goes beyond anti-discriminatory legislation and is designed to improve the quality of services for all people in Northern Ireland by placing duties on public authorities, including NIAS, on how they carry out their work. Under Section 75 there is a legal requirement for public authorities to consider the possible impact of all their decisions on 9 specified equality groups and also how to promote equality of opportunity and good relations in all areas of our work. We have to consider how to promote equality of opportunity in relation to the following equality groups:

- religious belief
- sexual orientation
- political opinion
- gender
- racial group
- disability (those with a disability and those without)
- age
- dependant status (those with dependants and those without)
- marital status

We also have to consider how to promote good relations in respect of 3 groups:

- religious belief
- political opinion
- racial group

Under the Act, NIAS as a designated public authority is required to produce an equality scheme which outlines how we will fulfil the Section 75 duties and procedures for measuring performance.

European Convention on Human Rights

Human rights are rights and freedoms to live, act and think which everyone has and no one should be able to arbitrarily interfere with. They are fundamental rights or entitlements based on the core principles of dignity, fairness, equality, respect and autonomy in life, public services and society generally. Human rights belong to everyone regardless of their nationality and citizenship. The European Convention on Human Rights is an international treaty which applies to all member states of the Council of Europe (including the UK) which lists the civil and political rights that everyone should have, including the right to life, liberty and security, family and private life and freedom of expression.

The rights contained in the Convention are:

- right to life
- right not to be tortured or treated in an inhumane or degrading way
- right to be free from forced labour or slavery
- right to liberty
- right to a fair trial
- right to no punishment without law
- right to respect for private and family life, home and correspondence
- freedom of thought, conscience and religion
- freedom of expression
- freedom of assembly and association
- right to marry and found a family
- right not to be discriminated against in relation to any of the rights contained in the Convention
- right to peaceful enjoyment of possessions
- right to education

Human Rights Act 1998

The Human Rights Act 1998 incorporates into UK law the fundamental rights set out in the European Convention on Human Rights. The Act is about respecting and fostering Convention rights in everything we do. The Act was also intended to place human rights at the heart of public service delivery and through this to make rights a reality for all people in the UK. The rights underpin the Northern Ireland Act 1998 and every public authority must ensure that the Convention rights of people are safeguarded. Public bodies have a statutory

duty to ensure that their decisions and actions are compatible with the Convention and to act in accordance with these rights.

Everyone who works for NIAS is responsible for ensuring that the Trust complies with the Human Rights Act and the Convention. This means that you must always think about the impact of your actions on people's human rights. We need to be proactive in ensuring that we comply with our obligations and ensure that we develop a human rights culture.

The Act does not in itself confer any new rights but enables people to seek redress in a UK court if they think that their human rights have been violated by a public authority.

As member of staff of a HSC Trust, you will be acting on behalf of a public body and you will have to take the impact on human rights into consideration in the way you carry out your work.

Disability Discrimination Act 1995

The Disability Discrimination Act aims to end the discrimination which many people face and gives rights in:

- access to goods, facilities and services;
- buying or renting land or property;
- employment.

The Act states that we must not:

- refuse to provide a service to a disabled person;
- offer a disabled person a lower standard of service;
- offer a disabled person less favourable terms;

and we must:

- consider reasonable adjustments if employment arrangements or the workplace itself put disabled people at a substantial disadvantage and so that disabled people can use our services.

In the Act, “disability” is defined as a mental or physical impairment which has a substantial and long-term (i.e. has lasted or is likely to last at least 12 months or is likely to last for the rest of the life of the person affected) adverse effect on a person’s ability to carry out normal day-to-day activities. The Act places a duty on employers/service providers to make reasonable adjustments where a disabled person finds it impossible or unreasonably difficult to access employment/use a service then we must make reasonable adjustments by providing a reasonable alternative method or providing an auxiliary aid or service.

Disability Discrimination Act 2005

The Disability Discrimination Act 2005 amends the existing provision in the Disability Discrimination Act 1995. This includes:

- making it unlawful for operators of transport vehicles to discriminate against disabled people;
- extending protection to cover people who have HIV, cancer and multiple sclerosis from the moment they are diagnosed;
- ensuring that discrimination law covers all the activities of the public sector; and
- requiring public bodies to promote equality of opportunity for disabled people.

Disability Discrimination (NI) Order 2006

Under the Disability Discrimination Act 2005 as amended by the Disability Discrimination (NI) Order 2006, public authorities, in all areas of their work, must consider how to:

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

Equal Pay Act 1970

This Act makes it unlawful for employers to discriminate between men and women in their employment contracts (including pay, conditions and contractual benefits such as pensions, sickness benefits and child care allowances). Under this Act, every employment contract is deemed to include an “equality clause” which guarantees both sexes the same rates of pay for doing the same or broadly similar work, or work rated equivalent by a job evaluation study or if the job has equivalent demands in terms of skill, knowledge, decision-making and environmental demands.

Sex Discrimination (NI) Order 1976

The Sex Discrimination (NI) Order 1976 makes it unlawful to discriminate against:

- an individual on the grounds of his or her gender in employment, training and related matters, education, the provision of goods, facilities and services and the disposal and management of premises;
- married persons in employment.

Gender Reassignment Regulations 1999

These Regulations necessitated changes to the Sex Discrimination Order and give protection to those undergoing gender reassignment at both pre- and post-operative stages and includes an intention to commence gender reassignment. Protection is also afforded where an individual does not proceed with the process.

Gender Recognition Act 2004

The purpose of this Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition will follow from the issue of a full gender recognition certificate by a Gender Recognition Panel. In practical terms, legal recognition will have the effect that, for example, a male-to-female transsexual person will be legally recognised as a woman.

Race Relations (NI) Order 1997

This Order makes racial discrimination in employment, the provision of goods, facilities and services and education unlawful. The Order defines racial discrimination as discrimination on the grounds of colour, race, nationality, or ethnic or national origins. The Irish Traveller community is specifically identified in the Order as a racial group. The Order places a legal duty on organisations to make sure that services accessible to the majority community are also available to black and minority ethnic communities. The need to communicate in languages other than English is implicit rather than explicit. However, failure to provide interpreting facilities in relation to service provision when it is known that there is a language barrier could be construed as unlawful racial discrimination.

Fair Employment and Treatment (NI) Order 1998

This Order makes it unlawful to discriminate against someone on the grounds of religious belief or political opinion. This includes a person's supposed religious belief or political opinion and the absence of any religious belief or political opinion.

Employment Equality (Age) Regulations (NI) 2006

These Regulations prohibit age discrimination in recruitment, promotion and training as well as harassment on grounds of age whether young or old. These Regulations do not apply to the provision of goods, facilities and services.

The Employment Equality (Sexual Orientation) Regulations (NI) 2003

These Regulations make it unlawful for employers and others to discriminate on grounds of sexual orientation, or perceived sexual orientation, in employment and vocational training.

Equality Act (Sexual Orientation) Regulations (NI) 2006

Under these Regulations it is unlawful to discriminate on grounds of sexual orientation in the provision of goods, facilities or services.

Civil Partnership Act 2004

This Act creates a new legal relationship of civil partnership between same-sex couples. It gives same-sex couples who form a civil partnership parity of treatment in a wide range of legal matters to those of opposite-sex couples who enter into civil marriage.

Discrimination, Harassment and Victimisation

Direct Discrimination occurs when a person with a protected characteristic under equality legislation is treated less favourably than those who do not share that characteristic in the same or similar circumstances.

Indirect Discrimination

Occurs where a provision, criterion or practice which cannot be justified places a disproportionate disadvantage in employment or provision of goods and services for a person with a protected characteristic under equality legislation compared to those who do not share that characteristic.

Harassment

Is unwanted behaviour that has the purpose or effect of violating a person's dignity or creates a degrading, humiliating, hostile, intimidating or offensive environment.

Victimisation

Is subjecting a person to a detriment because they have done a protected act or there is a belief that they have done a protected act (for example bringing proceedings under the

equality legislation, giving evidence or information in connection with proceedings under equality legislation, or making an allegation that a person has contravened equality legislation).

It is unlawful to give instructions to a person to commit an unlawful act of discrimination or to put pressure on a person to discriminate. It is also unlawful to aid a person to discriminate.

Websites Containing Further Information:

Equality Commission for Northern Ireland (www.equalityni.org)

Northern Ireland Human Rights Commission (www.nihrc.org)

Department of Health, Social Services and Public Safety (www.dhsspsni.gov.uk)

Useful Contacts:

NIAS Equality Manager michelle.lemon@nias.hscni.net

Related Policies and other Documents on Trust Intranet:

Harassment Policy

Grievance Policy

Related Documents:

NIAS Equality Scheme

Section 10: Patient/Client Experience

Objective

By the end of this section you will have an understanding of:

- patient and client experience standards.

Patient and Client Experience Standards

Good quality care is everyone's business. Patients, clients and staff have a right to experience respectful and professional care, in a considerate and supportive environment where their privacy is protected and dignity maintained. It is through fostering a good understanding of what makes the public satisfied with our service that will contribute to success. How we communicate and co-operate with and support colleagues has a real impact on the experience of service users and will enable all staff to take pride in the services they provide. Those involved in providing care should be continually improving standards to ensure a high quality of patient and client experience.

The following five standards have been identified by the Minister of Health as important towards ensuring a positive patient or client experience. NIAS Trust Board has formally adopted these standards.

- **Respect** – all health and social care staff show respect in all contacts with patients and clients;
- **Attitude** – staff show positive attitudes towards patients and clients;
- **Behaviour** – staff show professional and considerate behaviour towards patients and clients.
- **Communication** – staff communicate in a way which is sensitive to the needs and preferences of patients and clients;
- **Privacy and dignity** – staff protect the privacy and dignity of patients and clients at all times.

This is not an exhaustive list and there may be overlap between the areas, but all five relate to aspects identified by patients and clients as important to their experience.

Websites Containing Further Information:

Equality Commission for Northern Ireland (www.equalityni.org)

Northern Ireland Human Rights Commission (www.nihrc.org)

Department of Health, Social Services and Public Safety (www.dhsspsni.gov.uk)

Useful Contacts:

NIAS Equality Manager michelle.lemon@nias.hscni.net

Related Policies:

Harassment Policy

Grievance Policy

Related Documents:

NIAS Equality Scheme

Related Policies and other Documents on:

The Trust's intranet and internet sites

Section 11: Personal & Public Involvement (PPI)

Objective

By the end of this section you will have an understanding of:

- Personal and Public Involvement (PPI);
- Why PPI is important;
- Benefits of PPI.

What is PPI?

There is increasing recognition of the importance of meaningfully involving service users and stakeholders in all aspects of Health and Social Care service development and delivery and of the benefits of this for the organisation. PPI will improve the involvement of service users, patients, communities, other stakeholders and partners in the planning, development, delivery and evaluation of our services. It aims to ensure service users, patients, communities and the wider public are at the heart of everything we do and that our services are effective, innovative and centered on addressing the needs of our service users and stakeholders. PPI is a way of working which allows the public to help organisations to improve services provided, through dialogue and partnership.

- **Personal** refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe people who use Health and Social Care services as individuals or as part of a group, such as a family.
- **Public** refers to the general public and includes community and voluntary groups and other collective organisations. Individuals who use HSC services are also members of the general public.
- **Involvement** means more than consulting and informing. It includes engagement, active participation and partnership working.

PPI includes a wide range of activities including:

- service user/carers and public involvement in service planning and evaluation;
- community assessment of health and social care needs;
- community development principles and processes
- patient/client centred care and involvement in their care planning;

- service user experience feedback;
- complaints management; and
- volunteering.

People have a wide variety of relationships with the Northern Ireland Ambulance Service, most obviously when they are users of our services. They can also be relatives, friends or neighbours of service users. They can be voluntary workers, members of community groups or employees of voluntary organisations.

Why is PPI Important?

In “**Guidance on Strengthening Personal and Public Involvement In Health and Social Care**” produced in 2007, the Department of Health, Social Services and Public Safety identified three premises which must underpin PPI:

- people in receipt of services should be actively involved in decisions affecting their lives and should fully contribute to any planning, decisions and feedback about their own care and treatment;
- the wider public has a legitimate entitlement to have opportunities to influence health and social care policies and priorities. This is further reflected in the Trust’s commitment to a community development approach to all its work;
- PPI is part of everyday practice within Health and Social Care organisations and should lead to improvements in an individual’s personal experience of the service and the overall quality and safety of service provision.

Working in genuine partnership with users, carers and communities can deliver:

- **Increased Ownership and Commitment** by staff, individuals and communities to finding new ways to address the diverse needs across the service;
- **Increased Sense of Self-Responsibility** for health and social well-being and for taking action that can prevent ill health and address the wider determinants of health;
- **Responsive and Appropriate Services** that are needs-led and focused on the priorities of the public and users;
- **Better in Priority Setting and Decision Making** across a diverse and often competing range of priorities;

- **Increased Compliance** with agreed treatment and care plans, resulting in more effective outcomes for all parties;
- **Help in Tackling Health and Social Well Being Inequalities** where we can gain a better understanding of the circumstances and particular needs of marginalised groups and communities;
- **Improved outcomes of care** for the individual and the population;
- **Increased Levels of Service Satisfaction and a reduced number of complaints;**
- **Increased Staff and Patient Morale** and feeling of self-worth;
- **A better understanding of why and how services need to change and develop;**

Commitment to PPI

NIAS is committed to embedding PPI into our culture and practice. PPI approaches will be adopted to encourage more open, accountable and collaborative service planning, design and delivery. NIAS and other Health and Social Care organisations have worked with service users and the wider public for many years. The Trust recognises that genuine involvement and partnership take time and commitment to achieve.

PPI Values and Principles

There are 3 key premises which underpin PPI:

- people in receipt of services should be actively involved in decisions affecting their lives and should fully contribute to any planning, decisions and feedback about their own care or treatment;
- the wider public has a legitimate entitlement to have opportunities to influence policy and priorities;
- PPI is part of everyday practice and should lead to improvements in an individual's personal experience of the service and the overall quality and safety of service provision.

NIAS PPI Aims

NIAS recognises significant benefit and value in ensuring effective client, patient and public involvement as it seeks to provide a responsive, equitable and efficient service and will:

- **Ensure that the service is accessible and responsive**

The Trust will create a culture that is open to listening to the views, opinions, issues and concerns of individuals, groups and communities, based on the principles of integrity, equality and partnership ;

- **Ensure patient and public involvement is central to all aspects of Trust activity, is genuine and not a token gesture.**

The Trust will ensure that the views and opinions of individuals, groups and communities are listened to, respected and considered in the decisions of the organisation. The Trust will ensure everyone who needs and wishes to be involved is facilitated to do so irrespective of culture, language, skills, knowledge and experience.

- **PPI will be reflected in our corporate objectives and will underline our commitment to make sure the Trust delivers person-centred care**

The Trust will ensure that the involvement of clients, patients and communities is a key priority for the organisation at the highest level and will establish clear lines of accountability to reflect this.

- **Ensure patients/carers are informed about and involved in treatment and care**

The Trust will provide meaningful, timely, accurate and appropriate information to clients, patients and communities and will ensure that communication is an effective two-way process;

- **Build capacity and confidence with staff, patients and the public in engagement and involvement activities**

The Trust will, in partnership with the community and voluntary sector, actively seek to build the capacity and confidence of individuals to be involved through learning, opportunity and experience;

- **Help patients and the public develop a sense of ownership of the Trust**

The Trust will utilise a wide range of methods and approaches to involve people and will ensure that staff respect the views and opinions expressed and are skilled in the ways that they engage with and involve individuals.

PPI should be part of everyday working practice, underpinning communications and decisions regarding care or treatment. It should be an integral part of service planning, commissioning and delivery. It means discussing with those who use our services and the public.

Involving individuals who use your services, in plans and decisions about their specific care or treatment needs is an integral part of PPI. PPI is also about involving local communities or the general population where the issues are of broad public concern or interest, such as the location or nature of local services. PPI is about empowering people and communities to give them more confidence and more opportunities to influence the planning, commissioning and delivery of services in ways that are relevant and meaningful to them.

PPI can really change things for people who use services, both in their experience of services and the quality and safety of care. PPI can also increase service responsiveness and accountability to local communities and the wider population by involving them in the debates and decisions about service provision. Staff morale and satisfaction can also improve when staff know they are providing a responsive service that is valued by individuals and appreciated by the wider public.

NIAS PPI Consultation Scheme

The Trust published its PPI Consultation Scheme in December 2009.

This Consultation Scheme outlines the arrangements which the Trust will put in place to ensure that the statutory requirements in the Health and Social Care Reform Act (Northern Ireland) Sections 19 and 20 (DHSSPS, 2008) are fully met. These include organisational arrangements such as:

- The identification of a lead Executive Director with responsibility for PPI,
- The identification of a lead manager to develop and lead a programme of work to mainstream PPI within the organisation.
- The establishment of a PPI Steering Group
- The creation of a PPI Panel constituted by representatives of NIAS and patients and service users.

Websites Containing Further Information:

Department of Health, Social Services and Public Safety (www.dhsspsni.gov.uk)

Useful Contacts:

NIAS manager with responsibility for PPI is Michelle Lemon

e-mail: michelle.lemon@nias.hscni.net

Related Policies:

NIAS Equality Scheme

Related Documents:

NIAS Consultation Scheme

NIAS Equality Scheme

Related Policies and other Documents on:

The Trust's intranet and internet sites.

Section 12: Knowledge & Skills Framework (KSF) and Personal Development and Contribution Review (PDCR)

Objective

The following information is intended to consolidate your understanding of the NHS Knowledge and Skills Framework (KSF) and associated Personal Development & Contribution Review (PDCR) process. Specifically, the information will enable you to have an understanding of:

- The purpose of the Knowledge and Skills Framework and the Personal Development and Contribution Review (PDCR) process;
- The roles and responsibilities of both the Reviewer and the Reviewee in the PDCR process.

What is the KSF?

The KSF is one of three key strands within the Agenda for Change (AfC) National Agreement, the other two being job evaluation and terms and conditions. The KSF is:

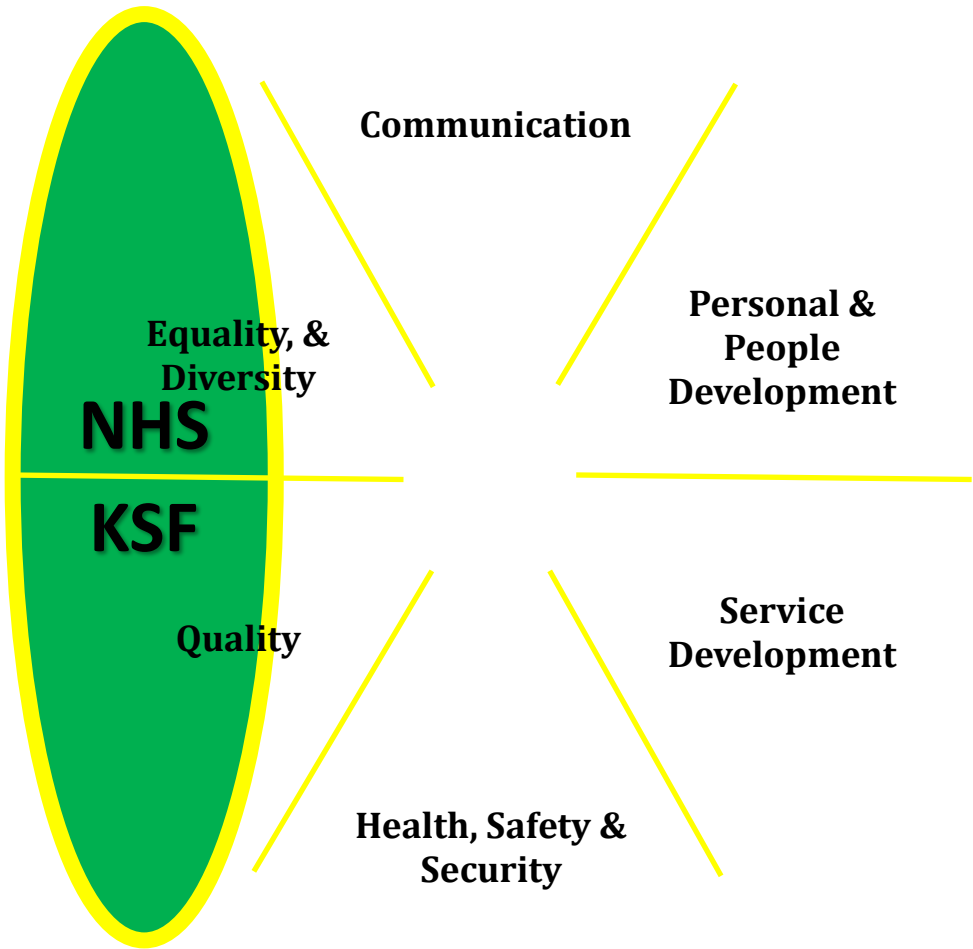
- An NHS/HSC-wide framework that commonly describes the knowledge and skills that need to be applied to roles in the NHS/HSC.
- A fair and objective framework which supports:
 - Personal development in post;
 - Pay progression within pay band;
 - Career development;
 - Service development.

The KSF does not:

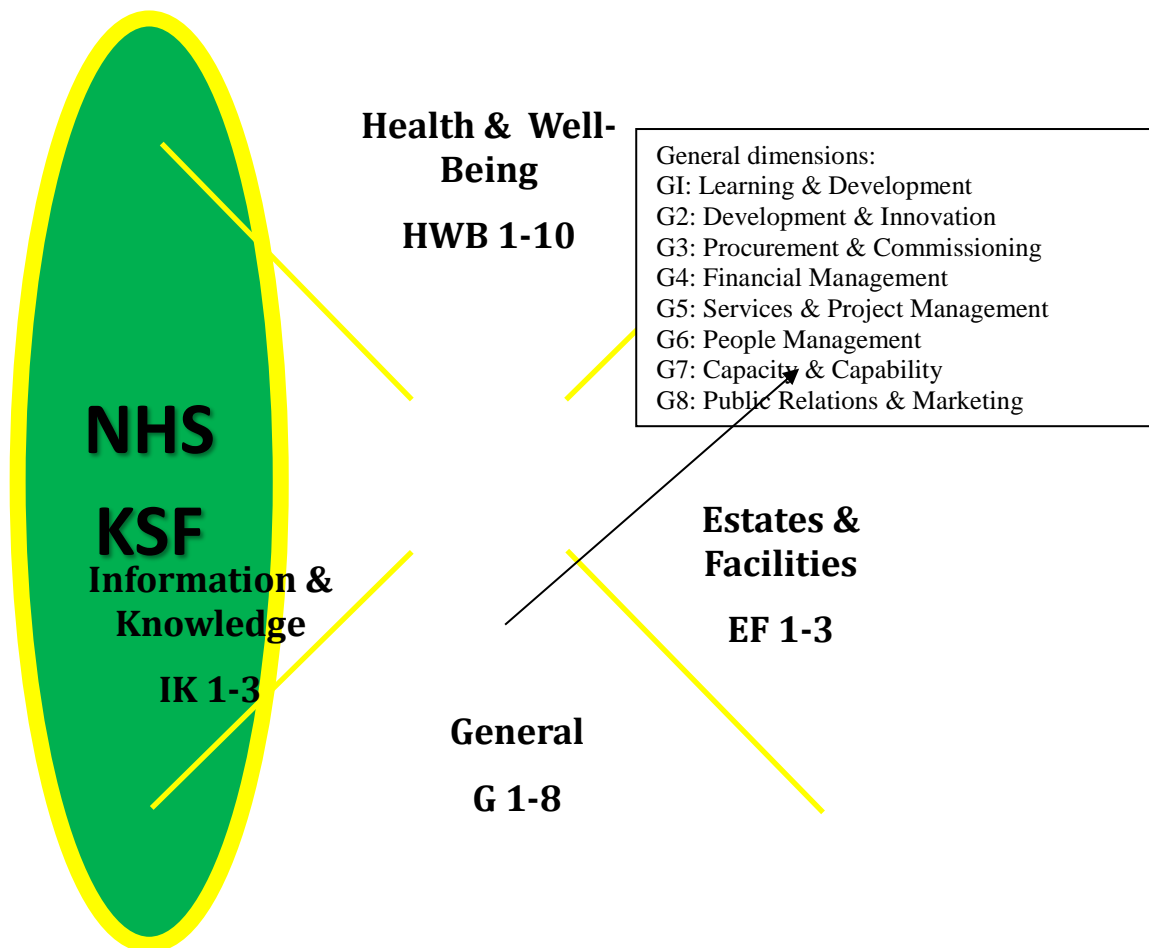
- Describe what people are like or their attitudes.
- Describe the exact knowledge and skills each person needs to develop.
- Determine job weight or pay band.
- Replace job descriptions.

The KSF is made up of:

- Six **Core Dimensions** (see below) – staff in all posts within health and social care are expected to demonstrate knowledge and skills in each of these dimensions at varying levels.



- Twenty-four **Specific Dimensions** across four areas (see below) - staff in all posts within health and social care are expected to demonstrate knowledge and skills in one or more of these dimensions at varying levels, depending on the nature of the specific post.



- There are four **Levels** in each dimension – as the levels increase, more advanced knowledge and skills are required.
- **Indicators** for each level describe the level in more detail;
- **Examples of Application** illustrate how the dimensions/levels can be applied to individual posts.

For example, the level descriptors for Core Dimension 1, Communication are outlined below. The level descriptors show progressively more advanced knowledge and skills.

1. Communicate with a limited range of people on day to day matters.
2. Communicate with a range of people on a range of matters.
3. Develop and maintain communication with people about difficult matters and/or in difficult situations.
4. Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations.

Taking Level 2 for Communication, the indicators and examples of application illustrated the level in more detail, as follows:

Indicators	Examples of Application
a) Communicates with a range of <u>people</u> on a range of <u>matters</u> in a <u>form</u> that is appropriate to them and the situation.	<u>People</u> could be: service users; carers; visitors <u>Matters</u> could be: explaining how to do something; making arrangements
b) Improves the effectiveness of communication through the use of <u>communication skills</u> .	<u>Form</u> could be: oral/written/ electronic communication <u>Communication skills</u> could be: listening skills; non-verbal/body language

The full KSF can be obtained at:
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

What is a KSF Post Outline?

Every job role within the Trust should have an associated **KSF Outline**, which has been developed using the KSF. A KSF outline:

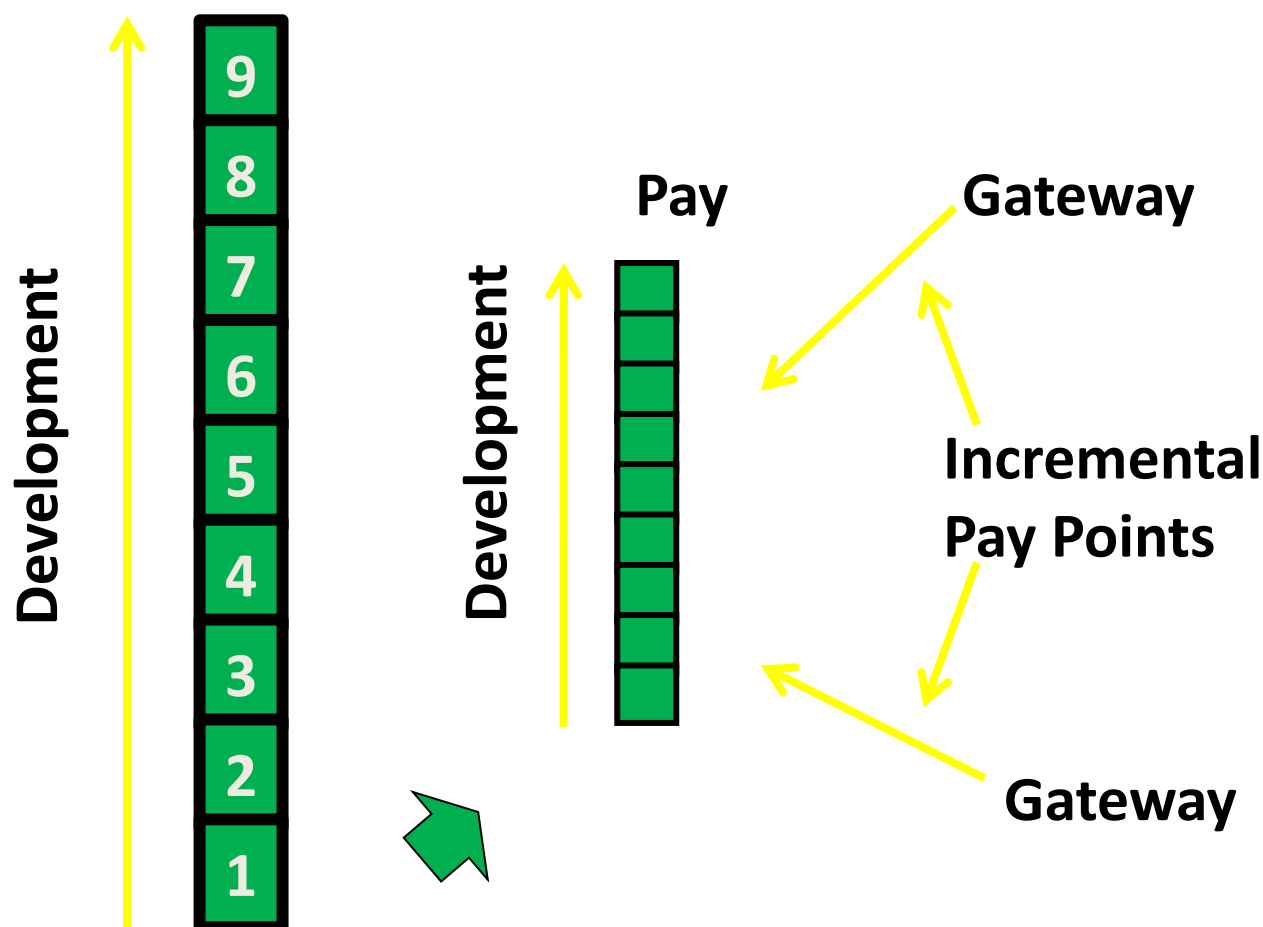
- Identifies the KSF knowledge and skills applicable to a particular job role, as well as at what level and how they should be applied.
- Comprises the six core dimensions and up to seven specific dimensions. The number of specific dimensions included depends on the nature of the post.
- Is developed and agreed in partnership between Management and Staff Side.
- Relates to a job role, not an individual.
- Includes a **Foundation KSF Outline**.

A foundation KSF outline is:

- A sub-set of the full KSF outline.
- Specifies the knowledge and skills required to meet the essential demands of the post in the first year – this may involve reducing the level required in a particular dimension, the specific indicators required, the range of examples of application required or a combination of this approach.
- A foundation **Gateway Review** will be against the foundation outline, while a second gateway review will be against the full outline.

What is a Gateway Review?

The AfC pay structure has nine pay bands and a number of pay points within each band, including two gateway pay points, as illustrated below. The foundation gateway occurs within one year of being appointed to a pay band and the second gateway occurs at a fixed point near the top of the band.



At the foundation gateway review, individuals must demonstrate that they are applying the knowledge and skills required to meet the essential demands of the post in order to progress through the foundation gateway. Similarly, at the second gateway review, individuals must demonstrate that they are applying the knowledge and skills required to meet the full demands of the post in order to progress through the second gateway. Individuals must be supported in undertaking learning and development activity which helps them to become fully competent in their role and progress through the gateways. Learning and development needs should be identified through the **KSF Personal Development & Contribution Review (PDCR)** process.

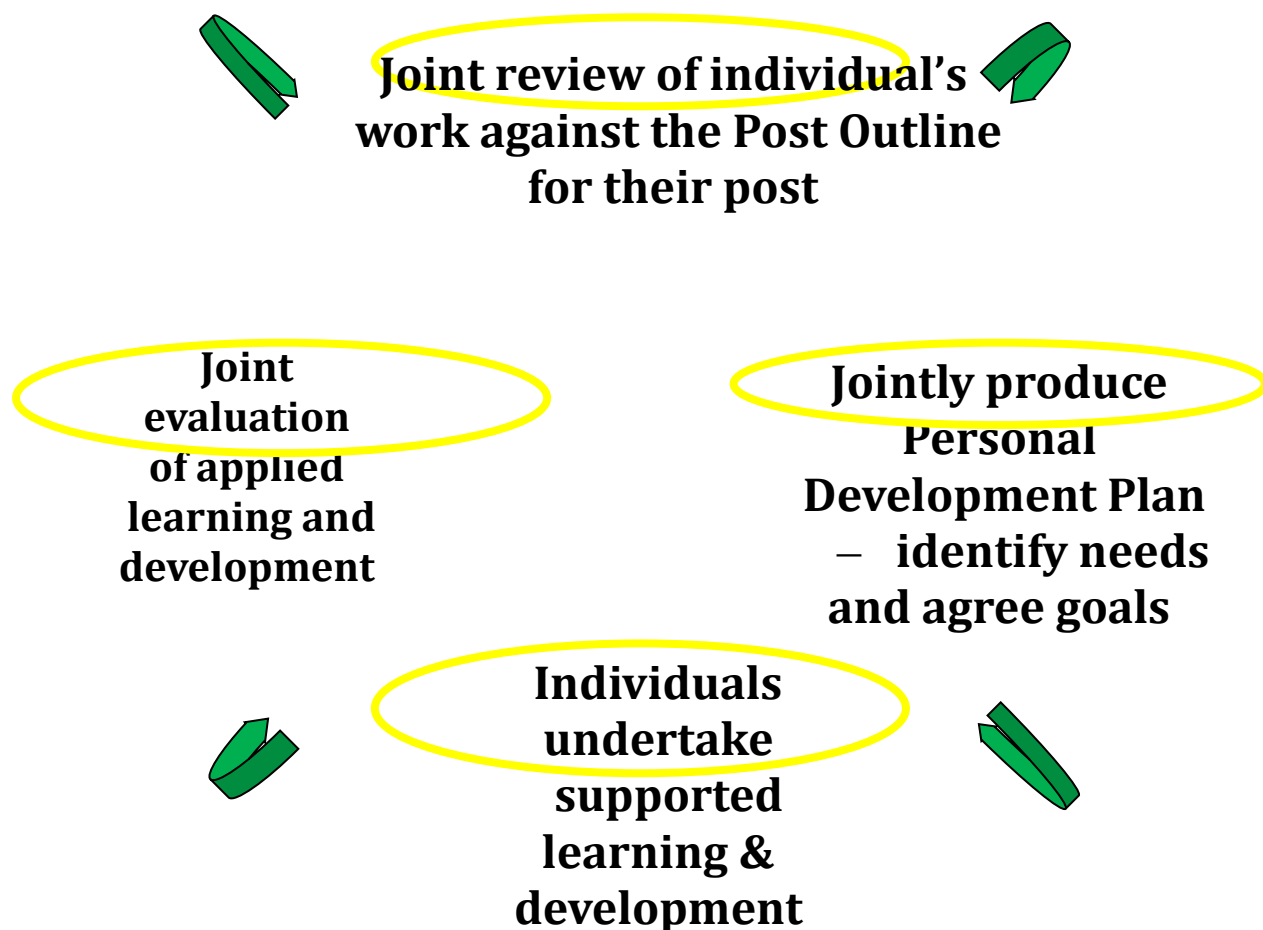
What is the PDCR Process?

The PDCR process ensures:

- that individuals are supported in fully developing the specific knowledge/skills required to be effective in their job role, as described in the relevant KSF Outline;
- fair and equitable access to development opportunities;
- a consistent approach to pay progression;
- a formal process for each individual to describe how they personally contribute to the Trust's Strategic Aims and Values.

The PDCR process is a development tool and is intended to be a positive and supportive process for staff. It is not a substitute for normal supervision practices or capability/disciplinary procedures, therefore, any specific performance issues should be dealt with in a timely manner using the appropriate procedure.

The PDCR process is a cyclical process, not a one-off event. There are four stages within the cycle, as illustrated below.



A key element of the PDCR process is the annual **PDCR Meeting**. A PDCR meeting:

- Is a 2-way conversation between an individual and their line manager/supervisor.
- Involves a joint review of the individual's work during the review year, which may include a gateway review.
- In preparation for the review, the individual will have completed a **Personal Development & Contribution Plan (PDCP)** which demonstrates how the individual has made a contribution to the strategic aims of the trust
- Results in the joint development of and commitment to an individual's **PDCP**.
- Is not a mechanism for dealing with performance issues.

In order to ensure that the PDCR meeting is effective in reviewing the individual's work and identifying consequent development needs, it is important that Reviewers and Reviewees take time in advance of the meeting to prepare their **Evidence** for discussion. Evidence must be:

- Sufficient to demonstrate application of the required knowledge and skills.
- Up-to-date ie it should relate to the current review year.
- Appropriate and relevant to the dimensions and levels included in the KSF Post Outline.

Evidence can relate to more than one indicator or dimension. Evidence provides an audit trail for the decisions made during the review, however, it should be collated from normal day to day work activities. It should not be burdensome to collate or generate excess paperwork.

Evidence can include:

- Verbal/written feedback from others, including colleagues, supervisors, managers, service users.
- Samples of written/electronic work completed.
- Records of contribution eg as identified in minutes of meetings.
- Course attendance records.
- Individual reflections.

There are two main inputs to the PDCR meeting: the individual's evidence of competence in relation the KSF Post Outline and the individual's evidence of personal contribution. There

are also two main outputs of the PDCR meeting: the record of review outcome and the **Personal Development & Contribution Plan**.

A PDCP:

- Identifies the individual’s development needs, with reference to the relevant Post Outline.
- Plans how and when these will be addressed, taking into account availability and preferred learning style.
- Although the primary purpose is to support the individual in developing and maintaining the knowledge and skills required to undertaken their role competently, the PDCP may consider personal or career aspirations.
- The PDCP is jointly developed by the Reviewee and the Reviewer.
- As PDCP’s are collated for individuals, common learning needs may emerge at team or indeed organisational level, which will then inform future organisational learning and development priorities and plans.

In identifying how development needs should be addressed, it’s important to remember that learning can take place in a variety of ways, as outlined below:

On Job Learning	Off Job Learning on Own	Off Job Learning with Others
<ul style="list-style-type: none">• Reflective practice eg through supervision• Participating in specific areas of work eg project work• Learning from others on the job eg being mentored• Learning from developing others eg demonstrating, training	<ul style="list-style-type: none">• Distance learning eg using structured study materials• Private study eg reading books, journals• E-learning eg using specific learning packages, internet research	<ul style="list-style-type: none">• Induction• Formal Courses• Conferences• Learning Sets• Scenario based/role play eg dealing with specific real-life or simulated situations

An effective PDCR process requires line managers/supervisors – **Reviewers** - and individual staff members – **Reviewees** - to have joint ownership and commitment to its full

implementation. Reviewers and Reviewees have specific responsibilities in ensuring the successful roll out of the PDCR process across the Trust.

Reviewer Responsibilities

Before the PDCR meeting, the Reviewer should:

- Attend awareness training and ensure the Reviewee also attends.
- Issue the relevant KSF outline and ensure the Reviewee's understanding of the process.
- Schedule the meeting and ensure the Reviewee has sufficient advance notice, ie no less than two weeks, to allow them to prepare.
- Ensure appropriate arrangements are in place in terms of venue, the time allocated (about one hour), privacy and no distractions.
- Prepare documentation and evidence for discussion.

During the meeting, the Reviewer should:

- Open the meeting and explain its purpose and structure.
- Encourage the individual to self-assess by:
 - asking open, probing questions; and
 - active listening – in practice, the individual should do the majority of the talking.
- Provide clear, honest and constructive feedback – balance positive areas with those areas for improvement and give specific examples rather than making generalised statements.
- Provide advice on the individual's development.
- Facilitate conclusion of the review outcome and PDGP.
- Take notes, summarise discussion and confirm understanding.

After the meeting, the Reviewer should:

- Support and facilitate the PDGP, seeking help from specialist staff if necessary ie ensure that development activities identified are followed through.
- Maintain regular contact and feedback throughout year.
- Address any issues or difficulties in a timely manner – don't leave it until the next PDCR meeting.

Reviewee Responsibilities

Before the PDCR meeting, the Reviewee should:

- Attend the awareness training.
- Familiarise self with the KSF outline.
- Prepare evidence for discussion.
- Identify potential learning needs.

During the meeting, the Reviewee should be prepared to:

- Engage openly and honestly in the discussion.
- Actively listen to feedback and keep an open mind.
- Take time to reflect on feedback.
- Ask for clarification if necessary – ask for specific examples or for feedback in a specific area of your job that you are concerned with if necessary.
- Be honest and realistic, not defensive.
- Take ownership of your review outcome and PDCR.
- Take notes.
- Observe confidentiality.

After the meeting, the Reviewee should:

- Commit to achieving their PDCP goals.
- Actively participate in and take ownership of own development.
- Highlight any issues or difficulties, such as problems with accessing a particular development activity, in a timely manner – don't leave it until the next PDCR meeting.
- Maintain a portfolio of evidence for discussion at your next review.

Summary

In summary, a few key points to remember:

- PDCR is a cyclical process, not a one-off.
- PDCR is a development tool – it is intended to support staff in developing and maintaining the knowledge and skills relevant to their post.
- There should be no surprises at PDCR meetings – specific issues of concern should be addressed with individuals as they arise.
- PDCR is a two-way process of engaging with staff.
- Reviewers and reviewees should have joint responsibility for and ownership of the process.
- The process should be applied in the same way irrespective of whether it is a gateway review or not.

Contacts:

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richard.dundas@nias.hscni.net
028 4176 2866

KSF Management Lead

028 9040 0999

Useful resources

Knowledge and Skills Framework – Personal Development and Contribution Review (PDCR) Process and Guidance. NIAS paper. 2013.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

PART TWO

YOUR HEALTH AND SAFETY

Section 1: Management of Health & Safety

Objective

By the end of this section you will have an understanding of:

- Employer’s and Employee’s roles and responsibilities;
- Systematic management of Health & Safety;
- Principles of risk assessment.

Why as an organisation do we need to manage safety?

There are three reasons:

Legal	The Health and Safety at Work NI Order 1978 and associated regulations require Safe Systems
Economic	The cost of even a minor accident runs into hundreds and in many cases thousands of pounds
Moral	We all have a duty to care not to harm anyone else

What are the legal frameworks?

The Health and Safety at Work NI Order 1978 is the primary piece of legislation covering occupational health and safety in Northern Ireland.

The Health and Safety Executive Northern Ireland (HSENI) is responsible for enforcing the Order and a number of other Statutory Instruments (Regulations). These specify what is required to ensure an effective and up to date Health & Safety at Work regulatory framework is maintained.

In pursuance of this objective, HSENI will:

- Ensure that due account is taken of relevant EU directives;
- Ensure that legislative parity with Great Britain is maintained where appropriate;
- Ensure that appropriate and proper consultation is undertaken in relation to HSENI’s proposals to introduce new regulations and approved codes of practice.

What does the law require from employees?

The Health & Safety at Work (NI) Order 1978 states - It shall be the duty of every employee:

Section 7(a)

To take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work.

Section 7(b)

To co-operate with him (the employer) so far as is necessary to enable that duty or requirement to be performed.

Section 8

No person shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

What does the law require from employers?

The general duties of employers to employees are shown in the box opposite.

Employers must also not harm non-employees, these include:

- Guests
- Contractors
- Public
- Visitors/passers by
- Customers
- Colleagues
- Enforcing authorities
- Statutory bodies

- Ensure health, safety and welfare
- Provide and maintain safe processes and procedures
- Provide information, instruction, training and supervision
- Safe use, handling, storage of equipment and substances
- Safe place, access and egress
- Safe environment
- Written policy

In addition, employers must not harm groups or individuals such as:

- Thieves
- Vandals
- Trespassers
- Vexatious persons
- Assailants

Employers must implement Safe Systems of Work

The HSENI says employers must:

- Identify the risks.
- Evaluate and prioritize risks.
- Control risks in a methodical, organized and systematic manner.

Moral motivator

For many the most important reason for health and safety is the moral one. We don't want people to get hurt or made ill and we certainly don't want to get hurt or become ill ourselves. However, it still happens, as illustrated by the HSENI 2006-2010 statistics:

30% of all 'over 3 days absence from work' and major injuries reported each year are by health employers, and are of a sprain/strain nature.

The most recent Labour Force survey in NI (2003-2007) shows 31,000 persons reported work related illness, 29% of this was back pain, with a further 24% for muscle/joint pain. 60-90% of people will suffer some kind of lower back disorder during their working life, particularly healthcare workers (HSENI). This all has a huge impact on everyone involved. Work-related ill health or workplace injury can result in:

- ☐ Pain and suffering
- ☐ Stress resulting in physical or psychological harm
- ☐ Possible continuing disability
- ☐ Possible loss of life
- ☐ Added expenditure
- ☐ Loss of earnings
- Incapacity for some jobs
- Loss of leisure pursuits
- Strain on relationships

How does NIAS manage safety?

The primary way is by risk assessment. The principle risks for NIAS are recorded on the Datix Risk Management system held at Trust headquarters under the control of the Risk Manager. Please refer to the Risk Management Strategy, Risk assessment procedure, and Untoward Incident procedure, accessible on the intranet for roles and responsibilities of identifying, assessing and reporting risks.

What is a risk assessment?

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

There are 5 steps to Risk Assessment;

Step 1: Identify the hazards

A hazard is anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer etc.

To identify hazards you need to establish potentially how people could be harmed. When you work in an environment it is easy to overlook some hazards, so here is a guide to help you identify the most important areas; however the list is not exhaustive:

Walk around your workplace and look at what could reasonably be expected to cause harm.

Ask your colleagues what they think. They may have noticed things that are not immediately obvious to you.

Visit the HSENI website (www.HSENI.gov.uk). HSENI publishes practical guidance on where hazards occur and how to control them.

Alternatively, **call HSENI Helpline 0800 0320 121** who will identify publications that can help you.

Check manufacturers' instructions or data sheets for chemicals and equipment as they can be very helpful in spelling out the hazards and putting them in their true perspective.

Step 2: Decide who might be harmed and how

For each hazard you need to be clear about who might be harmed; it will help you identify the best way of managing the risk. That doesn't mean listing everyone by name, but rather identifying groups of people (e.g. front line staff). In each case, identify how they might be harmed.

Step 3: Evaluate the risks and decide on precautions

Having spotted the hazards, you then have to decide what to do about them. The law requires you to do everything 'reasonably practicable' to protect people from harm. You can work this out for yourself, but the easiest way is to compare what you are doing with good practice.

A source of good practice is the HSENI's website (www.HSENI.gov.uk), HSENI Helpline (Tel: 0800 0320 121)

So first look at what you're already doing. Think about what controls you have in place and how the work is organised. Consider:

- Can I get rid of the hazard altogether?
- If not, how can I control the risks so that harm is unlikely?

When controlling risks, apply the principles below, if possible in the following order:

- Try a less risky option (e.g. switch to using a less hazardous chemical);
- Prevent access to the hazard (e.g. by guarding);
- Organise work to reduce exposure to the hazard (e.g. put barriers between pedestrians and traffic);
- Issue personal protective equipment (e.g. clothing, footwear, goggles etc); and
- Provide welfare facilities (e.g. first aid and washing facilities for removal of contamination).

Step 4: Record your findings and implement them

Putting the results of your risk assessment into practice will make a difference when looking after people. Write down the results of your risk assessment, and share them with your colleagues, encourage others to complete accurate records. When writing down your results, keep it simple; e.g. tripping over rubbish: bins provided. Fire doors jarred open: remove obstacle and report. Please refer to NIAS risk management strategy, accessible on the intranet for roles and responsibilities of identifying, assessing, recording and reporting of risks.

A risk assessment does not need to be perfect, but it must be suitable and sufficient. You need to be able to show that:

- A proper check was made.
- You asked who might be affected.
- You dealt with all the obvious significant hazards, taking into account the number of people who could be involved.
- The precautions are reasonable, and the remaining risks low.
- You involved others in the process.

Step 5: Review your risk assessment and update if necessary

Few workplaces stay the same. Sooner or later, there will be new equipment introduced, or substances and procedures that could lead to new hazards. It makes sense therefore, to review what you are doing on an ongoing basis. Every year or so, formally review where you are. This will ensure you are still improving, or at least not sliding back.

Look at your risk assessment again. Have there been any changes? Are there improvements you still need to make? Have your staff/colleagues spotted a problem? Have you learnt anything from accidents or near misses? Make sure your risk assessment stays up to date.

Monitoring and review of risk assessments within NIAS are managed through the Risk Manager.

Dynamic risk assessment

From reading the previous section and going through the five steps of a risk assessment, you may have thought, “I do that every day”. It is very true that we are constantly risk assessing our environment. We identify hazards, see who could be affected and how, evaluate the risk and adjust our behaviour accordingly e.g. when we are driving, crossing the road. Our behaviour may change depending on who we are with, the weather conditions, previous experience.

Dynamic risk assessment follows a very similar mental process to the more formalised and recorded risk assessment discussed earlier. It is sometimes known as a personal risk assessment or a scene assessment and is something that the emergency services need to be highly skilled in.

In the rapidly changing circumstances of an operational incident, dynamic risk assessment is the continuous process of identifying hazards, assessing risks, taking action to eliminate or reduce risk, monitoring and reviewing.

The dynamic management of risk involves consideration of the following three stages of the incident:

- Initial stage
- Development stage
- Closing stage

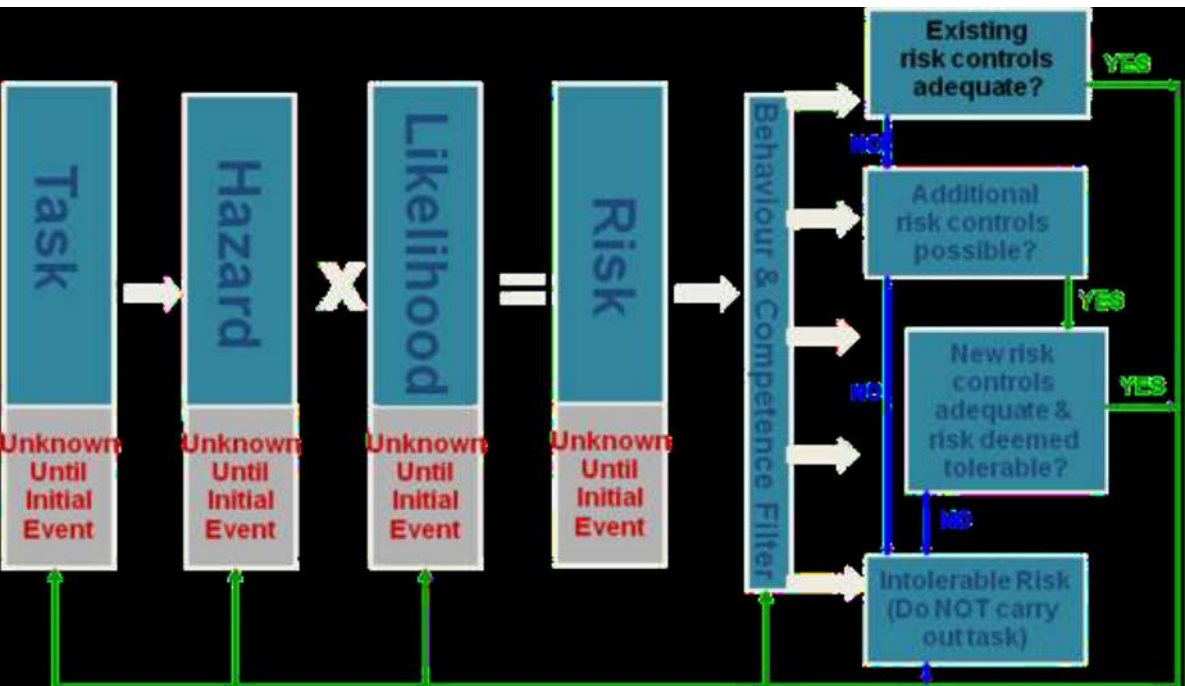
On arrival at the incident the person in charge needs to gather information, evaluate the situation and apply professional judgement in determining the most appropriate course of action. This judgement will involve a weighing of the benefits of each course of action against the risks. A wrong decision in the initial stages may have irreversible effects.

As the incident develops additional factors may arise which either require the original decision to be changed or, at least, modified. Decision making may become reactive as the incident develops rather than pro-active in the initial stages. Events may begin to drive decisions. The situation needs to be managed through constant monitoring and review of the effectiveness of the existing controls. In the development stages it is vital that communication systems remain effective, decision making does not become disordered and that the system of command remains firm.

During the closing stages it is important that complacency does not creep in. 106

Information also needs to be gathered for a post-incident review and after the incident a debrief should take place. Following the incident there is a need to review, re-evaluate, refine and modify the existing information, personal protective equipment, systems of work, instruction, training and supervision provided to staff. Any deficiencies need to be reported through NIAS untoward incident reporting procedure, available on the intranet, so that issues can be addressed.

Below is a model of the dynamic risk assessment process;



Useful Contacts

Tom McGarey - NIAS Risk Manager risk.manager@nias.hscni.net

Health & Safety Executive Northern Ireland Belfast (HQ)

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Section 2: Fire Safety

Objective

By the end of this section you will have an understanding of:

- The causes of fire
- How to prevent fire
- What to do if you encounter fire

Why is fire safety important?

Fire safety affects us all. Fire has the potential to cause us serious harm or at its worst can be fatal. We are all aware that fire procedures exist for our safety and that of our colleagues. However most of us never apply these safety factors within our households and are reliant upon others initiating a fire alarm or practice within the workplace. All of us under the Health & Safety at Work (NI) Order 1978 have a responsibility to maintain our personal safety and that of our colleagues. We should therefore complete a fire walk around our place of work to ensure we know where the exits are and the alternate routes. We should also ensure we know where assembly points and alarm points are.

The Fire Safety Regulations (Northern Ireland) 2010

These new regulations move the responsibility for fire safety compliance to employers. This is achieved by means of a risk assessment approach. Fire Risk Assessments have been carried out on all NIAS premises.

Key points

Fires in the workplace can be caused by the following:

- Electrical faults or sub-standard wiring
- Misuse of electrical equipment particularly overloaded circuits/extension leads
- Smokers materials
- Arson
- Oil/gas heaters and portable heaters of all types
- Unsafe storage of materials
- Use of flammable liquids or compressed gases in unsuitable areas
- Non approved electrical equipment
- Mechanical heat-sparks/friction/radiation

Why is fire safety important?

Fire causes death, injury and damage on a huge scale. A spark can smoulder undetected for a long time but once a fire breaks out, it can spread with terrifying speed.

- In 2012-2013 a total of 3,063 major fires were attended by the Northern Ireland Fire & Rescue Service (NIFRS).
- 811 of these were house fires.
- 15 major fire fatalities, 11 of these in accidental house fires.

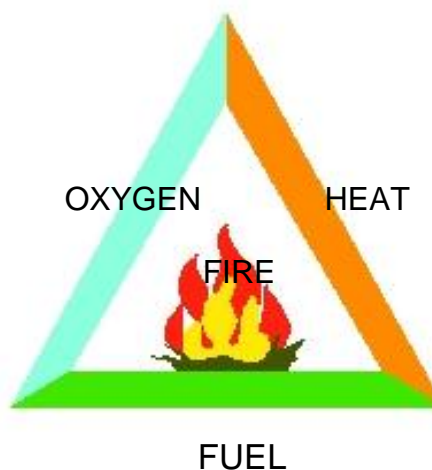
Causes of death

- 64% of all fatalities are related to breathing in smoke or gas released by fires
- 44% are gas or smoke related
- 26% caused by burns
- 20% caused by gas or smoke and burns
- 8% unspecified
- 2% Other

Prevention

The Fire Triangle

Preventing the outbreak of fire is easy in principle. You have to have all three elements of the triangle for fire to break out. Remove just one of the sides of the triangle and you will not have a fire.



How to extinguish a fire

Do not attempt to fight a fire unless you have been properly trained. You must raise the alarm before attempting to fight any fire. Using the wrong method can make things worse.

Each method works by eliminating at least one of the sides of the fire triangle. But remember, it is best not to let the fire start in the first place.

- **Remove oxygen** - Smother the fire, e.g. fire blanket, foam, sand, or carbon dioxide systems.
- **Remove heat** - Reduce the temperature of the FUEL to below ignition point by means of water.
- **Remove fuel** - Shut off supply of flammable gases or liquids

How does fire spread?

Fire will spread in one of the following ways:

- | | |
|-------------------------|--|
| Convection - | Heat rises, e.g. up stair wells, through ducting, through open doors. |
| Conduction - | Along solid objects. Some conduct heat better than others, e.g. metal. |
| Radiation - | Like heat from an electric fire or heat lamps/halogen lights. |
| Direct Contact - | By touching, or hot embers travelling in thermal currents. |

Here are the main issues causing fire to spread, and preventable measures;

CAUSES

1. Poor housekeeping - Build up of combustible materials (e.g. in stair wells), spillages of flammable substances not dealt with.
2. Open doors – allows fire to spread more quickly by ensuring good supply of oxygen
3. Obstructions – a lot of people are not injured by the fire, but trying to escape it.
4. Bad electrics – faulty equipment, overloaded circuits, overheated wiring.
5. Poor work practice – flammable materials stored in direct sunlight, lack of training.
6. Poor security – windows and doors not locked allowing unauthorised access.
7. Arson is the cause of half of all workplace fires and wheelie bins are used in a large number of arsons

CURES

1. Good housekeeping, Combustibles not allowed to build up, spillages cleaned up.
2. Keep fire doors locked.
3. Keep fire exit routes clear
4. Report any issues with electrical equipment straight away. Ensure regular testing.
5. Store flammable liquids appropriately and in appropriate quantities, Correct disposal procedures. Regular training.
6. Windows and doors locked.
7. Wheelie bins kept secure and away from main building

Know the local arrangements

It is extremely important to know the local arrangements not only for your base/area but other places you visit during the course of your work. If you are not told these things, it is in your best interest to find them out without delay.

How to raise the alarm – very often this is using a break-glass call point, but not always. In some workplaces the alarm is raised using a bell, a horn or simply by shouting FIRE! FIRE!

How to get out – fire escape routes and fire exits should be clearly signed. It is a good idea to know more than one fire escape route. A particular escape route could become inaccessible in the event of a fire.

Where to go – the fire assembly point should be clearly signed. Once at the assembly point stay there. If you can't be accounted for then the fire brigade may have to enter the building unnecessarily.

Who to tell – in some workplaces there is an auto dialler that is triggered if a break glass call point is set off. This is not always the case. In other workplaces it is everyone's responsibility to notify the fire brigade, while in others the receptionist or fire marshals will do it. It is always a good idea to call the fire brigade as well, just to make sure. Did you know that as well as 999 from a mobile telephone you can also use 112, and this number will work in most EU countries.

Fire extinguishers

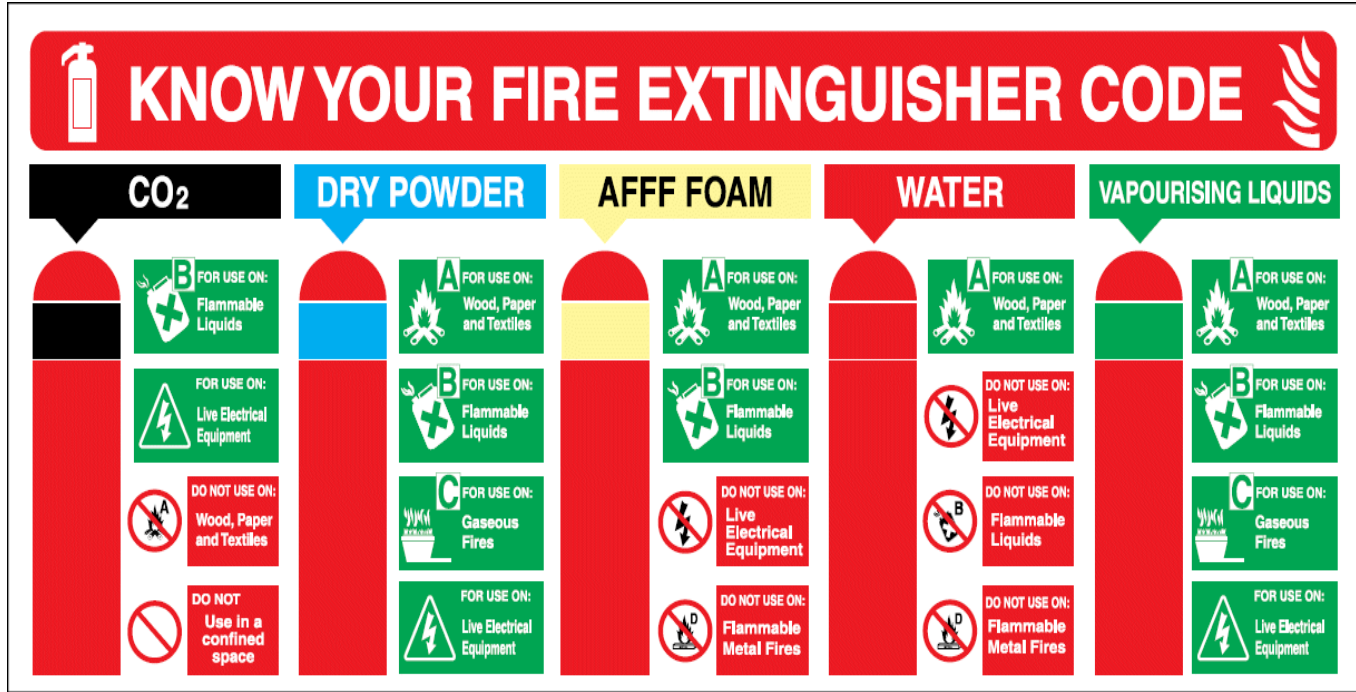
Fire extinguishers are only suitable for certain types of fires. They are all red with a coloured band or panel denoting which type of extinguisher they are. There should be a notice on the wall above them outlining the kind of fires they can and can't be used on and any other safety concerns. Be sure you know what to do if you are going to use a fire extinguisher. Using the wrong one can make things worse. For example:

Water can make oil fires much worse and give you a shock if you use them on electrical fires.

CO₂ can injure someone if it is fired directly at them and it shouldn't be used in a confined space as it will remove your oxygen as well as the fires.

- They are not there to fight fires. They are there to help you get out in an emergency.
- Do not move them. There are good reasons why they are where they are.

Main types of portable extinguishers, their uses and colour coding according to BS EN3:1996



Fire signs

These provide important information. Know what they mean. **Do not obstruct** them.



Fire exit signs

Show the way out. They are green and white illuminated and green and yellow fluorescent "information signs". Always follow them as they indicate the shortest exit route.

Fire points

Will have red and white signs with the equipment and its designed use identified. Hose reels may be in cupboards painted red. Do not obstruct fire points. They may need to be accessed in an emergency.

Assembly Points

These should be marked with green and white 'safe condition' signs. Do not obstruct assembly points.

Fire Doors

All fire doors carry a round, blue sign telling you it is a fire door. These signs are mandatory and the instructions upon them must be followed.

Fire doors must remain closed and must not be obstructed (automated doors will close upon sounding of the alarm). They are the most important safeguard in the event of a fire breaking out to prevent fire spreading.

Normally fire doors should remain closed but in some places they are held open by magnetic catches which release when the fire alarm is sounded.

Whichever is the case, it is important that the doors are not obstructed so that they open and close easily. If you find one open that should be closed, close it immediately and report it to an appropriate person.

Under no circumstances should a fire door be locked, the only acceptable securing method is the use of crush bars.

Raising the alarm

Upon discovering a fire, do not try to fight it.

- Stay calm
- Sound the alarm at the nearest point and then leave the building via the nearest exit
- If there is no alarm, shouting 'Fire' will do

What to do if you hear the alarm:

- **DO** close the door behind you
- **DO** exit quickly and calmly
- **DO** go directly to the designated assembly point
- **DO NOT** stop to collect bags or personal belongings
- **DO NOT** use lifts

Section 3: Manual Handling

Objective

By the end of this section, you will have an understanding of:

- Manual handling principles
- TILE
- Risk Assessment
- Good posture
- Pushing and pulling
- Lifting and lowering
- Maintaining posture

Manual Handling Operations Regulations 1992 define **Manual Handling** as:

"...any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force".

The load can be an object, person or animal.

According to the Manual Handling Operations Regulations 1992, employers are required to;

- ☐ ☐ **Avoid** the need for hazardous manual handling, so far as is reasonably practicable.
- ☐ ☐ **Assess** the risk of injury from any hazardous manual handling that can't be avoided.
- ☐ ☐ **Reduce** the risk of injury from hazardous manual handling, so far as is reasonably practicable.

Remember that as employees we must:

- ☐ ☐ Take reasonable care of ourselves and others that may be affected by our acts and omissions.
- ☐ ☐ Cooperate with our employers in health and safety matters.
- ☐ ☐ Follow appropriate systems of work laid down for our safety.
- ☐ ☐ Report any hazardous manual handling activities that have been identified.
- ☐ ☐ Make proper use of equipment provided for our safety, reporting any concerns or defects.

The Health and Safety at Work (NI) Order 1978 places duties on the Trust to ensure the Health and Safety of its clients and employees whilst at work. This includes the provision and maintenance of safe systems of work, safe machinery and equipment and adequate information, instruction, training and supervision to ensure their own and others health and safety at work.

Cumulative Strain

Most manual handling injuries do not come by lifting something too heavy. Generally they are the result of cumulative strain. It is interesting to note that nationally:

33% of all reported incidents in the workplace are due to manual handling

The cost to the NHS is £480 million annually

Musculo-skeletal problems are the principle cause of ill health retirements in the Ambulance Service

At least 70% of Ambulance Service “leavers” retire on ill-health grounds (34% of these will retire with cumulative musculo skeletal problems)

In 2009/10 injuries associated with manual handling accounted for 36% of over three day injuries reported to the HSE

The average manual handling injury keeps the individual off work for 20 days.

Within the ambulance service it is the largest cause of injury, but the ambulance service is not alone. Manual handling injuries are the largest cause of workplace injury in most types of industry.

4 out of 5 people will suffer from back pain at some point in their lives

Preventing Musculo-Skeletal Problems

- Avoid or minimise potentially hazardous lifting where practicable
- Avoid overloading, lift within your capabilities
- Avoid standing or sitting for long periods
- Consider your general fitness, take regular exercise and adopt a healthy lifestyle
- Get plenty of rest
- Adopt a good posture, evenly distribute your weight
- Use warm up exercises wherever possible

Your back and your posture

When standing still our body has to work hard to keep upright. Moving a load takes more effort. Our posture affects the way the force of gravity pulls on our body, in particular the parts of the spine. It also affects our stability. To minimise the risk of injury we have to adopt a posture where we are most stable and where the force of gravity on the parts of our body is minimised.

Stability

To better understand stability we must consider three factors:

□ Centre of gravity

Every object has a centre of gravity, the point at which it will be balanced. The centre of gravity is not always in the middle of an object. For a human in a relaxed standing position, it is in the pelvis. But what if someone is seated, or slumped, or leaning to one side? We should try to keep the centre of gravity of the load as close to our centre of gravity as possible when manual handling.

Line of gravity

The line of gravity is an imaginary vertical line that passes through the body's centre of gravity.

Base

We are most stable when our weight is directly over our base – those parts of the body which support our weight. When we are standing up, our feet are our base. When we are sitting down, our feet, thighs and bottom make up our base.

Your line of gravity will help you to remain stable when a force is applied to you from the side. When standing if you have a narrow base (feet close together) you are less stable than if you have a wider base (feet approximately shoulder width apart). If a force is applied from the front or back you are more stable with this wide base and one foot in front of the other rather than with your feet parallel.

Positions

Adopting different positions also affects the stresses and strains in our back.

□ Sitting

The pressure on the spine is more than when standing because when we sit, the pelvis swings forward to sit on. This alters the lower spine out of its curved posture. Even if we use our back and abdominal muscles to sit straighter, the overall pressure on the discs in the spine remains high. Therefore it is important not to sit in the same position for extended periods. Get off the seat and carry out simple stretches and exercises.

Standing

The pressure is more than lying down because the spine must support the upper body and the forces acting on it. If the posture is correct, then the pressure on the spine is still minimal.

Leaning forward

This is worse than standing straight or sitting as the muscles attached to the spine have to work harder to stop the body toppling forward. As the muscles work harder, they pull the vertebrae together, causing the discs to be compressed. When leaning forward, the upper torso acts as a lever. The extended lever and combined weight of the upper torso increases forces on the spine. Leaning forward causes greater spinal loading.

Lying down

Lying down spreads the pressure away from the lower back. The pressure is least because the lumbar region is no longer supporting the upper torso, arms and head.

Holding a load

When we hold a load in front of us, the combined centre of gravity of our own body and that of the load is liable to fall outside the base created by our feet. The further the line of gravity is outside our base, the harder the body has to work to maintain stability. This means holding a load close to our body is less liable to throw our line of gravity outside our base than when we hold the load at arm's length.

Risk assessing the way we lift – TILE

We must risk assess what we want to do. Think about 4 things;

- **Task**
- **Individual**
- **Load**
- **Environment**

We have to decide what in each area is likely to pose us a risk.

Task

Before undertaking any manual handling task the handler should consider:

- What is the urgency of the task and what is involved in the task?
- Are there any associated problems with the task?
- What equipment is available?
- Have I been trained to use the equipment?
- Is the equipment suitable to carry out the task?
- Are there any hazards presented by the route?
- Will the distance to be travelled create a potential risk of fatigue?
- How can I avoid stooping, stretching and rotation simultaneously?
- Do I need any specialist advice?

Individual capability

When in a solo or team handling situation it is important to consider all attributes of the team in relation to the given task.

- Can all members of the team carry out the task within their personal capabilities, in a reasonably relaxed and comfortable manner?
- Is special training required?
- Does the uniform or Personal Protection Equipment (PPE) affect the task and is PPE required?
- Have I or any of the team members a physical or medical condition that may preclude them from carrying out the task?
- Have all of the team members been briefed and understood the brief?

Load

- What is the approximate weight of the load by sight?
- What is the approximate weight of the load by test?
- Is the object small enough to lift?
- Is the object difficult to grip firmly?
- Is the object likely to shift its center of gravity (unstable or insecure)?
- Consider the shape of the object.
- Do I require PPE to lift the object?
- Is the object hot or cold to the touch?
- Is the object likely to cut or chafe?

Environment

- Is the route to the destination as free from risk and obstructions as is reasonably practicable?
- Is the surface uneven or slippery?
- Is there a change in surface type?
- Are there alternate routes available?
- What constraints or obstacles are there, could they be moved to create more space?
- Are there trip or slip hazards, slopes, steps or stairways?
- What distances and height considerations are involved in the proposed route?
- Is there inadequate lighting or poor visibility?
- Does noise present a communication problem?
- Will the temperature, weather or time of day cause any particular problems?
- Have you adequately planned a clear route to the destination?

Basic principles of manual handling

- **Feet**
The secret to developing good technique. Stand as close to the load as possible, place feet shoulder width apart, ideally either side of the load, give a balanced distribution of weight to provide a stable base. You can place one foot in front of the other to aid balance. At least one foot should be pointing in the direction of travel. Use feet to change direction, not the body.
- **Knees**
Relaxed, bent no more than 90 degrees this also reduces strain on the back muscles.
- **Legs**
These are the most powerful, providing the main power for lifting.
- **Chin**
keep chin tucked in, this will help keep the spine in line.
- **Back**
In a natural position, this reduces stresses on the spine (spine in line), avoid bending, stooping, leaning or twisting.
- **Hands**
Use the palms of the hands as well as the fingers, they are far stronger, keep the palms facing upwards and grip about shoulder width apart.

- **Head**
Keep the head upright.
- **Arms**
Keep load close to the body with elbows tucked in to prevent injury or fatigue to neck or shoulder muscles.

The costs of manual handling associated problems to the employee

- Pain
- Disability
- Loss of employment
- Loss of earnings
- Psychological impact
- Strain on relationships, family, friends and colleagues

The costs of manual handling problems to the employer

- Loss of experienced staff to the Trust
- The normal working activities are disrupted
- Increased sick pay and associated benefits costs
- Compensation costs including legal fees and costs
- Temporary staff costs, overtime costs
- Increased insurance costs
- Low morale amongst staff groups

As can be seen from the two lists above both the employer and employee can suffer from the detrimental effects of failing to manage the cumulative effects of manual handling problems.

Modern lifting and handling aids have been designed to assist in reducing these cumulative effects as well as continued updating and refining of training and education programmes to meet the modern ambulance service environment.

We all have a duty of care to take reasonable care for the health and safety of ourselves and other persons who may be affected by our acts or omissions.

Reporting of Accidents

All personnel have a duty to report any accidents to assist their employer in meeting the employer's responsibilities to:

Inform the HSENI

Investigate accidents, dangerous occurrences and near miss incidents

Assess significant risks

Provide evidence to support any subsequent claims for benefits, and or compensation

Document – by employees adhering to the untoward incident reporting procedure.

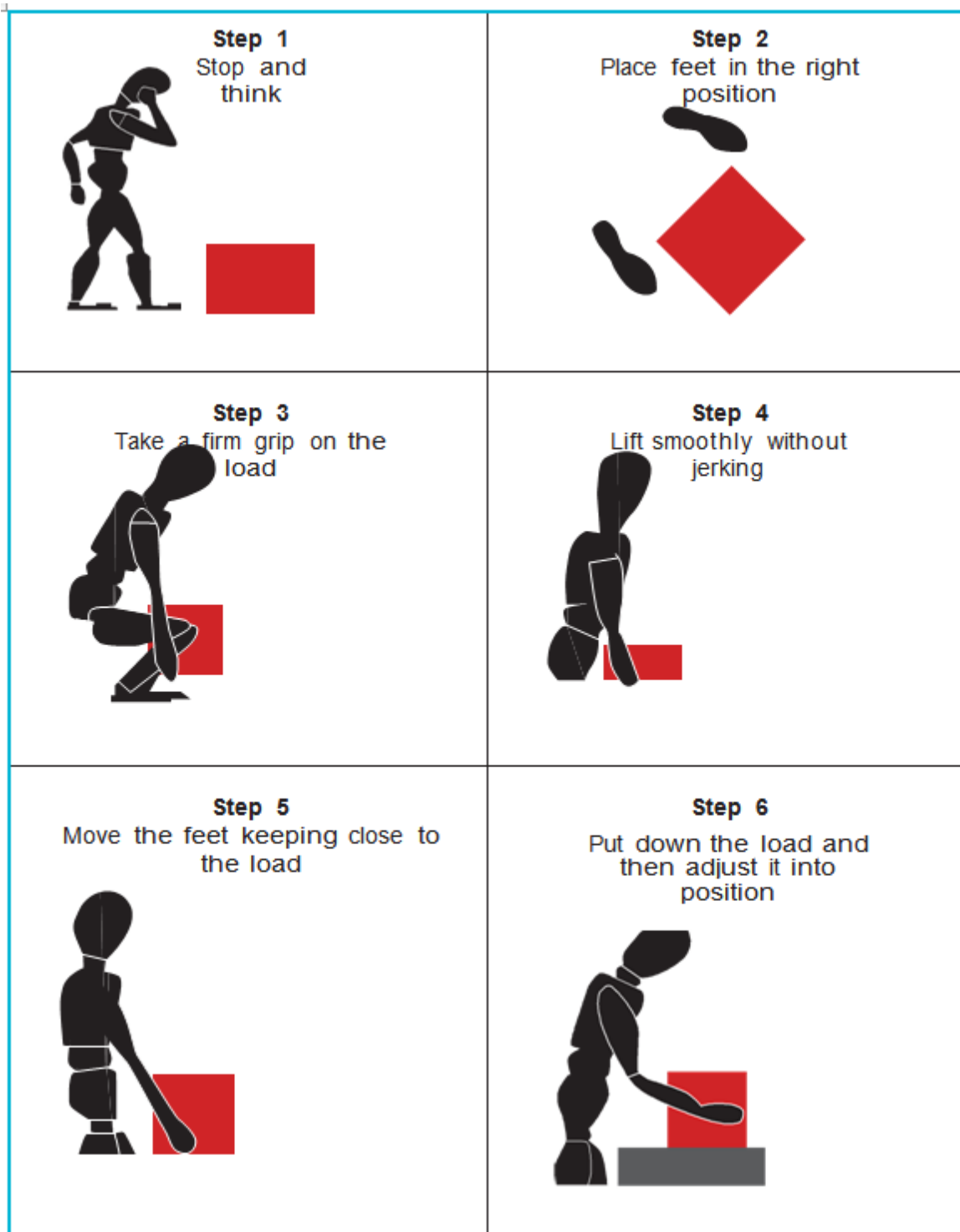
Example - Picking up a box

A common type of manual handling that we all do both at work and at home is to move an object from one place to another. Of course, manual handling is much more than just moving an object. However, it is a good, relatively low risk place to start and the general principles of picking up an object such as a box, correctly can be applied to any manual handling task.

How do we go about it?

Carry out a **TILE** assessment; and, if safe proceed;

- **Approach** - In direction of travel to reduce the risk of twisting later on.
- **Base** - Feet should be approximately shoulder width apart, pointing slightly outwards, with the lead foot in front of the other. This will ensure a good base position and stability in all directions.
- **Posture** - Keep your back in a natural position (not straight!)
- **In line** - Raise your head, and look forward to keep your spine in line.
- **Knees** - Bend your knees (not your back) to get down to the load. You should be relaxed and not over crouched so that you will be able to get up again.
- **Hands** - Tilt load forward with lead hand (same as lead foot), cup underneath. Ensure a good grip. There may be handholds but don't assume these are in the best place.
- **Arms** - Close to body with elbows tucked in.
- **Heels** - Keep at least one heel on the floor throughout to ensure stability.
- **Legs** - You should use your leg muscles and the gluteus maximus when lifting.
- **Body** - Smooth progressive forward movement.



Remember:

To reassess the weight and weight distribution of the load.

If you find it is too heavy for you to lift, don't lift.

Keep as close as you can to the load. The further the load is from your body, the greater the strain.

If you need to change direction don't twist, rather move round with your feet.

Build in rest stops into the route, places you can stop and lower the load if required.

Lowering is the same process, but in reverse.

Pushing and pulling

When pushing or pulling the same principles apply as with lifting:

Maintain a good posture, keeping your spine in line.

Get a good stable base position.

Bend your knees (but only as much as is comfortable), not your back.

Keep the load as close to you as you can.

Avoid twisting movements.

Use your legs – there should be minimal arm movement when pushing and pulling.

It is safer to push than to pull. You will have greater visibility and control of the operation.

Looking after your back – PHEW

Posture

Habit

Exercise

Warm up

Let's consider each of these in turn.

On the basis that prevention is better than cure, think first of all about posture.

Good posture is a lifestyle choice and we should adopt a good posture at all times, not just when carrying out manual handling activities. Good posture is not about

keeping a rigid ,straight back but about keeping the spine in line, in its natural curvature. Bad posture causes chronic conditions.

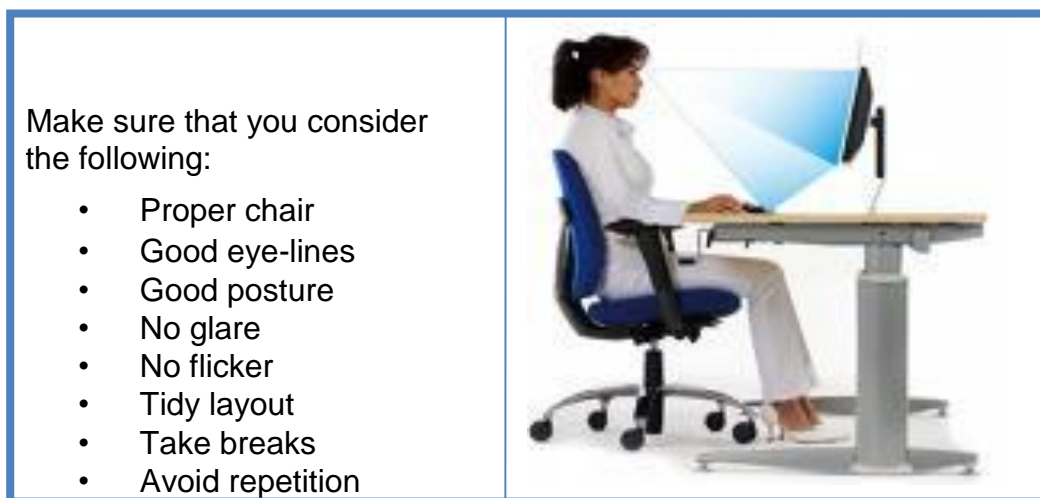
Using correct manual handling techniques will not happen straightaway, particularly if we have been doing things incorrectly for years. It will require practice until it becomes something we do naturally, until it becomes **habit**.

Keep fit and healthy. Regular **exercise** means that our bodies will be more ready for any manual handling that we undertake. An increased Body Mass Index (BMI) may have an impact on your risk of back pain.

However fit and healthy we are if we go into an activity cold we increase the risk of injury. We would **warm up** before most sports, so why should it be any different at work?

Sitting / Working with Display Screens

Although there are special regulations regarding work with display screens, we should not forget the manual handling issues that are involved.



Websites containing additional information

www.HSENI.gov.uk

Useful Contacts

Regional Ambulance Training Centre (RATC)

Policies and useful contacts relating to this subject can be found at:

NIAS Intranet.

Relevant Legislation

- **Health & Safety at Work (N.I.) Order 1978**
- **The Management of Health & Safety at Work and Fire Precautions (Workplace) Regulations 2003**
- **Manual Handling Operations Regulations (N.I.) 1992**
- **Workplace (Health, Safety & Welfare) Regulations 1992**
- **Provision & Use of Work Equipment Regulations 1998**
- **The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995 (R.I.D.D.O.R)**
- **Display Screen Equipment Regulations (1992)**

Section 4: Infection Prevention and Control

Objective

By the end of this section you will have an understanding of:

- The structure of infection control responsibilities in NIAS
- Audit monitoring
- Hand hygiene

There is a national drive for improved infection control within the NHS, with the Department of Health promoting evidence based guidelines and frameworks for assessment. Greater emphasis is being placed on encouraging better use of infection control to prevent infections, rather than relying on antibiotics when infections occur. Healthcare Acquired Infections cause serious problems for the Health Service. Infections can complicate illnesses, cause distress to patients and family, and in some cases may even lead to patient death. It is estimated that Healthcare Acquired Infections kill around 5,000 people a year and contribute to 15,000 more. Around 100,000 people acquire a healthcare associated infection each year, with 30% of these being preventable.

NIAS is committed to working with the Cleaner Hospitals Campaign to continue to review the Infection Prevention and Control Policy and Procedures in line with best practice.

Significant progress had been made to date, with the evolution of a NIAS Infection Control Group meeting on a bi monthly basis, all clinical staff being advised regarding the national “Clean Your Hands” hand hygiene campaign, the issue of vehicle and personal alcohol handrub dispensers, new guidelines on and equipment for cannulation, and infection prevention and control continuing to be an integral part of the annual workbook. The newest ambulance vehicles in the NIAS fleet have been designed to minimise the accumulation of infectious agents, and to facilitate effective cleaning. As a Health and Social Care Trust, NIAS is also committed to playing its part in the Priorities for Action identified by the Minister for Health in reducing the rate of infection by multi-resistant infectious organisms including MRSA, MSSA and *Clostridium Difficile*.

Hand hygiene

Hand hygiene is the single most effective method of preventing cross infection (Ayliffe G. *et al.* 2000). Hand washing is defined as the process for removal of soil and transient micro-organisms from the hands (Larson 1995). There are two populations of micro-organisms found on the skin. The resident bacteria live in the deeper skin layers; they are not readily transferred and are usually not harmful. Transient micro-organisms do not normally live on the skin but are both readily acquired and transferred by touch.

Hands can cause cross infection by transferring these transient micro-organisms between individuals but are easily removed by simple hand decontamination procedures.

The wearing of gloves is not an alternative to hand hygiene.

Skin Care

A healthy, intact skin provides an effective barrier against infection. It is important to keep the skin in good condition by using the correct hand washing method, drying hands thoroughly and regular use of hand cream. All cuts and abrasions should be covered with an impermeable waterproof dressing. Any member of staff with extensive skin lesions must seek advice from the Occupational Health department e.g. eczema. Avoid unnecessarily subjecting skin to laceration in social / domestic activities e.g. DIY or gardening — cover arms and use gardening gloves. Moisturiser creams should be used regularly following hand washing. The moisturiser helps to prevent dry skin, which in turn will reduce the risk of lesions developing. Hand cream should preferably not be shared.

Effective hand washing technique involves 3 stages: preparation, washing and rinsing, and drying. Preparation requires wetting hands with water and then applying liquid soap. This should be followed by vigorous rubbing of hands for 10-15 seconds paying particular attention to tips of fingers, thumbs and between the fingers. Hands should be thoroughly rinsed and properly dried using paper towels. The below seven steps are used to ensure that all areas of the hands are properly cleaned;

HAND HYGIENE

1



Palms

2



Backs

3



Between
Fingers

4



Thumbs
& Webs

5



Knuckle
Grip

6



Fingertips

7



Wrists



- * Wet hands under running water and then dispense one dose of liquid soap/ antiseptic onto hands.
- * Wash vigorously for 15 seconds. Following steps 1 - 7 without adding more water.
- * Ensure hands are well rinsed.
- * Dry hands thoroughly with paper towel and turn off taps with elbows or paper towel.
- * Dispose of towel in bin. Always use the foot operated pedal and not your hand to open bin.
- * Apply hand cream regularly.

Produced 2007
SET/IPC/HH11/07

Hands must be washed **before**:

- Patient contact.
- Undertaking a care procedure.
- An aseptic task.
- Taking a break / going home.
- Putting on protective clothing.
- Eating, drinking, handling food.

And **after**:

- Contact with patient surroundings.
- Direct contact with a patient.
- Handling contaminated items such as dressings, bedpans, urinals, urine drainage bags.
- Body fluid exposure risk.
- Cleaning equipment / environment.
- Handling dirty linen or waste.
- Hands become visibly soiled.
- Removal of gloves and/or aprons.
- Going to the toilet, blowing nose or covering a sneeze.

Hand washing Technique is more important than the solution used. Remove jewellery (rings). When hands are washed in a hasty manner certain areas tend to be missed. The diagram shows the areas of skin that are commonly missed during poor hand washing.



Hand hygiene professional standards

Personal standards which all staff should adhere to are good hygiene and cleanliness, neat appearance. Finger nails should be short and clean. On no account is nail polish (clear or coloured) and/or false nails permitted when performing direct patient care. In the interests of health & safety, infection prevention and control and a professional appearance, only a plain band (wedding ring style) will be acceptable as hand jewellery.

Bracelets are not permitted unless they are the approved “medic-alert” type or are worn for medical reasons (supported by a doctor’s letter) or for cultural reasons. These are to be removed whilst performing hand hygiene practices.

10 things that may reduce the effectiveness of hand hygiene:

- | | |
|--------------------------------|----------------------------|
| 1. Continual wearing of gloves | 6. Dry skin |
| 2. Wrist watches | 7. Bitten nails/long nails |
| 3. Stoned rings | 8. Charity bands/bracelets |
| 4. Long sleeves | 9. Poor hand washing |

5. Pressure of time

10. Using gel on soiled hands

Websites containing additional information

www.dh.gov.uk

www.npsa.nhs.uk/cleanyourhands

www.infectioncontrol.nhs.uk

www.hpa.org.uk

Useful Reference Material

The NHS Ambulance Guidelines “Reducing infection through effective practice in the Pre-hospital environment” 2008
NIAS Clinical Waste & Infection Control policies

Useful Contacts

NIAS has Infection Control advice via Regional Ambulance Training Centre, Divisional Training Officers, Clinical Support Officers, Operational managers, Risk Manager.

Policies and useful contacts relating to this subject can be found at:

NIAS Intranet.

PART THREE

POLICIES

Section 1: Policies

Each new member of staff should have received with their contract of employment the following key policies;

- Disciplinary
- Harassment
- Grievance
- Attendance Management
- Equal Opportunities Policy

A number of other relevant NIAS policies are listed below;

- Infection Prevention and Control
- Manual handling
- Complaint
- Data protection
- Fire
- Fraud
- Health & Safety
- Records management
- Gifts and hospitality
- ICT security
- Mental Health and Well Being
- Whistle blowing
- Untoward Incident Reporting
- Risk management
- Social Media

These can be found on the NIAS Intranet site listed under Policies. It is the responsibility of each new member of staff to read each policy and make themselves familiar with same. Any questions regarding policy content should be directed in the first instance to your line manager.

PART FOUR

EVALUATION

EMPLOYEE INFORMATION RESOURCE PACK EVALUATION FORM

The feedback you provide on this evaluation form will inform periodic reviews of the Trust's approach to producing the Employee Resource Pack. Please provide as much information as possible. Thank you for completing this evaluation form.

1. How useful did you consider the Employee Resource Pack to be?

Not useful	1	2	3	4	5	Very Useful

2. To what extent were your expected learning outcomes achieved?

Not at all	1	2	3	4	5	Completely

3. What did you consider to be the most valuable learning point(s) from the Employee Resource Pack?

4. How will you apply this learning to your employment within NIAS?

5. What suggestions would you make to improve the Employee Resource Pack?

6. Any other comments.

Job Role: _____

Please return to Regional Ambulance Training Centre at Trust Headquarters

