A Meeting of Trust Board to be held at 11.30am
Tuesday, 18 June 2019, Boardroom, NIAS HQ, Site 30 Knockbracken
Healthcare Park, Saintfield Road, Belfast, BT8 8SG

Welcome, Introduction and Format of Meeting

1.0 Apologies

2.0 Procedure: Declaration of potential Conflict of Interest:
Quorum:

3.0 Minutes of the previous meeting of the Trust Board held 4th April 2019 (for approval and signature)

4.0 Matters Arising

4.1

5.0 Chairman’s Business

5.1 Chairman’s Update

6.0 Chief Executive’s Business

6.1 Chief Executive’s Update

7.0 Transformation Initiatives
Urgent and Emergency Care
(Mr C McKenna, Mr C Clarke, Mr D Marshall,
Ms Joanna Smylie & Ms S Williamson)

8.0 Draft NIAS Corporate Plan:

9.0 Items for Noting / Approval

9.1 Revised Corporate Risk Management Policy / Strategy (for approval)
9.2 Revised Policy & Procedures for Management of Medicines (for approval)
9.3 Assurance Committee Minutes 12/03/2019 (noting) TB18/06/2019/06
9.4 Assurance Committee Minutes 04/04/2019 (noting) TB18/06/2019/07

10.0 Performance Reports as at March 2019

  Highlight Reports by each Director:
  Medical & Risk Register TB18/06/2019/08
  Human Resource TB18/06/2019/09
  Finance TB18/06/2019/10
  Operations TB18/06/2019/11

11.0 Application of Trust Seal

12.0 Any Other Business

Next meeting of Trust Board will be held on Thursday 01 August, Boardroom, NIAS Headquarters, Site 30 Knockbracken Healthcare Park, Saintfied Road, Belfast, BT8 8SG
Standing Orders

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

Admission of Public and the Press

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

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

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

3.18 Observers at Board meetings

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

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

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

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

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

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

Tuesday 18 June 2019 at 10.00am, at Ambulance Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast
Minutes of Trust Board – Public Meeting
Thursday 4 April 2019 1000hrs
Board Room, NIAS HQ, Site 30 Knockbracken Healthcare Park, Belfast

Present:
Mrs N Lappin           Chair
Mr T Haslett Non-Executive Director
Mr A Cardwell Non-Executive Director
Mr J Dennison Non-Executive Director
Mr D Ashford Non-Executive Director
Mr W Abraham Non-Executive Director
Mr M Bloomfield Chief Executive
Mrs S McCue        Director of Finance & ICT
Ms R O’Hara Director of HR & Corporate Services
Mr B McNeill Director of Operations
Dr N Ruddell Medical Director

In Attendance:
Mrs J McSwiggan Senior Secretary

1.0 Welcome and Introductions
The Chair welcomed everyone to the April Trust Board meeting, in particular Mr J Dennison attending his first meeting as Non-Executive Director.

No conflicts of interest were noted and the Board was confirmed as quorate.

2.0 Apologies
An apology had been noted for Mr D Ashford, Non-Executive Director, but Mr Ashford was subsequently able to join the meeting before it concluded.

3.0 Minutes of Trust Board Meeting, 7 February 2019

- Mrs McCue asked that Agenda Item 11.3 (Director of Finance & ICT) be amended to read:
  - “AFC – The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.”
  - “Capital Expenditure – Allocation of £5.9 million of which £4 million is allocated each year to vehicles.”

- Mrs McCue asked that Agenda Item 12.0 (Application of Trust Seal) be amended to read:
- “The NIAS Trust Seal has been applied once on 17 December 2018 in relation to the renewal of the lease of Derriaghy Station.”

- Mr Cardwell asked that the time of the meeting be added to the front page of the Minutes.

- Mr Abraham asked that Agenda Item 14.0 (Any Other Business) be amended to read:
  - “The Chair proposed for the Minutes of the Audit Committee be brought to Trust Board each time for noting.”

- The Chair advised that the draft Minutes would in future be issued more promptly for review.

Subject to the above changes, the Minutes were approved on the proposal of Mr Cardwell, seconded by Mr Haslett.

4.0 Matters Arising

There were no matters arising.

5.0 Chair’s Business

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

- The Staff Recognition Award Winners’ breakfast reception this morning had been a good opportunity to meet those recognised at the first Staff Recognition Awards event on 28 March, and formal thanks to the organisers of the event was recorded. It is hoped that this will become an annual event.

- The Chair suggested that all members of the Board and Executive Team consider visiting staff at stations, possibly to include a ride-along with a NIAS crew, following her very beneficial ride-along at Enniskillen Station.

- The Chair advised that a new Code of Practice on Partnership between Departments and Arms Lengths Bodies has been issued. She will ensure that all members of the Board and Executive Team receive a link to the new Code of Good Practice.
  
  **Action:** Chair to ensure link to new Code of Practice is circulated.

- The Chair highlighted the Board Apprentice Scheme and encouraged NIAS participation in this scheme. The Board discussed issues of confidentiality and suitability of candidates / application process. It was agreed that participation at the first meeting would be as an observer. Participation was proposed by Mr Dennison, seconded by Mr Abraham. Mr Haslett expressed some concern about the scheme and abstained.
  
  **Action:** Chair to raise Mr Haslett’s query about how specific concerns about suitability of an apprentice are escalated with the
scheme organiser, and to feed back to Mr Haslett.

- The Chair advised that recruitment for a Board Secretary is underway.

6.0 Chief Executive's Business:
The Chief Executive outlined his activities and meetings attended since the last Trust Board as follows:

- The continuing provision of high quality of care by staff during a continued challenging winter period operationally was acknowledged.

- Thanks was extended to all those involved in the very professional response to the tragic events in Cookstown on St Patrick’s Weekend, and Dr Ruddell's contribution was highlighted.

- NIAS continues to meet regularly with NIFRS exploring areas of potential collaboration.

- An encouraging frequent caller workshop was held on 25 February, with the Permanent Secretary giving supportive opening remarks. The focus was primarily on how to better meet the needs of these callers. The work of Joanna Smylie (NIAS Frequent Caller Lead) in this area was highlighted.

- The first Community First Responder Scheme Conference was held on 2 March and this was a very successful event, with 13 schemes represented and approximately 150 attendees. The excellent organisation of Stephanie Leckey (NIAS Community Resuscitation Lead) and her team was acknowledged.

- The National Ambulance Leadership Forum on 19-20 March was attended by several NIAS representatives, with Jonny McMullan (NIAS Control Quality Assurance Auditor) giving a presentation and Glenn O’Rorke (HEMS Operational Lead) being awarded “UK Paramedic of the Year”. The Board acknowledged this achievement.

- The quarterly health meeting of Newry, Mourne & Downe Council was held on 25 March and was noted to be a useful engagement opportunity.

- The first Staff Recognition and Long Service Awards event was held on Thursday 28 March and this was an excellent opportunity to celebrate the incredible work of NIAS staff. The feedback on the evening has been very positive, and both the CMO and Lord Lieutenant gave very supportive addresses at the event. The first Paul Archer Award was presented on the night. The work of the organising committee was acknowledged, with particular thanks to John McPoland (NIAS Media and Communications Manager).
The Chief Executive advised that Mrs McCue has confirmed her intention to retire and the end of June.

7.0 Clinical Response Model Report and Final Proposal – for approval:

Mr McNeill updated the Board on the outcome of the consultation process and highlighted the next steps, as outlined in the Proposal Annex and EQIA document. It was noted that the consultation has now closed and 45 written responses have been received. While some anticipated responses had not been received, those responses received were favourable of the adoption of the CRM.

Mr McNeill highlighted two areas for specific attention – care and management of older people, and addressing inequalities in rural communities.

The Board commended the summary document but asked that typographical errors be corrected.

**Action: Mr McNeill to ensure proofreading of document.**

The Board raised the issue of recurrent funding for the proposal. The support of the Department in principle for the proposal was noted, but a full business case will be required and funding will be subject to the availability of funds.

Mr McNeill outlined the next steps – following editing of the documents, the Clinical Response Proposal EQIA and Consultation Response will be forwarded to the Health & Social Care Board for consideration by their Board on 11 April and subject to their support, the EQIA and Summary Proposal Document will be forwarded to the Department of Health for approval.

Mr McNeill highlighted that in operationalising the call taking and dispatch process, a programme of change is required to support it, and these developments are not dependent on CRM, but in taking these forward they will provide mitigation to some of the issues identified.

Mr McNeill advised the Board that the first part of the proposal, adopting the call answering process, has already commenced from 1 April. It was emphasised that this is not an early implementation, rather a pragmatic adoption of best practice to managing safety risks in the best interest of services users, making best use of current limited resources.

Mr McNeill proposed that the Trust now starts the process of preparing to implement the full CRM code set from autumn 2019, subject to approval by the Department of Health. This will enable NIAS to safely manage all calls, but the Trust will not be in a position to achieve standards and indicators as consulted on until the resources to deliver are available.

Approval to proceed with the preparatory work and engage with the
Department of Health was proposed by Mr Cardwell, seconded by Mr Abraham.

Mr McNeill highlighted a second issue – with the ORH work having been completed in August 2017, data is now being gathered to refresh that, to identify what the requirements are to move forward, and more significantly to ascertain the trajectory of improvement. It was noted that the Department of Health has given approval to start planning for a second cohort of Paramedic students, and want to meet the Trust to discuss the longer term plan for staff recruitment.

Mr Abraham proposed that NIAS moves forward with this, taking it to the Health & Social Care Board and then to the Department of Health, seconded by Mr Haslett.

The Board thanked Mr McNeill and all those involved for their significant work on the consultation, and underlined their support for this work.

It was noted that Mr McNeill will be Programme Lead for CRM moving forward and will move temporarily into this role from 1 May 2019.

8.0 HSC Conflict, Bullying and Harassment in the Workplace Policy – for approval:

Ms O'Hara introduced this Policy and explained it had been produced by a Regional HSC-wide Group rather than NIAS. The Board discussed whether they can approve a policy. Members would wish to provide feedback on issues including:
- a move away from the use of punitive language to encourage staff to speak out;
- 4.1b – reference to medical or dental staff;
- 4.3.2 – subjectivity / alleged victim's perception.

**Action:** Ms O'Hara to feedback to the Regional Group and to raise with the HR Directors’ Forum.

**Action:** Chair to raise with Department of Health.

The Chief Executive clarified that the Board is being asked to approve the Policy's implementation within NIAS. Mr Abraham reiterated that the Board can note that it has received and reviewed the policy, and acknowledges that it is being implemented within NIAS, but cannot approve the Policy itself.

The Chief Executive proposed the approval of the Policy's implementation within NIAS, seconded by Mr Haslett. Mr Abraham did not support this for the above stated reason.

**Action:** Chief Executive/Chair to review requirements of Standing Orders in this context.

9.0 NIAS Property Assessment Plan 2018/19 – 2023/24 – for approval:
The NIAS Property Asset Management Plan (PAM Plan) was presented for approval to submit to the Department of Health. The strategic plans for estate which will integrate with the CRM model will be discussed in more depth at the Board Workshop on 7 May.

The Property Asset Management Plan was proposed by Mr Abraham, seconded by Mr Haslett.

It was noted that the Department of Health is due to publish an HSC-wide estate report which may support NIAS in this area.

10.0 **The Ambulance Service Charity:**

Ms Sue Noyes and Mr (NAME) were welcomed to the meeting and gave a presentation on the work of The Ambulance Service Charity (TASC). The support available to current and former members of staff was highlighted. It was noted that NIAS staff have not previously availed of the support provided by TASC as they were not registered with the Charities Commission in NI. This has recently been addressed. Board members sought clarification on a number of issues in relation to the funding of TASC and welcomed its introduction in NI for staff.

The Chair thanked Ms Noyes and Mr (NAME) for attending the Board.

11.0 **Directors Highlight Reports at December 2018 (by exception only)**

11.1 **Director of HR & CS:**
Ms O’Hara highlighted the work being undertaken in regard to managing attendance.

11.2 **Medical Director:**
Dr Ruddell reassured the Board on the Trust’s contingency planning for Brexit, and highlighted the ongoing work around IPC, and the awarding of the REACH tender, with the project due to commence in June.

11.3 **Director of Operations:**
Mr McNeill highlighted the evidence supporting the initiatives discussed earlier in the agenda.

11.4 **Director of Finance & ICT:**
Mrs McCue provided an update on the forecast year-end financial position which shows a potential underspend. She also highlighted the continuing demands placed on the small information team by significant numbers of information, FOI and data protection requests, as well as input into the CRM development work.

12.0 **Assurance Committee Minutes 14 November 2018 – for noting:**

Noted.
The Chair raised the issue of complaints and incident reporting including SAIs which had been raised at a recent Assurance Committee meeting held on 12 March, followed by an Audit Committee meeting the same day where the findings of an Internal Audit Report were deemed Unsatisfactory in this specific management area. Mr Haslett, as Chair of the Assurance Committee, explained to Board that a special meeting had been convened to take place directly after the Board meeting to discuss what action was being taken to provide the necessary assurance that improvements would be made as soon as possible. Recognising that the issue was being treated with urgency, this course of action was regarded by the Assurance Chair as more in keeping with process, in preference to having a full discussion at Board.

13.0 **Audit Committee Minutes 29 January 2019 – for noting:**

Noted.

Concerns expressed by the Committee with regards the Internal Audit Report findings will be discussed at the additional Assurance Committee meeting following this meeting.

14.0 **Forum for Questions:**

No questions were raised.

15.0 **Any Other Business:**

- The Board discussed the presentation by TASC. It was agreed that NIAS should consider the services they provide and discuss further at SEMT / Trust Board.

- It was noted that the NIAS Leadership Conference will take place on 11 April, and the NICON Conference is scheduled for 16-17 May.

**Date of Next Meeting:**

A Trust Board Workshop is scheduled for the afternoon of Tuesday 7 May, and the next meeting of the Trust Board will be held Tuesday 18 June, NIAS Headquarters, Belfast.

The Board agreed to move to the In Committee portion of the meeting at 1300hrs, on the proposal of Mr Ashford and seconded by Mr Abraham.
Review of Urgent and Emergency Care

NIAS - Who we are...

- Provides pre hospital care for a population of 1.8 million over an area of 5,450 square miles
- 59 ambulance stations / deployment points
- 2 Ambulance Control Centres (Emergency & Non-Emergency)
- 1 Regional Education & Training Centre
- 313 ambulance vehicles
- Employs in excess of 1200 staff
### NIAS Chief Complaints

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<tr>
<th>Chief Complaint</th>
<th>Category</th>
<th>Total</th>
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<td></td>
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<td>B</td>
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<tr>
<td>HCP ADMISSION</td>
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<tr>
<td>FALLS</td>
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<td>CHEST PAIN (Non-Traumatic)</td>
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<tr>
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<tr>
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</tr>
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### Increasing Emergency Department Attendances

**Total Emergency Department Attendances for Northern Ireland by Month April 2008 to December 2017**

![Graph showing increasing emergency department attendances](chart.png)
Reducing NIAS ED attendances

NIAS Pathways

- Frailty – ACAH / ECAH teams / Specialist Units
- District Nursing
- PPCI
- Heart Failure
- Alcohol Recovery Centre
- Minor Injuries

- COPD
- Hypoglycaemia
- Epilepsy
- Falls
- Palliative Care
- Mental Health
- Safeguarding
- Stroke
- NIFRS
Frequent Callers

230 Frequent callers

Frequent Caller Management

Social Prescribing

NIAS

Social Care

ED

Addictions

Mental Health

PSNI

Northern Ireland Ambulance Service
Health and Social Care Trust
Impact from top 15 callers

Clinical Support Desk

- 10 Paramedics
- 16 / 7
- MTS
The Nursing and Residential Triage tool is a simple assessment tool based on the Manchester Triage System. The tool can be used by both clinicians and non-clinicians to make decisions regarding the timeframe needed for further assessment. This helps to direct patients to the most appropriate care.
Nursing and Residential Home Triage (NaRT) Tool

Aims:
- Reduce the number of unnecessary 999 calls
- Provide a consistent and safe approach to the management of care home residents with minor illness or injury
- Prevent unnecessary ED attendances and subsequent hospital admissions
- To provide more appropriate access to alternative pathways of care.

Why collaborate?
- Care Home staff know their residents best
- Care Home staff want to care and manage their residents with acute conditions without the need for A&E when appropriate
- Care Home staff often struggle to access GP services.

Multi Agency Street Triage

- Multi-agency collaborative approach to help patient with acute mental health problems
- Reduce Emergency Department (ED) admissions
- Reduce the number of frequent users of PSNI/NIAS.
- To reduce number of article 130 detentions by PSNI officers
- To enhance patient experience by expediting referrals to the most appropriate service
- Support Individuals and their families through a mental health crisis
- Increase attendance at CBYL appointments
**Challenges**

- Trust boundaries
- 9-5 services
- Silver trauma
- Repatriation
- Lack of alternatives e.g. WIC / UCC
- Information sharing

**Opportunities**

- Access to primary care
- Access to specialist units
- Access to social care
- Ambulatory pathways e.g. DVT
- Access to ECR
- POC testing
- Multi Agency CSD / ? Telephone triage for OOH
- Paramedic prescribing / advanced roles
- Rotational paramedic model
Questions?

Thank you.
NIAS Corporate Plan

2018-19 – 2021-22

(updated 2019/20)
The Northern Ireland Ambulance Service (NIAS) provides a vital service to the population of Northern Ireland. It provides a range of services which often touch people at the most worrying and vulnerable times in their lives, and is rightly highly valued by the public.

NIAS faces a range of significant challenges and major issues over the period covered by this plan. These include the need to deliver safe, high quality care, improved response times and service modernisation in the context of the continued challenging financial environment.

This Corporate Plan 2018/19 – 2021/22 describes how we intend to address these challenges, building on the progress made to date, and sets out our ambition to deliver the best and appropriate care to patients in Northern Ireland who require Ambulance Services, putting them at the heart of everything we do. The Corporate plan has been informed by an engagement process with our staff and key stakeholders.

The Trust will be developing a longer term Strategic Direction during 2019/20 with extensive engagement with our staff and other stakeholders. That will form the basis of future annual Corporate Plans, and therefore this Plan for 2019/20 reflects an interim position, updating the existing four year Corporate Plan which sets out how the Trust will deliver on our key themes and priorities whilst contributing to real improvements in health and wellbeing for our population, with a particular focus on the actions to be taken during 2019/20. It describes the Trust’s priorities in contributing to the wider HSC reform programme and how we will align to the following Regional strategic context:

1. Health and Wellbeing 2026: Delivering Together. On 26 October 2016, the then Minister of Health launched her 10 year approach to transforming health and social care, “Health and Wellbeing 2026: Delivering Together”. This plan was the Minister’s response to the Expert Panel’s report “Systems, Not Structures: Changing Health and Social Care” which was published on the same date. “Delivering Together” presents a vision of transformed Health and Social Care services, based on a population health model that puts patients at the centre of services through co-production. It set an ambitious plan which aims to see a future in which:
   - people are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing;
   - when they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion;
   - staff are empowered and supported to do what they do best; and
   - our services are efficient and sustainable for the future.
2. The **Programme for Government.** The Department of Health has established a programme of reform with the objective to transform health and social care services, in order to produce better health and wellbeing outcomes for all our people and thereby contributing to the realisation of the Minister’s ambition as set out in the Programme for Government (PfG) for everyone to lead long, healthy and active lives.

This Corporate Plan seeks to align our priorities and objectives to the above strategic context.

It does not reflect everything that we do and NIAS staff are involved in many other areas of normal business that are not included but no less important. Rather it highlights the key priorities for the year ahead which will contribute to the longer term direction of travel as we continue on our programme of reform and modernisation.

The Trust’s frontline challenges are similar to those faced by Ambulance Services across the rest of the UK and these have been well documented in the National Audit Office Review (2017) of English Ambulance Services and by the Association of Ambulance Service Chief Executive (AACE) strategies. These include:

- demand for ambulance services continues to rise rapidly;
- increases in funding have not matched rising demand;
- workforce issues are limiting the ability to meet rising demand;
- delays in being able to transfer the care of patients at emergency departments are contributing heavily to keeping ambulance staff away from where they are needed most, with the associated risk to patient safety for those waiting for an ambulance response;
- the need to progress delivering new models of care;
- unprecedented pressures on our workforce.

These issues cannot be overcome by NIAS alone and require support from DoH, HSCB, Trusts and local providers.

These challenges impact on the Trust’s ability to achieve its Category A response target. The rising demand for ambulance services without a matched increase in funding, the delays in handover times at hospitals and the workforce issues continue to present a significant challenge for the immediate future. Efforts will be made to maximise the use of existing resources to improve response times without compromising our overall commitment to respond promptly and appropriately to all 999 and non 999 requests for ambulance assistance. The Trust will continue to prioritise getting the fastest appropriate clinical response to those patients most in need.
These challenges impact on the Trust’s ability to achieve its Category A response target. The rising demand for ambulance services without a matched increase in funding, the delays in handover times at hospitals and the workforce issues continue to present a significant challenge for the immediate future. Efforts will be made to maximise the use of existing resources to improve response times without compromising our overall commitment to respond promptly and appropriately to all 999 and non-999 requests for ambulance assistance. The Trust will continue to prioritise getting the fastest appropriate clinical response to those patients most in need.

In order to address these challenges, NIAS has ambitious proposals to transform service delivery and the associated priority work will be reflected in the related annual delivery plans. NIAS completed a public consultation in March 2019 on a proposal to introduce a revised Clinical Response Model (CRM), similar to those introduced in recent years elsewhere in the UK. This would be designed to provide a more clinically appropriate ambulance response than the current model, which was introduced over forty years ago, by better targeting the right resources (clinical skills and vehicle type) to the right patients. This proposal would represent a significant change in the way that NIAS provides its services.

The final proposal has been revised and shaped to take account of the Public Consultation. Support for the proposal has been very positive. The HSCB Board have now formally supported submission of the Clinical Response Model (CRM) proposal to the Department of Health (DoH) for consideration. In the meantime, NIAS have commenced preparatory work for full implementation of the CRM subject to DoH approval. Progress to date has been:

- A refresh of demand capacity modelling to identify the resource levels required to meet the new response targets as described in the Public consultation. Expected completion date September 2019.
- Introduction of changes in the call taking protocol as described in the consultation. That is the introduction of Pre Triage Sieve (PTS) and Nature of Call (NOC). The protocol changes help identify Immediately Life Threatening (ILT) conditions as early as possible in the call taking process.
- Preparatory work with a view to introducing a new “code set” in the emergency control centre. The new code set will result in a revised prioritisation of calls and associated responses based on clinical need. It is important to emphasize that this is preparatory work at this stage and we will only implement the changes with DoH approval, though we would welcome early engagement in this regard.
- The preparatory work will also focus on scoping the resource and cost of the full programme of change e.g.; staff levels, fleet, estate, management structure. Investment in NIAS will be critical in order to achieve the new response targets and ensure a clinically safe and effective service.

NIAS has seen significant transformation during the last few years and this continues to evolve with exciting challenges ahead. Core to everything we achieve is our staff and the Trust recognises their contribution to any success and will continue to develop a culture where staff feel valued and are engaged and inspired to deliver better outcomes.
Our Vision is:

To provide excellent quality of care, experience and outcomes for the patients we serve.

This vision is underpinned by our core values that will help us to deliver the highest levels of care and services.

Our Core Values are:

- Working together
- Compassion
- Excellence
- Openness and Honesty

NIAS has identified six key themes from which the Corporate Objectives and annual priorities are developed. They provide clarity for the general public and our staff who deliver our services and ensure consistency between strategy and delivery.

Our 6 Key Themes are:

- **Motivated & Engaged Workforce**: the Trust will explore how we can fully achieve this for staff, at all levels. We will find opportunities for staff involvement and engagement in developing and modernising how we deliver our services. We will collaboratively develop and deliver modernisation and improvement, and encourage staff to have a greater understanding of their impact on service delivery and outcomes for patients. We will enable staff to be part of learning activities that are adapted and appropriate for them.

- **Right Resources to Patients Quickly**: the Trust will develop sustainable, innovative workforce and systems solutions building on the recommendations of the NIAS Demand & Capacity Review, 2017. We will aim to have the right number of staff with the right skills to ensure our quality of service meets agreed standards in terms of time and clinical quality. We will develop highly skilled staff equipped to deliver safe patient care with a focus on the delivery of clinical excellence and appropriate pathways. Through this we will ensure we deploy the right resources, skills and response that is appropriate to clinical need.

- **Improving Experience & Outcomes for Patients**: The Trust will ensure that we listen to and learn from patients and others in the planning and delivery of services. We will promote meaningful engagement and involvement in service developments. We will use a range of standards, measures and indicators to offer assurance that our service is operating effectively, safely and in the best interest of patients.
• **Clinical Excellence at Our Heart:** we will ensure the best outcomes for our patients through working to the highest standards of care and developing, leading and sharing best clinical practice. We will ensure clinicians receive the highest standards of education, learning and development to perform effectively and safely. Clinical staff will be equipped to carry out their role supported by advancements in technology, medical equipment, clinical practice and clinical audit. NIAS will develop and implement clinical supervision for regulated professionals. We will involve our staff and others to identify and develop best models of clinical practice and appropriate systems and processes for measuring outcomes.

• **Recognised for Innovation:** the Trust will continue to work collaboratively on innovations and transformations that deliver on our priorities. We will position NIAS as an integral part of the whole HSC system and influence and shape services to ensure improvements to the patient experience and outcome. We will develop and embed a quality improvement methodology within the Trust and celebrate related successes. NIAS has a vital role to play in the delivery of urgent and emergency care, providing a range of clinical responses to patients in their homes and community settings and can potentially integrate seamlessly across the spectrum of providers in health and social care. We can increasingly shift the balance of care away from hospitals, reduce demand on emergency departments and take the pressure off general practice. There are real benefits to be gained for patients by investing in NIAS services to improve the future sustainability and performance of the health system overall. NIAS will identify the impact of those changes in an open and evidenced manner using clear, validated and timely data is essential.

• **Effective, Ethical, Collective Leadership:** the Trust will develop an Organisational Development Framework and annual delivery plan that will provide a focus on promoting the right culture and supporting behaviours to drive improvements and transformations. We will ensure there are leadership development opportunities to develop the skills and confidence of our leaders to support the Trust priorities, as outlined in the Corporate Plan.

This Corporate Plan will support the Trust to deliver core business as well as supporting Regional and Local modernisations and transformations.
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<tr>
<th>KEY OUTCOME</th>
<th>KEY OBJECTIVES</th>
<th>LEAD DIRECTOR</th>
<th>TIMEFRAME</th>
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<tr>
<td>Motivated &amp; Engaged Workforce</td>
<td>With full engagement of our staff, develop a long-term Strategic Direction for NIAS outlining the future development of ambulance services and the contribution they can make to the wider transformation of HSC services. Engage with our staff in the development of an Organisational and Workforce Development Strategy to support the Corporate Plan and strategic priorities, with a focus on living our corporate culture and engaged leadership. Develop and deliver on a Health &amp; Wellbeing programme, across the Trust, with a particular focus on Mental Health and Well Being. Develop an action plan, in partnership, to deliver on the key 19/20 recommendations from the related staff survey. Deliver on AACE recommendations for Good Attendance to reduce absence rates through established programme structures. Develop and agree a comprehensive programme of Learning, Development and Mandatory Training. Hold a NIAS Leadership Conference. Review existing mechanisms for staff recognition and host a Staff Awards event. Participate in the HSC Cultural Assessment and identify areas for improvement within NIAS. Implement a Programme of transformation and improvement for our Emergency Ambulance Control Room.</td>
<td>CEx</td>
<td>December 2019</td>
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<td></td>
<td></td>
<td>DHR&amp;CS</td>
<td>September 2019</td>
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<td>March 2020</td>
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<td>March 2020</td>
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<td>DHR&amp;CS</td>
<td>February 2020</td>
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<td></td>
<td>DHR&amp;CS</td>
<td>September 2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOps</td>
<td>December 2019</td>
</tr>
<tr>
<td>Right Resources to Patients Quickly</td>
<td>Explore the potential for specialist and enhanced clinical roles within the organisation including introduction of a community paramedic role.</td>
<td>MedDir</td>
<td>September 2019</td>
</tr>
<tr>
<td></td>
<td>Provide progression pathways for staff to move from the EMT role to becoming a paramedic through continuation of the foundation degree programme in partnership with the University of Ulster.</td>
<td>MedDir</td>
<td>December 2019</td>
</tr>
<tr>
<td></td>
<td>Identify the resources and associated roster keys required to meet the targets under the new CRM through to 2022/23.</td>
<td>Dir CRM</td>
<td>March 2020</td>
</tr>
<tr>
<td></td>
<td>Develop an outline business case for full implementation of the new CRM</td>
<td>Dir CRM</td>
<td>December 2019</td>
</tr>
<tr>
<td></td>
<td>Engage stakeholders in a process of co-design of new CRM</td>
<td>Dir CRM</td>
<td>March 2020</td>
</tr>
<tr>
<td></td>
<td>Implement the Clinical Response Model code set and associated work streams for EAC and Field operations, subject to Departmental approval</td>
<td>Dir CRM</td>
<td>March 2020</td>
</tr>
<tr>
<td></td>
<td>Develop plans for and replace the EAC contingency facility at Site 5 Knockbracken Health Care Park.</td>
<td>Dir CRM</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Work in collaboration with Clinical Staff at RVH, UHD, CAH, Antrim Emergency Departments to review Patient pathways and reduce Ambulance turnaround times, improving compliance with the National Standard of 30 minutes.</td>
<td>DOps</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Contribute to DoH NIAS Workforce Review</td>
<td></td>
<td>March 2020</td>
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</tbody>
</table>
| Improving Experiences and outcomes for patients | Evidence compliance with internal audit recommendations.  
Review existing mechanisms which highlight Audit Committee’s requests for assurance through internal audit’s annual plans and subsequent recommendations to all directorates across the Trust  
Ensure effective arrangements are in place to achieve financial break even, including the development of savings proposals.  
Review structure arrangements for the provision of PPI, Patient Experience and Co-Production in line with Trust Restructuring Plans.  
Fully contribute to the Departmental Review of Urgent and Emergency Care to ensure the most appropriate use of ambulance services for patient care, and support the wider HSC  
Continue to implement the Action Plan to strengthen arrangements for IPC including the adoption of a Trust-wide training strategy and the introduction of a dedicated IPC Lead for the Trust. | DHR&CS & DOps  
All Directors  
DoF  
DoF  
All Directors  
CH EX  
CEx  
DOps  
Medical Director  
Medical Director  
DHR&CS | Ongoing  
September 2019  
Ongoing  
Ongoing  
August 2019  
December 2019  
March 2020 |
| Clinical Excellence at our heart | Review NIAS complaints policy, process and practice against HSC best practice guidance, identify areas for improvement and develop related policy and procedure.  
Provide more appropriate responses for patients through an expansion of the clinical support desk to 24/7 increasing the levels of Hear and Treat and Treat and Refer practices  
Contribute to an evidenced based approach to patient outcomes though the design and development of information which services interrogation of the patient journey with user-friendly timely interfaces  
Contribute to the regional work addressing the recommendations of the Inquiry into Hyponatraemia-Related Deaths.  
Contribute to regional work aimed at introducing the Mental Capacity Act (Northern Ireland) 2016.  
Progress the work of the Ministerial Directive on Community Resuscitation through raising public awareness of CPR and improving access to public defibrillators.  
Continue to pursue further appropriate care pathways in order to assist in managing demand on Emergency Departments while offering patients a more direct path to definitive care.  
Contribute to the full implementation of the recommendations of the Regional Trauma Network through the implementation of a Regional Trauma Bypass Protocol. | DOps | DoF | MedDir | MedDir | MedDir | MedDir | MedDir | March 2020 | Ongoing | September 2019 |
<p>| Recognised for innovation. | Review configuration of the HEMS service, considering deployment to medical calls of a critical nature as well as acting in support of other regional initiatives e.g. regional stroke services review. | MedDir | March 2020 |
| --- | --- | |  |
|  | Progress the implementation of the REACH project, providing an electronic platform for patient report forms as well as facilitating realtime audit data and live safety checks on the use of appropriate care pathways. | MedDir | Ongoing |
|  | Explore individual clinical feedback to staff through personal contribution to care as recorded on the REACH system. | MedDir | October 2019 |
|  | Review the investigation and management of incidents and SAIs in order to address the recommendations of Internal Audit. | MedDir |  |
|  | Develop a Trust-wide approach to the management of medical equipment through improved oversight. | DoF&amp;ICT |  |
|  | Contribute to regional initiatives to develop a strategy for mobile workers | DoF&amp;ICT |  |
|  | Participate fully in regional work streams associated with Cyber Security | DHR&amp;CS |  |
|  | Engage with women workers and develop an action plan to support the participation of women in the workforce. Comply with statutory duty and reflect best practice considerations in the delivery of this. | Dir CRM |  |
|  | Reduce our carbon footprint through introduction of e response cars and trialling Solar power panels on Emergency Ambulances | DHR&amp;CS |  |
| Participate fully in regional HSC HR work streams associated with HSC Collective Leadership Strategy and DoH Workforce Strategy. Review the Trusts Equality Scheme in line with statutory duty and best practice, make recommendations for improvement and deliver on these. | DHRCS |  |</p>
<table>
<thead>
<tr>
<th>Title:</th>
<th>Corporate Risk Management Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s):</td>
<td>Katrina Keating, Risk Manager</td>
</tr>
<tr>
<td>Ownership:</td>
<td>Dr Nigel Ruddell, Medical Director</td>
</tr>
<tr>
<td>Date of SEMT Approval:</td>
<td>30.04.2019</td>
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<td>18.06.2019</td>
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1.0 INTRODUCTION:

How effectively we manage risk directly impacts on how effective we are as an organisation.

1.1 Background:

This Corporate Risk Management Policy sets out the Northern Ireland Ambulance Service Health and Social Care Trust’s (NIAS) approach to the management of risk across the organisation. This Policy is supported by the Corporate Risk Management Strategy which establishes a framework for the effective and systematic management of risk across NIAS. Both the Policy and Strategy form part of the Trust's internal control and corporate governance arrangements.

1.2 Purpose/Aim/Objective(s):

The purpose/overall aim of this Corporate Risk Management Policy is to demonstrate the corporate commitment to effective risk management, calling upon all NIAS employees to engage in, and be responsible for managing relevant risks.

2.0 SCOPE:

Risk is an inherent aspect of emergency care and its supporting activities. This Corporate Risk Management Policy applies to all aspects and activities of the Trust; it covers the management of all risks across the organisation.

3.0 ROLES/RESPONSIBILITIES:

In the Northern Ireland Ambulance Service, risk management it is everyone’s business. Everyone is both a risk taker and a risk manager, regardless of level, role or location, and it is essential that everyone takes relevant responsibility for delivering effective risk management, so as to support the continual improvement of a vital service.

The Corporate Risk Management Strategy includes a Responsibility, Accountability and Support (RAS) matrix which defines key corporate level roles and responsibilities.

4.0 KEY POLICY PRINCIPLES:

At the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) we recognise that effective risk management is essential in achieving our strategic aims and objectives as identified within the Annual Business Plan and Trust Delivery Plan.

There is a clear recognition that we must accept a level of risk in order to meet the high standard we set ourselves, and that is expected by the society we serve in the provision of a service in a potentially uncontrolled, unstable or even hostile environment. We accept the potential costs of such risks in the realisation that the benefits to patients can outweigh the risks; for example in emergency driving, Rapid Response Paramedics working alone and in the work of Hazardous Area Response Teams (HART). We acknowledge our staff regularly accept and manage significant risk in order to help others; for them not to do this would render us a much less effective organisation.
Each significant risk will be assessed individually when deciding whether it is within our risk appetite (tolerable), or whether additional controls (terminate, treat or transfer) are required. The following risk appetite principles will be applied.

The Northern Ireland Ambulance Service Health and Social Care Trust’s:

a. Appetite for risks relating to patient safety and employee health and safety is very low, with controls required to reduce the risks so far as is reasonably practicable.
b. Appetite for risks relating to regulatory compliance, fraud, and information governance is also low, requiring appropriate risk controls.
c. Appetite for risks to non-critical functions and services is higher, whilst taking into account any potential impact on any strategic/business objectives.
d. Approach to risk management is designed to encourage and promote innovation and continual progress, and not to stifle or hinder growth and development, and NIAS appetite for risks to its strategic and/or directorate objectives should reflect this.

With the above in mind, through the implementation of this Policy and the Corporate Risk Management Strategy, so far as is reasonably practicable, we will ensure the following:

- The comprehensive identification, assessment and overall management (including timely escalation) of all types of risks in order to achieve our objectives.
- Staff have suitable training to help them make balanced/difficult judgements on risk.
- That opportunities are exploited.
- That effective and efficient assurance processes are in place.
- Adequate policies and procedures are in place for the purpose of internal control.
- A high standard of incident reporting, escalation and management.
- Lessons are learned across the organisation.
- Everyone is accountable and responsible for their actions.
- The further development of open, honest and just (fair) culture.
- Arrangements are in place to manage risks highlighted by audits/inspections.
- Continual improvement in risk management and therefore the quality of care.

Through effective risk management we will endeavour to provide a safe environment for patients, staff and visitors by reducing and where possible eliminating the risk of harm. We will provide a service that is responsive, safe, high- quality, patient focused, clinically effective, financially viable, legally compliant and well governed.

We will ensure compliance with current guidance and best practice, for example policy, procedures, guidance, safety/quality information issued by DoH, HSCB and PHA, including national and regional guidance and learning letters. We will also ensure compliance with risk management best practice and guidance including, DoH guidance, ISO 31000 Risk Management Principles and Guidelines, Risk Management Standard for Ambulance Services – NHSLA 2013-14, and the Institute of Risk Management ERM guidance. We will also ensure compliance with other relevant NIAS Policies and Procedures.

5.0 IMPLEMENTATION OF THE POLICY:

5.1 Dissemination:

- Directors and Assistant Directors will disseminate to all staff.
• It is available on the Internet, Intranet and SharePoint so that all employees and members of the public/stakeholders can easily have access.
• It is on the notice boards in all operational areas.
• It is included in Corporate Induction, Employee Resource Packs and Workbooks.

5.2 **Resources:**

Whilst there are no additional resources required for the implementation of this Policy, everyone should be encouraged to identify and report risks and should be provided with the time necessary to manage them in accordance with the Corporate Risk Management Strategy.

5.3 **Exceptions:**

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

6.0 **MONITORING:**

This Corporate Risk Management Policy and the Corporate Risk Management Strategy will be reviewed every three years. Feedback from stakeholders will be taken into consideration, along with a review of systems/processes along with ongoing analysis of the actual management of risks via the assurance structure. Processes will be benchmarked nationally and any new legislation, best practice or guidance will be taken into account. Audit findings will be taken into consideration.

7.0 **EVIDENCE BASE / REFERENCES:**

This Corporate Risk Management Policy reflects a range of risk management standards, current guidance and best practice (DoH guidance, ISO 31000 Risk Management Principles and Guidelines, Risk Management Standard for Ambulance Services – NHSLA 2013-14, Institute of Risk Management ERM guidance etc.). It also builds on the previous version (V.6)

8.0 **CONSULTATION PROCESS:**

This Corporate Risk Management Policy was developed by the Risk Manager in consultation with the Medical Director and the Senior Executive Management Team. The Policy has been approved by Trust Board.

9.0 **EQUALITY STATEMENT:**

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

9.2 The outcome of the equality screening for this policy undertaken on 8th April 2019 is:
Major impact  □
Minor impact  □
No impact.  ✓

10.0 SIGNATORIES:

Katrina Keating     Date: 18 June 2019
Lead Author

Dr Nigel Ruddell     Date: 18 June 2019
Lead Director
## Interim Corporate Risk Management Strategy

**Title:** Interim Corporate Risk Management Strategy

**Author(s):** Katrina Keating, Risk Manager

**Ownership:** Dr Nigel Ruddell, Medical Director

<table>
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**Operational Date:** 18.06.2019  
**Review Date:** June 2022

**Version No:** 8.0  
**Supercedes:** Previous (V.7)

**Key Words:** Risk Management, Governance, Accountability, Responsibility, Assurance, Risk Matrix, Likelihood, Impact, Risk Appetite, Risk Assessment, Mitigation, Action Plan


## Version Control:

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<td>November 2013</td>
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1.0 INTRODUCTION:

How effectively we manage risk directly impacts on how effective we are as an organisation.

1.1 Background:

The purpose of this Corporate Risk Management Strategy is to support the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) in managing its risks as effectively as possible by understanding and embedding the principles of effective risk management throughout the organisation. This ensures that NIAS meets both its moral and legal obligations, and ensures the safeguarding of patients, the public, its employees and assets as far as is reasonably practicable.

This strategy along with the Corporate Risk Management Policy, provides the framework that enables NIAS to manage its risk effectively, discharge its duties appropriately, and progress the successful delivery of both corporate and directorate aims and objectives.

This Strategy forms part of the Trust’s internal control and corporate governance arrangements, is integrally linked to the Board Assurance Framework and is aligned with the Annual Business Plan and Trust Delivery Plan. It reflects a range of risk management standards, current guidance and best practice (DoH guidance, ISO 31000 Risk Management Principles and Guidelines, Risk Management Standard for Ambulance Services – NHSLA 2013-14, Institute of Risk Management ERM guidance etc.).

1.2 Aims & Objectives:

The aim of this strategy is to establish a framework for the effective and systematic management of risk; the objectives are to:

- Define risk management and set out the benefits of managing it effectively.
- Identify accountability and responsibility for the management of risk across NIAS.
- Provide a clearly understandable, structured framework that drives a consistent approach to risk management and its implementation.
- Ensure that significant, existing and emerging risks to NIAS are effectively identified, assessed and controlled to an acceptable level, taking into account costs and resource requirements, whilst also supporting the identification of opportunities.
- Ensure that all such significant risks and controls are accurately recorded, monitored and reported, that relevant NIAS staff and Trust Board are kept informed, as appropriate, and relevant risk information is included in the Board Assurance Framework, Governance Statements etc.
- Ensure that NIAS applies a best practice approach to risk management, which is aligned to relevant NHS risk management requirements, and which demonstrates a commitment to continual improvement.
- Support the further development of an open, honest and just (fair) culture.

1.3 Scope:

This Strategy applies to all those working within, providing services to or acting on behalf of the Northern Ireland Ambulance Service Health and Social Care Trust. There are no exceptions.
1.4 Risk Management Priorities & Resources:

NIAS will continue to enhance the risk maturity of the organisation through the implementation of this Strategy; it will continuously review the Board Assurance Framework, implement an improved incident reporting and investigation process, refresh the risk workshop process, and identify opportunities for developing individual risk management capability.

The Trust aims to enhance its ability to record and manage risks including those that are identified externally, for example through the regional Serious Adverse Incident Procedure (SAI), RQIA and changes in legislation.

With regards to the administration and internal control of the risk management process, risks are currently recorded on an electronic Risk Management System known as DATIX by the Risk Manager. The Trust will make arrangements for risk owners to access DATIX directly; this would facilitate the removal of associated paper systems.

The Risk Manager will be responsible for both supporting and challenging risk owners on how effectively they are managing their risks, with progress being reported back to the Medical Director, as the accountable Director for Risk Management, for inclusion at Senior Executive Management Team (SEMT) meetings.

In addition to the regular presentation of risk registers, there will be an annual presentation to Trust Board on how effectively NIAS is managing its risks, and on how continual improvement will be sustained.

The Trust will continue to be substantively compliant with applicable Controls Assurance Standards, such as the Risk Management and Governance Controls Assurance Standards and/or any regionally agreed replacement processes.

Resources, including cost, will inevitably impact on what risks are managed to what extent, and how. This framework ensures that principal risks are communicated to SEMT for monitoring, further action, approval, advice and prioritisation as appropriate.

2.0 DEFINITIONS:

2.1 Risk Management:

The International Risk Management Standard ISO 31000:2009 defines risk as being ‘the effect of uncertainty on objectives’. Risk Management is defined as ‘coordinated activities to direct and control an organisation with regards to risk’.

NIAS risk management covers a wide spectrum including clinical care, finances, assets, health and safety, business continuity, public image (reputation), legal compliance, procurement, contractual agreements, etc. See Appendix 7 for the Regional Matrix which depicts the suggested domains for risk management.

Effective risk management is a continual process that must be embedded in our ways of working at both strategic and operational levels, including business planning, project management, partnerships, SLA’s, target and objective setting, and service plans.
Existing NIAS good practice, such as effective clinical care, good health & safety management, and efficient procurement practices are all examples of effective risk management. These must be sustained, with relevant lessons shared, and regularly reviewed with a view to continual improvement.

Risk management is about making the most of opportunities (making the right decisions) and about achieving objectives once those decisions are made. This is achieved through transferring risks, controlling risks and living with risks.

2.2 Risk Registers:

Risk Registers are logs of identified and evaluated risks, maintained at a corporate and directorate (and where necessary operational and programme) level. They are used to ensure all significant risks are visible, that the effectiveness of controls are monitored, that risks are prioritised, and that action plans are initiated where required. Within NIAS, Risk Registers are held electronically on the DATIX Risk Management System.

2.3 Risk, Hazard, Likelihood & Impact:

A hazard is anything with the potential to cause harm or loss, and a risk is measured by the combination of the likelihood (sometimes known as probability, frequency or chance) of an actual or perceived hazard occurring and the level of its impact on objectives, i.e. what harm would result should the hazard be realised.

NIAS uses the HSC Regional Matrix for the purposes of risk evaluation. The HSC matrix applies both numerical values and descriptors to both the impact of the consequences, and the likelihood of the event occurring (see Appendix 7 for full HSC Regional Tables).

2.4 Control Measures:

A control measure is a measure that reduces the level of risk, either by reducing the likelihood of the risk actually occurring, or by reducing the adverse impact if it does occur. Control measures can be applied at the planning stage, throughout operations, following an incident etc. can take many forms including physical measures, procedures, training etc. Good control measures will normally comprise a combination of some or all of these, and will be subject to continual improvement.

2.5 Risk Appetite:

Risk appetite is the amount of risk the organisation is willing to accept. This is difficult to define as the risk appetite will vary depending on each individual risk. No system can be risk free and this strategy is focused on the effective management of risk so as to support efficient service delivery.

Trust Board provides due governance of the level of risk appetite adopted by NIAS and the DoH has developed HCS Regional Matrix (Appendix 7) in order to direct HSC Trusts in the management of risk. The principles applied by NIAS in deciding its risk appetite are listed in Section 7.

3.0 BENEFITS OF SUCCESSFUL RISK MANAGEMENT:

Effective risk management in NIAS will ensure the following:
• Compliance with relevant legal and regulatory requirements.
• Resources are used effectively and efficiently (staff, financial resources etc.).
• Risk to reputation is minimised (including a reduced risk of misinterpretation by the media).
• There is clear evidence of robust decision making and action planning relating to risk management.
• A high quality service is delivered (including a reduction in service disruptions).
• Service performance is improved and relevant KPIs are met.
• The Annual Business Plan and Trust Delivery Plan 2015-2016 is supported, with objective met on time and to the required standards.
• Opportunities are exploited and innovation is supported.
• Change is effectively managed.
• There are fewer ‘surprises’.

4.0 APPROVAL, CONSULTATION, IMPLEMENTATION & REVIEW:

NIAS employs both a ‘top down’ and ‘bottom up’ approach to the implementation of this Corporate Risk Management Strategy. This Corporate Risk Management Strategy (and the Corporate Risk Management Policy) has been:

• Drafted in consultation with the Chief Executive, Directors and Assistant Directors.
• Ratified by SEMT for presentation to Assurance Committee.
• Considered by the Trust’s Assurance Committee.
• Approved by Trust Board on recommendation by the Assurance Committee.

With regards to dissemination this Corporate Risk Management Strategy (and the Corporate Risk Management Policy) has been:

• Issued to all Board Members, Chairman, Non-Executive Directors, Chief Executive, Directors and Assistant Directors.
• Disseminated to all staff by Assistant Directors.
• Made available on the Internet, Intranet and SharePoint so that all employees and members of the public/stakeholders can easily have access.
• Posted on the notice boards in all operational areas.
• Discussed in Corporate Induction, Employee Resource Packs and Workbooks.

In addition:

• Risks are discussed at Directorate/management/team meetings.
• Regular review meetings and annual risk management workshops are arranged for those required to attend.

The Corporate Risk Management Policy and Strategy will be reviewed every three years.

5.0 ROLES AND RESPONSIBILITIES:

This strategy incorporates a Responsibility, Accountability and Support (RAS) matrix at Appendix 5 to define the key roles and responsibilities for corporate risk management across NIAS, based on the following descriptors:
<table>
<thead>
<tr>
<th>R</th>
<th>Responsible</th>
<th>This identifies the person or persons who have been assigned to do the work.</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Accountable</td>
<td>This identifies those who are ultimately accountable (buck stops here!).</td>
</tr>
<tr>
<td>S</td>
<td>Support</td>
<td>This identifies those who can provide technical / expert support to the responsible and / or accountable persons as appropriate.</td>
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The corporate level RAS matrix at Appendix 5 can be supported by the development and implementation of directorate/service level RAS matrices as required.

5.1 All Employees:

In addition to such RAS matrices it must be emphasised that every NIAS employee, of every grade, in every role, and at every location, has a role to play in ensuring that the risks to our patients, our people and our organisation are minimised, so that the efficiency of the invaluable service we provide to society is maximised. This includes:

- Complying with all relevant policies and procedures (HCPC standards of proficiency and conduct apply to registrants).
- Applying a risk assessment methodology to all relevant ways of working, including both formal and dynamic approaches.
- Reporting risks perceived as not being effectively managed for review and the identification of additional/improved controls if required.
- Exchanging best practice with other organisations/divisions/stations etc. where possible.
- Supporting each other, at all levels, in identifying ways that we can continually improve the management of risk across the organisation, so improving service efficiency. Note Section 8.1 details procedures for ‘Partnerships & Contracted Services’.

5.2 Risk Manager:

The Risk Manager is the subject expert and is responsible for the development and review of the Corporate Risk Management Policy and Strategy and associated documentation. The Risk Manager must ensure that up to date documentation is available and training/workshops are carried out as necessary. The Risk Manager acts as risk management coordinator across the organisation, providing the framework, tools and techniques that ensure consistency. The Risk Manager is also the subject expert for Health and Safety.

The Risk Manager will liaise with Directors and Assistant Directors to ensure that Risk Registers are populated appropriately and are being effectively managed. The Risk Manager should bring any concerns/gaps/irregularities to the attention of the Medical Director or an alternative Director in his absence. The Risk Manager is there to assist and provide advice, but individuals must take ownership of the risks relevant to their areas of responsibility.

The Risk Manager is responsible for the upkeep of the Risk Management System. The Risk Manager will compile risk information and prepare reports for committees.

The Risk Manager will benchmark both regionally and nationally and will maintain a close relationship with complaints and claims sections, with a regular meeting structures in place.
5.3 **Medical Director:**

As the responsible Director, the Medical Director is responsible for ensuring risk is effectively managed across NIAS through suitable policies, processes, procedures and accountabilities, and that internal governance procedures provide adequate assurance that they are suitable and sufficient.

In particular, the Medical Director is responsible for ensuring that all relevant patient safety risk are adequately managed and escalated to Trust Board as necessary for action.

5.4 **Service Users / Members of the Public:**

It must also be noted that we expect our patients, clients, carers and members of the public to co-operate with us in ensuring we manage risks effectively to provide an efficient service and, whilst also recognising that we have limited control over such external influences, we will do everything reasonably practicable to work with them to achieve this.

6.0 **GOVERNANCE:**

Due governance of NIAS risk management is provided through several assurance functions, including:

6.1 **Trust Board:**

Overall responsibility for risk management and governance across NIAS, including:

- Providing visible leadership for effective risk management, promoting an open and non-judgemental approach, and encouraging the identification of opportunities for improvement as well as managing risks to the organisation/service delivery.
- Ensuring that the Trust has in place a fully functioning committee structure.
- Reviewing and approving the Corporate Risk Management Policy and Strategy (including the risk appetite statement).
- Monitoring progress against the risk management strategy, ensuring that risk management is suitably resourced, risks are at least adequately controlled, and opportunities for continual improvement are identified.
- Reviewing the Corporate Risk Register (principal risks) and any critical risks, and identifying/approving relevant action plans. This must be formally carried out not less than 3 times a year.
- Supporting the CEO and SEMT in managing any significant risks that require additional/external resources to control to an acceptable level.
- Ensuring risk management is integrated into the Trust Board decision making process as appropriate, including all relevant strategy papers, contracts, partnerships and projects submitted to Trust Board.
- Informing the Governance Statement.
- Approval of the Board Assurance Framework.
- The appointment of a Non-Executive Director at Board level with responsibility for Risk and Governance following the 2019/20 review of Board Secretariat arrangements.

6.2 **Assurance Committee:**
Chaired by a Non-Executive Director, and meeting not less than 3 times a year, this committee is responsible for providing assurance to the Board that NIAS risk management is fit for purpose and supporting the organisation in meeting its objectives, including:

- Approving any revisions to the Risk Management Policy and Strategy.
- Monitoring **Sub-Committees**, i.e. ensuring terms of reference are up to date, risk issues are appropriately reviewed and escalated, action plans are prepared and submitted, minutes are prepared and circulated and any reports are available (see Committee Structure at Appendix 2).
- Reviewing and constructively challenging the Corporate Risk Register and risk registers from one directorate per meeting (including any program and project risks registers within that directorate).
- Providing advice and guidance regarding 'acceptable' risks.
- Scrutinising action plans, reports etc. from statutory authorities such as RQIA and HSENI.
- Receiving and reviewing reports of all of the Trust's incidents; monitoring trends, reviewing all Trust Serious Adverse Incidents (SAIs). Ensuring systems are in place for organisational learning.
- Consider assurance from areas across the Trust to inform governance statements, including Controls Assurance Standards (CAS) and / or any replacement processes.
- Receiving and reviewing other standing items including Coroner's reports and letters, medical device alerts, PHA Safety & Quality Information (including national and regional guidance), Pharmacy and Medicines Management Updates (see any Assurance Committee agenda for further information).
- Monitoring of the Board Assurance Framework and any Directorate assurance frameworks from one directorate per meeting (including any program and project assurance from within that directorate).
- Communicating matters to Trust Board as necessary.

6.3 **Audit Committee:**

Whilst the Audit Committee’s primary responsibility is to provide independent assurance to the Trust Board on the effectiveness of internal financial controls the Committee has some specific responsibilities in the area of risk management and corporate governance which include the following:

- The Committee shall contribute to the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation’s objectives.

- The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and monitor compliance with any work programmes as necessary.

A full description of the responsibilities of the Audit Committee is included in the Terms of Reference.

6.4 **Internal Audit:**
Responsibility for formally reviewing the risk management process with the aim of providing objective commentary on its effectiveness and identifying opportunities for improvement. Undertakes audits to monitor compliance with assurance frameworks, reviews, self-assessments etc.

7.0 RISK MANAGEMENT PROCESS:

An effective Risk Management Process (based on ISO 31000) is summarised below:

\[ \text{Risk Rating} = \frac{\text{Impact}}{\text{Likelihood}} \]

In conjunction with the definitions of risk management, risk registers, risk, hazards, likelihood, impact and control measures detailed in Section 2, the following expands on the key elements of the risk management process:

7.1 Establish Context & Identify Risks:

It is essential that the context of the risk identification process is established so as to enable an objective approach to what constitutes significant risk i.e. what will significantly impact on NIAS objectives and/or service delivery?

A methodical approach to risk identification must then be applied, with those responsible for identifying risks taking into account:

- The need to prioritise the identification of risks that might affect the achievement of NIAS objectives. Strategic risks linked to the corporate objectives and operational risks linked to service provision need, as a minimum to be identified and monitored.
- Relevant business plans, project plans, KPIs, best practice, audit reports, clinical audit documentation, self assessments, RQIA, media reports, FOIs, complaints, performance reports, incident reports including SAIs etc.
• NIAS experience and the experiences of others, including those in other Ambulance Services, other Trusts, and relevant lessons from historical events/activities/incidents.
• Both external and internal factors, the actual or potential failure to exploit/manage opportunities and any cross cutting risks, i.e. whether any activity creates a risk to another part of the organisation.
• The cause/root cause of risk, i.e. what could trigger the risk, how is NIAS vulnerable etc.
• The frequency of the risk related tasks, who may be harmed, number of people who may be harmed, potential consequences etc.

The Risk Register Development Tool in Appendix 6 and the table of Risk Categories in Appendix 8 can be used to identify risks.

7.1.1 Risk Descriptions:

Risks must be described in a way that they can be understood by everyone. Each significant risk should be recorded separately to enable the accurate allocation of risk ratings, appropriate controls, grading and actions.

Risk descriptions should comprise three elements:

A. Risk Cause – the source of the risk, the event/situation that gives rise to the risk.
B. Risk Event – the area of uncertainty, what will happen if the risk occurs (may or might terminology is often used).
C. Risk Effect – the impact the risk would have on the organisational activity.

Please see Appendix 9 for a risk description example.

7.2 Risk Analysis, Evaluation & Prioritisation:

The HSC Regional Risk Matrix at Appendix 7 is used to objectively analyse, evaluate and prioritise risks across NIAS, and ensure a consistent and comparable methodology across the HSC Trusts.

This simple methodology uses qualitative descriptors to identify quantitative scores for both the potential impact of a risk and the likelihood of it occurring. These ratings are then plotted on a final matrix which incorporates a traffic light system to determine whether the risk is evaluated as ‘Low, Medium, High or Extreme’, so facilitating prioritisation of action and application of the Trust escalation process (see Section 6.5.1).

7.2.1 Existing Controls:

The risk analysis, evaluation and prioritisation process must take into account any existing controls in order to ensure the risk rating score is accurate. Any such controls i.e. policies, procedures, training, devices, staffing, etc. that influence the likelihood of a risk occurring, or the impact should it occur, must be taken into account when identifying the relevant quantitative scores, whilst also considering the strengths or weaknesses of such controls, and whether there are opportunities for improvement.

7.3 Risk Treatment & Control:

Following risk analysis, evaluation and prioritisation, taking into account existing controls, the need for any further control action(s) must be identified and captured in action plans,
which must be properly recorded to demonstrate both the assessment and decision making process.

Risk controls can be grouped into 4 main types:

- **Terminate**: Eliminate the risk i.e. remove the device, chemical; ban the practice, etc.

- **Treat**: Introduce control measures that will reduce the likelihood of the risk occurring and/or reduce the impact if it does incur.

- **Transfer**: Outsource the activity; take out insurance; engage contractors, etc. to reduce the risk exposure, bearing mind that residual risks may remain i.e. reputational risk

- **Tolerate**: Accept the risk. The risk may not be sufficiently significant; other priorities may apply; the cost of controlling the risk may be disproportionate to the benefits; control options may be very limited, etc.

Action plans must incorporate SMART principles:

- **S** Specific – clearly defined actions to be completed, with clearly defined owners (both name and designation)
- **M** Measurable – how will implementation and effectiveness be measured
- **A** Aligned – actions and action plans must be aligned with relevant policies and procedures and agreed by relevant action owners
- **R** Realistic – actions must be achievable, with sufficient resources, within agreed timescales
- **T** Time bound – both target and actual completion dates should be captured

7.3.1 *Revised Risk Rating:*

Where a requirement for further risk control action is identified, and action plans initiated, the relevant risk rating must be revised to demonstrate how these actions will influence the risk rating score.

This is achieved by repeating the risk analysis; evaluation and prioritisation process i.e. applying the risk matrices at Appendix 7, and should result in a lower overall risk rating. If it does not result in a lower risk rating then the effectiveness/value of the additional controls should be challenged to ensure they justify implementation.

7.4 *Completing the Risk Register (DATIX):*

Risks can be inputted directly to DATIX during a workshop led by the Risk Manager. Also see Appendix 5 for a risk assessment template (with action plan) which can be used for most risks. Each risk will be assigned a unique reference number (via DATIX).

7.5 *Risk Appetite Statement:*

The aim of this strategy, as stated in Section 1.2, is ‘to establish a framework for the effective and systematic management of risk’. This requires NIAS to identify the level of risk it is prepared to accept (i.e. the risk appetite as defined in Section 2.5), whilst also ensuring relevant risks are escalated for additional action, as defined in Section 7.6.1.
There is a clear recognition that we must accept a level of risk in order to meet the high standard we set ourselves, and that is expected by the society we serve in the provision of a service in a potentially uncontrolled, unstable or even hostile environment. We accept the potential costs of such risks in the realisation that the benefits to patients can outweigh the risks; for example in emergency driving, Rapid Response Paramedics working alone and in the work of Hazardous Area Response Teams (HART). We acknowledge our staff regularly accept and manage significant risk in order to help others; for them not to do this would render us a much less effective organisation.

Each significant risk must be assessed individually when deciding whether it is within our risk appetite (tolerable), or whether additional controls (terminate, treat or transfer) are required. The following risk appetite principles should be applied.

The Northern Ireland Ambulance Service Health and Social Care Trust’s:

a. Appetite for risks relating to patient safety and employee health and safety is very low, with controls required to reduce the risks so far as is reasonably practicable.

b. Appetite for risks relating to regulatory compliance, fraud, and information governance is also low, requiring appropriate risk controls.

c. Appetite for risks to non-critical functions and services is higher, whilst taking into account any potential impact on any strategic/business objectives.

d. Approach to risk management is designed to encourage and promote innovation and continual progress, and not to stifle or hinder growth and development, and NIAS appetite for risks to its strategic and/or directorate objectives should reflect this.

These principles have been agreed by Trust Board.

7.6 Monitoring & Review:

Risk registers should be continually monitored and subject to formal review on a regular basis:

a. Risk registers must be formally reviewed by relevant risk owners at least monthly.

b. Risk registers should be reviewed following the identification of new or emerging risks, or following relevant incidents including Significant Adverse Incidents (SAIs).

c. Rotation of directorate risk registers through the Assurance Committee, not less than annually.

d. Reviewing of relevant risks and risk registers at SEMT meetings on a monthly basis i.e.
   - All extreme risks.
   - Selected high risks.
   - New or emerging risks.
   - Corporate Risk Register (principal risks).

e. Risk management summary reporting at Trust Board meetings not less than three times per year, including the Corporate Risk Register (principal risks).

Risk management action plans must also be continually monitored and reviewed on a regular basis, including:

- Inclusion in Directorate/management/team meeting agendas, with risk action owners providing updates.
- Ensuring controls are being progressed as agreed or, if not, identifying why not and what further action is required.
- Ensuring controls are being effective i.e. impacting on (reducing) risk ratings as anticipated.
- Any opportunities for continual improvement and identification of lessons worth sharing (positive or negative).
- Updating of risk registers, action plans, any other relevant documents/registers, and DATIX as applicable
- Informing the Risk Manager.

Actions must stay open, and be formally tracked, until they are fully closed out, and it must be remembered that the main focus should be on the achievement of objectives, rather than the risk management process itself.

7.6.1 Escalation Process:

The risk analysis and evaluation will enable risks to be categorised in accordance with Appendix 7. The following table defines appropriate action/escalation requirements:

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Action</th>
<th>Remedial Action</th>
<th>Decision to Accept</th>
<th>Risk Register</th>
<th>Action / Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme (Red)</td>
<td>Immediately refer to Director. Director to investigate, agree and oversee implementation of action plan. Director to consider requirement to escalate to Chief Executive and/or SEMT and if necessary Trust Board Risk Manager informed ASAP.</td>
<td>Chief Executive or Director responsible</td>
<td>Senior Executive Management Team (SEMT). Report to Trust Board.</td>
<td>Corporate (principal risk)</td>
<td>Action immediately, review daily / weekly depending on particular requirements. Review at least monthly</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>High (Amber)</td>
<td>Immediately refer to Director. Director / Assistant Director to investigate, agree and oversee implementation of action plan. Risk Manager informed.</td>
<td>Director responsible or delegated Assistant Director</td>
<td>Director. Report to SEMT / Assurance Committee</td>
<td>Corporate or Directorate (depending on organisational impact and action plan)</td>
<td>Action within one month. Review monthly</td>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Medium (Yellow)</td>
<td>Action and monitor within area by Assistant Director / Area Manager / equivalent local manager. Risk Manager kept informed.</td>
<td>Assistant Director / Area Manager or delegated Station Officer or equivalent</td>
<td>Assistant Director. Report to Assurance Committee as necessary</td>
<td>Directorate / Service Area</td>
<td>Action within three to six months (depending on organisational impact and action plan). Review monthly</td>
</tr>
<tr>
<td>Low (Green)</td>
<td>Monitored and reviewed regularly to ensure controls remain in place.</td>
<td>Station Officer / Supervisor or equivalent</td>
<td>Area Manager or delegated Station Officer</td>
<td>Directorate / Service Area as appropriate</td>
<td>Accept risk and/or carry out any actions within nine – twelve months.</td>
</tr>
<tr>
<td>Risk Level</td>
<td>Action</td>
<td>Remedial Action</td>
<td>Decision to Accept</td>
<td>Risk Register</td>
<td>Action / Review</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td></td>
<td>Assistant Director and Risk Manager kept informed.</td>
<td></td>
<td></td>
<td></td>
<td>Review monthly</td>
</tr>
</tbody>
</table>

The Risk Manager will monitor the escalation and de-escalation process.

See Appendix 1 for the Risk Management Communication Structure.

See Appendix 3a Recording and Escalating Risks and Appendix 3b De-escalation and Closure of Risks (Flow Charts).

7.7 **Corporate Risk Register (Principal Risks):**

The Corporate Risk Register details the principle (key) risks to the organisation, it will normally comprise one or more of the following:

- Has been evaluated as a High or Extreme risk.
- The risk will have an adverse and significant impact on the achievement of strategic objectives.
- The risk has implications beyond the immediate area of control and/or cannot be managed within the immediate area of control.
- Existing standards and guidance ignore or contribute to the risk.
- The risk requires escalation to another HSC body and/or needs the involvement of Commissioner(s).

Although captured in the Corporate Risk Register such risks can also be included in directorate risk registers, and will generally still be owned by a relevant director and/or a specific committee or subcommittee.

8.0 **RISK MANAGEMENT IN PARTNERSHIPS / CONTRACTED SERVICES & PROJECTS / PROGRAMMES:**

8.1 **Partnerships & Contracted Services:**

The Audit Commission defines partnership working as “an agreement between two or more independent bodies to work collectively to achieve an objective”. Whilst there are opportunities, there are risks associated with partnerships and contracting services. This can be complex, create confusion and weaken accountability; the principles of accountability remain.

For each of the Trust’s key partnerships, a detailed joint risk assessment should be undertaken. Questions should be asked about the risk management process within the partner/contracted organisation and arrangements for risk management should be agreed. Procedures should be in place to ensure that key risks are adequately reported, assessed, controlled and monitored. Risk management is the shared responsibility of the partner/contractor and NIAS, and registers should be reviewed as part of the ongoing contract management meetings. Some of the risks which might be encountered include:

- Contract requirements are not delivered.
- Contractor failure during the term of the contract.
- Capital investment ‘squandered’ on non-productive schemes.
• Changing organisational priorities.
• Front line efficiencies are not captured.
• Imposition of targets rather than negotiation of manageable targets.
• Loss of control over staff and the service but with retention of accountability.
• No ownership by local delivery agents.

Directors must ensure that risks have been considered in any partnerships and contracts. This includes suitable arrangements for the use of contractors and agency staff, including suitable procedures for professional, clinical registration checks, reporting, monitoring and review. As part of these arrangements; Directors should assure themselves of the arrangements for the training of responders and volunteers not directly employed by NIAS and ensure that the appropriate scope of practice is set out for all. Appropriate risk management arrangements must also be put in place for work with charities.

8.2 Project/Programme Risk Management:

Directors must ensure arrangements for project/programme risk management are in place. All projects/programmes/service developments must incorporate and be supported by the appropriate risk management documentation. Where possible Appendix 7, HSC Matrix should be used.

9.0 RISK MANAGEMENT TRAINING:

All staff will attend training appropriate to their responsibility. Some training will be delivered as part of induction and some as part of the Trust’s continuing professional development for all staff. Everyone should receive specific risk management training as follows:

• At induction.
• Upon promotion, where the level of risk management authority is to increase.
• On appointment at Board Level/Committee level.
• As part of the Trusts statutory/mandatory training program.
• As part of specialist training for example fire safety, IPC, moving and handling etc.

Training will be delivered using a variety of methods, for example face to face, learning packs, workshops, observation in practice. E-learning for risk management training will be introduced.

10.0 APPENDICES:

Appendix 1 – Risk Management Communication Structure.
Appendix 2 – Committee Structure.
Appendix 3a – Recording & Escalating Risks.
Appendix 3b – De-escalation & Closure of Risks.
Appendix 5 – Responsibility, Accountability & Support Matrices.
Appendix 6 – Developing Your Risk For The Risk Register.
Appendix 7 – Regional HSC Risk Management Matrix.
Appendix 8 – Risk Categories.
Appendix 9 – Risk Descriptions.

11.0 EQUALITY STATEMENT:
11.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

11.2 The outcome of the equality screening for this procedure undertaken on 8th April 2019 is:

- Major impact: □
- Minor impact: □
- No impact: ✓

12.0 SIGNATORIES:

Katrina Keating
Lead Author

Date: 18 June 2019

Dr Nigel Ruddell
Lead Director

Date: 18 June 2019
APPENDIX 1 – RISK MANAGEMENT COMMUNICATION STRUCTURE

This structure identifies the lines of communications for identification, management and escalation of risks throughout NIAS.

[Diagram showing the communication structure]

- Chief Executive
- Trust Board and Trust Board Committees
- Senior Executive Management Team (SEMT)
- Risk Manager
- Human Resources and Corporate Services Director
  - Functional Leads Human Resources and Corporate Services
    - Line Managers
      - All Other Staff
  - Line Managers
    - All Other Staff
- Operations Director
  - Functional Leads Operations
    - Line Managers
      - All Other Staff
  - Line Managers
    - All Other Staff
- Medical Director
  - Functional Leads Medical
    - Line Manager
    - All Other Staff
  - Line Managers
    - All Other Staff
- Finance and ICT Director
  - Functional Leads Finance and ICT
    - Line Managers
      - All Other Staff
  - Line Managers
    - All Other Staff
APPENDIX 2 – COMMITTEE STRUCTURE (INCORPORATING WORKING GROUPS THAT SUPPORT THE COMMITTEES). NOTE UNDER REVIEW:
NOTE: Risk Owners are responsible for arranging annual workshops, providing updates to, and requesting latest registers held on DATIX from the Risk Manager.
**APPENDIX 3b – DE-ESCALATION & CLOSURE OF RISKS**

### CORPORATE / PRINCIPLE RISKS

1. Risk reviewed by responsible Director/Assistant Director
2. Directorate/Management/Team Meeting
3. Action plan (SMART principles) implemented, documented; risk managed to target level
4. SEMT for consideration
5. Trust Board with recommendation to remain as Corporate/de-escalate/close/maintain at Directorate level. Record date of closure/de-escalation as date of Trust Board Meeting.
6. Remain as Corporate/de-escalate/close/maintain at Directorate Level

### DIRECTORATE RISKS

1. Risk reviewed by responsible Director/Assistant Director
2. Directorate/Management/Team Meeting
3. Action plan (SMART principles) implemented, documented; risk managed to target level
4. Assurance Committee (presenting all open and closed risks since last presented)

**NOTE** Risk Manager must be kept informed at all stages
APPENDIX 4 – ISO 31000 2018 RISK MANAGEMENT STANDARD:

RISK MANAGEMENT PRINCIPLES

- DEVELOP AN APPROACH THAT IS STRUCTURED AND COMPREHENSIVE
- MAKE SURE IT’S EFFECTIVE
- MAKE SURE IT’S DYNAMIC
- MAKE SURE IT’S CUSTOMISED

RISK MANAGEMENT FRAMEWORK

1. PLAN THE ESTABLISHMENT OF A RISK MANAGEMENT FRAMEWORK
2. SHOW LEADERSHIP BY MAKING A COMMITMENT TO RISK MANAGEMENT
3. MAKE YOUR PERSONNEL RESPONSIBLE FOR MANAGING RISK
4. DESIGN YOUR ORGANISATION’S RISK MANAGEMENT FRAMEWORK
5. IMPLEMENT YOUR UNIQUE RISK MANAGEMENT FRAMEWORK
6. EVALUATE THE PERFORMANCE OF YOUR RISK MANAGEMENT FRAMEWORK
7. IMPROVE THE PERFORMANCE OF YOUR RISK MANAGEMENT FRAMEWORK

RISK MANAGEMENT PROCESS

1. PLAN THE ESTABLISHMENT OF A RISK MANAGEMENT PROCESS
2. DISCUSS RISK AND GET FEEDBACK FROM YOUR STAKEHOLDERS
3. DEFINE SCOPE, CONTEXT AND THE CRITERIA YOU INTEND TO USE
4. CONDUCT RISK ASSESSMENTS WHENEVER IT IS NECESSARY TO DO SO
5. TREAT THE RISK THAT AFFECTS THE ACHIEVEMENT OF OBJECTIVES
6. EVALUATE AND IMPROVE YOUR UNIQUE RISK MANAGEMENT PROCESS
7. RECORD AND REPORT ON YOUR RISK MANAGEMENT ACTIVITIES
# APPENDIX 5 – RESPONSIBILITY, ACCOUNTABILITY & SUPPORT MATRIX

<table>
<thead>
<tr>
<th>RISK MANAGEMENT FUNCTION</th>
<th>NIAS ROLE / POST</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISK MANAGEMENT FUNCTION</td>
<td>CEO</td>
<td>SEMT</td>
</tr>
<tr>
<td>1 Ensuring risk is effectively managed across NIAS through suitable policies, processes, procedures and accountabilities, and that internal governance procedures provide adequate assurance that they are suitable and sufficient.</td>
<td>A</td>
<td>R</td>
</tr>
<tr>
<td>2 Ensuring Trust Board is kept suitably informed of how effectively risk is being managed across NIAS.</td>
<td>R A</td>
<td>S</td>
</tr>
<tr>
<td>3 Ensuring that all relevant risks i.e. those that pose a critical threat to NIAS operations and/or require external support to adequately manage are escalated to Trust Board for action.</td>
<td>R A</td>
<td>S</td>
</tr>
<tr>
<td>4 Deputising for the CEO for risk management; leading on the implementation of the Corporate Risk Management Policy and Strategy across NIAS; and ensuring the policy, strategy and procedures are regularly reviewed, based on continual improvement.</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>5 Ensuring the Corporate Risk Register (principal risks) is effectively monitored, and formally reviewed on a monthly basis, and that SMART based action plans are applied to risks requiring additional control measures.</td>
<td>A</td>
<td>R</td>
</tr>
<tr>
<td>6 Identifying critical and common risks to NIAS, and/or common controls, with the aim of identifying actions that maximise effectiveness, make the most efficient use of NIAS resources, and ensure all relevant lessons and opportunities for improvement are shared.</td>
<td>A</td>
<td>R</td>
</tr>
</tbody>
</table>
| 7 Lead on the effective implementation of the corporate risk management process across each relevant directorate, including:  
  i. The effective management of directorate risks, taking into account corporate strategy, business planning and risks, by maintaining accurate directorate risk registers, and reporting on risk at SEMT each month.  
  ii. The timely (immediate) escalation of relevant (critical) risks to the CEO/SEMT.  
  iii. Effective communication on risk management to all relevant staff.  
  iv. The provision and maintenance of appropriate training and resources within departments to support required competencies and effective risk management | A    | A    | A   | A        | A    |      | S   | Risks captured within the Corporate Risk Register will often have directorate level owners who are responsible for progressing agreed control actions |
<table>
<thead>
<tr>
<th>RISK MANAGEMENT FUNCTION</th>
<th>NIAS ROLE / POST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CEO</td>
</tr>
<tr>
<td>8</td>
<td>A</td>
</tr>
<tr>
<td>Ensuring all relevant actions/recommendation from incidents, including Serious Adverse Incidents (SAI's), audits, complaints, litigation, enforcement notices, etc. are monitored, implemented and reported on as required</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>A</td>
</tr>
<tr>
<td>Ensuring all aspects of clinical governance and risk management are effectively managed, including: i. Dynamic risk assessment and decision making. ii. Management of the clinical aspects of EAC &amp; NEAC. iii. Effective infection prevention and control. iv. Health and safety. v. Effective control and use of medicines, medical devices, etc. vi. Effective business continuity management, emergency planning and resilience. vii. Incident reporting, including SAI's process. viii. Safeguarding process. SIRO.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>A</td>
</tr>
<tr>
<td>Ensuring all aspects of Human Resources and Corporate Services Risks are effectively managed, including: i. The effective management of all staffing issues, including recruitment, competence, professional clinical registration checks, vetting, etc. ii. Relevant training and development of staff, including clinical supervision, training needs analysis, professional development, maintenance of competence etc. iii. Ensuring suitable procedures and resources are in place to support stress management across NIAS. iv. Ensuring relevant HR/Corporate policies and procedures are in place and working to meet legal requirements i.e. Equal Opportunities, Whistleblowing, etc. v. Direct management of the corporate whistleblowing process. vi. Transforming Your Care, Quality Improvement, Patient Experience</td>
<td></td>
</tr>
<tr>
<td>RISK MANAGEMENT FUNCTION</td>
<td>NIAS ROLE / POST</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Ensuring that internal aspects of NIAS financial, ICT and IG risks are effectively managed, including:</td>
<td>CEO SEMT MD DHR &amp; CS DFIN DOps RM Comments</td>
</tr>
<tr>
<td>i. Effective procurement.</td>
<td>A</td>
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<tr>
<td>ii. Fraud prevention.</td>
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<tr>
<td>iii. Effective insurance management.</td>
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<tr>
<td>iv. Effective internal audit procedures.</td>
<td></td>
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<tr>
<td>v. Suitable Information and Communication Technology.</td>
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<tr>
<td>vi. Suitable arrangements for Information Governance.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Ensuring that operational service risks are effectively managed, including:</th>
<th>CEO SEMT MD DHR &amp; CS DFIN DOps RM Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Fleet risks.</td>
<td>A</td>
</tr>
<tr>
<td>ii. Estate risks, including security, fire risk, asbestos, legionella control, etc.</td>
<td></td>
</tr>
<tr>
<td>iii. Operational staffing issues (cover, competency, etc.).</td>
<td></td>
</tr>
<tr>
<td>iv. Meeting key operational performance objectives i.e. response times.</td>
<td></td>
</tr>
<tr>
<td>v. Management of the operational aspects of EAC and NEAC, including staffing, emergency planning, etc.</td>
<td></td>
</tr>
</tbody>
</table>

R This identifies the person or persons who have been assigned to do the work.
A This identifies those who are ultimately accountable (buck stops here!).
S Supports the Responsible and Accountable persons in the effective delivery of the relevant risk management function as appropriate i.e. technical knowledge, procedures, etc.
### Key Themes (please tick the one most relevant)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivated &amp; Engaged Workforce</td>
<td>Clinical Excellence at Our Heart</td>
</tr>
<tr>
<td>Right Resources to Patients Quickly</td>
<td>Recognised for Innovation</td>
</tr>
<tr>
<td>Improving Experience &amp; Outcomes for Patients</td>
<td>Effective, Ethical, Collective Leadership</td>
</tr>
</tbody>
</table>

### Risk Description: Cause/event/effect (see Appendix 9 of the Risk Management Strategy for further information)

<table>
<thead>
<tr>
<th>DATIX ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Controls

<table>
<thead>
<tr>
<th>Existing Controls</th>
<th>Further Action To Control Risk</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Date Completed</th>
</tr>
</thead>
</table>
### Risk Rating
*(see Appendix 7 of the Risk Management Strategy for further information)*

<table>
<thead>
<tr>
<th>Initial (Without Control Measures)</th>
<th>Current (With Existing Control Measures)</th>
<th>Target Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Likelihood</td>
<td>Rating</td>
</tr>
</tbody>
</table>

### Assurances On Controls
*(where we gain evidence that our controls are effective). Assurance Mapping Tool can be used to assist.*

<table>
<thead>
<tr>
<th>Positive Assurances</th>
<th>Gaps In Assurance</th>
</tr>
</thead>
</table>

### Risk Category

<table>
<thead>
<tr>
<th>建筑物/土地/设备</th>
<th>火灾安全</th>
<th>ICT</th>
<th>购买</th>
<th>业务连续性</th>
<th>航空/交通</th>
<th>感染控制</th>
<th>名誉</th>
<th>临床/患者安全</th>
<th>管治</th>
<th>信息管治</th>
<th>风险管理</th>
<th>应急计划</th>
<th>健康与安全</th>
<th>医用设备</th>
<th>废物管理</th>
<th>财务风险</th>
<th>人力资源</th>
<th>药品</th>
</tr>
</thead>
</table>

### Accountable Director:

<table>
<thead>
<tr>
<th>Person Responsible:</th>
<th>Directorate:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Agreed Directorate Meeting

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comment:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Agreed SEMT

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comment:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>INSIGNIFICANT (1)</th>
<th>MINOR (2)</th>
<th>MODERATE (3)</th>
<th>MAJOR (4)</th>
<th>CATASTROPHIC (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEOPLE</td>
<td>Near miss, no injury or harm.</td>
<td>Short-term injury/minor harm requiring first aid/medical treatment.</td>
<td>Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year).</td>
<td>Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by &gt;14 days.</td>
<td>Permanent harm/disability (physical/ emotional trauma) to more than one person. Incident leading to death.</td>
</tr>
<tr>
<td>QUALITY &amp; PROFESSIONAL STANDARDS/ GUIDELINES</td>
<td>Minor non-compliance with internal standards professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues.</td>
<td>Single failure to meet internal professional standard or follow protocol. Audit/Inspection – recommendations can be addressed by low level management action.</td>
<td>Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan.</td>
<td>Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report.</td>
<td>Gross failure to meet external/national standards. Gross failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.</td>
</tr>
<tr>
<td>FINANCE, INFORMATION &amp; ASSETS</td>
<td>Commissioning costs (£) &lt;1m. Loss of assets due to damage to premises/property. Loss – £1K to £10K. Minor loss of non-personal information.</td>
<td>Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises/property. Loss – £10K to £100K. Loss of information. Impact to service immediately containable, medium financial loss</td>
<td>Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises/property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive / business critical information. Impact on service contained with assistance, high financial loss</td>
<td>Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises/property. Loss – £250K to £1m. Loss of or corruption of sensitive/business critical information. Loss of ability to provide services, major financial loss</td>
<td>Commissioning costs (£) &gt;10m. Loss of assets due to severe organisation wide damage to property/premises. Loss – &gt;£2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss</td>
</tr>
<tr>
<td>RESOURCES</td>
<td>Loss/ interruption &lt; 8 hour resulting in insignificant damage or loss/impact on service. No impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation.</td>
<td>Loss/interruption or access to systems delayed 8 – 24 hours resulting in minor damage in loss or impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed.</td>
<td>Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Moderate unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day.</td>
<td>Loss/ interruption 8-31 days resulting in catastrophic damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation absorbed with some formal intervention with other organisations.</td>
<td>Loss/ interruption &gt;31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation absorbed with significant formal intervention with other organisations.</td>
</tr>
<tr>
<td>ENVIRONMENTAL</td>
<td>Nuisance release.</td>
<td>On site release contained by organisation.</td>
<td>Moderate on site release contained by organisation. Moderate off site release contained by organisation.</td>
<td>Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.).</td>
<td>Toxic release affecting off-site with detrimental effect requiring outside assistance.</td>
</tr>
</tbody>
</table>
### HSC REGIONAL RISK MATRIX – WITH EFFECT FROM APRIL 2013 (Updated)

#### Risk Likelihood Scoring Table

<table>
<thead>
<tr>
<th>Likelihood Scoring Descriptors</th>
<th>Score</th>
<th>Frequency (How often might it/does it happen?)</th>
<th>Time framed Descriptions of Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost certain</td>
<td>5</td>
<td>Will undoubtedly happen/recur on a frequent basis</td>
<td>Expected to occur at least daily</td>
</tr>
<tr>
<td>Likely</td>
<td>4</td>
<td>Will probably happen/recur, but it is not a persisting issue/circumstances</td>
<td>Expected to occur at least weekly</td>
</tr>
<tr>
<td>Possible</td>
<td>3</td>
<td>Might happen or recur occasionally</td>
<td>Expected to occur at least monthly</td>
</tr>
<tr>
<td>Unlikely</td>
<td>2</td>
<td>Do not expect it to happen/recur but it may do so</td>
<td>Expected to occur at least annually</td>
</tr>
<tr>
<td>Rare</td>
<td>1</td>
<td>This will probably never happen/recur</td>
<td>Not expected to occur for years</td>
</tr>
</tbody>
</table>

#### Impact (Consequence) Levels

<table>
<thead>
<tr>
<th>Likelihood Scoring Descriptors</th>
<th>Insignificant (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Catastrophic (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Certain (5)</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Extreme</td>
<td>Extreme</td>
</tr>
<tr>
<td>Likely (4)</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Extreme</td>
</tr>
<tr>
<td>Possible (3)</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Extreme</td>
</tr>
<tr>
<td>Unlikely (2)</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Rare (1)</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
### APPENDIX 8 – RISK CATEGORIES

The following table lists potential sources of risk. The examples given are neither prescriptive nor exhaustive, but rather provide a useful framework for identifying and categorising a broad range of risks facing the organisation.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political</td>
<td>Delivery of objectives, strategy etc. Government policy, local political pressures, Ministerial direction, Commissioners, Boards, e.g. too slow, unfulfilled promises, political personalities, ‘wrong’ strategic priorities, corruption, limits of authority.</td>
</tr>
<tr>
<td>Economic / Financial</td>
<td>Ability of the organisation to meet its financial commitments, budgets, insurance, investments, pensions etc., also external economic changes, e.g. inflation. Consider financial planning, resources and controls, e.g. overspends, failure of projects, missed grants, inadequate control, fraud, tax, unrecorded liabilities, unreliable accounting records. Accountability/openness/trust.</td>
</tr>
<tr>
<td>Competitive</td>
<td>Competitiveness of the service (in terms of cost or quality) and/or its ability to deliver best value, quality improvement, position in performance tables, failure of bids for government funds, benchmarking, CAS, accreditations, media, ROQA, HCPC, JRCALC.</td>
</tr>
<tr>
<td>Legal</td>
<td>Breaches of legislation, misinterpretation of legislation, legal challenges, failure to comply with procurement directives, breach of confidentiality, data protection, claims, FOIs, whistleblowing etc. Current or potential changes in European/national law, human rights etc.</td>
</tr>
<tr>
<td>Managerial / Professional / HR</td>
<td>Particular nature of each profession, e.g. competence. Managerial abilities, poor communication and management of change, staffing issues, recruitment, retention, sickness management, change management, stress management, over reliance on key officers, failure to retain/recruit key staff, lack of motivation, failure to comply with employment law, poor recruitment/selection, lack of training, lack of succession planning internal investigations/trends, tribunals, TU concerns/trends.</td>
</tr>
<tr>
<td>Technological</td>
<td>Ability to identify and keep pace with technological changes/infrastructure requirements, use technology to meet changing demands, consequences of internal technological failure, e.g. hacking, corruption of data, breach of confidentiality etc. Reliance on operational equipment (IT, equipment, machinery). E.g. failure of IT project, systems crash, security breach, failure to comply with IT Security policy, poor management of website(s).</td>
</tr>
<tr>
<td>Social</td>
<td>Effects of changes in demographic, residential or social economic/trends. Failure to meet needs of disadvantaged communities, crime and disorder, lack of regeneration.</td>
</tr>
<tr>
<td>Partnership / Contractual /</td>
<td>Delivery of services or products to the agreed cost and specification, e.g. non-compliance, over reliance, failure to deliver, failure to monitor, poor selection, quality issues.</td>
</tr>
<tr>
<td>Physical</td>
<td>Clinical/patient safety incidents, SAls, alerts, infection control, child protection, vulnerable adults, health and safety/accidents, violence and aggression, injury, fire, security, loss of assets, criminal damage, misuse of equipment, failure to upkeep land and property. Lack of service, business impact analysis, business continuity planning.</td>
</tr>
<tr>
<td>Customer / Citizen</td>
<td>Meeting current and changing needs and expectations of customers, e.g. lack of consultation, media, public relations/perception, high level of complaints, reputational risks and stakeholder satisfaction.</td>
</tr>
<tr>
<td>Environmental</td>
<td>Pollution, contaminated land, noise, energy and water efficiency, recycling, landfill requirements, emissions, waste storage, damage caused by trees/roots, weed etc. Environmental consequences of progressing the organisation’s strategic objectives, e.g. transport policies.</td>
</tr>
<tr>
<td>Projects</td>
<td>Project management, e.g. new builds, new ventures, new initiatives</td>
</tr>
<tr>
<td>Opportunity</td>
<td>Partnerships, revenue generation, are we missing any opportunities?</td>
</tr>
</tbody>
</table>
APPENDIX 9 – RISK DESCRIPTIONS:

Risks must be described in a way that they can be understood by everyone. Each significant risk should be recorded separately to enable the accurate allocation of risk ratings, appropriate controls, grading and actions.

Risk descriptions should comprise three elements:

A. Risk Cause – the source of the risk, the event/situation that gives rise to the risk.
B. Risk Event – the area of uncertainty, what will have if the risk occurs (may or might terminology is often used).
C. Risk Effect – the impact the risk would have on the organisational activity.

Applying this approach ensures clarity of understanding and, importantly, supports the identification of a range of potential controls which may be applied at the cause, event of effect stage, or any combination thereof.

For example…If the fixed electrical installation is not maintained (risk cause) this may result in a fire in the control room (risk event) which would lead to the inability to answer 999 calls (risk effect). See table below for risk and control measures:

<table>
<thead>
<tr>
<th>Risk Element</th>
<th>Risk Descriptor</th>
<th>Possible Control Measures</th>
</tr>
</thead>
</table>
| Risk Cause   | ‘If the fixed electrical installation is not maintained………..’ | • Formal maintenance plan (planned preventative maintenance).  
• Rewiring if required.  
• Regular inspections (internal and external).  
• Priority response to any faults. |
| Risk Event   | ‘this may result in a fire in the control room…..’ | • Fire suppression systems and alarms.  
• Firefighting equipment and training for staff.  
• Fire safety procedures i.e. PAT testing, close fire doors etc.  
• Staff awareness and reporting systems |
| Risk Effect  | ‘….which would lead to the inability to answer 999 calls’ | • Business continuity plans i.e. alternative premises/systems  
• Testing of alternative premises/systems |

If risks are not properly described they can create more questions than answers and, in the worst case scenario, can lead to the wrong control measures being identified. For example, if a risk is described simply as ‘no qualified staff’ the immediate question is ‘why?’ Is it down to recruitment, retention, training, or what? However, if described as ‘an inability to recruit suitably qualified medical staff (cause) may lead to a shortage of clinical staff (event) and a failure to deliver critical services (effect)’ all aspects of the risk are clearly identified, readily understood, and the identification of suitable control measures facilitated.
NIAS Policy for the Management of Medicines

Background
In keeping with its Mission Statement “To deliver effective and efficient care to people in need and improve the health and well-being of the community through the delivery of high quality ambulance services.” NIAS has at its disposal a range of medicines, which may be administered by appropriately trained staff in the delivery of care to their patients.

Aim
The aim of this Policy for the Management of Medicines is to ensure that the procurement, use, storage, security, and Control of Prescription Only Medicines (POM’s) within the Northern Ireland Ambulance Service HSS Trust (NIAS) complies with all relevant legislation and guidance.

Objectives
The objectives of this policy are:
To ensure a set of internal standard procedures for staff to follow which are subject to external inspection.
To ensure a system of procurement, supply and disposal of medicines.
To ensure the security and safe storage and handling of medicines.
To ensure administration of medicines follows recognised procedures.
To ensure accurate record keeping which provides an effective audit trail from ordering, through supply to administration or disposal.
To safeguard both staff and patients.
To ensure clear lines of responsibility for the management of medicines within NIAS.
To ensure compliance with current legislation and guidance.
To ensure compliance with the DHSSPSNI Controls Assurance Standard on the Medicine Management.

To meet these objectives the policy is supported by the NIAS document “Procedures for the Management of Medicines (2019)”.

Equality and Human Rights Considerations
This Policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.
Using the Equality Commission’s screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.
This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
This Policy will be included in the Trust’s register of screening documentation and maintained for inspection whilst it remains in force.
This document can be made available on request in alternative formats, e.g. Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

Statement
The Trust Board has formally adopted this Policy for the Management of Medicines into The Northern Ireland Ambulance Service HSC Trust’s Policies and Procedures. All Paramedics, Technicians, Clinicians, Officers and staff employed by NIAS must comply with this policy and adhere to the NIAS procedures for the management of medicines.

Review
Both the Policy and the procedures which support it will be reviewed on a regular basis and in response to changes in legislation and DHSSPSNI Policy.

Implemented __________________ Review by ___________________
NIAS Procedures for the Management of Medicines (February 2019)

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NIAS Procedures for the Management of Medicines (2019)
1. Overview

These Procedures have been produced to support and comply with the Northern Ireland Ambulance Service HSS Trust (NIAS) Policy for the Management of Medicines. The procedures, along with the policy, are subject to regular review.

2. Legislation and Guidance

In order to remain within the law and to maintain ‘best practice’, the procedures in this document have been drawn up to comply with legislation and guidance on the management of medicines including:

- The Medicines Act 1968
- The Misuse of Drugs Regulations (Northern Ireland) 2002
- Prescription Only Medicines (Human Use) Order 1997
- The Prescription Only Medicines (Human Use) Amendment (No. 2) Order 2000
- “Use and Control of Medicines” - HSSPS 2004
- “The Safe and Secure Handling of Medicines” – A review of the Duthie report 2005
- “Safer Management of Controlled Drugs” – Dept of Health 2006
- Control Of Substances Hazardous to Health (NI) Regulations 2003
3. Responsibility

The Chief Executive of NIAS has the overall statutory responsibility for the safe and secure handling of all medicines within the trust. The Chief Executive is responsible to ensure the delegation of this responsibility to the Director of Operations.

The Chief Executive and the Medical Director will seek approval from the trust's Assurance Committee for the systems and processes outlined in this document.

The Assurance Committee will oversee and monitor the systems and processes (including any amendments to policy and/or procedures), outlined in this document.

The Chief Executive and Medical Director, with advice from the Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPSNI), Local Ambulance Advisory Panel (LAAP), Joint Royal Colleges Ambulance Liaison Committee (JRCALC), National Ambulance Service Medical Directors Forum (NASMeD), specialist practitioners and bodies will determine the guidelines and protocols for use of medicines, including the nature and amounts of medicines to be carried.

The NIAS Trust Board is responsible for ensuring that adequate resources are made available to facilitate the safe and secure management of medicines.

The Medical Director is responsible for the control and management of all medicines used within the trust and for ensuring compliance with the policy and procedures throughout all operational areas and is accountable to the Chief Executive.

Area Managers are responsible for ensuring compliance with the policy and procedures throughout their division / area of responsibility and are accountable to the Director of Operations.

The Clinical Training Manager is responsible for ensuring compliance with the policy and procedures in the Regional Ambulance Training Centre and other designated NIAS training locations. Before initial introduction and/or following any change in presentation, delivery method or strength of a particular drug the Risk Manager will be responsible for completing a COSHH assessment in accordance with the Trusts COSHH Policy and procedure and to put in place all reasonably practicable measures to prevent injury or illness from accidental exposure to the drug in question. The Clinical Training Manager reports to the Medical Director.

Station Officers are responsible for ensuring compliance with the policy and procedures throughout their stations and area of responsibility and are accountable to their Area Manager.

Station Supervisors / Clinical Support Officers are responsible for ensuring compliance with the policy and procedures within their station during a period of duty and are accountable to the Station Officer / Clinical Training Manager respectively.

All staff involved with the management and/or handling of any medicines have a duty to adhere to the policy and procedures for the management of medicines and are personally responsible for the security and use of medicines and associated records during their period of duty. All operational staff must comply with relevant legislation, guidelines and protocols and are directly accountable to the Station Supervisors. Any breach of the policy or failure to comply with the procedures for the management of medicines may result in disciplinary action.

4. Authorisation

Persons authorised to administer POM's held by NIAS include:

The Medical Director and other doctors working with or on behalf of NIAS.

NIAS Paramedics who hold a current certificate of qualification issued by the Institute of Health and Care Development (IHCD) and hold current registration with the Health & Care Professions Council (HCPC). Paramedics may administer non-parenteral POM’s in accordance with JRCALC Clinical Guidelines but are restricted in the parenteral administration of POM’s to only those specified in the Prescription Only Medicines (Human Use) Order 1997 (POM’s Order) or specified Patient Group Direction (PGD).

NIAS Emergency Medical Technicians (EMT’s) who hold a certificate of qualification in ambulance aid and ambulance driving issued by the Institute of Health and Care Development (IHCD) or equivalent. EMT’s may administer non-parenteral POM’s in accordance with JRCALC Clinical Guidelines and other POM’s in specified circumstances in accordance with the POM’s Order and as defined by the Medical Director.

Paramedics-in-Training (PITs) who are on operational practice placement in NIAS as part of the IHCD paramedic training programme (or equivalent). Like EMT’s, PITs may administer non-parenteral POM’s in accordance with JRCALC Clinical Guidelines and other POM’s in specified circumstances in accordance with the POM’s Order.

NIAS Paramedics operating in a voluntary capacity for St John Ambulance NI or other voluntary organisation with which NIAS has a memorandum of understanding or other formal agreement for the supply of medicines. Voluntary services paramedics must hold IHCD qualification and HCPC registration and comply with the procedures for medicines management agreed between NIAS and their organisation.
5. Medicines Presentation

All medicines (with the exception of intra-venous fluids e.g. Glucose 10%, Water for injection and Sodium Chloride for IV infusion and for cannula flush, oxygen and entonox and activated charcoal) will be stored in medicine bags (packs).

All medicine bags will have a unique ID number and will be supplied with a serial-numbered, tamper-evident seal. This seal will have been applied at pharmacy when the pack was stocked and indicates that the pack is full and ready for use. These seals will be a different colour (blue) to those used to re-seal used packs (red). Pharmacy will also display an overall expiry date on the outside of the pack. (The overall expiry date is taken as the earliest individual expiry of any of the contents).

There will be different types/colours of bags for different groups of POM’s. These include;

**BASIC PACK** - green bags containing drugs intended for non-parenteral use, adrenaline for the management of anaphylaxis and glucagon as well as IV paracetamol.

**PARAMEDIC PACK** – blue bags containing drugs for use by paramedics and/or NIAS-deployed doctors.

**PAIN PACK** – yellow bags containing morphine or other controlled drugs for pain relief. They may also contain a supply of anti-emetic. These bags will be subject to special arrangements for the management of controlled drugs (CD’s).

**DOCTOR’S PACK** – A red pack issued to an individual NIAS-deployed doctor containing controlled drugs and non-controlled drugs only for administration by the doctor.

**HEMS PACKS** – During the development of the Helicopter Emergency Medical Service, a number of packs will be developed to meet the requirements of the Doctor / Paramedic team e.g. packs to facilitate advanced analgesia and anaesthesia. A separate set of Standard Operating Procedures will be developed by the HEMS Operational Lead and reviewed in line with service developments.

**NERVE AGENT ANTIDOTE AUTO-INJECTORS** – Single dose packs containing an auto-injector device for use in the event of suspected poisoning by organophosphate agents. Issue and restocking of these packs will be managed by the Emergency Planning Team in line with national guidance.

**Note**: from time to time other specific packs may be made up and supplied for the purposes of clinical trials or pilot schemes. Such packs would be subject to the same procedures as the standard packs described here.
6. Storage

Medicines bags need to be stored in a suitable locked medicines cabinet in accordance with manufacturer’s instructions. Storage instructions will be included on medicine bag labels by pharmacy. NIAS will utilise five main types.

6.1 Medicine Cabinets

Ambulance Station Medicines Cabinet. Located in ambulance stations, the Regional Ambulance Training Centre (RATC) and other designated locations. This cabinet will be of suitable size to hold the required number of bags for that station (Basic and Paramedic) as well as a Controlled Drugs safe. It must be locked by keypad. Access will be restricted as noted below.

Ambulance Station Controlled Drugs Safe. (or separate controlled drugs cabinet). This will be a metal safe within the Medicines cabinet. It must be bolted to the wall. This will be of suitable size to hold the required number of Pain Packs for that station. (Stocks should be kept to a minimum, governed by clinical need). It must be locked by either key or keypad. Access will be strictly limited to paramedics as noted below. The safe must contain a Controlled Drugs Register book.

Ambulance Vehicle Medicines Cabinet (Drug Cupboard). This is a designated cupboard within the vehicle. It must have a lock and be of suitable size to hold a Basic and a Paramedic pack.. The key will be kept with the vehicle keys. It will contain a Medicines Tally Sheet book for recording checks on the contents. All drug packs should be removed from an ambulance vehicle which is being sent for repair or servicing.

Ambulance Vehicle Controlled Drugs Safe. For A&E vehicles, this will be within the vehicle’s medicines cabinet and may be locked by a keypad or a second key depending on the vehicle design. Keypad safes are will have a manual override key and access will be limited to the paramedic allocated to the vehicle for that period of duty. When storing morphine in the safe, the paramedic will set and lock the door using a personal combination code. No one else must know this code. Manual override keys will be held by the Station Officer for use for emergency access only. The safe must be left unlocked when no drugs are in it at the end of a shift (to allow next user to access and set their combination).

On vehicles where the design requires a manual safe locked by a traditional key, the arrangements are similar to those for RRV’s etc in that safe key will be kept with the vehicle keys. The vehicle keys must not be left in the vehicle ignition when leaving the ambulance to attend a patient and instead the run-lock device must be employed if the vehicle engine is to be left running. The normal process for signing out and returning drugs to station stock (with the use of witness) remains. The backup copy of the key will be held by the Station Officer for emergency use only and the safe must be left unlocked when no drugs are in it at the end of a shift.

Delivery Vehicle Controlled Drugs Safe Box. This is a locked box within a secure area of the NIAS delivery van, which will be used for the transportation of CD’s packs between Pharmacy and Ambulance Stations. The box will hold sealed pouches containing the CD packs (different pouches for each station being supplied).

6.2 Rapid response vehicles and officers’ vehicles

Rapid response vehicles and officers’ vehicles, which do not have a specific ambulance vehicle medicines cabinet, will have a designated secure area or storage compartment for the storage of drugs within the boot. This compartment may be of the PIN code type or key-operated. When drugs are stored in this designated area and the vehicle is unattended, the vehicle must be locked. If controlled drugs are carried in the vehicle, they must be locked in the CD compartment or held on the person of the paramedic. The locked boot of a vehicle alone does not constitute a locked receptacle within the meaning of The Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973, and the controlled drugs must be stored within the secondary enclosure i.e. the CD compartment.

If, after the end of their duty, an officer is retaining the use of their designated vehicle, the officer need not sign their medicines back into station storage but may keep the drug packs in the vehicle. In such circumstances, the drug packs must continue to be stored in the designated area in the vehicle (CD compartment in the case of controlled drugs). Before doing so the officer must ensure that sufficient stock remains on station for the supply of remaining vehicles on duty.

For best practice and stock control unused bags held by officers over long periods of time should be circulated back through their station medicine cabinet on a monthly basis. When an officer’s vehicle (or RRV) is not in use and left parked up at an ambulance station/location, drugs packs (paramedic and pain) should be signed back in to the station medicine cabinet. (As with other ambulance vehicles the basic packs should remain in the vehicle).

6.3 HART and Emergency Equipment Vehicle

NIAS Hazardous Area Response Team (HART) and emergency equipment vehicles will hold within their secure storage, a number of Basic and Paramedic packs for use at a major incident.

6.4 Helicopter Emergency Medical Service

The Helicopter Emergency Medical Service (HEMS) aircraft will carry drug packs with a range of specialist medicines outside the normal scope of paramedic practice, including scheduled drugs not deployed elsewhere within NIAS. Separate CD Licences will be maintained for these drugs, and packs will only be placed on the aircraft during active hours, to be replaced in secure designated storage on the HEMS base at all other times. The HEMS service will also operate a HEMS response car which will be equipped with the same secure storage as other Rapid Response Vehicles. The HEMS base will be regarded as a NIAS operational station in all other respects of management of medicines.

6.5 Access

Access to all cabinets will be restricted to authorised staff as noted below.
Ambulance Station Medicines Cabinet – Emergency Ambulance Staff / Supervisors / Officers / Area Manager assigned to that station.

Ambulance Station Controlled Drugs Safe (within the Medicines cabinet) – Paramedics / Supervisors / Station Officers / Area Manager assigned to that station.

Ambulance vehicle Medicines Cabinet (Drug Cupboard) – Ambulance crew allocated that vehicle for a period of duty. Keys for the cabinet must be kept with vehicle keys.

Ambulance Vehicle Controlled Drugs Compartment – Paramedic allocated to that vehicle for a period of duty. If the safe is of a manual key design then the key will be kept with the vehicle keys to reduce the risk of loss.

Controlled Drugs Vehicle Safe Box – NIAS delivery courier staff.

Station Officers / Area Managers will have access to all medicines cabinets within stations and vehicles in their areas of responsibility.

Other officers (e.g. Divisional Training Officers) and doctors requiring access to POM’s will have access to the medicines cabinets in designated locations.

The Medical Director, Assistant Medical Director, and paramedic officers will have access to the medicines cabinet at the Regional Ambulance Training Centre.

Doctors approved by the Medical Director for supply with NIAS Drugs packs will not have direct access to medicines cabinets. Instead, the doctor must arrange to meet with a designated person who will gain access to the drugs storage for the issue of basic and paramedic packs. It is important to note that under the terms of the Group Authority issued to ambulance paramedics, they may only possess morphine and diazepam for the purpose of administration to a patient. Thus, they cannot physically make a supply of controlled drugs to the doctor from the medicines cabinet. Doctors will obtain the doctor CD packs directly RVH pharmacy via the Medical Director or Assistant Medical Director as separate arrangements exist for the supply of this range of drugs.

Where the procedures require the attendance of an “authorised person”, this role will be designated by the Area Management team for the relevant location and given time. The role of the authorised person may be performed by any of the following: Area Manager / Station Officer / Station Supervisor (whether paramedic or EMT) / Clinical Support Officer / Paramedic / Training Officer.

Medicines bags (when not in use) will be stored as below.

6.6 Basic Packs (Green)

These packs will be stored in the ambulance as they contain medicines which may be subject to frequent or partial use (e.g. salbutamol nebulises, aspirin tablets). They will be stored in the designated locked drug cupboard in the vehicle.

The key for the drug cupboard will be kept with the vehicle keys.

These bags will be subject to a check by the crew at the start of each shift. The tally sheet must be signed to confirm the check.

These bags will originally be supplied sealed with a serial numbered, tamper-evident blue seal but will only be required to be returned for replenishment when one or more of the items has dropped below designated minimum levels or has passed expiry dates. (The bags will also contain a new, serial numbered red seal for rescaling).

When being returned for replenishment, these bags will contain a completed top up sheet, copy of the tally sheet, be re-sealed with a red seal and be signed back into the cabinet in station to go for re-stocking.

6.7 Paramedic Packs (Blue)

Will contain primarily POM’s for parenteral administration by paramedics only.

Will contain diazepam.

Will be stored in a locked medicines cabinet in each ambulance station.

Will be supplied sealed with serial numbered, tamper-evident blue seal. (The bags will also contain a new, serial numbered red seal for rescaling).

Will be signed out by paramedic at start of shift and placed in designated locked drug cupboard in the vehicle.

When being returned after opening (whether drugs used or not), will be subject to re-sealing with red seal. They will contain a completed medicine requisition top up sheet and be signed back into the cabinet in station to go for re-stocking.

If unopened will be signed back in to station medicines cabinet at end of shift, leaving the blue seal in place.

6.8 Pain Packs (Yellow)

Contain controlled drugs (CD).

Each pack will contain a single dose of morphine sulphate 10mg in 10ml (1mg/ml).

The packs will have a transparent window, allowing the drug packaging details to be visible.

Supplied sealed with serial numbered, tamper-evident blue seal. (The bags will also contain a new, serial numbered red seal for rescaling).

Are stored in a locked CD safe inside locked medicine cabinets in ambulance stations or other designated locations.

Four packs are to be signed out of the Station CD Register (MED06) by a paramedic at start of shift (or two packs in the case of paramedic officers) and recorded in the paramedic’s personal CD register (MED07) and locked in the CD compartment in the vehicle.

During the period of duty, pain packs must either remain locked in the vehicle CD compartment or if removed for administration, held by the paramedic on their person.

Although during their duty individual paramedics will initially sign out up to 4 pre-filled syringes (4 full packs), they subsequently may only hold no more than two on their person at any one time. (All four packs must, of course, be removed from the vehicle CD compartment at the end of duty to be signed back into the station CD safe).

Paramedic officers (Area Managers / Station Officers / Training Officers) who have the potential to respond to emergencies should withdraw a maximum of two pain packs for secure storage on their response vehicle rather than the four packs carried on A&E vehicles and Rapid Response vehicles.
Packs will be returned to the station CD Safe at the end of duty or when needing to be restocked after use (i.e. if personal allocation falls below two pre-filled syringes).
At the end of the period of duty unopened pain packs will be signed out of the paramedic’s CD register and signed into the Station CD safe’s CD register (MED06) and locked in the station CD safe.
Used packs will be subject to re-sealing with red seal. They will contain a completed medicine requisition top up sheet and be placed back into the safe in the cabinet in station to go for re-stocking.

6.9 Doctor’s Packs
These packs are solely for the use of the Medical Director and other doctors approved by the Medical Director. These will be issued directly to the approved doctors and are subject to the same storage arrangements as other packs containing controlled drugs. Doctors’ CD packs are restocked directly by the Central Pharmacy at the Royal Victoria Hospital following a requisition order issued by the Medical Director or Assistant Medical Director. The approved doctors are responsible for maintaining their own CD register as required by current controlled drugs legislation.
7. Withdrawal and Use Procedure

The procedure for the withdrawal of medicines bags is as follows:

7.1 General Notes on Use

Seals on packs must not be broken unless items are to be used in accordance with current clinical guidelines and protocols (or to comply with the management of medicines procedures - e.g. to reseal for restocking when items have expired).

When a seal has been broken it must be discarded. A seal must not be left partly on nor reattached. (The seal number should be recorded for inclusion on the top up sheet later. For Paramedic and Pain packs record it on the PRF, for Basic Packs record it on the tally sheet).

Drugs must not be removed from packs until needed for use in accordance with current clinical guidelines and protocols.

Used or empty drug packaging must be disposed of and not be put back into a pack. This will avoid mistaking an empty/used box for one containing a drug. (Packaging may be retained as evidence in the event of an untoward incident).

All sharps, including glass, ampoules, vials, needles, syringes and medicine remnants must be disposed of into a sharps container.

Syringes containing amounts of unused drugs should have their contents squirted into the sharps box with gelling agent added before disposing of the empty syringe into the sharps box.

All boxes and packaging should be disposed of with normal clinical waste.

7.2 Basic Pack-

When first issued, the green Basic Pack will come from pharmacy with a blue seal and be signed into the stock in the ambulance station medicine cabinet by the delivery courier.

When needed to re-stock an ambulance, the Basic Pack will be obtained from the station medicines cabinet.

The pack is checked to ensure it is unused and sealed. (A numbered, blue seal attached to the zipper indicates the bag is fully stocked and has been sealed at pharmacy).

A check is also made to ensure the pack is in date. A pack with the earliest overall expiry date of those in the cabinet should be chosen. (The overall expiry date is taken as the earliest individual expiry of any of the contents as noted by pharmacy on the outside of the bag).

It then will be signed out to the ambulance by the attendant requiring it (Paramedic or EMT). This record is made in the station medicines record book kept in the cabinet.

The record details the date, time, bag number, blue seal number, ambulance call-sign, printed name of attendant and signature. (The ambulance call-sign must be entered into the comments column if no specific column exists for that purpose). Separate rows are provided for packs going out and packs coming in.

When placing the new pack in the ambulance drug cupboard, an entry must be made in the medicines tally sheet. This entry must be made on a new page and include the pack number, seal number and overall expiry date. The attendant must then date and sign the sheet in the section for ‘First Stock’.

The basic pack must remain locked in that ambulance’s drug cupboard until needed for use or needing to be replaced.

7.2.1 On commencement of duty

As part of Vehicle Daily Inspection (VDI), the crew will check the contents of the Basic Pack in the ambulance drug cupboard, ensuring that –

All items are within expiry dates.

All quantities are in accordance with those recorded on the Tally sheet.

Any discrepancy must be reported following the untoward incident reporting procedure.

If any of the medicines fall below the designated minimum or exceed expiry dates, the procedure for replenishment must be followed (see below).

The attendant must complete and sign the tally sheet to confirm the check.

The tally sheet will contain a list of medicines contained in the basic pack. When performing the check, the quantity of each medicine in the pack must be noted and the word ‘check’ entered in the PRF number column.

If the pack is unopened with its blue seal intact, quantities need not be noted. Instead, the word ‘sealed’ must be printed in the PRF number column.

The Basic Pack must be locked in the Ambulance Drug Cupboard until needed for use.

RRV staff will follow the procedures as above and ensure drug packs are stored in the designated storage area of their vehicle. Officers who have sole use of a basic pack must complete the tally sheet on initial stocking and on every occasion when contents are used but must at all times ensure that the remaining contents have not passed their expiry date.

7.2.2 When needed for drug administration

(On first use, the seal will need to be broken).

Drugs are removed as required for administration to patient.

A record of drugs used is made on the medicines tally sheet kept inside the ambulance drug cupboard. This record must show – drugs used, drugs remaining in pack, PRF number, date, printed name and signature.

A check is made of the remaining contents to ensure quantities of all drugs are still above the designated minimum levels and are in accordance with the quantities on the tally sheet. If so, the pack is replaced in the ambulance drug cupboard.

7.2.3 When a Basic Pack needs to be replenished

(Any item drops below designated minimum stock level or within two weeks of expiry date).

On return to base, the attendant access the Station Medicine Cabinet (by personal key or combination keypad) and completes a medicines requisition form (top up sheet), which details the drugs needed to replenish the bag.
The top copy of the requisition form along with a copy of the tally sheet is enclosed in the bag, which is then sealed with the red seal provided.

The bag is placed in the station medicines cabinet and signed into the Station Medicine Record, detailing the date, time, bag number, red reseal number, ambulance call-sign, printed name of attendant, signature and comments on drugs needing to be replenished. (The ambulance call sign must be entered into the comments column if no specific column exists for that purpose).

A replacement pack is signed out, using the same procedures as before.

Top copies of tally sheets relating to the used pack are submitted to supervisor’s office for audit purposes.

### 7.2.4 Procedure for cleaning / recycling a soiled or contaminated drug pack

On rare occasions a drug pack may become contaminated with body fluids or dirt during the course of an emergency call. This is most common during serious trauma calls but can occur in almost any situation. Simple measures such as care of the placing of bags during patient care will often prevent any contamination, but in the event of a bag becoming soiled, the following procedures must be followed:

Sealed packs should not be opened prior to cleaning the exterior in order to prevent contamination of the contents.

All reasonable steps must be taken to remove all visible soiling from the pack and contents using the normal cleaning materials available on station, but abrasive materials must not be used on the clear window of the yellow pain packs.

Care should be taken to avoid defacing the pack number during cleaning.

An unused pack which has been successfully cleaned can be returned to normal service.

A used pack which has been completely cleaned can be cycled through pharmacy via the normal replenishment process.

All used syringes and sharps etc must be disposed off safely in line with the NIAS Policy and Procedures for the Infection Prevention and Control (2009). No sharp or other used sundry equipment is be allowed to return in the pharmacy bag in order to safeguard pharmacy staff.

Before returning to the drugs cabinet on station, any pack which remains visibly soiled must be red-tagged and sealed in a clear plastic bag. This must then be placed within a second clear plastic bag along with the MED03 Top-up, with the word CONTAMINATED entered in the “Opened/Not Used” section in the right hand column. This outer bag, containing both the documentation and the wrapped soiled pack, can then be placed back in station storage for recycling via the normal pharmacy process.

If the soiled pack is a pain pack, a UIR must be submitted detailing the pack number and whether the morphine within the pack had been used etc. No UIR is required for packs other than a pain pack.

Staff must not dispose of any unused drugs at station or local level as our present licensing arrangements only allow for disposal by our pharmacy supplier in these circumstances.

Failure to comply with these procedures can pose a risk to the safety of receiving NIAS stores and pharmacy staff, and will be followed up directly with the member of staff responsible.

### 7.3 Paramedic Pack

This blue pack will come from pharmacy with a blue seal and be signed into the stock in the ambulance station medicine cabinet by delivery courier.

#### 7.3.1 On commencement of duty

The Paramedic accesses station medicines cabinet by personal key or combination keypad and selects a Paramedic Pack.

The pack is checked to ensure it is unused and sealed. (A numbered, blue seal attached to the zipper indicates the bag is fully stocked and has been sealed at pharmacy).

A check is also made to ensure the pack is in date. A pack with the earliest overall expiry date of those in the cabinet should be chosen. (The overall expiry date is taken as the earliest individual expiry of any of the contents as noted by pharmacy on the outside of the bag).

The Paramedic signs the bag out. This record is made in the station medicine record book kept in the cabinet. The record details the date, time, bag number, blue seal number, printed name of paramedic and signature.

Paramedic locks bag in the ambulance drugs cupboard until needed.

#### 7.3.2 When needed for drug administration

The seal is broken on the bag and the required drug(s) removed.

The administration of the drug(s) is noted on the patient report form.

When returning a used pack at the end of a shift or when any of the drugs in the pack have been exhausted, the Paramedic completes a medicines requisition form (top up sheet), which details the drugs used/needed to replenish the bag.

One copy of the form is enclosed in the bag, which is sealed with the red seal provided.

The bag is placed in the station medicines cabinet and signed in, detailing the date, time, bag number, red reseal number, printed name of paramedic, signature, “drugs used – YES”, PRF number and comments on drugs used.

A replacement pack is signed out, using the same procedures as before.

Although during a period of duty paramedics may be “out of area” and need to withdraw replacement paramedic packs from other stations/locations, individual packs should where practically possible be returned to the medicine cabinet from which they were withdrawn. If it is unavoidable and a paramedic pack needs to be signed in to a different medicine cabinet than it came from, a note must be made in the comments column of the station medicine book to show its original source.

If, at the end of duty, no drugs have been used, the bag is signed in as above but with the original blue seal intact and the comment – “NO” is entered in the “drugs used” column.

The Paramedic Pack is designed for use on a single patient but there are generally sufficient contents to deal with a second call prior to restocking the drugs. For example, the use of a single ampoule or more of a drug or from the pack does not mean that a vehicle has to return to a station to exchange the whole pack if sufficient
quantities of the drug remain in the back to treat another patient. The obvious exception to this is where a full set of cardiac arrest drugs has been used during the first call, but even in the rare case of being tasked to a second cardiac arrest call the crew should attend the call as requested in order to provide Basic Life Support and defibrillation as appropriate, and request backup from a second crew or RRV to provide a fresh supply of drugs if required.

7.4 Pain Pack-
The procedures for withdrawing the yellow Pain Packs are similar to those for the Paramedic Packs. However, as Pain Packs contain Morphine, which is a Controlled Drug (CD), to comply with legislation the procedures for these packs are more thorough and include the use of witnessed signatures when administering, withdrawing or replacing CDs. (The witness will normally be the Paramedic’s crew partner or any other operational NIAS staff.) (See also - Controlled Drugs section 21).

7.4.1 On commencement of duty
The Paramedic accesses station medicines cabinet by personal key or combination keypad. Paramedic accesses CD safe in cabinet by combination keypad. Paramedic selects four Pain Packs. The packs are checked to ensure they are unused and sealed. (A numbered, blue seal attached to the zipper indicates a bag is fully stocked and has been sealed at pharmacy). A check is also made to ensure the packs are in date. Packs with the earliest overall expiry dates of those in the safe should be chosen. The paramedic signs the packs out of the safe. As the Pain Packs contain a controlled drug (morphine), this entry must be made in the station controlled drug register rather than the station medicines record. Paramedic & witness sign station controlled drug Register for withdrawal of each pack. (Note: It is a legal requirement that a record for each individual issue of morphine must be entered. This is done by recording the withdrawal of each pre-filled syringe separately in the register). Paramedic records receipt of pain packs in paramedic personal CD register (MED07) - again separate entries for each individual pre-filled syringe are required. Paramedic locks station CD safe and drugs cabinet. Paramedic sets personal combination and locks pain packs and personal register in vehicle CD safe. The Pain Packs must remain locked in the vehicle CD compartment until either they are needed for administration or at the end of the duty shift, when the paramedic will access the vehicle CD compartment. When withdrawing for administration to a patient, no more than 20mg of morphine (two packs) may be held by an individual paramedic, on their person, at a time. During the period of duty, pain packs must either remain locked in the vehicle CD safe or if removed for administration, held by the paramedic on their person.

7.4.2 Paramedic administers morphine
Administration of controlled drugs must be recorded on the patient’s PRF using the 24hr time format. Administration of controlled drugs must also be recorded in paramedic’s personal CD register which is signed by the paramedic and, where possible, a witness. This witness should be the fellow crew member of the paramedic administering the drug, but in the case of RRV or other solo paramedics can be another responsible person e.g. police officer). This witnessing process is seen as best practice and offers additional protection for the paramedic administering the drug, but it must be noted that in an emergency situation the paramedic must act in the patient’s best interests and can administer a controlled drug to a patient without obtaining a witness as there is no absolute legal requirement to obtain one.

7.4.3 Used pack returned to vehicle CD compartment
If only one pack is used, the paramedic need not seek to replace the pack immediately. The paramedic can continue to operate for the rest of the period of duty with the three remaining morphine packs. Although, when any packs have been used, those packs may be replaced on return to station, there is no requirement to replace the packs until the paramedic’s stock of morphine drops below two full packs.

7.4.4 When used packs need to be replaced -
Pain packs must be returned to the station CD safe from which they were withdrawn. If during a period of duty a paramedic uses morphine and needs to restock but is not able to return to the base station, pain packs may be withdrawn from another station/location. However, all packs must still be returned to the station CD safe from which they were withdrawn. On return to station paramedic accesses station medicine cabinet and CD safe. The paramedic completes a separate medicines requisition form (MED02 top up sheet) to replenish each pain pack, detailing the morphine used/needed. For each pack, the top copy of the form is enclosed in the pack, which is sealed with the red seal provided. Each resealed pack is placed in the CD Safe within the station medicines cabinet. If needed, a replacement pack is signed out, using the same procedures as before.

7.4.5 Paramedic completes duty (Morphine packs unopened)
Paramedic removes pain packs from vehicle CD compartment. (Empty compartment must be left unlocked to allow next user access to set their own personal combination in the case of electronic keypad safes.) Paramedic accesses station CD safe. Paramedic & witness sign packs (including entries for every single ampoule of morphine) out of personal CD register and in to Station CD register. Paramedic replaces unopened Pain Packs (with the original blue seals intact) and station CD register in station CD safe. Paramedic locks station CD safe and drugs cabinet.
7.4.6 Note on witnessing
For RRV and other solo paramedics who are withdrawing or replacing morphine.
If the paramedic is 'solo' (e.g. on RRV duties) and there are no ambulance staff available to witness the
withdrawal or replacement of morphine in the CD safe, the paramedic must contact control and notify the duty
control officer of the withdrawal/replacement of the morphine (MED08).
The control officer will record this notification in the book kept for that purpose.
The paramedic will print the name of the control officer and 'Control Contacted' in the witness column of the
Station CD register and their personal CD register.

7.4.7 Note on officer's vehicles
If, after the end of their duty, an officer is retaining the use of their designated vehicle, the officer need not sign
their medicines back in to station storage but may keep the drug packs secured in the vehicle so long as
sufficient stock remains on station for other operational vehicles. (See also Section 6.2)
For best practice and stock control unused bags held by officers over long periods of time should be circulated
back through their station medicine cabinet on a monthly basis.
When an officer' vehicle (or RRV) is not in use and left parked up at an ambulance station/location, drugs packs
(paramedic and pain) should be signed back in to the station medicine cabinet. (As with other ambulance
vehicles the basic packs should remain in the vehicle).

7.5 Doctor's Pack
Only the Medical Director, Assistant Medical Director or other doctor approved by the Medical Director may be
issued with a Doctor's Pack.
A list of approved doctors will be maintained by the Medical Director.
The procedures for withdrawing the Doctor's Packs and submitting them for replenishment are different to those
for the Pain Packs, with notable differences being;
The doctor must contact the Medical Director or Assistant Medical Director in order to obtain a requisition form
for submission to Central Pharmacy
The doctor must produce Identification, which the pharmacy staff will check against the approved list.
There is no requirement for the doctor to return the pack at the end of a period of duty.
Replenishment drugs must be collected in person from the Royal Victoria Hospital Pharmacy by the designated
doctor for whom the pack is intended.
The security of the pack is the responsibility of the doctor to whom it is allocated.
The doctor must store the pack in accordance with The Misuse of Drugs (Safe Custody) (Northern Ireland)
Doctors must have their own personal CD register for recording all controlled drugs obtained, administered or
supplied by them.

7.6 Regional Ambulance Training Centre (RATC)
The RATC will be a designated location for the storage of POM's.
The RATC will have a station medicines cabinet and a controlled drug safe.
The procedures for the supply and withdrawal of medicines (for normal use or training purposes) will be the
same as for withdrawal at an ambulance station.
Access will be restricted to the paramedic officers based at headquarters, the Medical Director and other
doctors approved by the Medical Director.
The Clinical Training Manager will delegate ordering and the checking of the drug cabinet and packs to
paramedic Training Officers.

7.7 Nerve Agent Antidote Autoinjectors
In line with national guidance, NIAS will maintain a stock of nerve-agent antidote autoinjector devices on all
Rapid Response Vehicles, A&E Ambulances, officer vehicles, HART vehicles and the HEMS service aircraft and
vehicles. These devices will remain on the vehicle at all times and do not need to be returned to station storage
at the end of shift. Rotation of this stock will be overseen by the Emergency Planning Department

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8. Documentation
For the purposes of recording and audit, the use of medicines requires thorough documentation. The key documents are detailed below whilst the procedures relating to their use are detailed later in this document. Examples of the MED01 – MED08 are included in Appendix 4.

8.1 Station Medicine Record. (Form MED01)
A book with carbonised duplicate pages kept in the medicines cabinet in each ambulance station. Used to record any basic or paramedic packs that are placed into or withdrawn from the cabinet. Also used for Supervisors to sign for confirmation of drug stock checks. Completed top sheets (white) will be filed by Supervisors for audit purposes. Columns included for entries are; date, time, pack number, (blue) seal number, drugs used Y/N, (red) reseal number, comments, quality assurance check, printed name and signature.

8.2 Basic Medicines Tally Sheets (Form MED02)
A book with carbonised triplicate pages kept with the Basic Medicine Pack in the ambulance drug cupboard to confirm checks and record drugs withdrawn from it. Details included are; Vehicle registration/call sign, drugs used, drugs left in pack, PRF number, Date, Printed Name and Signature. Entries are made for audit checks (per period of duty) and for drugs used. Top white sheets are submitted to supervisor’s office when a pack goes for replenishment and will be filed by Supervisors for audit purposes. Second yellow copy is enclosed in pack along with requisition/top up sheet when being submitted for replenishment. The third copy remains in the MED02 book.

8.3 Medicine Requisition book (Top up Sheets) (Form MED03 – Appendix 4)
A book with carbonised duplicate pages kept in the medicines cabinet in each ambulance station. This is completed when any pack needs to be replenished. When completed, the top white sheet is placed inside the pack prior to resealing. Details included are; Drugs used/required for replenishment, PRF number (except for basic packs), Date, Printed Name, PIN and Signature, seal number, reseal number and reasons for replenishment (Emergency/Not used/expired)

8.4 Controlled Drug Requisition book (CD Order) (Form MED04)
A triplicate book with carbonised pages kept in the station CD safe. Each page has three sections relating to the ordering of morphine, issue and receipt of morphine.

Section 1 is completed by staff authorised to order morphine/ controlled drugs when Pain Packs need to be replenished. On the day before a station’s delivery of morphine is due, an authorised member of staff will sign the bottom of section 1 and fax the white copy of the form to pharmacy. Section 2 is completed by pharmacy staff responsible for dispensing morphine who will enter the individual pack numbers on section 1. Section 3 is for completion by authorised staff at stations on receipt of delivery of morphine by NIAS delivery staff.

8.5 Station Drug Audit sheets (Form MED05)
A record completed by supervisors on duty at station to confirm the number of drugs bags on station.

8.6 Station Controlled Drugs Register – (Book MED06)
A Controlled Drug Register Book must be contained in each Station Controlled Drug safe. To comply with controlled drugs legislation, this register must be hard bound (not loose leaved) Contain individual sections for each class of drug
Have the name of the drug specified at the top of each page
Have entries in chronological order and made on the day or next day the recorded event occurred
Have the entries made in ink or other indelible form
Not have cancellations, obliterations or alterations; corrections must be made by a signed and dated entry in the margin or at bottom of page
Be kept at the premises to which it relates and be available for inspection at any time
Be kept for a minimum of two years after the date of the last entry

8.7 Personal Controlled Drugs Register (Book MED07)
All healthcare professionals who hold Schedule 1 or Schedule 2 CD stock must keep their own CD register and the legal status of this register must be emphasised. As such each paramedic and doctor must personally hold their own controlled drug register to document each time they withdraw, store, and administer or return morphine. The register will be hard back bound, with numbered pages to contain a continuous record with no gaps. The register will be issued by the area management team and completed books must be shown to the area management team in order to obtain a new register. It must be stressed that, as with the possession of CD’s, the responsibility for maintaining the personal CD register lies with each individual practitioner. The register must be made available immediately for inspection on demand and failure to comply is against legislation and could lead to criminal proceedings.

When not on duty, paramedics must keep their personal CD register securely, to prevent loss or unauthorised use and to ensure availability for inspection. Any loss of a controlled drug register must be reported to the Medical Director via Datix.

The requirements for the MED07 under current legislation are similar to those relating to the MED06, and further guidance is printed on the front cover of the MED07 book by way of a reminder to crews.

- Only one class / strength of drug should be recorded on any page and the head of that page must be completed with the class, strength and form of the drug.
- All entries must be entered in ink and no cancellation, obliteration or alteration can be made. Any correction must be entered in the margin or as a footnote on the page.
- Entries must be made as soon as possible after the supply or administration of a controlled drug.
- No pages may be removed from or added to this register.
• Only one personal register may be used at any time. When this register is full, this register must be shown to your area management for inspection prior to issue of a new register. Both completed and live registers must be made available for inspection on demand at any time.
• Controlled drugs may only be issued to personnel authorised under the NIAS Policy and Procedures for Management of Medicines who can produce proof of identity on demand. Loss of the register should be reported to the Medical Director, Northern Ireland Ambulance Service.
• All controlled drugs administered to patients by staff acting on behalf of NIAS may only be administered directly to a patient in accordance with the Group Authority granted to NIAS HSS Trust under the Misuse of Drugs (Northern Ireland) Regulations 2002.

8.8 Control Notification of Supply of Controlled Drugs Book (MED08)
A book held by the Duty Control Officer to record any notification by a paramedic of withdrawal or supply of morphine (or other controlled drug) in the event of no witness being available. The record will include the date, time, paramedic’s name, type of drug, drug pack number(s), control officer’s name and signature.

8.9 Patient Report Forms (PRF)
Individually numbered, duplicate, carbonised forms used for recording details, assessment and management of individual patients. All drug administration must be recorded on a PRF. The PRF number is cross-referenced on the basic medicines tally sheet, medicine requisition book (top up sheet), CD register and station medicine record as appropriate. The top copy of the PRF is submitted to the Station Supervisor’s office for audit and bottom copy accompanies the patient. (Refer to NIAS Policy & Procedures for Completion of Patient Report Forms). When Morphine has been administered, the PRF is submitted to supervisor’s office separately from other PRF’s for specific audit.

8.10 Belfast Trust Controlled Drug Requisitions Book
This book is solely for the requisitioning of controlled drugs for the purpose of the Doctor’s Pack. A single book will be retained by the Medical Director and the book is not available to other NIAS staff.

8.11 Belfast Trust Pharmacy Supplementary Order Sheet
This book is solely for the requisitioning of non-controlled drugs for the purpose of the Doctor’s Pack. A single book will be retained by the Medical Director and the book is not available to other NIAS staff.

8.12 UIR1 Forms and Datix
UIR1 forms are used as part of the Untoward Incident Reporting Process as established in NIAS procedures and are used to report notifiable incidents as detailed throughout this procedures document. Where possible, initial reports should be submitted online via the Datix system rather than a paper-based UIR1.
9. Checking Procedures

9.1 Standard Checks
During each duty, Station Supervisors must carry out the following checks; (Note- where a station has more than one supervisor on duty at a time, local procedures will delegate the responsibility to one.)
Check the contents of the station medicines cabinet(s) against their record book(s) and confirm the quantities of bags signed out and those that remain in the cabinet as being correct.
Ensure all packs in cabinet are sealed with either a blue or red seal.
Check for any packs that are past or near to (see below*) their expiry date. Any such packs should be opened, a drugs requisition form (top up sheet) completed for replacement of the expired item(s) and resealed with the red seal. (*Note- Packs that are within two weeks of expiry should be treated as expired and sent for replacement as above)
Ensure all ‘used’ packs have been resealed with red seal and serial number recorded. Confirm this against documentation, i.e. Station Medicine Record book and Medicine Requisition (top up sheets).
The Supervisor must complete the Daily Drug Audit Sheet (MED05) to account for all drug packs allocated to that location and sign the quality assurance check column of the Station Medicine Record book.
If in the unusual event that the stock of packs in either the medicines cabinet or CD safe appears to be becoming unduly depleted to an extent that it may not last until the next scheduled courier delivery, the supervisor must contact Pharmacy and NIAS Stores / Courier to arrange an intermediate urgent delivery. In such circumstances the Station Officer / Clinical Support Officer must re-evaluate the routine stock levels for that location.
Any discrepancies or untoward incidents found during the period of duty must be reported immediately to the Station Officer/Area Manager (or Duty Control Officer, if out of hours) and the reporting procedures for untoward incidents followed.

9.2 CD Safe Checks
During each duty, Paramedic Station Supervisors must carry out the above checks AND check the contents of the CD safe in their station.
Check the contents of the station CD safe against its CD register and confirm the quantities of packs signed out and those that remain in the cabinet as being correct.
Complete the section for Pain Packs in the Daily Drug Audit Sheet (MED05).

9.3 Other and Random Spot Checks
Supervisors must perform monthly checks on the contents of Basic Packs in ambulances on station and record this on their Tally Sheet.
Station Officers / Area Managers will perform random spot checks on medicines cabinets and CD safes to ensure compliance with the medicines management procedures and record these checks in the quality assurance column of the Station Medicine Record book.

9.4 DHSSPSNI Inspections
Members of the Pharmacy Inspectorate Team from the DHSSPSNI will undertake regular formal inspection of the pharmacy arrangements at all NIAS stations that hold stocks of drug packs, and may also undertake spot checks if any issues have arisen in the management of controlled drugs in particular. These inspectors will normally contact the Station Officer or Area Manager in order to arrange an inspection at short notice, and will be able to provide official DHSSPSNI identification which should be checked by the station staff. The inspectors must be allowed full access to examine all station drug records as well as personal CD registers of individual staff if required, and will also be allowed to physically examine any NIAS vehicle or station’s medicines cabinet and CD safe and their contents. The inspector may not remove any CD packs unless this has been confirmed by the NIAS staff present with the Medical Director or Assistant Medical Director, and in such cases the withdrawal of any CD packs should be recorded in the station CD Register as normal with the name of the Inspector being recorded as the person to whom the packs are being issued.
A formal report is produced at the end of every inspection which is forwarded to the Assistant Medical Director and this report is included in regular updates on pharmacy activity at the Assurance Committee.

9.5 PSNI Inspections and Investigations
In the event of a notifiable incident, officers of the Police Service of Northern Ireland may undertake an examination of the pharmacy arrangements of any NIAS station, vehicle or records as well as personal CD registers of any member of staff. In such circumstances they will normally be accompanied by a senior NIAS manager, but in the event of an unannounced inspection their identification must be checked and the Medical Director contacted immediately. Any CD stocks that are removed must be recorded in the Station CD Register.
As part of the investigation of potential crime in respect of pharmacy arrangements, the PSNI may also recommend or employ covert surveillance techniques on NIAS property.
10. Procurement, Supply & Restocking

All medicines used by NIAS will be supplied regionally by a single pharmacy. Supply to individual ambulance stations will be by NIAS courier vehicle. The courier vehicle will have a secure drugs storage compartment and a controlled drugs vehicle safe box. The courier will deliver/pick up drugs packs from individual ambulance stations on agreed designated days. A designated person must be present on station on designated days to receive/submit controlled drugs packs from/to the courier.

Requisition of medicines is by completion of a medicine requisition form / top up sheet sealed into individual drugs packs. (Note; when the form is used for top up of a Pain Pack the morphine can only be ordered by a paramedic).

When individual replacement Pain Packs are being ordered (to restock morphine) a designated person will also complete the Controlled MED 04 Drug Requisition book for all pain packs being returned to pharmacy.

10.1 Procedure for Basic and Paramedic Packs

On the designated day, the courier will visit the ambulance station, access the station medicines cabinet and sign out any ‘used’ packs, which are sealed with the red tag. The appropriate entries must be made for each pack in the station medicines record book, including the comment “To Pharmacy”. The courier will place the ‘used’ packs in the secure drug storage compartment of the courier vehicle. The courier will remove ‘new’ packs (Blue seals, From Pharmacy) for that station from the vehicle’s drug storage compartment, place the ‘new’ packs in the station medicines cabinet and sign them in to the station medicines record book, making the appropriate entries for each pack, including the comment “From Pharmacy”. The courier will lock the station medicines cabinet.

10.2 Procedure for Pain Packs

A clear audit trail and trace-ability are key factors in the handling of Morphine and other Controlled Drugs. Therefore, each stage in the movement, storage, use, disposal and recording of morphine / CD’s must be clearly specified. This includes the requirement for signatures and witnessing at various stages.

In NIAS, Morphine can only be ordered by an authorised person (as per section 4.5). This is accomplished after use, when a Medicine Requisition Top up Sheet (MED03) is completed by the paramedic who opened and used the Morphine. This Medicine Requisition Form (MED03) is placed into the individual Pain Pack, which is sealed with a red seal & placed back into CD safe in station.

On the designated day of courier delivery/pick up, an authorised person at each station will complete Section 1 of the Controlled Drugs Requisition Sheet (MED04), which summarises all the individual morphine orders required for the station. The authorised person will then fax the top white copy of the completed MED04 sheet(s) to pharmacy on 028 9063 9614 by 1300hrs in order that pharmacy will have the packs ready for delivery by the next day.

When completed, the top two copies of the MED03 sheets are placed along with the used packs in a pouch supplied for that purpose. The pouch is sealed and placed inside the courier Controlled Drugs Vehicle Safe Box. Details included are; Location, Amounts of Morphine required, ID Numbers of packs required for replenishment, Date, Printed Name and Signature. Pharmacy will return the second copies of order forms to the station with the completed order details.

The courier will deliver/pick up drugs packs from individual ambulance stations on agreed designated days.

The courier will remove the sealed fresh pharmacy delivery pouches from the controlled drugs storage compartment and bring it to the authorised receiving person.

The authorised receiver will open and check the delivery pouches and make the appropriate entries.

The authorised receiver will check the order is complete and correct. They will then add the new pain pack numbers to the pink copy of the original MED04 and complete section 3 of the form. This pink copy will then contain a record of the individual used and new pain pack numbers, and will be given to the courier for return to pharmacy as confirmation that the correct order has been received. The blue copy of the MED04 will contain the same information but is left in the station MED04 book.

The authorised person will place the ‘new’ pain packs in the station controlled drug safe and sign the packs into the station Controlled Drug Register book (MED06), making the appropriate entries for each pack including “Pharmacy” under the column for ‘source’. A witness signature from the courier must also be obtained.

The authorised person will lock the station controlled drug safe.

The courier will place the pharmacy return pouch and signed pink copies of the MED04 to the controlled drugs storage area of the vehicle safe.

All used packs will be transported by the courier to pharmacy for replacement.
In the event of a pack containing morphine (or other controlled drug) is being returned to pharmacy (e.g. expired stock or untoward incident):-

The pack must be sealed

The Station CD Register must be signed for supply “To Victoria Pharmacy”

Return along with documentation stating the reason for return

10.2.1 Unavailability of receiving staff

It is recognised that operational pressures may result in the depletion of staff at station level. In the event that the courier arrives at a station to deliver pain packs and there is no authorised person present due to operational deployment, the courier may act in the role of the authorised receiver as long as there is a witness present who can countersign the MED06 Station Register and the MED04 Requisition sheet for return to pharmacy. This ensures that the station does not risk running short of emergency supplies of morphine while providing protection for the courier who has made the delivery. This witness may be any member of NIAS operational staff or support including a member of PCS crew as they obliged only to confirm that the correct number of packs have been delivered to the station stock in keeping with the MED04 Requisition sheet.

10.3 Pharmacy handover

When presenting at pharmacy, the NIAS courier must show NIAS ID on demand. Pharmacy will retain a list of names and sample signatures of authorised NIAS couriers, supplied by the Medical Director.

The courier will remove used basic and paramedic packs and CD pouches from the vehicle and present them to pharmacy.

The pharmacist or MTO4 / MTO3 will sign a record for receipt of the returned packs. The pharmacist or MTO4 / MTO3 issues new basic and paramedic packs and CD pouches for the station(s) to be supplied to NIAS courier.

The pharmacist or MTO4 / MTO3 will access the CD return pouches from the various stations containing the pain packs needing stocked. The pharmacist or MTO4 / MTO3 will place sealed pharmacy delivery pouches (containing restocked pain packs) and copy of the faxed MED04 which will now have been amended with a list of new pack numbers for the station(s) to be supplied into the delivery vehicle’s controlled drugs secure area. The courier will sign for receipt of all packs/pouches.

10.4 Pharmacy procedures

10.4.1 General

Following their standard procedures, pharmacy will check all NIAS drug packs and stock as required by the requisition / top up sheets contained within.

Any discrepancies or significant concerns should be notified to NIAS Medical Director. Re-stocked packs will contain the designated drugs and a red seal for re-sealing. Each pack will have an overall expiry date clearly identified on the outside. Each pack will be sealed with a blue seal.

(Note- the seals will have a unique serial number clearly visible, must be tamper-evident, not allow any access to the pack without breaking the seal and be sturdy enough to withstand everyday use).

10.4.2 Pharmacy procedures - Controlled Drugs

On receipt of a sealed pharmacy return pouch, the pharmacist will access the pouch by removing the red seal. The pharmacist or MTO4 / MTO3 will check the controlled drug requisition form in each pouch against the individual packs needing replenished and the individual Medicine Requisition form (top up sheet) contained in each pack. The packs will be restocked as required. The pharmacist or MTO4 / MTO3 will complete section 2 of the Controlled Drug Requisition Form (MED04) and place a copy into a pouch with the restocked and sealed CD packs. The pouch will be sealed and clearly labelled for supply back to the relevant ambulance station.

The original fax copy of the Controlled Drug Requisition Form (MED04) will be retained at pharmacy with the associated individual Medicine Requisition Forms (top up sheets) (Med03) attached to it. All packs will be identified for supply to their designated ambulance station / location.
11. Administration

Administration of all POM’s must be in accordance with the current prescribed clinical guidelines and protocols as stated in:
- JRCALC Clinical Guidelines
- IHCD Ambulance Basic Training Manual
- IHCD Ambulance Paramedic Manual
- Local protocols and guidelines as determined by NIAS Medical Director.
- Valid patient group directives.
- Any Group Authority or License to Possess Scheduled Drugs issued to NIAS by DHSSPSNI

All drug administration must be recorded on a patient report form including the time of administration in the 24 hour format.

Any adverse reaction to drugs administered or other untoward incident in relation to medicines use must be reported following the standard NIAS procedures.

All staff involved with the management of medicines will be expected to undertake continuing professional development in relation to current administration guidelines and procedures for the management of medicines within NIAS.

The range of drugs accessible by Emergency Medical Technicians working for NIAS will be defined by the Medical Director.

Failure of any member of staff to act in accordance with their training, procedures and protocols (by act or omission) may lead to disciplinary action. Where there is a breach of relevant legislation, this may also lead to referral to the DHSSPSNI and/or Police Service of Northern Ireland.

Although NIAS technicians and paramedics may practise skills whilst off duty, they are not permitted to carry or administer any NIAS POM’s when off duty. However, an exception to this rule is when attending an incident (whilst off duty) where NIAS crews are in attendance. This may arise, for example, if an individual who is off duty comes across an incident and renders additional assistance to the attending crew. In such circumstances Control must be notified of the attendance of the ‘off duty’ member of staff, so they can be considered on duty covering the period of assistance rendered. Control should record the attendance on the AS1. Any interventions including drug administration must be recorded on the PRF using standard procedures.

12. COSHH

Before initial introduction and/or following any change in presentation, delivery method or strength of a particular drug the change will be reviewed by the Medical Equipment Group. Where required, the NIAS Risk Manager will be responsible for completing a COSHH assessment in accordance with the trust’s COSHH Policy and procedures and to put in place all reasonably practicable measures to prevent injury or illness from accidental exposure to the drug in question.

13. Recall of Defective Product

When a recall of a defective medicinal product has been initiated by a manufacturer, the following procedure will apply.

MHRA or Regional Pharmacist informs NIAS through the Medical Director / Clinical Training Manager / Risk Manager. Pharmacy supplying all packs will inform the Medical Director / Clinical Training Manager / Risk Manager which packs, if any, are affected. (In the event of an emergency recall out of office hours, Pharmacy will notify Ambulance Control/EAC).

The pharmaceutical recall circular and any accompanying information received from pharmacy will be forwarded to Area Managers for circulation and action. Station Officers will ensure the checking of stock in their areas/stations. This may be delegated to Station Supervisors / Clinical Support Officers.

If a recalled product is identified – packs containing it will be subjected to the re-seal procedures and returned to pharmacy for replacement. A note must be made on the order form/top up sheet and station medicine record of the reason for return. Area Managers will advise the Risk Manager of the return.

If no products for recall are identified, the Area Managers will likewise advise the Risk Manager of a ‘nil return’.

14. Drugs and Medicines Alerts (as per NIAS Incident Reporting Procedure)

Drugs and Medicines Alerts will be sent to the Medical Director / Clinical Training Manager / Risk Manager for review and decision regarding any necessary action. Any action arising will be communicated to the relevant staff and recorded and monitored through the risk register.
15. Adverse Incidents and Untoward Incident Reporting

All untoward incidents relating to the management and use of medicines must be reported following the procedures below. For all such incidents the line manager must be informed as soon as possible. If outside normal office hours, the Duty Control Manager must be informed.

Where relevant and practically possible to do so, all items relating to an untoward incident should be retained as evidence.

15.1 Drugs Refused by Patient
When a patient refuses the administration of any medicine as part of their treatment
All reasonable attempts must be made to persuade the patient to allow the treatment, including informing the patient of the need/rationales for the treatment and the possible consequences of not receiving it.
If all attempts fail, the refusal must be noted on the PRF and a ‘Refusal of Consent’ form must be completed, but this does not need to be submitted as an Untoward Incident.

15.2 Expired Packs and Drugs
If a pack is identified as having passed its "use by" date, it should be red-tagged and returned to pharmacy as per normal procedures, and no UIR is required. If an in-date pack is opened and found to contain any expired product, it should be red-tagged, returned to pharmacy and a Datix completed.

15.3 Drugs Defective / Unsealed / Damaged / Breakage / Spilled / Wasted
Drug packs that are unsealed or damaged beyond use should not be withdrawn for a duty shift from the drugs cabinets on station. This must be notified to the Station Supervisor who will identify the problem as per daily checks and return packs to pharmacy as per normal procedures or report using the untoward incident procedure as necessary.
For all other circumstances an Untoward Incident Report including incident statement must be completed via Datix and the untoward incident reporting procedure followed.
The pharmacist will report any defective medicines as per their Defective Medicines Reporting Policy if appropriate.

15.4 Adverse reaction to drugs
If a patient displays an adverse reaction to drugs administered:
Seek medical advice for possible antidote or other treatment options.
Record the administration and reaction to receiving clinician(s).
A Datix including an incident statement must be completed and the untoward incident reporting procedure followed. This should include details of other drugs already being taken by the patient or administered to them during the clinical encounter.
For any incident involving adverse reaction it is important to record the drug batch number and expiry date.
If possible, retain any remaining drug not administered for return to pharmacy for further investigation.
On receipt of a Datix in these circumstances, the Risk Manager will forward full details of the incident to the Medical Director or Assistant Medical Director for review and notification of appropriate bodies such as the MHRA via their established reporting procedures

15.5 Errors in administration
All errors relating to drug administration must be reported. This includes wrong drug, wrong dose, wrong route or delivery method and omission of correct drug administration.
Seek medical advice for possible antidote or other treatment options.
Report the administration / error to receiving clinician(s).
A Datix including incident statement must be completed and the untoward incident reporting procedure followed.

15.6 Drug Disposal.
The only circumstance in which ambulance staff can dispose of a drug is when it has been drawn up or opened for use but has not been administered or has only partially been administered leaving a residual. In such circumstances the remainder should be disposed of by emptying into a sharps box with gelling agent added for liquid medication. Any such disposal of a controlled drug must be recorded in the individual’s personal CD register and a witness signature obtained where possible. The empty syringe can then be placed in the sharps box.
Expired or defective drugs must not be disposed of locally but must instead be returned to pharmacy under existing procedures. A Datix is not required for these circumstances.

15.7 Theft / Loss.
Any incidence of theft or loss of any drug or controlled drug register must be reported immediately and a Datix completed in all cases and forwarded to the risk manager for the attention of the Medical Director.
Where the drug is a controlled drug, this must be reported immediately to the Duty Control Manager who will notify the Police Service Northern Ireland and forward the information to the Risk Manager who will report the incident to the Head of Inspection and Investigation, DHSSPSNI.
Theft or loss of a register must be reported to the immediately to the Duty Control Manager who will forward the information to the Risk Manager for notification to DHSSPSNI. The DHSSPSNI will normally require a formal investigation of any such incident and will advise whether any police investigation is required. A Datix including incident statement must be completed and the untoward incident reporting procedure followed. All staff are required to co-operate fully with a DHSSPSNI or police investigation

15.8 Staff Threatened / Assaulted for Drugs
Staff safety is of paramount importance. In the event that a member of staff is threatened / assaulted by an individual with a view to them obtaining morphine or other drugs, the member of staff must not put themselves at risk in order to prevent the loss of the drugs. The member of staff must immediately report the incident and loss to the Duty Control Manager, who will notify the Police and the on-duty Station Officer. The on-duty Station Officer will contact the member(s) of staff involved with a view to their welfare. If out-of-hours and the staff have not required to attend hospital as a result of the incident, the Duty Control Manager will record details and pass them on to the Duct Control Manager at the start of the next duty for follow up. If out-of-hours but the assault has resulted in hospital attendance for the staff member(s), the Duty Control manager will contact the on-call officer. A Datix including incident statement must be completed and the untoward incident reporting procedure followed.

16. Liability
NIAS, in principle, accepts vicarious responsibility for the negligence of its qualified technicians and paramedics who, in emergency situations within the United Kingdom, administer drugs in the treatment of patients. This applies both during and outside working hours providing an individual acts in accordance with his or her training, procedures and protocols but not for any private or voluntary organisation. The trust is not vicariously liable for the activities of technicians or paramedics undertaking work for private or voluntary organisations. In these circumstances, to avoid the imposition of personal liability, individuals are advised to check beforehand that appropriate insurance cover is in place. When in the pursuance of duties for NIAS, crews are required to attend an incident or are transferring a patient in the Republic of Ireland, reciprocal arrangements are in place for the recognition of professional registrations and NIAS expects its staff members to act in accordance with their own training, clinical protocols and guidelines. This includes the appropriate administration of POM’s and controlled drugs.

17. St John Ambulance NI / Voluntary Services
NIAS may have in effect a formal agreement or memorandum of understanding with St John Ambulance NI or other voluntary service, which allows access to NIAS POM’s. Where such agreement exists, paramedics who are normally employed by NIAS and are working for the voluntary organisation may withdraw drug packs (includes Basic, Paramedic and Pain packs) from designated NIAS locations. The paramedics must be NIAS employees and currently registered with the Health and Care Professions Council. The paramedics must comply with the NIAS policy and procedures for the management of medicines. The paramedics acting for St. John etc. must ensure that sufficient stocks of medication remain on station for use by NIAS staff before withdrawing packs for the voluntary organisation. The paramedics acting for the voluntary organisation must liaise with station management in advance to ensure that the withdrawal of extra packs will not cause operational difficulties for NIAS. When withdrawing packs the comment ‘for St John Ambulance NI’ (or other approved organisation as appropriate) must be entered in the comments column of the Station Medicines Record. Once withdrawn from NIAS storage, drug packs must be stored in appropriate medicines cabinets in St John Ambulance NI (or other approved organisation’s) vehicles, NOT in an individual’s private vehicle. When returning packs, the words ‘by St John Ambulance NI’ (or other approved organisation as appropriate) must be entered in the comments column of the Station Medicines Record. When returning packs from which drugs have been used, the drugs used must be listed in the comments column of the Station Medicines Record. The requisition / top up sheet and (in the case of morphine) order form must clearly show the requisition originated due to St John use, so that the organisation may be invoiced as appropriate. Station Supervisors must inform the clinical audit department of any instance of the opening of packs or use of drugs by St John or other such organisation. All drug packs which have been withdrawn must be returned at the end of that duty to the station from which they were issued. This includes Basic packs, which must not be kept in the voluntary service possession after the period of duty. Use of drugs in St John (or other organisation) must be subject to the same audit processes as in NIAS.
18. Audit and Monitoring

In addition to the station audit arrangements detailed in Section 9, drugs management and use will be subject to regular and random audit by the Clinical Audit Department and may include:
Audit of drugs usage via PRF’s
Specific audit of all instances of morphine usage via PRF’s
Specific comparison audit of all morphine usage between PRF’s and morphine order forms.
Comparison audit of usage between PRF’s, Requisition/top up sheets and station medicines records.
Stations will also be subject to inspection visits by staff from the DHSSPSNI

19. Carriage of Patient’s Drugs in Ambulance Vehicles (including PCS)

When ambulance crews are requested to carry a patient’s own medicines, this must be recorded on the PRF under ‘management comments’. Where the patient journey originates at a hospital or nursing home, this entry on the PRF should be countersigned by a staff member of the facility. Likewise, the member of staff at the destination facility to whom the drugs are handed over must be recorded and they should also countersign the PRF.

All of a patient’s drugs should remain in the patient’s possession at all times. When available, NIAS staff will make use of Patients Own Drug (POD) bags to collect, transport and hand over a patient’s personal medication. This is part of a regional project to ensure a common approach to the handover of patient’s own medications across all of the Trusts and the procedures for this may form part of a new regional policy that will be communicated to staff in due course.

20. Major Incidents

In response to a major incident extra stock of POM’s may be required.
Emergency Equipment Vehicles, which are mobilised in the event of a declared major incident, will be kept stocked with a number of Basic and Paramedic Packs. The monitoring of these drug packs will be the responsibility of the emergency planning team.

In addition, The Ambulance Incident Commander at a major incident may request Control to mobilise a responding officer to sign out extra packs from a designated station/location. The standard signing out procedures must be still followed for each pack. In these circumstances, the officer is not limited to the normal restriction of one Basic Pack, one Paramedic Pack or four Pain Packs per individual.

In addition, Victoria Pharmacy holds a contingency stock of paramedic, basic and pain packs which may be mobilised in the event of a major incident involving a large number of casualties. The procedure for accessing these is detailed in the separate document NIAS Pharmacy Contingency Stockpile Activation.

Emergency Medicine ‘Pods’ containing large stocks of other specific medications for mass administration are stored for deployment in certain major disaster situations. The pods contain drugs which may not be listed in the POMs Order amendment or in JRCALC Clinical Guidelines. However, if the pods are deployed, the administration of the drugs by paramedics will be according to specific Patient Group Directions under emergency planning arrangements. The deployment of these pods may only be requested by the Medical Director, Assistant Medical Director or the Senior Officer On-Call according to the procedures in the document “POD Deployment Procedure” OPS/MIMMS/38.0 DHSSPSNI, and requires sanction by the DHSSPSNI.

21. Hazardous Area Response Team and MIAT Team

Following appropriate training, members of the Hazardous Area Response Team and MIAT teams may, while engaged on a declared HART incident or MIAT deployment, carry and administer medications which are not listed in the POMs Order amendment or in JRCALC Clinical Guidelines. The administration of these drugs will be according to specific Patient Group Directions which are applicable only for the special circumstances encountered by the teams in a declared incident.
22. Controlled Drugs

Paramedic Packs, Pain Packs and Doctor’s Packs contain controlled drugs:

Morphine Sulphate is a strong opiate analgesic drug for parenteral administration for pain relief. Morphine is a Class A drug under the Misuse of Drugs Act 1971 and controlled under Schedule 2 of The Misuse of Drugs Regulations (Northern Ireland) 2002 (MDR (NI) 2002). Morphine is subject to the statutory safe custody and register keeping requirements.

Diazepam is a Class C drug under the Misuse of Drugs Act 1971 and controlled under Schedule 4 Part I of The MDR (NI) 2002. As such, it is not subject to the statutory safe custody or register keeping requirements.

The Medicines Act 1968 restricts the administration of Prescription Only Medicines for parenteral use, (other than for self administration), to administration only by or under the directions of a doctor or dentist.

Under the Prescription Only Medicines (Human Use) Order 1997 exemptions from these restrictions are provided for specified persons in respect of specified medicines. Registered paramedics are one such group of specified persons and the order specifies a list of medicines permitted for parenteral administration by them. Diazepam was already included in this list of permitted medicines and The Prescription Only Medicines (Human Use) Amendment (No. 2) Order 2000 added morphine sulphate to it.

In order to make the supply and possession of morphine sulphate and diazepam by paramedics lawful, the Department of Health, Social Security and Public Safety (DHSSPS), Northern Ireland has issued a Group Authority under The MDR (NI) 2002. Under this authority a registered paramedic, acting for the purpose of their service and employment as such, may supply and possess these two controlled drugs only for their administration for the immediate necessary treatment of sick or injured persons.

The possession of a stock of packs containing morphine sulphate and / or diazepam at NIAS ambulance stations is lawful by virtue of licences issued by the DHSSPS under Regulation 5 of The MDR (NI) 2002. This licence, issued to NIAS HQ, covers named ambulance stations where possession of such stocks may be maintained.

Each station has a pre-determined allocation of Pain Packs. Any request for adjustment to this stock level (outside of normal duty usage) must be made by the Station Officer who will forward this request to the Medical Director or Assistant Medical Director for consideration. The Medical Director will maintain a list of the stock allocations of controlled drugs for all NIAS stations.

In NIAS, it is the intention that only the Chief Executive, The Medical Director, Assistant Medical Director and HCPC registered Paramedics may supply and possess morphine sulphate and diazepam. It is their individual responsibility to comply with the Policy and Procedures for the Management of Medicines. No other NIAS staff may have these controlled drugs in their possession, other than any prescribed to them for personal use.

Under Regulation 6 of The MDR (NI) 2002, The NIAS medicines courier, when acting in that capacity may lawfully transport a secure amount of morphine locked in the vehicle but will not have access to it within its sealed container.

On occasion, a member of staff may need to move or drive a vehicle which has morphine locked in its CD safe whilst there is no paramedic on board or in the vicinity. An example of this would be at a major incident. In such circumstances, the morphine is still the responsibility of the individual in whose CD register it has been signed.

As a controlled drug, the NIAS Procedures for the Management of Medicines in relation to morphine must be strictly adhered to.

Individuals allowed to possess morphine must keep a Personal Controlled Drug Register (MED07) and accurately record in it all amounts of Morphine supplied to them and all those administered, supplied or disposed of by them. This register must be made available immediately for inspection on demand.
Appendices

Appendix 1  List of drugs in drug packs
Appendix 2  Withdrawal and Use Overview Algorithm
Appendix 3  Record keeping documents
MED01 - Station Medicine Record
MED02 - Basic Pack Tally Sheet
MED03 - Medicine Requisition Top Up Sheet
MED04 - Controlled Drug Requisition Sheet
MED05 - Daily Drug Audit Sheet
MED06 - Station Controlled Drug Register
MED07 - Personal Controlled Drug Register
MED08 - Control Notification of Controlled Drugs Supply

Appendix 4  Examples of completed controlled drug documentation
Appendix 1 - Drug Pack Contents

Medicines contained in Drug Packs with effect from April 2014 are listed below. These contents may be subject to change at any time.

### BASIC DRUG PACK

<table>
<thead>
<tr>
<th>Drug</th>
<th>Presentation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline Inj</td>
<td>1mg in 1ml (1:1,000)</td>
<td>Pre-filled syringe</td>
</tr>
<tr>
<td>Aspirin Dispersible</td>
<td>300mg tablet</td>
<td></td>
</tr>
<tr>
<td>Glucagon Inj</td>
<td>1mg</td>
<td>(as Glucagen kit)</td>
</tr>
<tr>
<td>Glucogel</td>
<td>23g tube</td>
<td>40% glucose gel</td>
</tr>
<tr>
<td>GTN</td>
<td>400mcg multi-dose</td>
<td>200-dose spray</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>100mg in 5ml suspension for oral use</td>
<td></td>
</tr>
<tr>
<td>Ipratropium</td>
<td>250mcg in 1ml nebule</td>
<td></td>
</tr>
<tr>
<td>Paracetamol</td>
<td>250mg in 5ml suspension for oral use</td>
<td></td>
</tr>
<tr>
<td>Paracetamol IV</td>
<td>1g in 100ml</td>
<td>100ml bottle for infusion</td>
</tr>
<tr>
<td>Salbutamol</td>
<td>2.5mg/2.5ml nebule</td>
<td></td>
</tr>
</tbody>
</table>

### PARAMEDIC PACK

<table>
<thead>
<tr>
<th>Drug</th>
<th>Presentation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline</td>
<td>1mg in 10ml (1:10,000)</td>
<td>10ml Prefilled syringe</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>30mg / ml</td>
<td>10ml Prefilled syringe</td>
</tr>
<tr>
<td>Atropine</td>
<td>1mg in 10ml</td>
<td>Prefilled syringe</td>
</tr>
<tr>
<td>Benzylpenicillin</td>
<td>600mg (as powder)</td>
<td>Vial – provided with diluent</td>
</tr>
<tr>
<td>Chlorphenamine</td>
<td>10mg in 1ml</td>
<td>1ml ampoule</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>4mg / ml</td>
<td>1ml ampoule IV solution for oral use</td>
</tr>
<tr>
<td>Diazepam rectal</td>
<td>5mg in 2.5ml</td>
<td>rectal tube</td>
</tr>
<tr>
<td>Diazepam rectal</td>
<td>10mg in 2.5ml</td>
<td>rectal tube</td>
</tr>
<tr>
<td>Diazepam injection</td>
<td>5mg / ml</td>
<td>2ml ampoule</td>
</tr>
<tr>
<td>Furosemide</td>
<td>10mg / ml</td>
<td>5ml ampoule</td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>100mg / ml</td>
<td>5ml ampoule</td>
</tr>
<tr>
<td>Misoprostol</td>
<td>200mcg tablets</td>
<td>tablet for rectal / PV use</td>
</tr>
<tr>
<td>Naloxone</td>
<td>2mg in 2ml</td>
<td>Prefilled syringe</td>
</tr>
<tr>
<td>Ondansetron</td>
<td>2mg / ml</td>
<td>2ml ampoule</td>
</tr>
<tr>
<td>Tranexamic Acid</td>
<td>100mg / ml</td>
<td>5ml ampoule</td>
</tr>
</tbody>
</table>

### PAIN PACK

<table>
<thead>
<tr>
<th>Drug</th>
<th>Presentation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphin Sulphate</td>
<td>10mg in 10ml</td>
<td>10ml ampoule</td>
</tr>
</tbody>
</table>

### NON-PACK FLUIDS

The following Intravenous fluids for paramedic use will be stored in Paramedic response bags and/or the fluid warmer in the ambulance.

- Activated Charcoal 50g in 250ml bottle
- Glucose 10% 500ml (50g) infusion bag
- Sodium Chloride 0.9% 500ml infusion bag
- Sodium Chloride 0.9% flush 2ml, 5ml, 10ml
- Water for injection 10ml
Appendix 2– Withdrawal and Use Overview Algorithms

(These algorithms are provided as summary guides to the procedures. They must be read in conjunction with the full NIAS Policy and Procedures for the Management of Medicines)

Commencement of duty

Crew commences duty

> Crew checks basic drugs pack in ambulance and attendant signs tally sheet

> If item(s) in basic pack are below minimum levels (or exceed expiry date) – follow replacement procedure as below

> Basic Pack available in vehicle for duration of duty

> Paramedic accesses station drugs cabinet, checks & signs out Paramedic pack

> Paramedic locks Paramedic Pack in vehicle drugs cupboard

> Paramedic & witness sign morphine packs out of CD safe register and in to Paramedic CD register

> Paramedic locks station CD safe and drugs cabinet

> Paramedic locks morphine packs in vehicle CD safe and sets personal combination

> Morphine available in vehicle CD safe for duration of duty

> Paramedic accesses Station CD safe, checks & removes x4 Pain Packs

Crew member administers Drug from Basic Pack

> Administration recorded on PRF

> Used pack checked to ensure all drugs still above minimum levels and tally sheet is signed

> If stock OK, Basic Pack remains available in vehicle for duration of duty

> Paramedic administers Drug from Paramedic Pack

> Administration recorded on PRF

> Used pack returned to Station medicine cupboard

> Paramedic administers morphine

> Administration recorded on PRF

> Administration recorded in personal register. Paramedic & witness sign CD register

> Used pack returned to vehicle CD safe until end of duty or personal morphine stock falls below 2 packs

NIAS Procedures for the Management of Medicines (2019) 28
Replenishing used packs

Item(s) in basic pack fall below minimum (or exceed expiry date)

Attendant completes Tally Sheet (Top copy to Supervisors Office)

Attendant accesses Station Medicine Cabinet

Attendant completes medicine requisition (Top-up sheet) for used pack. Top copy + tally sheet placed inside pack. Pack re-sealed with red seal and replaced in station medicine cabinet

Attendant signs Basic Pack into Station Medicines Record

New pack signed out of Station Medicine Record

New Basic Pack placed in vehicle drug cupboard and new Tally Sheet started

PRF submitted as normal Top copy tally sheet submitted to supervisor office

On return to station and needing to replace Paramedic Pack

Paramedic accesses Station Medicine cabinet.

Paramedic completes medicine requisition (Top-up sheet) for used pack. Top copy placed inside pack. Pack re-sealed with red seal. Re-sealed pack replaced in station medicine cabinet

Paramedic signs used pack in to Station Medicines Record

New Paramedic Pack placed in vehicle drug cupboard

PRF submitted as normal

On return to station and needing to replace morphine

Paramedic accesses Station CD safe.

Paramedic completes medicine requisition (Top-up sheet) for used pack. Top copy placed inside pack. Pack re-sealed with red seal.

Paramedic replaces resealed pack into station CD safe

New pack signed out as before.

New Paramedic Pack placed in vehicle CD Safe

New Pain Pack placed in vehicle CD Safe

PRF submitted separately for morphine audit.
Withdrawal and Use Overview (cont'd)
Completion of Duty (Packs unopened)

Crew completes duty -
All contents of Basic Pack still above minimum levels and in date

Paramedic completes duty
(Paramedic pack unopened)

Paramedic removes
Paramedic pack from vehicle

Paramedic accesses station
Medicines cabinet

Paramedic signs pack in to
Station Medicines Record and
locks pack into Station
Medicines Cabinet

Basic Pack remains locked in
Vehicle Drugs Cupboard

Paramedic completes duty
(Morphine pack unopened)

Paramedic removes
Morphine/Pain pack(s) from
vehicle CD safe

Paramedic accesses station
CD safe.

Paramedic & witness sign
packs out of personal register
and in to Station CD register

Paramedic locks Morphine
packs & station CD register in
station CD safe

NIAS Procedures for the Management of Medicines (2019)
# Appendix 3 – Record Keeping Documents

## MED01 – Station Medicines Record Book

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PACK No.</th>
<th>SEAL No.</th>
<th>NAME (Print)</th>
<th>PIN</th>
<th>Signature</th>
<th>MEDICINES USED? (Y) OR (N) &amp; RESEAL No.</th>
<th>POF No. (Not basic pads)</th>
<th>VEHICLE CALL SIGN (If applicable)</th>
<th>QUALITY CHECK COMPLETED BY NAME DATED/TIMED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUT</td>
<td>IN</td>
<td></td>
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<tr>
<td>OUT</td>
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</tr>
</tbody>
</table>
### MED02 – Basic Pack Medicines Tally Sheet

#### Northern Ireland Ambulance Service

**Basic Pack Medicines Tally Sheet**

<table>
<thead>
<tr>
<th>Vehicle registration</th>
<th>Call sign</th>
<th>Pack Number</th>
<th>Expiry</th>
<th>Seal Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Stock Number</th>
<th>Date</th>
<th>Name (Print)</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Top copy to station supervisor, 2nd copy to be returned with bag for replenishment, 3rd copy to remain in book.
## MED03 – Medicine Requisition Top-Up Sheet

### Basic Pack

<table>
<thead>
<tr>
<th>Description of Medicine</th>
<th>Quantity</th>
<th>Pack Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline Inj</td>
<td>1mg in 1ml (1:1,000) Minijet</td>
<td>2 Seal Number</td>
</tr>
<tr>
<td>Aspirin Dispersible</td>
<td>300mg tablet</td>
<td>32</td>
</tr>
<tr>
<td>GN sublingual spray</td>
<td>400mg multidosage spray</td>
<td>10 Reseal Number</td>
</tr>
<tr>
<td>Glucagon Inj</td>
<td>1mg (Glucagen kit)</td>
<td>5</td>
</tr>
<tr>
<td>Glucogel 40% glucose gel</td>
<td>23g tube</td>
<td>6</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>100mg in 5ml sachets</td>
<td>8</td>
</tr>
<tr>
<td>Ipratropium</td>
<td>250mcg in 1ml nebul</td>
<td>10 Emergency Use?</td>
</tr>
<tr>
<td>Paracetamol Infusion</td>
<td>1g in 100ml (100ml bottle)</td>
<td>2 Opened/ Not used?</td>
</tr>
<tr>
<td>Paracetamol suspension</td>
<td>120mg in 5ml sachets</td>
<td>12</td>
</tr>
<tr>
<td>Salbutamol</td>
<td>2.5mg/2.5ml nebul</td>
<td>20</td>
</tr>
</tbody>
</table>

### Paramedic Pack / Doctor’s Pack

<table>
<thead>
<tr>
<th>Description of Medicine</th>
<th>Quantity</th>
<th>PRN Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline Inj</td>
<td>1mg in 10ml (1:10,000)</td>
<td>8</td>
</tr>
<tr>
<td>Amiodarone Inj</td>
<td>300mg in 10ml</td>
<td>2</td>
</tr>
<tr>
<td>Atropine Inj</td>
<td>600mcg in 1ml ampoule</td>
<td>3</td>
</tr>
<tr>
<td>Benzylpenicillin</td>
<td>600mg (as powder) (vial + diluent)</td>
<td>2</td>
</tr>
<tr>
<td>Chlorpheniramine</td>
<td>10mg in 1ml (1ml ampoule)</td>
<td>1</td>
</tr>
<tr>
<td>Decamethasone</td>
<td>4mg in 1ml (1ml ampoule)</td>
<td>2</td>
</tr>
<tr>
<td>Diazepam</td>
<td>5mg in 2.5ml rectal tube</td>
<td>2</td>
</tr>
<tr>
<td>Diazepam (as Diazepam)</td>
<td>10mg in 2ml</td>
<td>2</td>
</tr>
<tr>
<td>Furosemide Inj</td>
<td>50ml in 5ml ampoule</td>
<td>2</td>
</tr>
<tr>
<td>Hydrocortone</td>
<td>100mg in 1ml (1ml ampoule)</td>
<td>2</td>
</tr>
<tr>
<td>Metoprolol</td>
<td>200mg tablet</td>
<td>5</td>
</tr>
<tr>
<td>Naloxone Inj</td>
<td>2mg in 2ml</td>
<td>4</td>
</tr>
<tr>
<td>Ondaretorin</td>
<td>2mg in 2ml (2ml ampoule)</td>
<td>2</td>
</tr>
<tr>
<td>Tranexamic acid</td>
<td>500mg ampoule</td>
<td>2</td>
</tr>
</tbody>
</table>

### Pain Pack

<table>
<thead>
<tr>
<th>Description of Medicine</th>
<th>Quantity</th>
<th>Fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine Sulphate</td>
<td>10mg in 10ml</td>
<td>1</td>
</tr>
</tbody>
</table>

### General

<table>
<thead>
<tr>
<th>Description of Medicine</th>
<th>Number Ordered</th>
<th>Pharmacy Use Only Accepted by (Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated Charcoal</td>
<td>50g in 250ml bottle</td>
<td>Pharmacist Code</td>
</tr>
<tr>
<td>Glucose 10% for infusion</td>
<td>500ml (50g) infusion bag</td>
<td>Signed</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% inj</td>
<td>2ml</td>
<td>Date</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% inj</td>
<td>5ml</td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride 0.9% inj</td>
<td>10ml</td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride 0.9% for infusion</td>
<td>500ml infusion bag</td>
<td></td>
</tr>
<tr>
<td>Water for injection</td>
<td>10ml</td>
<td></td>
</tr>
</tbody>
</table>

---

Top copy to be sealed in pack to go to Pharmacy - bottom copy to stay in book
### MED 04 Controlled Drug Requisition Book

**Section 1**

Please supply the following items for use in:

<table>
<thead>
<tr>
<th>Description</th>
<th>Strength</th>
<th>Quantity</th>
<th>Pack ID Numbers</th>
<th>Pack ID Issued By Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine Sulphate syrup</td>
<td>10mg/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Controlled Drugs

Signed (Designated Person): [Signature]  
Designation: [Designation]

Print Name Clearly: [Name]  
Fax while copy to Pharmacy by 1pm on day before delivery then return to book

**Section 2:** For completion at Pharmacy  
Date: [Date]

Deposited by (Print Name): [Name]  
Signed (Print) [Signature]  
Pharmacist / Technician

Fax to be retained at Pharmacy. Photocopy to accompany completed order back to Station

**Section 3:** For completion on receipt at station  
Date: [Date]

Completed Order Received and checked by: [Print Name]  
Designation: [Designation]  
[Signature]  
Sign pink delivery and return to pharmacy
# MED05 – Station Drug Audit Record

## Northern Ireland Ambulance Service

### Station Drug Audit Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Basic Packs</th>
<th>Paramedic Packs</th>
<th>Thrombolysis Packs</th>
<th>Plan Packs</th>
<th>Supervisors Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red Seal</td>
<td>Blue Seal</td>
<td>Total</td>
<td>Red Seal</td>
<td>Blue Seal</td>
</tr>
<tr>
<td></td>
<td>Signed Out</td>
<td></td>
<td></td>
<td>Signed Out</td>
<td></td>
</tr>
</tbody>
</table>

*If pharmacy pouch has been sealed then refer to completed MED04 sheets to obtain tally of packs within pouch*
### MED06 Station Controlled Drug Register

**Drug Name, Strength and Form:**

<table>
<thead>
<tr>
<th>STATION: (enter full address)</th>
<th>STATION: (enter full address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pack Number</td>
<td>Pack Number</td>
</tr>
<tr>
<td>Date obtained</td>
<td>Date obtained</td>
</tr>
<tr>
<td>Obtained from</td>
<td>Obtained from</td>
</tr>
<tr>
<td>Signed in by (NAME)</td>
<td>Signed in by (NAME)</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>PIN</td>
<td>PIN</td>
</tr>
<tr>
<td>Witness Signature</td>
<td>Witness Signature</td>
</tr>
<tr>
<td>Witness PIN</td>
<td>Witness PIN</td>
</tr>
<tr>
<td>Date out</td>
<td>Date out</td>
</tr>
<tr>
<td>Out to (Name)</td>
<td>Out to (Name)</td>
</tr>
<tr>
<td>Out to (Signature)</td>
<td>Out to (Signature)</td>
</tr>
<tr>
<td>Paramedic PIN</td>
<td>Paramedic PIN</td>
</tr>
<tr>
<td>Witness Name</td>
<td>Witness Name</td>
</tr>
<tr>
<td>Witness Signature</td>
<td>Witness Signature</td>
</tr>
<tr>
<td>Witness PIN</td>
<td>Witness PIN</td>
</tr>
<tr>
<td>Returned Used etc.</td>
<td>Returned Used etc.</td>
</tr>
</tbody>
</table>

Controlled drugs may only be issued to personnel authorised under the NHA Policy and Procedures for Management of Medicines who can produce proof of identity on demand.

These records must be retained on station for at least two years after the latest entry.

1. If new stock enter Victoria Pharmacy, otherwise for returned unused stock enter name of paramedic returning packs.
2. Enter whether stock is USED / RETURNED / DAMAGED / DISCARDED. Returned stock must be signed into a new column.

Procedures for the Management of Medicines (2019) 36
# MED07 – Paramedic Personal Controlled Drugs Register

<table>
<thead>
<tr>
<th>Name:</th>
<th>PIN No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug:</td>
<td>e.g. Morphine Sulphate for injection 10mg (ten milligrams)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date obtained</th>
<th>From (Station)</th>
<th>Pack No</th>
<th>Admin to patient or disposal*</th>
<th>Date given / returned</th>
<th>Dose given / discarded</th>
<th>PRF No</th>
<th>Returned (station)</th>
<th>Witness (signature/Fin)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

All controlled drugs administered to patients by staff acting on behalf of NIAH may only be administered directly to a patient in accordance with the Group Authority granted to NIAH HSS Trust under the Misuse of Drugs (Northern Ireland) Regulations 2002.

*If administered enter name of and address of patient. If returned to station enter “RETURNED”, otherwise enter “DISCARDED or DAMAGED”. Record details on FRF.
Appendix 4 – Examples of Completed Controlled Drugs Documentation

Notes on completion of the MED 06 Station Controlled Drug Register.
A sample page is included showing the different possible transactions involving the MED06 Register
The relevant drug and station details must be entered at the top of every page as shown.
Details above the thick line refer to Pain Packs being placed in the station stock, while details below the thick line refer to packs being removed from station stock.
The MED06 Controlled Drug Register must be kept in the station controlled drug safe.

- **Signing a full pack into the register**
  In the first column, a new pack CD001 is received from pharmacy, delivered to the station on the 21st of July by A.N.Other, and is signed into the register by J.Smith.
  This shows that pack CD001 contains morphine and is present in the controlled drug safe.

- **Withdrawning a pack and returning it unused**
  In the second example, pack CD002 has been received as before, but has been withdrawn the next day by Paramedic J.Bloggs at the start of their shift.
  The pack has not been opened during the shift and has therefore been returned – still containing morphine - to the station controlled drug safe and the word “Returned” is entered in the bottom row to indicate what has become of the pack.
  As the pack has been placed back in the station stock, it must be signed back into a new column to again indicate that this full pack is present in the safe and this return is witnessed by J.Smith.

- **Withdrawning a pack which is then administered to a patient**
  The third example shows pack CD003 being received on station and then withdrawn for a shift by J.Bloggs as before, but in this case the morphine is administered to a patient during the paramedic’s shift. On return to station, the paramedic enters the word “Used” in the bottom row to indicate what has become of the pack.
  In this case, no controlled drug is being returned to the station stock and so there is no requirement to sign the pack back into the register as before.
  The pack which no longer contains morphine can be placed back in the controlled drugs safe ready for replacement.

NB The example shown has blank columns between different packs for clarity – in actual use NO columns should be left blank.

Notes on completion of the MED 07 Personal Controlled Drug Register.
A sample page is included showing the different possible transactions involving the MED07 Register
The relevant drug and personal must be entered at the top of every page as shown.

- **Paramedic withdraws full pack at start of shift**
  Using the examples given for the MED06, Paramedic J.Bloggs withdraws full pack CD002 from the station controlled drug safe and places it in the vehicle controlled drug safe.
  This pack is not used during the shift and is therefore returned to the station controlled drug safe at the end of the shift.
  This is witnessed by J.Smith.

- **Paramedic withdraws a full pack and administers it to a patient**
  Pack CD003 is also withdrawn by J.Bloggs at the start of the paramedic’s shift, but the morphine is subsequently administered to a patient. This is witnessed by the paramedic’s partner J.Smith who signs in the appropriate column.
  The recorded amount of drug administered (in this case the full 10mg) and the PRF number relating to the call are recorded as well.

- **Paramedic administers morphine to a patient but is unable to obtain a witness**
  The recording of a witness signature in the MED07 Personal Register is seen as best practice and provides an extra layer of reassurance and protection to the staff involved. However, if there is no absolute legal requirement to obtain this signature and in the case of a solo paramedic attending a patient who requires analgesia, the drug should be administered as usual, as this is in the best interests of the patient.
  Pack CD004 is withdrawn by J.Bloggs as before, but the morphine is subsequently administered to a patient. No witness is available on this occasion but the paramedic administers the analgesia, records the patient, dose and PRF details, and contacts control to advise the Duty Control Officer that morphine has been administered. The paramedic enters “Control Contacted” and the name of the Duty Control Officer in the witness column.
  The Duty Control Officer will record the relevant details in the book kept in EAC for that purpose.
  NB Blank columns are shown in the example for the sake of clarity, but no blank rows should be left in the personal register. An example of the drugs section of a Patient Report Form detailing the administration of a dose of morphine is also shown below.

Notes on completion of the MED08 Control notification of Controlled Drugs Supply Book
Whenever a paramedic is unable to obtain a witness signature during the withdrawal, administration or restocking of a Pain Pack, they will inform the Duty Control Officer who will record the relevant details in the MED08 book.
The record must include the date and time of the record, the C3 call reference number, the paramedic’s name, type of drug involved, the amount and outcome of the drug, the drug pack number(s), and the control officer’s name and signature.
Only one copy of this book should be in use at any time. When the book is completed it must be returned to the Medical Director and a new book obtained. This book will be subject to regular audit.
An example of a completed record is included at the top of every page in the book.
**Drug Name, Strength and Form:** Morphine Sulphate Ten Milligrams for Injection

e.g. Morphine Sulphate Ten Milligrams for Injection

| STATION: Lagan Valley, Hillsborough Road, Lisburn (enter full address) |
|---|---|---|---|---|
| **Pack Number** | CB001 | CB002 | CB003 | CB004 |
| **Obtained from** | Victoria Pharmacy | Victoria Pharmacy | J Bloggs | Victoria Pharmacy |
| **Receiver Name** | J Smith | J Smith | J Smith | J Smith |
| **Receiver Signature** | J Smith | J Smith | J Smith | J Smith |
| **Receiver PIN** | 1234 | 1234 | 1234 | 1234 |
| **Witness Signature** | MN Other | MN Other | J Bloggs | MN Other |
| **Witness PIN** | 4321 | 4321 | 3399 | 4321 |

| **Date out** | 22.7.2010 | 22.7.2010 |
| **Out to** | (Name) | J Bloggs |
| **Out to** | (Signature) | J Bloggs |
| **Paramedic PIN** | 9999 | 9999 |
| **Witness Name** | J Smith | J Smith |
| **Witness Signature** | J Smith | J Smith |
| **Witness PIN** | 1234 | 1234 |
| **Returned** | Used |

Controlled drugs may only be issued to personnel authorised under the NIAS Policy and Procedures for Management of Medicines who can produce proof of identity on demand.

These records must be retained on station for at least two years after the latest entry.

1 If new stock enter Victoria Pharmacy, otherwise for returned unused stock enter name of paramedic returning packs

2 Enter whether stock is USED / RETURNED / DAMAGED / DISCARDED  Returned stock must be signed into a new column
<table>
<thead>
<tr>
<th>Date obtained</th>
<th>From (Station)</th>
<th>Pack No</th>
<th>Admin to patient or disposal*</th>
<th>Date given / returned</th>
<th>Dose given / discarded</th>
<th>PRF No</th>
<th>Returned (station)</th>
<th>Witness (signature/Pin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.7.10</td>
<td>Lisburn</td>
<td>CD002</td>
<td>RETURNED</td>
<td>22.7.2010</td>
<td>/</td>
<td></td>
<td></td>
<td>J Smith / 1234</td>
</tr>
<tr>
<td>22.7.10</td>
<td>Lisburn</td>
<td>CD003</td>
<td>A Patient, 10 West Street, Anytown</td>
<td>22.7.2010</td>
<td>10mg</td>
<td>123456</td>
<td></td>
<td>J Smith / 1234</td>
</tr>
<tr>
<td>23.7.10</td>
<td>Lisburn</td>
<td>CD004</td>
<td>B Injured, Westlink, Belfast</td>
<td>23.7.2010</td>
<td>8mg / 2mg</td>
<td>123457</td>
<td></td>
<td>Control contacted A White, DCO</td>
</tr>
</tbody>
</table>

- Blank lines are for example clarity only – no blank lines should be left in a live register.
<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Call Reference No.</th>
<th>Name of paramedic</th>
<th>Name of drug involved</th>
<th>Indicate dose and outcome of drug*</th>
<th>CD Pack number</th>
<th>Name of control officer / signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/3/2010 @ 21:00</td>
<td>123456</td>
<td>A.N. CONY</td>
<td>Morphine injection</td>
<td>Taken administered</td>
<td>CP123</td>
<td>John Doe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Indicate the dose involved in milligrams, and the outcome (WITHDRAWN, ADMINISTERED, DAMAGED, DISCARDED, RESTOCKED)
A sample of the drugs section of a patient report form is shown below demonstrating the correct method of recording a dose of morphine based on one of the previous examples.

<table>
<thead>
<tr>
<th>Drug &amp; Dose</th>
<th>Route</th>
<th>Admins</th>
<th>Time of admin</th>
<th>By (PIN)</th>
<th>By Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>GTN SPRAY</td>
<td>SL</td>
<td>02</td>
<td>17 04</td>
<td>9 3 3 3</td>
<td></td>
</tr>
<tr>
<td>MORPHINE 1mg</td>
<td>IV</td>
<td>01</td>
<td>17 04</td>
<td>9 3 3 3</td>
<td></td>
</tr>
<tr>
<td>ASPIRIN 300mg</td>
<td>PC</td>
<td>01</td>
<td>17 50</td>
<td>9 3 3 3</td>
<td></td>
</tr>
<tr>
<td>CLOPIDOGREL 600mg</td>
<td>PC</td>
<td>02</td>
<td>17 50</td>
<td>9 3 3 3</td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Lactate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piperazine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diazepam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine Sulphate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyposedone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone (Narcoc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transported to: Hospital □ Left at scene □ A&E □ Deceased □ CCU □ Other Dept □ Other Dept
Signed

Personal data on this form will be held in accordance with the 1998 Data Protection Act. Information may be used anonymously for audit purposes.

Copyright © NIAS 2008
1.0 Welcome and Apologies

No apologies were noted.

2.0 Procedure

2.1 Declaration of Potential Conflicts of Interest

No potential conflicts of interest were declared.

2.2 Quorum

The Committee was confirmed as quorate.

2.3 Confidentiality of Information

The Chair reminded those present that some information, such as that relating to specific patients, requires confidentiality, and that meetings should otherwise be open and transparent.

3.0 Minutes of the Assurance Committee Meeting held on 14 November 2018

The Minutes were presented for noting, having previously been circulated, agreed and signed by the Committee Chair.

4.0 Matters Arising

Matters arising are covered within the Agenda.

4.1 Action Points

Progress against action points arising in the previous meeting was noted:

- A summary sheet has been included with the SAI report as agreed.
- A sample maternity uniform is now on display in Reception.
- With regards the inclusion of a Near Miss Register, this will be included for the next meeting.
Action: Director of HR & Corporate Services and Risk Manager to liaise on development on Near Miss Register.

5.0 Chairman’s Business

The Chair had no business to report and asked that this item be removed from the Agenda moving forwards.

Action: Item to be removed from Agenda.

6.0 IPC Progress Update

An update on the IPC Key Performance Indicators (KPIs) was provided. It was noted that RQIA are aware of these and indeed had recommended developing such robust monitoring and reporting procedures.

With regards the hand hygiene KPI, the challenges of achieving this were noted, including the small sample size and the competing demands on CSOs’ time to conduct these audits.

The Committee asked what assurance could be provided that IPC standards will continue to improve, in particular with vehicles and premises, and it was noted that the Trust continues to monitor IPC, identify issues and generate action plans. The Committee noted, for example, the initiative being piloted around the provision of cleaning equipment on vehicles, and also the changes already made to vehicles to improve vehicle cleanliness. It was also noted that NIAS is now part of RQIA’s routine inspection schedule as evidenced by the recent positive revisit to Ballymena station, and it is expected that more frequent external feedback will be received.

7.0 Standing Agenda Items

7.1 Assurance Framework Update

The Committee noted and commended the revised framework, structured around the Trust’s corporate objectives and linked to the corporate risk register, and work to develop this further continues. The importance of scrutiny within the framework was highlighted.

Action: Typographic errors around RAG rating to be corrected.

7.2 Corporate Risk Register

A summary document highlighting key risks was circulated to the Committee. The Committee found this helpful and asked for it to be included for future meetings.

Action: Risk Manager to continue to include laminated summary with Corporate Risk Register.

7.3 Local Risk Register Review (Finance & ICT)

The Committee reviewed the register and discussed the financial outlook and challenges for the coming year.

7.4 Serious Adverse Incidents

The Committee commended the new format of this report, and clarification was provided on a number of incidents.
The Committee noted with some concern the current reviews of SAI management being undertaken by RQIA and by Internal Audit, and in particular the Priority 1 findings allocated by Internal Audit. Whilst this would be discussed in more detail at Audit Committee, the Committee noted the ongoing pressure this places on a limited resource, highlighting the urgent need for additional capacity.

The Medical Director advised the Committee that strenuous efforts were being made to minimise the time taken to complete the NIAS registration of new community AEDs.

7.5 **Incident Data**
A summary document was circulated and the Committee noted that the key themes remain unchanged. Clarification was provided to the Committee on some of these themes.

7.6 **Coroner's Reports & Letters**
None within this reporting period.

7.7 **Medical Device Alerts**
None within this reporting period.

7.8 **NICE Guidelines and Departmental Advisory Notices**
None within this reporting period.

7.9 **Pharmacy & Medicines Management**
No independent station inspections by the Departmental team had taken place during this reporting period.

It was noted that Internal Audit will be carrying out a scheduled review of NIAS pharmacy arrangements this week.

7.10 **Implementation of IHRD**
It was noted that regional work is ongoing, with NIAS continuing to attend meetings and workshops.

7.11 **Whistle-Blowing Register**
The Whistle-Blowing Register was distributed to the Committee for the first time, and the two current live cases were discussed. The Committee highlighted the delay in concluding these and asked that more rigour be applied to this process.

*Action: HR Directorate to provide clarification and further detail to the Committee at the next meeting, including positive statements of actions taken.*

In terms of assurance, it was noted that whistle-blowing cases are now reviewed by the Trust’s Learning Outcomes Review Group to ensure there is no recurrence.
8.0 Standing Agenda Items

8.1 Health & Safety Committee
Noted. Training is being arranged for Non-Executive Directors.

8.2 Fire Compliance Group
Noted.

8.3 Facilities & Support Group
Noted. The Committee discussed contract negotiations being undertaken around facilities management.

8.4 Information Governance Steering Group
Noted.

8.5 Medical Equipment Group
Noted.

8.6 Infection Prevention & Control Group
Noted.

8.7 Emergency Preparedness & Business Continuity Group
Noted.

8.8 Learning Outcomes Review Group
Noted.

8.9 Joint PSNI/NIAS Clinical Care Working Group
Noted. The Committed noted this group’s discussions around the administration of Naloxone.

8.10 Community Resuscitation Strategy Implementation Group
Noted.

9.0 Additional Items

9.1 Controls Assurance Standards
The Committee noted the summary of the replacement process, and it is anticipated that an update on the new arrangements will be available for the next meeting.

9.2 RQIA

9.2.1 Audits & Inspections re: Restraint & Seclusion
Frustration was expressed at not yet having received a report on this regional review to which NIAS contributed.

9.2.2 Review of Serious Adverse Incidents
The Committee noted the regional review arising from IHRD on how SAIs are managed.
9.3 **Cyber Security Risk**
A presentation was given by the ICT Manager and the Committee noted the significance of the current regional work, and the Trust's participation and associated action plans, including business continuity. While NIAS does not currently have a dedicated resource, it was noted that funding has been identified to develop resources.

10.0 **Any Other Business**

The Committee agreed that the review period for the Committee’s Terms of Reference be extended to two years to correspond other NIAS Committees and other Trusts. It was agreed therefore that the Terms of Reference be reviewed next in March 2020.

**Date of Next Meeting**

**Tuesday 21 May 2019, 11am**, Board Room, NIAS HQ.

Signed: ________________________  Date: ___________________

(Trevor Haslett, Chairman)  8 April 2019
Minutes of an Extraordinary Meeting of the Assurance Committee
Thursday 4 April 2019 12.30pm
NIAS HQ, Knockbracken Healthcare Park, Belfast

PRESENT
Mr T Haslett  Non-Executive Director (Chair)
Mr W Abraham  Non-Executive Director
Mr D Ashford  Non-Executive Director
Mr A Cardwell  Non-Executive Director

IN ATTENDANCE
Mr M Bloomfield  Chief Executive
Dr N Ruddell  Medical Director
Mrs S McCue  Director of Finance & ICT
Ms R O’Hara  Director of HR & Corporate Services
Mr B McNeill  Director of Operations
Mrs K Keating  Risk Manager
Mrs J McSwiggan  Note-taker

1.0 Internal Audit Report on Complaints, Litigation, Incidents and Serious Adverse Incidents

The Committee Chair stressed how concerned members of both the Assurance and Audit Committees were by the serious findings of this Internal Audit report which had resulted in this additional meeting being arranged. He invited the Chief Executive to outline how the issues raised are being addressed.

The Chief Executive provided the context to the issues identified in the report and emphasised how seriously these are viewed by him and all of the Executive team. He assured the Committee that urgent attention is being taken to address these and this will be a priority for the Trust.

It was noted that this extraordinary Assurance Committee meeting had been convened to discuss the actions being taken to provide the necessary assurance that improvements will be made as soon as possible.

The Chief Executive highlighted some of the key themes and actions being taken:
- Operational pressures make it difficult for managers to investigate complaints in a timely manner.
- The need for a Director of Safety, Quality & Improvement who would have specific responsibilities for a number of the issues identified in the report has previously been identified and approval to recruit to this position has recently been received from the Department.
- Short-term measures have been taken when possible to help reduce the backlogs.
- The Leadership Centre has been asked to provide additional support for the management of complaints.
- Agency admin support for incident management has been sought.
- The NIAS Complaints Manager will be released to focus on internal audit recommendations.
The Assurance Committee Chair acknowledged the comprehensive action plan which has been developed, welcomed the actions already taken, and stressed the need for further progress to be evident at the next meeting of the Assurance Committee on 21 May. This will become a standing Agenda Item for Assurance and Audit Committees, and the Board will receive a formal update at their June meeting.

**Date of Next Meeting**

**Tuesday 21 May 2019, 11am, Board Room, NIAS HQ.**

Signed: _____________________________   Date: ___________________

(Trevor Haslett, Chairman)
TRUST BOARD REPORT
MEDICAL DIRECTORATE

Medical Director
18 June 2019
(March 2019)
### Emergency Planning & Business Continuity

The situation with regard to a potential EU Exit remains unclear following the decision not to exit as planned on 29 March 2019. Work is continuing on both sides of the border to ensure that current cross-jurisdiction arrangements for health will continue regardless and NIAS has already participated in the trial of the reporting system for EU Exit-related issues to the PHA and Department of Health.

Clarity has been provided on issues such as cross-border driving / insurance.

The recruitment process for 24/7 HART response has concluded with staff due to take up post on 1 April with an anticipated roll-out date of June 2019.

### Risk Management

**Corporate Risk Register**

The Trust's Corporate Risk Register is presented monthly to SEMT, and to the Assurance Committee as a standing agenda item. The format of this presentation has been updated in order to highlight new, deleted or altered risks. Following recommendations from Internal Audit, the Corporate Risk Register is now included with Trust Board papers and appears as an Appendix to this report.

The Local Risk Registers of each Directorate are presented to the Trust’s Assurance Committee on a rolling basis to ensure that all are considered during the year.

### Incident Reporting Procedures

The report from Internal Audit into the handling of complaints, claims and incidents noted significant concerns regarding the process for management of all three topics. In particular the timescales for submission of investigation of these issues fell well outside regional recommendations. The report commented on the challenge posed by the small size of the governance team within NIAS. This remains an issue but an action plan has been developed by the Medical Directorate in relation to incident / SAI review and by the HR Directorate in relation to complaints and claims. These include measures to address the backlog of items as well as improving the speed at which new issues can be addressed. The Medical Directorate previously noted considerable improvements in performance when dedicated staff were available to review incidents and further support has therefore been sought from within NIAS and from the Leadership Centre. A single item agenda meeting of the Assurance Committee was scheduled for early April.
2019 and progress will continue to be reviewed at SEMT, Assurance Committee and Trust Board.

The process for management of SAIs regionally is also under review by RQIA as part of the actions identified following the publication of the Inquiry into Hyponatraemia-Related Deaths. NIAS has been asked to submit four sample cases for discussion. NIAS continues to participate in the learning outcomes review from SAIs regionally with a composite report of Untoward and Serious Adverse Incidents being reported at each meeting of the Assurance Committee. New SAIs are reported weekly at SEMT.

NIAS continues to participate in multiple regional workstreams relating to the 96 recommendations of the O’Hara Report into hyponatraemia-related deaths in Northern Ireland. This involves staff from multiple levels within the organisation up to Non-Executive Directors and the Chair of Trust Board. Within the list of recommendations, there are many that apply directly and indirectly to NIAS, particularly around the area of Duty of Candour and Management of Investigations, while there are a small number that have no direct relevance to the context of an Ambulance Service. The Department has given clear direction that a regional approach should be taken rather than Trusts introducing disparate approaches.

**Outcomes from Reports, Alerts, etc.**

Regular reports on adverse incidents including SAIs involving NIAS are provided to the Assurance Committee. In addition, the Medical Director reports on any Coroner’s reports, medication and device alerts, NICE guidance and regional learning letters which are applicable to the context of an Ambulance Service. All of these areas are eligible for discussion at the Trust’s Learning Outcomes Review Group which is aimed at disseminating relevant learning from incidents across the entire Service.
### Infection Prevention & Control

NIAS has submitted an IPC Training Strategy as part of the work to address the remaining improvement notice from RQIA relating to governance arrangements around infection prevention and control. A series of key performance indicators have been developed through the Infection Prevention & Control Group and while these show general improvement, it is clear that some issues such as NIAS estate continue to cause difficulty in achieving full compliance.

The KPIs are reviewed at every meeting of the IPC Group and regular updates are provided to the Assurance Committee.

A business case has been submitted to the Department seeking support for all of the factors necessary for sustained improvement including long-term provision of dedicated vehicle cleaners, updates to estate in order to meet compliance with IPC standards, and hardware and software required to facilitate the real-time audit process.

### Regional Community Resuscitation Strategy

Community Resuscitation is included within Health and Wellbeing of the Community Plans of the following Councils—Ards & North Down, Lisburn & Castlereagh, Mid Ulster Council, Antrim and Newtownabbey, Armagh, Banbridge & Craigavon, Fermanagh and Omagh, Derry City & Strabane are being followed up. Plans to follow up with Belfast.

**AEDs**

An A5 flyer regarding registration and Emergency readiness of AEDs has been finalised. This is aimed at promoting best practice to AED owners/Guardians.

### Regional Electronic Ambulance Communications Hubs (REACH) Project (previously ePRF)

Procurement has now been completed.

PALs have issued the letter of intent to Award contract and following the 10 day alcatel no challenge has been received. The official letter of contract has been awarded to Ortivus Ltd with a supplier “Kick Off” meeting planned for April 2019.

### Appropriate Care Pathways

The Appropriate Care Pathways continue to be used by staff routinely with approx. 150 patients per day being offered an alternative to transport to the ED. No additional pathways were added during the previous quarter however, the following took place in order to promote and consolidate their use:
A range of CEC short courses have been commissioned. There are various courses available to meet the needs of all staff and they are being held in a range of sites across NI. Examples of courses include:

- Falls preventions
- Mental health awareness
- Palliative and end of life care

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

- New PCS staff
- New university students
- New EMDs
- New EAC control officers
- External recruitment

140 additional licences for the NIAS / JRCALC app have also been purchased which means that PCS staff now have access to the app.

Members of the medical directorate are also involved with the REACH project and attended the initial workshop. This project aims to see the new EPR being used as a tool to promote the use of ACPs.

Other key events which occurred in March - May were:

**Project A**

Members of the medical directorate attended the various Project A events in London including falls and mental health with an aim of developing a UK wide consistent approach to managing patients who have fallen and patients with an acute mental health problem.

**Regional Falls Event**

NIAS were represented at the regional falls workshop in the Lough Neagh Discovery Centre

**Adverse Childhood Events (ACEs)**

NIAS sent a number of staff on the ACEs awareness sessions. Adverse Childhood Events can lead to issues in later life that mean patients require significant support from the health sector. These events were run by SBNI and were in collaboration with PSNI. The CSD, frequent caller team and Peer support team are receiving ACEs training on 31st May.
**Ambulance Q**
Two members of NIAS attended the inaugural UK Ambulance Q event in Edinburgh which aims to promote a consistent approach to quality improvement within the UK ambulance sector.

**Nursing and Residential Triage Tool (NaRT)**
The Nursing and Residential Triage tool has now been implemented in 3 care homes across the BHSCT / SEHSCT areas. This tool aims to reduce ED admissions via ambulance from patients within care homes. This initiative is being led by NIAS but supported by PHA / RQIA.

**National Paramedic Conference**
NIAS supported 6 members of staff to attend the National Paramedic Conference in Newcastle. Staff from various departments attended including Operations and HR.

**Urgent and Emergency Care Review**
A small panel presented to the Urgent and Emergency Care Review committee on the role of ACPs; CSD; NaRT and the management of frequent callers. The presentation was well received and NIAS are now part of the Urgent and emergency care task and finish group.

**Clinical Support Desk**
The CSD was reviewed independently by members of the Advanced Life Support Group / North West Ambulance Service. All CSD processes were reviewed including recruitment; training; triage and audit.

The CSD have also been leading on a number of modernisation initiatives including:

- **Direct contract by PSNI** – This pilot involves PSNI officers contacting NIAS directly via 999 rather than via the PSNI control centre. This approach means that information passed is more accurate and provides CSD with a phone number on which they can call the PSNI officer back on to provide remote triage.

- **Frailty car** – CSD paramedics worked alongside a consultant geriatrician from the BHSCT to respond to patients who had called 999 with frailty related issues. This pilot is now complete and will not be taken forward.

- **Primary Care Response** – This response see CSD paramedics respond to GP calls from 1500-2100. These calls which would originally have been 999 emergency calls are managed as HCP
urgent calls. To date no emergency ambulances have been required to attend these calls and all calls have been resolved on scene either by referral to an ACP or using PCS to transport the patient.

**Helicopter Emergency Medical Service (HEMS)**

HEMS paramedics are employed by NIAS but the medical cover continues to be provided by consultants in addition to their own regular employment which is a variation from the original intention that this would be incorporated within their Trust job plans. This, along with changes in pension arrangements for senior medical staff, has the potential to threaten full coverage of the HEMS Service if staff cannot be released as was originally agreed by Trust Chief Executives. The paramedics were originally employed on a temporary contract for a one-year duration given the uncertainty over timing of the introduction of the service, but it has already been agreed to extend these contracts in order to provide continuity within the service. The potential for employing some paramedic staff on a permanent basis is being considered alongside the rotation of other paramedics as a secondment.

The HEMS Service continues to respond to serious trauma calls across Northern Ireland in line with the activity originally projected during the implementation phase. The Clinical and Operational Leads are now exploring the potential to deploy the aircraft to a wider range of calls where the critical care skills of the doctor/paramedic team could provide significant benefit to patients. The service is also working towards the provision of prehospital blood transfusion for seriously injured patients and is at the final stages of clarification of the necessary governance arrangements.

Meetings have been held with the Department of Health to explore the potential for secondary transfers of patients with time-critical conditions e.g. patients with acute stroke being transferred to the regional centre in Belfast for thrombectomy. While numbers of these transfers are low, the potential to impact on the primary trauma response must be considered and one option would be to deploy the second aircraft in an air ambulance role. In this configuration an aircraft could potentially fly 24/7 between designated landing sites at peripheral hospitals and the RVH.

NIAS and the charity partner Air Ambulance Northern Ireland (AANI) continue to meet on a regular basis to review areas of operational, financial and more recently clinical performance.

The helipad on top of the Critical Care Building at the Royal Victoria Hospital site recently failed a CAA inspection due to issues with performance of fire-fighting spray pumps. Work has been undertaken by the Belfast Trust to address this and it is anticipated that the first test flights will take place in June 2019.
The Patient Experience function continues to include focus on:

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

The Trust continued to promote 10,000 More Voices and gather more stories from patients and staff, review progress and learn from results with service users. Further work is underway to use 10,000 More Voices as a learning and engagement tool for the Transformation and Modernisation Programme around Transforming Your Care and Appropriate Care Pathways. A pilot of a separate survey on Appropriate Care Pathways has been developed and is being implemented.

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

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

Work is continuing on reviewing NIAS’s PPI strategy and structure, in the wider context of Trust restructuring.

The Trust has continued engagement and consultation on a range of transformation policies in development, alongside a specific focus on the PPI standards, taking into account the DoH’s recently published guidance on co-production and co-design. Work has continued during this
reporting period on developing a significant public and staff engagement programme, particularly in relation to the consultation on the new Clinical Response Model.

### Clinical Education and Training

The Clinical Training Department is committed to multiple cohorts of students as detailed below. As many of these students undertake operational experience shifts, mentorship is being provided by local staff and the role of lead educator is undertaken by the Clinical Support Officer tier. This is impacting on the ability of CSOs to undertake some of their core work which includes the regular audit of patient report forms for compliance with clinical protocols.

Various education and training courses continued throughout the month of March. The first cohort of 47 students on the NIAS/UU Foundation Degree in Science in Paramedic Practice (FdSc) continued in their first semester studies, including periods in practice placements in both ambulance and hospital placements across all Trust areas. The course runs until October 2019. Successful completion provides eligibility to apply to HCPC to register as a Paramedic.

Two Associate Ambulance Practitioner (AAP) courses, with a combined total of 44 students, continued simultaneously. One course was held in the ‘RADAR’ Centre in Belfast and the other on the UU Campus at Magee. Both courses run until May, after which their successful students move to Operations into Emergency Medical Technician (EMT) roles. These AAP programmes are part of a significant commitment to train sufficient numbers of staff for workforce stabilisation and to enable backfill of positions of EMTs who have going on to Paramedic courses.

Delivery of the Continuing Education programme (Post Proficiency – PP) remained on hold with courses deferred until later in the year. This helps to maintain capacity for training associated with the Paramedic programme, whilst minimising the release of frontline operational staff. This is due to resourcing and operational pressures including limitations on release of staff for training at a time when all the other courses are also ongoing.

RACTC and the transformation team continue to collaborate with the HSC Clinical Education Centre who are delivering a programme of voluntary, short courses open to both EMTs and paramedics alike.
## EMERGENCY PLANNING REPORT FOR MARCH 2019

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### Potential Major Incident
On 31 March 2019 at 16.42 NIAS received a call to Larne Harbour for a fire in the engine room. Tasked to the scene 3 A&E crews, 2 Rapid Response Vehicles, 1 HART, HEMS, 2 Officers and the Mobile Control Vehicle & Emergency Equipment Vehicle. The ship was evacuated safely and the incident was stood down at 16.55.
Major Incidents
On 17 March 2019 at 21.31 NIAS received a call to the Greenvale Hotel, Cookstown for an incident in the car park of the hotel, outside the night club. Due to a number of calls providing conflicting but concerning information, the Duty Control manager declared a Major Incident. Tasked to the scene 11 A&E crews, 1 Intermediate Care Vehicle crew, 3 Rapid Response Vehicles, 4 Officers, 4 Doctors, 1 HART and the Mobile Control Vehicle and Emergency Equipment Vehicle. Also tasked 1 Officer to Gold Command, 1 HART to Antrim Hospital and 3 Officers tasked as HALOs. Four hospitals were alerted to the declared Major Incident. At approximately 22.45 the Ambulance Incident Officer asked that all resources that had not already arrived on scene be stood down. At 01.12 the official standdown for NIAS was declared as no more live casualties were left at scene. The ambulance staff and doctors at scene moved to Cookstown Ambulance Station where a “Hot Debrief” was held.

Airport Alerts
There were no airport alerts this month.

HAZMAT / Hazardous Area Response Team (HART) deployments
55 = Deployments with Breathing Apparatus skills/ HAZMAT deployments
17 = Restricted space
 9 = In-land Water Operations
 0 = Incident at height
 0 = Mountain rescue
 5 = HAZMAT

William Newton
Assistant Director of Emergency Planning
Two timed sets of basic observations recorded
Pre and post treatment pain scores recorded
Aspirin administered as per JRCALC guidance
GTN administered as per JRCALC guidance
Appropriate analgesia administered, e.g., Entonox/morphine
12 lead ECG recorded and interpreted
Patients with a confirmed STEMI transported direct to cath lab

Total PRFs Audited

FEBRUARY MARCH APRIL

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Northern Ireland Ambulance Service
Health and Social Care Trust
Falls
Quality Improvement Compliance

- Two timed sets of basic observations: 98% in February, 100% in March, 94% in April
- BM recorded: 98% in February, 100% in March, 94% in April
- FAST recorded: 86% in February, 87% in March, 84% in April
- Assessment to the cause of fall documented: 86% in February, 100% in March, 96% in April
- History of falls recorded: 66% in February, 57% in March, 57% in April

- 12 lead ECG recorded and interpreted: 66% in February, 70% in March, 70% in April
- Assessment of mobility recorded: 79% in February, 78% in March, 83% in April
- Patient referred to falls team: 82% in February, 75% in March, 76% in April
- Patient left in care of responsible person: 91% in February, 83% in March, 84% in April
- Appropriate worsening care advice given: 84% in February, 78% in March, 75% in April

Total PRFs Audited:
- February: 56
- March: 63
- April: 89
Two timed sets of basic observations: 100% 100% 100% 100%
Pre-treatment BM recorded: 100% 97% 100%
Post-treatment BM recorded: 100% 100% 100% 100%
Appropriate treatment administered (for age and GCS): 87% 92% 91%
Carbohydrates administered post treatment: 87% 92% 91%
Patient referred to diabetic appropriate care pathway: 83% 86% 80%
Patient left in care of responsible person: 93% 94% 93%
Appropriate worsening care advice given: 83% 81% 84%

Total PRFs Audited:
- February 2019: 30
- March 2019: 36
- April 2019: 45

Northern Ireland Ambulance Service
Health and Social Care Trust

HYPOGLYCAEMIA
QUALITY IMPROVEMENT COMPLIANCE
Northern Ireland Ambulance Service
Health and Social Care Trust

STROKE
QUALITY IMPROVEMENT COMPLIANCE

- Time of onset of symptoms recorded
- FAST recorded
- Blood glucose recorded
- Blood pressure recorded
- Standby placed to a stroke centre

- February
- March
- April

Total PRFs Audited

<table>
<thead>
<tr>
<th>Month</th>
<th>February 2019</th>
<th>March 2019</th>
<th>April 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>63</td>
<td>72</td>
<td>94</td>
</tr>
</tbody>
</table>
NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

HUMAN RESOURCES AND CORPORATE SERVICES DIRECTORATE

Director of Human Resources and Corporate Services

(As at 31 March 2019)
Section 1: Human Resources & Corporate Services

HRCS KPI: Shaping & Developing Future Workforce (Workforce Information, Recruitment, Job Evaluation)

JOB EVALUATION - PARAMEDICS, RRV PARAMEDICS AND EMTS

Further to the report to Trust Board in December 2015, NIAS has received Partnership correspondence from the Regional Quality Assurance (RQA) team advising that the RQA team had reached a conclusion “that the current banding levels ie: EMT (Band 4); Paramedic (Band 5) and RRV Paramedic (Band 5) remain unchanged”. This outcome requires to be validated by the RQA team through the production of a Job Evaluation report which remains outstanding from the RQA team. All affected staff were advised of the conclusion of the RQA team in December 2015 and will be formally notified of the outcome of their job evaluation process following completion of the Job Evaluation Report. Thereafter in line with due process they will have the right to request a review of the outcome. From December 2015, the Trust has engaged with Regional Leads and the Department of Health colleagues to endeavour to bring this process to a conclusion through due process, however the position has not moved forward in this regard. The Trust continues to meet with the Department of Health Workforce Policy Directorate to attempt to conclude this process.

WORKFORCE INFORMATION

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

<table>
<thead>
<tr>
<th>March 2019</th>
<th>Trust Total</th>
<th>CX/Board</th>
<th>Finance/ICT</th>
<th>HRCS</th>
<th>Medical</th>
<th>Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDED (WTE) Recurrent / (Temporary Funding)</td>
<td>1,368.28 (50.00)</td>
<td>7.00 (0.00)</td>
<td>31.63 (4.00)</td>
<td>26.15 (12.00)</td>
<td>69.00 (12.00)</td>
<td>1,247.93 (13.52)</td>
</tr>
<tr>
<td>STAFF IN FUNDED POSTS (WTE) Perm Staff / (Temp Staff)</td>
<td>1,247.93 (13.52)</td>
<td>1.00 (5.00)</td>
<td>23.38 (1.00)</td>
<td>20.05 (0.80)</td>
<td>51.80 (1.00)</td>
<td>1,151.70 (5.72)</td>
</tr>
<tr>
<td>OVERALL VACANCY LEVELS (WTE)</td>
<td>-156.83</td>
<td>-1.00</td>
<td>-11.25</td>
<td>-17.3</td>
<td>-28.20</td>
<td>-87.08</td>
</tr>
</tbody>
</table>

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

On the basis of the information above @ 31 March 2019, the Trust has an overall vacancy level of 156.83 WTE posts.

*Non-Executives employed on a Fixed Term Contract.
### RECRUITMENT ACTIVITY

The following table provides a breakdown of frontline vacancies as at 31 March 2019 and provides related details on current recruitment activity, in line with operational directives.

<table>
<thead>
<tr>
<th>Post</th>
<th>Funded Est (WTE)</th>
<th>Staff-in-Post (WTE)</th>
<th>Vacancy (WTE)</th>
<th>Bank Staff</th>
<th>Recruitment Activity</th>
<th>Current Trainees (WTE)</th>
<th>Date Next Training Cohort Due to Commence</th>
<th>Further Planned Training Cohorts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station Supervisor</td>
<td>31.00</td>
<td>15.82</td>
<td>-15.18</td>
<td>0</td>
<td>Temporary Internal recruitment planned</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Paramedic + Trainee Para</td>
<td>320.40</td>
<td>351.16</td>
<td>30.76</td>
<td>35</td>
<td>Opened ended qualified Paramedic recruitment campaign ongoing and scope expanded to allow Final Yr Paramedic Students to apply. Fd in Paramedic Science commenced during January 2019.</td>
<td>47</td>
<td>November 2019</td>
<td>TBC</td>
</tr>
<tr>
<td>RRV Paramedic</td>
<td>85.20</td>
<td>67.20</td>
<td>-18.00</td>
<td>0</td>
<td>No recruitment activity planned.</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>EMT + Trainee EMT</td>
<td>301.40</td>
<td>268.15</td>
<td>-33.25</td>
<td>6</td>
<td>Current active waiting list for Trainee EMT’s. Further internal recruitment for Trainee ongoing. Open ended recruitment for Qualified EMTs ongoing.</td>
<td>44</td>
<td>2 courses of 48 Students in total due to commence in May-19 and in Jun-19.</td>
<td>2 courses of 48 Students in total planned to commence Oct-Nov 19.</td>
</tr>
<tr>
<td>ACA (inc. PCS Sup.) + Trainee ACA</td>
<td>267.50</td>
<td>268.77</td>
<td>1.27</td>
<td>2</td>
<td>External recruitment for Trainee ACA’s ongoing. Open ended recruitment for Qualified ACA’s ongoing.</td>
<td>0</td>
<td>1 course of 24 Students planned to commence Aug-19.</td>
<td>1 course of 24 Students planned to commence Nov-19.</td>
</tr>
</tbody>
</table>
Section 1: Human Resources & Corporate Services
HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

CORPORATE ABSENCE REPORT (@ 31 MARCH 2019)

The Trust’s sickness absence target for the current Reporting Year (2018/19), as advised by the Department of Health, is to show a 5% improvement on the 2017/18 absence levels, i.e. a reduction from 10.50% to 9.97%. Monthly absence continued to fall during January and February, however the Trust continues to remain off track to achieve its absence target.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIAS ABSENCE TARGET (2018/19)</td>
<td>REDUCE SICKNESS ABSENCE RATES BY 5% ON 2017/18 PERFORMANCE TO 9.97%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>NIAS cumulative % hrs lost (17/18)</td>
<td>8.18%</td>
<td>7.98%</td>
<td>8.11%</td>
<td>8.40%</td>
<td>9.00%</td>
<td>9.36%</td>
<td>9.60%</td>
<td>9.67%</td>
<td>10.14%</td>
<td>10.50%</td>
<td>10.57%</td>
<td>10.50%</td>
</tr>
<tr>
<td>NIAS monthly % hrs lost (17/18)</td>
<td>8.18%</td>
<td>7.82%</td>
<td>8.36%</td>
<td>9.30%</td>
<td>11.24%</td>
<td>11.25%</td>
<td>11.05%</td>
<td>10.13%</td>
<td>14.05%</td>
<td>13.55%</td>
<td>11.38%</td>
<td>10.83%</td>
</tr>
<tr>
<td>NIAS cumulative % hrs lost (18/19)</td>
<td>9.73%</td>
<td>9.88%</td>
<td>10.92%</td>
<td>11.33%</td>
<td>11.36%</td>
<td>11.52%</td>
<td>11.44%</td>
<td>11.25%</td>
<td>11.35%</td>
<td>11.39%</td>
<td>11.41%</td>
<td>11.48%</td>
</tr>
<tr>
<td>NIAS monthly % hrs lost (18/19)</td>
<td>9.73%</td>
<td>10.02%</td>
<td>13.09%</td>
<td>12.57%</td>
<td>11.50%</td>
<td>12.32%</td>
<td>11.05%</td>
<td>9.98%</td>
<td>12.09%</td>
<td>11.78%</td>
<td>11.57%</td>
<td>12.21%</td>
</tr>
<tr>
<td>Monthly % hrs lost (S/T)</td>
<td>2.65%</td>
<td>2.12%</td>
<td>3.41%</td>
<td>2.66%</td>
<td>2.49%</td>
<td>2.61%</td>
<td>2.81%</td>
<td>2.86%</td>
<td>3.38%</td>
<td>3.64%</td>
<td>2.67%</td>
<td>2.69%</td>
</tr>
<tr>
<td>Monthly % hrs lost (L/T)</td>
<td>7.08%</td>
<td>7.89%</td>
<td>9.66%</td>
<td>9.91%</td>
<td>9.01%</td>
<td>9.69%</td>
<td>8.24%</td>
<td>7.12%</td>
<td>8.72%</td>
<td>8.14%</td>
<td>8.90%</td>
<td>9.53%</td>
</tr>
<tr>
<td>Av. days lost (7.5 hrs) per Employee per Mth</td>
<td>1.97</td>
<td>2.24</td>
<td>2.54</td>
<td>2.68</td>
<td>2.55</td>
<td>2.38</td>
<td>2.47</td>
<td>2.13</td>
<td>2.32</td>
<td>2.62</td>
<td>2.41</td>
<td>2.47</td>
</tr>
<tr>
<td>Av.NIAS cumulative costs (£’000)</td>
<td>£354</td>
<td>£360</td>
<td>£458</td>
<td>£441</td>
<td>£408</td>
<td>£412</td>
<td>£410</td>
<td>£405</td>
<td>£410</td>
<td>£416</td>
<td>£421</td>
<td>£486</td>
</tr>
</tbody>
</table>

NIAS CUMULATIVE % HRS LOST: (2017/18) 10.59% (2018/19 @ 31 March 2019) 11.48% NOT ON TARGET

NB: (1) The Figures exclude Bank Staff and the Non-Executive Team; (2) The information is reported from HRPTS and, in line with HSC regional reporting, is in % hours lost; (3) In respect of average days lost it should be noted that, whilst the majority of NIAS staff are shift workers (approx 88%), who mostly work 12 hour shifts, the HRPTS calculation automatically divides working days over a standard 5-day week (Monday – Friday, based on a 7.5 hr day). (4) 10.5% represents the final cumulative total for NIAS, as per the Regional HRPTS re-run absence figures, (as re-run in May 2018).

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

- AACE associates have now completed their Review of Attendance Management within NIAS. The findings and recommendations of their Report have been accepted and a Good Attendance Programme structure has been developed to implement the recommendations;
- Recruitment is ongoing for an HR Lead for Attendance Management. An appointment to this post is anticipated for Quarter 2, 2019/20;
- BSO Internal Audit have completed their audit of compliance with the current Attendance Management Policy/Procedure and an action plan to take forward their recommendations has been finalised;
- Flu vaccination campaign commenced at the end of October 2018 – 45.7% of frontline staff received vaccination through NIAS peer vaccination programme as at 28 February 2019;
- Collaborative working is ongoing within regional HSC on Attendance Management workstreams;
- Workstreams under the Health & Well-Being Programme ongoing including: Unison Partnership Project; Peer Support Project; Health & Wellbeing workshops for staff.
GOOD ATTENDANCE WORKSHOP (25 MARCH 2019)
UPDATE TO TRUST BOARD (4 APRIL 2019)

1.0 Introduction
Work continues within the Trust to identify improvements in terms of attendance management, staff support and health and well-being initiatives. In recognition, however of its higher than average sickness absence levels in comparison to HSC and NHS Ambulance Trusts, in November 2018 NIAS invited the Association of Ambulance Chief Executives (AACE) to assist and review its management of attendance (with a particular focus on operational front-line and control room staff). In February 2019 Trust Board considered and accepted AACE findings and recommendations for improving attendance levels within NIAS. At the same time in February 2019, Internal Audit provided only limited assurance to NIAS on Absence Management following its review undertaken in October/November 2018.

2.0 Good Attendance Workshop
In the context of the AACE and Internal Audit Reports on Absence Management, on 25 March 2019 a NIAS Good Attendance Workshop took place. The purpose of the workshop was to bring key stakeholders together to consider AACE and Internal Audit recommendations; agree key deliverables and agree how work streams could be taken forward with the overarching objective of improving NIAS absence levels. The workshop was attended by AACE together with wide cross section of staff from Management; Operational Front-Line Managers / Staff; representatives from the Human Resources Team and Trade Unions.

3.0 Outputs from Good Attendance Workshop
Following presentations from AACE and constructive group work at the workshop, the following was agreed:-
- that a Programme Board and related structures should be established to take forward AACE / Internal Audit recommendations.
- that each of the recommendations could be taken forward under four key themes which should form Project Teams identified as:-
  - Review of Attendance Policy and related procedures
  - Operations Directorate Priorities/Improvements
  - Occupational Health Improvements
  - Health & Wellbeing Improvements
- that key deliverables be identified from the recommendations and prioritised with quick/high impact actions being identified to deliver early change. A summary of key deliverables are outlined below.

4.0 Way Forward
Directly following the Good Attendance Workshop on 25 March 2019, an inaugural meeting of the Programme Implementation Team took place during which a Good Attendance programme structure was agreed. The Good Attendance Programme Board is scheduled to meet on a monthly basis with AACE continuing to support this programme of work on an ad-hoc basis. It is the intention to provide Trust Board with an update on this key programme of work on a regular basis.
## GOOD ATTENDANCE PROGRAMME DELIVERABLES

### PROJECT 1: REVIEW OF ATTENDANCE POLICY & RELATED PROCEDURES

**KEY DELIVERABLES:**
- Review Attendance Management Policy / Procedure.
- Review associated policies / procedures to support implementation of the revised Attendance Management Policy / Procedure, inc Lighter Duties Policy etc.
- Develop Management Resource to support implementation of revised Policy / Procedure, inc Training, Mgmt Toolkit, DDA Guidance etc.
- Re-launch revised Policy / Procedures.
- Explore HR best practice and roll out across the Trust.
- Develop and deliver a communications plan.
- Review governance arrangements for reporting of absence and related corporate reports.

### PROJECT 2: OPERATIONS DIRECTORATE PRIORITIES & IMPROVEMENTS

**KEY DELIVERABLES:**
- Review and establish Senior Managers performance management systems for Attendance Management inc monitoring of (timely) escalation through Policy/Procedure.
- Review the provision & source of timely information reports to identify and deliver on areas of improvement.
- Explore local best practice and roll out across Directorate.
- Review the role of RMC and utilisation of GRS in relation to managing attendance inc staff reporting of sickness and contact arrangements, and develop appropriate systems/processes/protocols.
- Review Operational Directorate staff absence reporting methodology to reflect best practice.
- Ensure local recording of Attendance Management activity
- Review of R2W practices inc establishing a system to ensure timely undertaking of interviews, review of template documentation for completion and a system that ensures related forms are signed and dated
- Joint review of Operational Directorate Annual Leave Procedure
- Develop and deliver a communications plan linked to this work stream.

### PROJECT 3: OCCUPATIONAL HEALTH IMPROVEMENTS

**KEY DELIVERABLES:**
- Specify what is required from an Occupational Health Service for NIAS
- Review specification against existing Occupational Health Services and identify gaps
- Scope provision for enhanced or new local Occupational Health Services
- Develop an outline business case for investment in Occupational Health Services to meet identified requirements and gaps
- Develop and deliver a communications plan linked to this work stream.

### PROJECT 4: HEALTH & WELLBEING PRIORITIES

**KEY DELIVERABLES:**
- Invest in the Joint Partnership Health & Well Being priorities, as identified in the partnership survey and agree a related annual work plan to deliver on these
- Embed peer support
- Consider formal post-incident support & related “Stand Down”
- Review arrangements to support mental health and well-being and make recommendations for improvements
- Develop and deliver a communications plan linked to this work stream.
### Absence Categories / Reasons with More than 1% Absences (Apr 18 – Mar 19)

- Mental Health: 26.14%
- Other Reasons: 22.95%
- Back problems + Injury / Fracture: 20.93%
- + Other Musculoskeletal problems: 10.82%
- Accident / Untoward Incidents at work: 5.16%
- Gastrointestinal problems: 4.96%
- Asthma, Chest, Resp.: 3.12%
- Heart, Cardiac & Circulatory Problems: 1.27%

### Absence Reasons Recorded within “Other Reasons” Category (Apr 18 – Mar 19)

- General Debility: 67.42%
- Hospital Investigation: 5.02%
- Post Surgery Debility: 28.51%
- Chronic Fatigue: 1.06%

### Absence Categories with Less than 1% Absences (Apr 18 – Mar 19)

- Blood Disorders;
- Burns/Poisoning/Frostbite/Hypothermia;
- Dental/Oral Problems;
- Endocrine/Glandular Problems;
- Eye Problems;
- Genitourinary & Gynaecological Conditions;
- Headache/migraine;
- Infectious Diseases;
- Influenza;
- Nervous System Disorders;
- Pregnancy related;
- Substance Abuse;
- Tumours and Cancers;
- Viral Illness.
## Section 1: Human Resources & Corporate Services

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

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</tr>
</thead>
<tbody>
<tr>
<td>East Midlands Ambulance Service NHS Trust</td>
<td>4.85%</td>
<td>4.72%</td>
<td>5.07%</td>
<td>5.47%</td>
<td>5.66%</td>
<td>5.45%</td>
<td>5.09%</td>
<td>5.10%</td>
<td>5.55%</td>
<td>5.16%</td>
<td></td>
</tr>
<tr>
<td>East of England Ambulance Service NHS Trust</td>
<td>5.68%</td>
<td>5.54%</td>
<td>5.67%</td>
<td>5.84%</td>
<td>5.88%</td>
<td>6.06%</td>
<td>6.00%</td>
<td>6.63%</td>
<td>6.73%</td>
<td>6.42%</td>
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</tr>
<tr>
<td>Yorkshire Ambulance Service NHS Trust</td>
<td>5.66%</td>
<td>5.23%</td>
<td>5.15%</td>
<td>5.09%</td>
<td>5.43%</td>
<td>5.29%</td>
<td>5.70%</td>
<td>6.12%</td>
<td>6.64%</td>
<td>7.06%</td>
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<tr>
<td>South Central Ambulance Service NHS Foundation Trust</td>
<td>4.96%</td>
<td>5.13%</td>
<td>5.68%</td>
<td>6.18%</td>
<td>6.49%</td>
<td>6.24%</td>
<td>6.07%</td>
<td>6.22%</td>
<td>7.22%</td>
<td>7.54%</td>
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<tr>
<td>London Ambulance Service NHS Trust</td>
<td>4.99%</td>
<td>5.02%</td>
<td>5.31%</td>
<td>5.20%</td>
<td>5.42%</td>
<td>5.20%</td>
<td>5.45%</td>
<td>5.41%</td>
<td>5.32%</td>
<td>5.82%</td>
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<tr>
<td>S/East Coast Ambulance Service NHS Foundation Trust</td>
<td>4.84%</td>
<td>4.41%</td>
<td>4.34%</td>
<td>4.87%</td>
<td>4.86%</td>
<td>5.20%</td>
<td>5.19%</td>
<td>4.84%</td>
<td>5.09%</td>
<td>5.73%</td>
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<tr>
<td>North East Ambulance Service NHS Foundation Trust</td>
<td>6.40%</td>
<td>6.01%</td>
<td>6.18%</td>
<td>6.11%</td>
<td>6.00%</td>
<td>5.63%</td>
<td>5.79%</td>
<td>5.30%</td>
<td>5.83%</td>
<td>6.22%</td>
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<tr>
<td>North West Ambulance Service NHS Trust</td>
<td>5.33%</td>
<td>5.36%</td>
<td>5.20%</td>
<td>5.45%</td>
<td>5.68%</td>
<td>5.78%</td>
<td>5.77%</td>
<td>5.95%</td>
<td>6.51%</td>
<td>6.70%</td>
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<tr>
<td>West Midlands Ambulance Service NHS Foundation Trust</td>
<td>3.36%</td>
<td>3.25%</td>
<td>3.10%</td>
<td>3.28%</td>
<td>3.26%</td>
<td>2.97%</td>
<td>3.58%</td>
<td>3.47%</td>
<td>3.67%</td>
<td>3.93%</td>
<td></td>
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<tr>
<td>South Western Ambulance Service NHS Foundation Trust</td>
<td>4.58%</td>
<td>4.57%</td>
<td>4.61%</td>
<td>5.02%</td>
<td>5.31%</td>
<td>5.32%</td>
<td>5.33%</td>
<td>5.74%</td>
<td>6.11%</td>
<td>6.32%</td>
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</tr>
<tr>
<td><strong>By Staff Group - Ambulance</strong></td>
<td><strong>5.10%</strong></td>
<td><strong>4.90%</strong></td>
<td><strong>5.03%</strong></td>
<td><strong>5.19%</strong></td>
<td><strong>5.41%</strong></td>
<td><strong>5.31%</strong></td>
<td><strong>5.34%</strong></td>
<td><strong>5.47%</strong></td>
<td><strong>5.93%</strong></td>
<td><strong>6.11%</strong></td>
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<tr>
<td><strong>By Organisation Type - Ambulance</strong></td>
<td><strong>5.01%</strong></td>
<td><strong>4.89%</strong></td>
<td><strong>4.98%</strong></td>
<td><strong>5.18%</strong></td>
<td><strong>5.34%</strong></td>
<td><strong>5.26%</strong></td>
<td><strong>5.37%</strong></td>
<td><strong>5.49%</strong></td>
<td><strong>5.83%</strong></td>
<td><strong>6.07%</strong></td>
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### 2017/18 2018/19

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<td>7.67%</td>
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<tbody>
<tr>
<td></td>
<td>6.30%</td>
<td>6.90%</td>
<td>7.40%</td>
<td>6.80%</td>
<td>8.10%</td>
<td>7.50%</td>
<td>7.60%</td>
<td>7.90%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

**Information Source:**

1. NHS Digital (www.digital.nhs.uk)
2. ISD Scotland (www.isdscotland.org)
Northern Ireland Ambulance Service – Trust Board, Complaints Report

Figures correct as of 31 May 2019:

<table>
<thead>
<tr>
<th>Number of Open Complaints:</th>
<th>68</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total complaints received to date:</td>
<td>128</td>
</tr>
<tr>
<td>For same period last year:</td>
<td>133</td>
</tr>
<tr>
<td>% Difference</td>
<td>-3.8%</td>
</tr>
</tbody>
</table>

Open Complaints = 68

<table>
<thead>
<tr>
<th>Category</th>
<th>&lt; 1 Month</th>
<th>&gt;1 month</th>
<th>&gt;2 months</th>
<th>&gt;3 months</th>
<th>&gt;4 months</th>
<th>&gt;5 months</th>
<th>&gt;6months</th>
<th>&gt;7 months</th>
<th>&gt;8 months</th>
<th>&gt;9months</th>
<th>&gt;10 months</th>
<th>&gt;11 months</th>
<th>&gt;1 year</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Ambulance Control</td>
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<tr>
<td>Non-Emergency Ambulance Control</td>
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<tr>
<td>Northern</td>
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<tr>
<td>Western</td>
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<td>East Country</td>
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<td>1</td>
<td>3</td>
<td>2</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

| Total                           | 9         | 3        | 3         | 1         | 1         | 8         | 7        | 2         | 8         | 4         | 2          | 4          | 2        | 2     |

Open Complaints

A.Watterson – Complaints Manager
Complaint Categories for 2018-19 period:

<table>
<thead>
<tr>
<th>Category</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>2017-18</th>
<th>%</th>
<th>2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Attitude</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>39</td>
<td>30%</td>
<td>52</td>
</tr>
<tr>
<td>Ambulance Late/No Arrival</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>49</td>
<td>38%</td>
<td>43</td>
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<tr>
<td>Quality of Treatment &amp; Care</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>27</td>
<td>21%</td>
<td>24</td>
</tr>
<tr>
<td>Suitability of Equip/Vehicle</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>2%</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
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<td>3</td>
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<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
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<td>13</td>
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<td>12</td>
</tr>
<tr>
<td>Patient Property</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>8</td>
<td>12</td>
<td>7</td>
<td>4</td>
<td>29</td>
<td>11</td>
<td>9</td>
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<td>7</td>
<td>15</td>
<td>10</td>
<td>128</td>
<td></td>
<td>133</td>
</tr>
</tbody>
</table>

Category of Complaints that have been open for more than 12 months:

<table>
<thead>
<tr>
<th>Category</th>
<th>Staff Attitude</th>
<th>Ambulance Late/No Arrival</th>
<th>Quality of Treatment &amp; Care</th>
<th>Suitability of Equip/Vehicle</th>
<th>Other</th>
<th>Patient Property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Open Complaints as of 31 May 2019:

<table>
<thead>
<tr>
<th>Ref</th>
<th>First received</th>
<th>Opened</th>
<th>Specialty admitted</th>
<th>Subject (CH8)</th>
<th>Description (Policies)</th>
<th>Current Stage</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP/1336</td>
<td>23/11/2017</td>
<td>23/11/2017</td>
<td>Non Emergency Ambulance Control</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Complainant’s father was due to attend an appointment in the Cancer Centre today at 1.45pm, however at 2.20pm she was informed that her dad still hadn’t been collected. He didn’t get transport to the hospital as the ambulance drivers had been assaulted. She is annoyed about the fact no one informed her father that he would not get the transport and also for the way the controller spoke to her on the phone, which she describes as “very rude”</td>
<td>Local Resolution</td>
<td>Non-Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1351</td>
<td>10/01/2018</td>
<td>10/01/2018</td>
<td>Non Emergency Ambulance Control</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Complainant was due to travel to an outpatient’s appointment however the ambulance was cancelled at short notice and the appointment was missed. Complainant had been waiting for the appointment for 9 months.</td>
<td>Local Resolution</td>
<td>Non-Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1363</td>
<td>13/02/2018</td>
<td>05/03/2018</td>
<td>Non Emergency Ambulance Control</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Complainant has stated that several non-emergency ambulances have failed to show up which has led to several missed hospital appointments.</td>
<td>Local Resolution</td>
<td>Non-Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1377</td>
<td>21/03/2018</td>
<td>21/03/2018</td>
<td>Emergency Ambulance Control</td>
<td>Staff Attitude/Behaviour</td>
<td>Complainant’s daughter suffers from seizures. Patient took fit in car on motorway, carer pulled in on motorway and called 999, and call operator stated that we would not send out ambulance as there was no address. Carer had to take patient to A&amp;E themselves. Unhappy with service of call handler.</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1381</td>
<td>09/04/2018</td>
<td>09/04/2018</td>
<td>Accident and Emergency</td>
<td>Quantity of Treatment &amp; Care</td>
<td>The crew requested that the patient use his mobility scooter to get to the ambulance. Complainant is unhappy that then when they arrived at A&amp;E they couldn’t admit him and they had to take him elsewhere.</td>
<td>Local Resolution</td>
<td>Belfast</td>
</tr>
<tr>
<td>COMP/1389</td>
<td>09/05/2018</td>
<td>09/05/2018</td>
<td>Non Emergency Ambulance Control</td>
<td>Staff Attitude/Behaviour</td>
<td>Complainant is unhappy with how he was spoken to by a NIAS staff member.</td>
<td>Local Resolution</td>
<td>Non-Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1391</td>
<td>10/05/2018</td>
<td>10/05/2018</td>
<td>Accident and Emergency</td>
<td>Quality of Treatment &amp; Care</td>
<td>The GP of a 75 year old male patient, has made a complaint after she advised that her patient should attend A&amp;E via ambulance as an emergency as he was experiencing symptoms consistent with an MI. When the paramedic attended, he took obs. and advised the patient that he could remain at home and should make a GP appointment. Patient was later diagnosed with N-STEMI. GP has raised concerns as the paramedic should have conveyed the patient to A&amp;E without delay.</td>
<td>Local Resolution</td>
<td>Belfast</td>
</tr>
<tr>
<td>COMP/1403</td>
<td>12/06/2018</td>
<td>12/06/2018</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Complainant is unhappy that his wife had to wait for over 2 hours for an ambulance after suffering from a bad fall.</td>
<td>Local Resolution</td>
<td>Northern</td>
</tr>
<tr>
<td>Complaint ID</td>
<td>Date of Occurrence</td>
<td>Date of Resolution</td>
<td>Issue</td>
<td>Description</td>
<td>Resolution Area</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>COMP/1408</td>
<td>04/07/2018</td>
<td>04/07/2018</td>
<td>Accident and Emergency</td>
<td>Complainant is unhappy with the decision a crew made about not transporting a patient to hospital. Complainant states that patient did not have full capacity and needed assessment/treatment at hospital.</td>
<td>Local Resolution Northern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>comp/1409</td>
<td>17/07/2018</td>
<td>17/07/2018</td>
<td>Accident and Emergency</td>
<td>Complainant witnessed neighbour fall causing injury to forehead. When called for emergency ambulance waited for several hours before contact was made by NIAS to advise to bring patient to hospital themselves as ambulance would not be with them for approx. another hour.</td>
<td>Local Resolution Emergency Ambulance Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1417</td>
<td>10/08/2018</td>
<td>10/08/2018</td>
<td>Quality of Treatment &amp; Care</td>
<td>Complainant has allegations regarding how paramedics treated her at the scene of the incident</td>
<td>Local Resolution Belfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1428</td>
<td>21/08/2018</td>
<td>21/08/2018</td>
<td>Emergency Ambulance Control</td>
<td>Complaint regarding the delay of an ambulance.</td>
<td>Local Resolution Emergency Ambulance Control</td>
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</tr>
<tr>
<td>COMP/1425</td>
<td>21/08/2018</td>
<td>21/08/2018</td>
<td>Non-Emergency Ambulance Control</td>
<td>Complainant was advised that transport was arranged for him after his appointment in CAH. No transport arrived for patient.</td>
<td>Local Resolution Non-Emergency Ambulance Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1433</td>
<td>22/08/2018</td>
<td>22/08/2018</td>
<td>Accident and Emergency</td>
<td>Unhappy with treatment of care provided by paramedics and also unhappy with comments made by NIAS staff member</td>
<td>Local Resolution South Eastern</td>
<td></td>
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<tr>
<td>COMP/1442</td>
<td>04/09/2018</td>
<td>04/09/2018</td>
<td>Accident and Emergency</td>
<td>Complainant unhappy with attitude and comments made by paramedic on scene.</td>
<td>Local Resolution Northern</td>
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<tr>
<td>COMP/1444</td>
<td>10/09/2018</td>
<td>10/09/2018</td>
<td>Accident and Emergency</td>
<td>Complainant states that crew bullied her. States that she was treated poorly with no compassion.</td>
<td>Local Resolution Western</td>
<td></td>
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</tr>
<tr>
<td>COMP/1448</td>
<td>13/09/2018</td>
<td>13/09/2018</td>
<td>Accident and Emergency</td>
<td>Delay in dispatch of emergency ambulance for female patient who was suffering from a seizure. Patient later passed away in hospital.</td>
<td>Local Resolution Emergency Ambulance Control</td>
<td></td>
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</tr>
<tr>
<td>COMP/1449</td>
<td>14/09/2018</td>
<td>14/09/2018</td>
<td>Accident and Emergency</td>
<td>Patient had to wait for over 2 1/2 hours for ambulance to arrive after suffering head injury resulting from a bike accident.</td>
<td>Local Resolution Southern</td>
<td></td>
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</tr>
<tr>
<td>COMP/1450</td>
<td>24/09/2018</td>
<td>24/09/2018</td>
<td>Rapid Response Vehicle</td>
<td>Mother of young girl is unhappy as paramedic made a safeguarding referral for her child. She states she had no knowledge of this and it was unnecessary.</td>
<td>Local Resolution Belfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1457</td>
<td>16/10/2018</td>
<td>16/10/2018</td>
<td>Rapid Response Vehicle</td>
<td>Healthcare Professional is unhappy with comments made from NIAS Paramedic.</td>
<td>Local Resolution South Eastern</td>
<td></td>
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</tr>
<tr>
<td>Code</td>
<td>Date</td>
<td>Date</td>
<td>Section</td>
<td>Description</td>
<td>Resolution</td>
<td>Location</td>
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</tr>
<tr>
<td>COMP/1459</td>
<td>19/10/2018</td>
<td>19/10/2018</td>
<td>Accident and Emergency</td>
<td>Concerns as to why patient was brought to Lagan Valley Hospital at first instance when they were advised they didn’t have the correct resources to treat patient. Also concerns as to why it took so long for ambulance to arrive to transfer patient to Ulster Hospital.</td>
<td>Local Resolution</td>
<td>South Eastern</td>
<td></td>
</tr>
<tr>
<td>COMP/1460</td>
<td>19/10/2018</td>
<td>19/10/2018</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Delay of emergency ambulance for patient suffering serious blood loss.</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1463</td>
<td>06/11/2018</td>
<td>06/11/2018</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Complainant states that crew did not treat his condition seriously and further alleges that an ambulance crew member stole an item from his home.</td>
<td>Local Resolution</td>
<td>South Eastern</td>
</tr>
<tr>
<td>COMP/1466</td>
<td>12/11/2018</td>
<td>12/11/2018</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Complainant states that the actions and behaviour of paramedics was poor, following attendance to her husband, who had just passed away.</td>
<td>Local Resolution</td>
<td>Belfast</td>
</tr>
<tr>
<td>COMP/1465</td>
<td>12/11/2018</td>
<td>12/11/2018</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Concerns that no emergency ambulance was available for patient with possible cardiac arrest.</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1464</td>
<td>12/11/2018</td>
<td>12/11/2018</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Unhappy with the 4 hour delay of emergency ambulance for patient with heart failure</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1467</td>
<td>14/11/2018</td>
<td>14/11/2018</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Nursing Home manager claims that ambulance did not leave the scene for around 25mins. Nurse went out to see what delay was and driver was sleeping. Patient was on-board being attended to by NIAS colleague in rear of ambulance.</td>
<td>Local Resolution</td>
<td>Northern</td>
</tr>
<tr>
<td>COMP/1468</td>
<td>14/11/2018</td>
<td>14/11/2018</td>
<td>Accident and Emergency</td>
<td>Professional Assessment of Need</td>
<td>Patient is deaf with good speech. Requested a sign language interpreter from ambulance personnel. From lip reading she understood that the staff member told someone on the phone that she did not need an interpreter, she would be all right.</td>
<td>Local Resolution</td>
<td>Northern</td>
</tr>
<tr>
<td>COMP/1469</td>
<td>15/11/2018</td>
<td>15/11/2018</td>
<td>Rapid Response Vehicle</td>
<td>Staff Attitude/Behaviour</td>
<td>RRV paramedic allegedly had bad attitude. He didn't introduce himself to any of the family and continued in a way that neither conveyed compassion or sympathy to the patient.</td>
<td>Local Resolution</td>
<td>Southern</td>
</tr>
<tr>
<td>COMP/1471</td>
<td>27/11/2018</td>
<td>27/11/2018</td>
<td>Ambulance Cleansing Operative</td>
<td>Staff Attitude/Behaviour</td>
<td>Complaint regarding the attitude of staff.</td>
<td>Local Resolution</td>
<td>Northern</td>
</tr>
<tr>
<td>COMP/1473</td>
<td>28/11/2018</td>
<td>28/11/2018</td>
<td>Non Emergency Ambulance Control</td>
<td>Transport, Suitability of Vehicle/Equipment</td>
<td>Complainant stated that when crew arrived they refused to transport patient to hospice. Unhappy with staff attitude.</td>
<td>Local Resolution</td>
<td>Non-Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1474</td>
<td>17/12/2018</td>
<td>17/12/2018</td>
<td>Accident and Emergency</td>
<td>Privacy/Dignity</td>
<td>Allegation that paramedic disclosed confidential information regarding the patient to a member of the public without authority from patients parents</td>
<td>Local Resolution</td>
<td>Western</td>
</tr>
<tr>
<td>COMP/1477</td>
<td>07/01/2019</td>
<td>07/01/2019</td>
<td>Emergency Ambulance Control</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Concerns as to why his father was brought to RVH instead of Ulster. Concerns also raised around delays.</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1478</td>
<td>09/01/2019</td>
<td>09/01/2019</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Concerns of arrival time of emergency ambulance on 2 occasions.</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1479</td>
<td>11/01/2019</td>
<td>11/01/2019</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Patient waited for over 2 hour plus for emergency ambulance with chest pain and suspected sepsis- he then cancelled ambulance to get a taxi - patient was admitted to mater with pneumonia</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1480</td>
<td>17/01/2019</td>
<td>17/01/2019</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Concerns of arrival time of emergency ambulance, elderly patient lay on road for over 90 minutes.</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>COMP/1481</td>
<td>21/01/2019</td>
<td>21/01/2019</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Crew that arrived allegedly verbally assaulted patient.</td>
<td>Local Resolution</td>
<td>Belfast</td>
</tr>
<tr>
<td>COMP/1483</td>
<td>23/01/2019</td>
<td>23/01/2019</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Crew allegedly refused to transport patient with terminal cancer to hospital</td>
<td>Local Resolution</td>
<td>Belfast</td>
</tr>
<tr>
<td>COMP/1485</td>
<td>06/02/2019</td>
<td>06/02/2019</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Patient was not given a carry chair or stretcher to get to ambulance following a fall. Crew also questioned patient and family around their reasons for needing an ambulance. Complainant states paramedic was nasty and rude.</td>
<td>Pending Response</td>
<td>Western</td>
</tr>
<tr>
<td>COMP/1486</td>
<td>07/02/2019</td>
<td>07/02/2019</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Complainant feels that her father's condition was not taken seriously enough following a fall.</td>
<td>Local Resolution</td>
<td>Northern</td>
</tr>
<tr>
<td>COMP/1487</td>
<td>11/02/2019</td>
<td>11/02/2019</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Patient suffers from breathing difficulties and when crew arrived patient advised that crew stated that it wasn't an emergency and they shouldn't have called an ambulance - patient was then admitted to hospital for 4 days.</td>
<td>Local Resolution</td>
<td>Belfast</td>
</tr>
<tr>
<td>COMP/1489</td>
<td>14/02/2019</td>
<td>14/02/2019</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Nurse contacted NIAS for emergency ambulance transfer for patient and was informed by call taker she was not a healthcare professional.</td>
<td>Local Resolution</td>
<td>Emergency Ambulance Control</td>
</tr>
<tr>
<td>Complaint Number</td>
<td>Date Filed</td>
<td>Date Resolved</td>
<td>Department</td>
<td>Nature of Complaint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1494</td>
<td>25/02/19</td>
<td>25/02/19</td>
<td>Accident and Emergency</td>
<td>Quality of Treatment &amp; Care</td>
<td>Complaint alleging that a patient was not given appropriate treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1493</td>
<td>25/02/19</td>
<td>25/02/19</td>
<td>Accident and Emergency</td>
<td>Quality of Treatment &amp; Care</td>
<td>Caller was advised no ambulances available at time of calling, then patient was misdiagnosed with flu by RRV - patient was admitted to hospital with pneumonia and complications have now developed 2 days later.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1495</td>
<td>25/02/19</td>
<td>25/02/19</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Complaint regarding a 13 hour wait for an emergency ambulance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1497</td>
<td>28/02/19</td>
<td>28/02/19</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Complaint regarding the delay of an ambulance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1498</td>
<td>28/02/19</td>
<td>28/02/19</td>
<td>Accident and Emergency</td>
<td>Quality of Treatment &amp; Care</td>
<td>Patient’s mother is unhappy as she was not contacted as patient is a minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1499</td>
<td>01/03/19</td>
<td>01/03/19</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>Complainant is unhappy around how a female paramedic spoke with him. Further states that he feels he was not given an appropriate clinical examination and was made to walk to the ambulance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1501</td>
<td>11/03/19</td>
<td>11/03/19</td>
<td>Accident and Emergency</td>
<td>Quality of Treatment &amp; Care</td>
<td>Alleged that the ambulance crew did not carry out full examination after RTC and did not convey patient to A&amp;E - patient was later diagnosed with a spine fracture.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1502</td>
<td>12/03/19</td>
<td>12/03/19</td>
<td>Accident and Emergency</td>
<td>Staff Attitude/Behaviour</td>
<td>A NIAS trainee paramedic was allegedly rude to the son of a patient during a call.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1503</td>
<td>12/03/19</td>
<td>12/03/19</td>
<td>Accident and Emergency</td>
<td>Quality of Treatment &amp; Care</td>
<td>Complainant alleges that the ambulance crew failed to diagnose a stroke.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1504</td>
<td>15/03/19</td>
<td>15/03/19</td>
<td>Accident and Emergency</td>
<td>Privacy/Dignity</td>
<td>Complainant is unhappy as she feels NIAS staff have not treated her fairly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1506</td>
<td>22/03/19</td>
<td>22/03/19</td>
<td>Accident and Emergency</td>
<td>Quality of Treatment &amp; Care</td>
<td>Crew were refusing to take patient to RVH regarding seizure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1507</td>
<td>26/03/19</td>
<td>26/03/19</td>
<td>Accident and Emergency</td>
<td>Transport, Late or Non-arrival/Journey Time</td>
<td>Unhappy with waiting times for ambulance dispatch for elderly mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Date Filed</td>
<td>Date Closed</td>
<td>Category</td>
<td>Issue Description</td>
<td>Resolution District</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
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<td>------------------------------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1508</td>
<td>28/03/2019</td>
<td>28/03/2019</td>
<td>Accident and Emergency</td>
<td>Unhappy with response time for emergency ambulance</td>
<td>Emergency Ambulance Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1510</td>
<td>03/04/2019</td>
<td>03/04/2019</td>
<td>Accident and Emergency</td>
<td>Complainant alleges that he was not transferred to hospital after suffering a seizure - feels like he should have been.</td>
<td>Western</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1513</td>
<td>11/04/2019</td>
<td>11/04/2019</td>
<td>Accident and Emergency</td>
<td>Unhappy with emergency ambulance availability</td>
<td>Emergency Ambulance Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1514</td>
<td>12/04/2019</td>
<td>12/04/2019</td>
<td>Accident and Emergency</td>
<td>Allegations that ambulance driver was not fit to be driving an ambulance.</td>
<td>South Eastern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1516</td>
<td>30/04/2019</td>
<td>30/04/2019</td>
<td>Accident and Emergency</td>
<td>Patient was the victim of hit and run incident and suffered serious injuries. Unhappy with the response time of the emergency ambulance.</td>
<td>Emergency Ambulance Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1519</td>
<td>08/05/2019</td>
<td>08/05/2019</td>
<td>Accident and Emergency</td>
<td>Delay in ambulance for patient that suffered from a stroke.</td>
<td>Emergency Ambulance Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1518</td>
<td>08/05/2019</td>
<td>08/05/2019</td>
<td>Accident and Emergency</td>
<td>Complaint regarding the attitude and conduct of a NIAS staff member.</td>
<td>Northern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1517</td>
<td>08/05/2019</td>
<td>08/05/2019</td>
<td>Accident and Emergency</td>
<td>Unhappy with treatment administered to daughter after allergic reaction.</td>
<td>Western</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1520</td>
<td>14/05/2019</td>
<td>14/05/2019</td>
<td>Accident and Emergency</td>
<td>Complainant feels that crew were reluctant to help and pain did not give any relief - did not assist patient to ambulance or help into ambulance.</td>
<td>South Eastern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1521</td>
<td>17/05/2019</td>
<td>17/05/2019</td>
<td>Accident and Emergency</td>
<td>Crew allegedly told patient to not vomit in ambulance as it had just been cleaned - patient haemorrhaging and vomiting blood</td>
<td>Western</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1523</td>
<td>22/05/2019</td>
<td>22/05/2019</td>
<td>Accident and Emergency</td>
<td>Unhappy with behaviour and treatment given by paramedic</td>
<td>Southern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case No.</td>
<td>Date Raised</td>
<td>Date Resolved</td>
<td>Complaint Type</td>
<td>Description</td>
<td>Local Resolution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>---------------</td>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1524</td>
<td>24/05/2019</td>
<td>24/05/2019</td>
<td>Accident and Emergency</td>
<td>Delay in arrival of emergency ambulance - allegations that crew had no knowledge or understanding of patient's condition and patient's mother had to explain the condition to him.</td>
<td>Local Resolution Northern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1525</td>
<td>30/05/2019</td>
<td>30/05/2019</td>
<td>Accident and Emergency</td>
<td>Unhappy with arrival time of emergency ambulance after suffering a bike accident</td>
<td>Local Resolution Emergency Ambulance Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMP/1527</td>
<td>31/05/2019</td>
<td>31/05/2019</td>
<td>Accident and Emergency</td>
<td>Patient was left at home following a fall. Patient feels she was not given a proper clinical assessment and should have been transported to hospital.</td>
<td>Local Resolution Western</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE DIRECTORATE

Director of Finance and ICT
March 2019 (Month 12)
**FINANCIAL PERFORMANCE**

Financial Breakeven

The Trust is currently reporting a draft surplus of £47k for year ending 31 March 2019 (Month 12), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the full legitimate costs of Agenda for Change for NIAS will be funded. This draft position, and all risks and assumptions contained within it, are subject to the satisfactory completion of final accounts, review by External Audit and certification by the Northern Ireland Audit Office.

Financial position at the end of March 2019 (Month 12)

<table>
<thead>
<tr>
<th>Financial Breakeven Assessment (£k)</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Costs</td>
<td>8,954</td>
<td>13,465</td>
<td>17,941</td>
<td>22,383</td>
<td>27,041</td>
<td>31,635</td>
<td>36,276</td>
<td>41,026</td>
<td>45,744</td>
<td>51,899</td>
<td>58,580</td>
<td></td>
</tr>
<tr>
<td>Other Expenditure</td>
<td>2,917</td>
<td>4,037</td>
<td>5,870</td>
<td>7,125</td>
<td>8,360</td>
<td>9,603</td>
<td>10,986</td>
<td>12,329</td>
<td>14,802</td>
<td>16,283</td>
<td>18,899</td>
<td></td>
</tr>
<tr>
<td>Expenditure Total</td>
<td>11,871</td>
<td>17,502</td>
<td>23,811</td>
<td>29,508</td>
<td>35,401</td>
<td>41,238</td>
<td>47,262</td>
<td>53,355</td>
<td>60,546</td>
<td>68,182</td>
<td>77,479</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>134</td>
<td>201</td>
<td>277</td>
<td>334</td>
<td>401</td>
<td>468</td>
<td>615</td>
<td>692</td>
<td>813</td>
<td>895</td>
<td>993</td>
<td></td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>11,737</td>
<td>17,301</td>
<td>23,534</td>
<td>29,174</td>
<td>35,000</td>
<td>40,770</td>
<td>46,647</td>
<td>52,663</td>
<td>59,733</td>
<td>67,287</td>
<td>76,486</td>
<td></td>
</tr>
<tr>
<td>Net Resource Outturn</td>
<td>11,737</td>
<td>17,301</td>
<td>23,534</td>
<td>29,174</td>
<td>35,000</td>
<td>40,770</td>
<td>46,647</td>
<td>52,663</td>
<td>59,733</td>
<td>67,287</td>
<td>76,486</td>
<td></td>
</tr>
<tr>
<td>Revenue Resource Limit (RRL)</td>
<td>11,737</td>
<td>17,302</td>
<td>23,535</td>
<td>29,175</td>
<td>34,993</td>
<td>40,763</td>
<td>46,644</td>
<td>52,660</td>
<td>59,804</td>
<td>67,462</td>
<td>76,533</td>
<td></td>
</tr>
<tr>
<td>Surplus/(Deficit) against RRL</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>(7)</td>
<td>(7)</td>
<td>(3)</td>
<td>(3)</td>
<td>71</td>
<td>175</td>
<td>47</td>
<td></td>
</tr>
</tbody>
</table>

The outlook for 2019-20 is indicating the financial year’s resources will also be increasingly constrained, both from a capital and revenue perspective.

Given the level of the significant and ongoing financial challenges currently faced across HSC, extensive budget planning work is therefore ongoing between the Trust, HSCB and DoH in order to achieve a 2019-20 financial plan. It is anticipated that when the overall Financial Position of the Trust is brought together, the Trust will still carry a significant recurrent and in year 2019-20 deficit, however the Trust remains committed to working with the DoH and HSCB in seeking to find solutions to enable it to live within its budget.
Underlying this overall financial forecast is a complex budgetary position. There are a range of vacancies creating underspends against the pay budget. The level of underspend is reduced by overtime costs to provide operational cover. There are also significant levels of sickness absence that can create a financial pressure beyond budgeted levels. Expenditure on Voluntary and Private Ambulance Services and also the Voluntary Car Service to offset these vacancies and maintain cover and performance is creating a corresponding pressure on the non-pay budget. NIAS is also coordinating some Voluntary and Private Ambulance Service activity on behalf of other HSC Trusts. The cost of this is being recharged to the respective HSC Trust.

The provision of operational cover to backfill staff who have taken up positions on the foundation degree programme for Paramedics has been challenging, resulting in an underspend against core budget. The Trust has sought to address this through a range of measures, including voluntary overtime and the use of Voluntary and Private Ambulance Services.

The Trust has also delivered a savings requirement of £0.827m in 2018/19. This has been through a range of non-recurrent measures.

<table>
<thead>
<tr>
<th>NIAS Trust Board Budget Report at March 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(£ 000s)</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td><strong>Chief Executive’s Office</strong></td>
</tr>
<tr>
<td>Payroll</td>
</tr>
<tr>
<td>Non-Payroll</td>
</tr>
<tr>
<td><strong>Chief Executive’s Office Total</strong></td>
</tr>
<tr>
<td><strong>Director of Finance</strong></td>
</tr>
<tr>
<td>Payroll</td>
</tr>
<tr>
<td>Non-Payroll</td>
</tr>
<tr>
<td><strong>Director of Finance Total</strong></td>
</tr>
<tr>
<td><strong>Director of HR</strong></td>
</tr>
<tr>
<td>Payroll</td>
</tr>
<tr>
<td>Non-Payroll</td>
</tr>
<tr>
<td><strong>Director of HR Total</strong></td>
</tr>
<tr>
<td><strong>Dir of Ops (incl Divisions &amp; RCC)</strong></td>
</tr>
<tr>
<td>Payroll</td>
</tr>
<tr>
<td>Non-Payroll</td>
</tr>
<tr>
<td><strong>Dir of Ops (incl Divisions &amp; RCC) Total</strong></td>
</tr>
<tr>
<td><strong>Medical Director</strong></td>
</tr>
<tr>
<td>Payroll</td>
</tr>
<tr>
<td>Non-Payroll</td>
</tr>
<tr>
<td><strong>Medical Director Total</strong></td>
</tr>
<tr>
<td><strong>NIAS Total</strong></td>
</tr>
<tr>
<td>NIAS Total Payroll</td>
</tr>
<tr>
<td>NIAS Total Non-Payroll</td>
</tr>
<tr>
<td><strong>NIAS Total</strong></td>
</tr>
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</table>
Capital Spend

The Trust is currently forecasting a Capital Resource Limit (CRL) allocation of £6.566m. The allocation also allows the Trust to continue with planned cyclical fleet replacement. The Trust continues to engage with the Department of Health in relation to capital expenditure forecasts. Forecast levels and profiles of expenditure can vary for a number of reasons, not least as a result of tender exercises and also supplier capacity and project risks and lead times. The capital requirements for all projects are continually reviewed.

Cumulative capital expenditure is shown in the table below. This represents a forecast underspend of £24k against the capital resources allocated to the Trust. This draft position is subject to the satisfactory completion of final accounts, review by External Audit and certification by the Northern Ireland Audit Office.

<table>
<thead>
<tr>
<th>Cumulative Capital Spend (£k)</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fleet</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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<td>7</td>
<td>7</td>
<td>67</td>
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<tr>
<td>Estate</td>
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<td>Medical Equipment</td>
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<tr>
<td>ICT Schemes</td>
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<td>13</td>
<td>18</td>
<td>197</td>
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<td>459</td>
<td>459</td>
<td>459</td>
<td>548</td>
<td>713</td>
<td>2,070</td>
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<td>General Capital</td>
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<td>0</td>
<td>13</td>
<td>23</td>
<td>23</td>
<td>33</td>
<td>85</td>
<td>85</td>
<td>110</td>
<td>118</td>
<td>100</td>
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<tr>
<td>Actual Spend</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>31</td>
<td>220</td>
<td>220</td>
<td>482</td>
<td>544</td>
<td>551</td>
<td>665</td>
<td>898</td>
<td>6,542</td>
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<tr>
<td>Original Forecast Profile of Expenditure</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>58</td>
<td>80</td>
<td>100</td>
<td>102</td>
<td>114</td>
<td>239</td>
<td>344</td>
<td>2,494</td>
<td>4,294</td>
</tr>
<tr>
<td>Revised Forecast Fleet &amp; General</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>118</td>
<td>125</td>
<td>125</td>
<td>184</td>
<td>4,472</td>
<td></td>
</tr>
<tr>
<td>Revised Forecast ICT Profile of Expenditure</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>31</td>
<td>31</td>
<td>103</td>
<td>459</td>
<td>459</td>
<td>541</td>
<td>713</td>
<td>2,070</td>
<td></td>
</tr>
<tr>
<td>Revised Forecast Profile of Expenditure</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>31</td>
<td>31</td>
<td>103</td>
<td>459</td>
<td>577</td>
<td>584</td>
<td>666</td>
<td>897</td>
<td>6,542</td>
</tr>
</tbody>
</table>

![Capital Expenditure Graph](image-url)
Prompt Payment of Invoices

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

Performance by number of invoices paid for each of these measures is shown below. This draft position is subject to the satisfactory completion of final accounts, review by External Audit and certification by the Northern Ireland Audit Office.

A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary. Performance for the full year has been reviewed and updated at the end of March 2019. The Trust will continue with efforts to maintain and improve performance in 2019-20.

<table>
<thead>
<tr>
<th>Number</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid</td>
<td>987</td>
<td>2,050</td>
<td>1,823</td>
<td>1,739</td>
<td>1,579</td>
<td>1,693</td>
<td>2,312</td>
<td>2,056</td>
<td>2,057</td>
<td>2,223</td>
<td>1,832</td>
<td>2,311</td>
<td>22,662</td>
</tr>
<tr>
<td>Total bills paid within 30 calendar days of receipt of undisputed invoice</td>
<td>948</td>
<td>1,924</td>
<td>1,613</td>
<td>1,644</td>
<td>1,466</td>
<td>1,606</td>
<td>2,219</td>
<td>1,940</td>
<td>1,920</td>
<td>2,063</td>
<td>1,689</td>
<td>2,100</td>
<td>21,132</td>
</tr>
<tr>
<td>% bills paid on time</td>
<td>96.0%</td>
<td>93.9%</td>
<td>88.5%</td>
<td>94.5%</td>
<td>92.8%</td>
<td>94.9%</td>
<td>96.0%</td>
<td>94.4%</td>
<td>93.3%</td>
<td>92.8%</td>
<td>92.2%</td>
<td>90.9%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Total bills paid within 10 working days (14 calendar days)</td>
<td>639</td>
<td>1,259</td>
<td>1,121</td>
<td>1,026</td>
<td>1,144</td>
<td>1,309</td>
<td>1,730</td>
<td>1,509</td>
<td>1,363</td>
<td>1,258</td>
<td>992</td>
<td>1,559</td>
<td>14,909</td>
</tr>
<tr>
<td>% bills paid on time</td>
<td>64.7%</td>
<td>61.4%</td>
<td>61.5%</td>
<td>59.0%</td>
<td>72.5%</td>
<td>77.3%</td>
<td>74.8%</td>
<td>73.4%</td>
<td>66.3%</td>
<td>56.6%</td>
<td>54.1%</td>
<td>67.5%</td>
<td>65.8%</td>
</tr>
</tbody>
</table>
Business Services Organisation (BSO) Procurement & Logistics Service (PaLS) Key Performance Indicators (KPI's)

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPI's) in respect of Purchasing and Supply. Performance against these KPI's to the end of March 2019 (Month 12) is as follows:

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Processing Time Per Requisition Days (Target 5 Days)</td>
<td>3.86</td>
<td>5.46</td>
<td>5.59</td>
<td>6.09</td>
<td>3.94</td>
<td>3.78</td>
<td>4.66</td>
<td>3.89</td>
<td>4.18</td>
<td>4.85</td>
<td>4.83</td>
<td>3.73</td>
</tr>
<tr>
<td>Percentage of Products Supplied on First Request % (Target 95%)</td>
<td>98.90%</td>
<td>98.80%</td>
<td>98.80%</td>
<td>99.20%</td>
<td>99.00%</td>
<td>99.40%</td>
<td>99.50%</td>
<td>97.03%</td>
<td>99.26%</td>
<td>98.89%</td>
<td>97.30%</td>
<td>99.02%</td>
</tr>
<tr>
<td>Number of Lines Issued (Stock and Non Stock Line)</td>
<td>1,683</td>
<td>1,444</td>
<td>1,516</td>
<td>1,439</td>
<td>1,505</td>
<td>1,239</td>
<td>1,596</td>
<td>1,543</td>
<td>1,843</td>
<td>1,756</td>
<td>1,552</td>
<td>1,429</td>
</tr>
<tr>
<td>Value of Spend £k (Stock and Non Stock)</td>
<td>255</td>
<td>608</td>
<td>208</td>
<td>447</td>
<td>322</td>
<td>492</td>
<td>673</td>
<td>2,931</td>
<td>915</td>
<td>577</td>
<td>2,379</td>
<td>1,842</td>
</tr>
</tbody>
</table>
**Information Technology Systems - System Availability**

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

**March 2019 - Telephony failure**

Several repeat instances of calls not being able to be answered have been experienced on the Avaya voice platform for the Northern Ireland Ambulance service since January 2019. An incident occurred on 13 March causing the telephony switch to reboot itself and consequently the ‘hold’ facility was disabled. Operators could not transfer calls within the control room or place callers on hold. BT Engineers resolved the fault by restarting the call-connect server. Investigations are on-going to establish the root cause of the incident. During the period of disruption no calls were lost or Ambulance despatch effected and contingency arrangements worked well.

**Information Technology Systems - Developments**

Any system developments are reported in this section.

Work is progressing on the implementation of a replacement Mobile Data system with our new providers Terrafix. Vehicle installation is scheduled to start in June with the target completion date for full implementation across all the NIAS fleet by end September 2019. The procurement process for an Electronic Patient Record system is now complete with a preferred supplier identified and contract awarded. The contract will be signed with Ortivus in June 2019 and an implementation plan will be developed in the coming months.

**Cyber Security**

A HSC Cyber Security Programme Board has been set up to define Cyber Security assessment standards for HSC organisations and to undertake or commission assessment of achievements against those standards. The Board will also make recommendations on priority actions and required investment to address gaps and further proactive cyber security measures and be in position to provide a transparent statement on the status of Cyber Security and preparedness for the HSC. Funding has been identified by HSCB for each HSC Trust to procure and implement network device scanning and network vulnerability scanning software.

A cyber incident management plan has been developed through collaboration with other HSC Trusts and will be desktop tested in June 2019.

The Cyber Security Programme Board will hold 4 workshops on Cyber Security Corporate Awareness aimed at the Executive/Non-Executive/Directors of HSC Trusts. These sessions will be held from 9:30 – 12:30 on:

- 2nd July 2019 - HSC Leadership Centre
- 1st August 2019 – Antrim Civic Centre
- 4th September 2019 – Craigavon Civic & Conference Centre
ICT Help Desk Performance

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

<table>
<thead>
<tr>
<th>Target to Respond to 95%</th>
<th>March</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Calls</td>
<td>Within time</td>
<td>Actual</td>
<td></td>
</tr>
<tr>
<td>Immediate</td>
<td>17</td>
<td>17</td>
<td>100%</td>
</tr>
<tr>
<td>Urgent</td>
<td>33</td>
<td>33</td>
<td>100%</td>
</tr>
<tr>
<td>High</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Medium</td>
<td>467</td>
<td>460</td>
<td>99%</td>
</tr>
<tr>
<td>Low</td>
<td>942</td>
<td>942</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>1470</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ICT Planned Maintenance March 2019 – system upgrades Critical Systems

<table>
<thead>
<tr>
<th></th>
<th>Availability</th>
<th>Maximum down time</th>
<th>Actual</th>
<th>Exceeded Maximum Down Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3 A&amp;E</td>
<td>740</td>
<td>4 Hours</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>C3 PCS</td>
<td>740</td>
<td>4 Hours</td>
<td>6.5</td>
<td>No</td>
</tr>
<tr>
<td>Pro-QA</td>
<td>740</td>
<td>4 Hours</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>ICCS A&amp;E</td>
<td>740</td>
<td>4 Hours</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>ICCS PCS</td>
<td>740</td>
<td>4 Hours</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>DTR</td>
<td>740</td>
<td>4 Hours</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Voice Recorder</td>
<td>740</td>
<td>4 Hours</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Defib</td>
<td>740</td>
<td>4 Hours</td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>Mobile Data</td>
<td>740</td>
<td>4 Hours</td>
<td>0</td>
<td>No</td>
</tr>
</tbody>
</table>

These are business critical systems which manage front line resources and need to be available on a 24/7 365 basis.

It is anticipated however that up to 4hrs per month may be required to ensure that these systems are up to date and that the appropriate upgrades are in place. This target therefore aims to highlight any occasions when this planned 4hr period is exceeded.

ICT Planned Maintenance March 2019 – system upgrades Corporate Systems

There was no planned maintenance to Corporate Systems during this period.
Developments in the provision of Information are reported in this section.

- **Controls Assurance – Information Management:** Self-Assessment completed. Action Plan for outstanding items developed. This work continues to be a priority of the Trust.
- **General Data Protection Regulations (to replace Data Protection Act 1998 in May 2018)** – Action Plan Monitoring,
- **Supporting Medical Directorate and Transformation Collaborative with Quality Improvement Templates and data analysis.** These continue to be developed and monitored. Includes Falls, Hypoglycaemia, Acute Coronary Syndrome, Cardiac Arrest (refer to Medical Directorate section of report for reporting)
- **ACP monitoring aspects reviewed.** ACP pathways continued to be monitored and reviewed. Ad hoc datasets have been provided to support further initiatives as required ie quality improvement
- **Informatics and business intelligence to support Transformation and Information Collaborative workflows continue to be worked on as required**
- **Supporting work and data streams in Frequent Caller Monitoring and Information Markers including policy/procedures and analytics**
- **Ad hoc datasets to support service planning in Western Division (BT47 and BT48), mortality audit, datasets to support Freedom of Information requests**
- **Patient Report Forms and 999 calls to support inter-face incidents, Serious Adverse Incidents, Child Protection Issues, Vulnerable adults etc; PRFs to support quality assurance of Quality Improvement**
- **Development of new Community First Responder Patient Report Form in partnership working with Community Resuscitation Lead**
- **AED (Automatic External Defibrillators) Location Interactive Tool being updated on monthly basis**
- **Interactive tool developed to support Frequent Caller Activity – weekly reports**
- **Interactive tool developed to support HEMS Activity – monthly report**
- **Interactive tool developed to support Clinical Support Desk Monitoring – weekly report**
- **Out of Hospital Cardiac Arrest Report for 2017/18 being finalised including patient outcomes to support Community Resuscitation Strategy including new dashboard presentation output**

The Information Team has developed a suite of reports to support performance management which includes daily, weekly, monthly analysis of operational performance; hospital turnaround times; non-emergency transportation etc. These are shown in the Operations section of this Report. Clinical indicators are available in the Medical Directorate’s section. Assurance in the area of IG is sought through the Information Governance Steering Group, chaired by DOF&ICT as SIRO with Medical Director as Caldicott Guardian. Minutes are reported to Assurance Committee.
Summary 2018/19 requests compared with same period in 2017/18:

<table>
<thead>
<tr>
<th></th>
<th>April 2018 to March 2019</th>
<th>April 2017 to March 2018</th>
<th>% Increase / (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Freedom of Information Requests Received</td>
<td>230</td>
<td>158</td>
<td>+46%</td>
</tr>
<tr>
<td>1a Freedom of Information Questions Received</td>
<td>756</td>
<td>614</td>
<td>+23%</td>
</tr>
<tr>
<td>2 General Data Protection Regulations, Subject Access Requests Received</td>
<td>84</td>
<td>30</td>
<td>+180%</td>
</tr>
<tr>
<td>3 Police Service of Northern Ireland Requests Received</td>
<td>513</td>
<td>468</td>
<td>+9.6%</td>
</tr>
<tr>
<td>4 Solicitor Enquiries Requests Received</td>
<td>603</td>
<td>638</td>
<td>-5.5%</td>
</tr>
<tr>
<td>Total (1a) not included in Count</td>
<td>1430</td>
<td>1294</td>
<td>11%</td>
</tr>
</tbody>
</table>

1 FREEDOM FOR INFORMATION ACT (2000) – REQUESTS FOR INFORMATION – 01/04/2018 to 31/03/2019
Freedom of Information Act (2000) relates to any information held in an electronic or manual format and can be accessed by anyone who requests it. Exemptions are limited and unless they specifically apply, information must be released. Personal information is accessible using the General Data Protection Regulations (see following).

### 2018-19 Data

| Freedom of information | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total Mar-19 | Total Mar-18
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-------------
| Number of Requests Received | 19  | 6   | 26  | 24  | 15  | 12  | 31  | 20  | 10  | 23  | 18  | 26  | 230         | 158         |
| Number of Questions Received | 67  | 18  | 74  | 49  | 61  | 31  | 115 | 80  | 33  | 60  | 100 | 68  | 756         | 614         |
| Completed Requests processed within 20 days or less | 11  | 5   | 23  | 21  | 11  | 10  | 23  | 20  | 9   | 17  | 11  | 17  | 178         | 96          |
| Completed Requests exceeding 20 days | 6   | 1   | 2   | 2   | 2   | 2   | 3   | 0   | 0   | 4   | 4   | 6   | 32          | 49          |
| REQUESTS Still Being Processed (within 20) | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0           | 0           |
| REQUESTS Still being processed (outside 20) | 1   | 0   | 1   | 0   | 1   | 2   | 0   | 5   | 0   | 1   | 1   | 2   | 3           | 16          |
| Stood Down | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 4   |              | 11          |
| Number of Records Fully Disclosed | 44  | 17  | 69  | 42  | 33  | 29  | 79  | 78  | 31  | 44  | 61  | 43  | 570         | 1204         |
| Vexatious Requests | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |              | 0           |
| Number of Records for which records not held | 3   | 1   | 0   | 4   | 0   | 2   | 0   | 0   | 0   | 4   | 2   | 0   | 16          | 16          |
| Requests where exemptions wholly/partially applied | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 2   | 1   | 8   | 0   | 14          | 14          |
| Questions stood down | 5   | 0   | 5   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 5   | 3           | 18          |
| QUESTIONS Still Being Processed (within 20) | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 3   | 5   | 9           | 9           |
| QUESTIONS Still Being Processed (outside 20) | 15  | 0   | 0   | 3   | 28  | 0   | 34  | 0   | 0   | 1   | 27  | 21  | 129         | 129         |
| Referrals for Independent Review | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0           | 0           |
| Appeals to the Information Commissioner | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0           | 1           |

### Requestor Type

| Requestor Type         | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total Mar-19 | Total Mar-18
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-------------
| Member of Public       | 3   | 1   | 9   | 8   | 3   | 6   | 15  | 5   | 6   | 9   | 6   | 14  | 85           | 75          |
| Local Government       | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 2           | 2           |
| Staff Member           | 2   | 3   | 10  | 10  | 6   | 4   | 6   | 4   | 2   | 4   | 5   | 6   | 62          | 62          |
| Media                  | 3   | 0   | 3   | 2   | 1   | 2   | 4   | 1   | 0   | 6   | 2   | 2   | 26          | 26          |
| Student                | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 2   | 6           | 6           |
| Commercial Company     | 2   | 1   | 2   | 2   | 3   | 0   | 3   | 3   | 0   | 1   | 1   | 0   | 18          | 18          |
| Solicitor             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0           | 0           |
| WhatDoTheyKnow.com    | 5   | 1   | 2   | 2   | 2   | 0   | 2   | 6   | 1   | 1   | 4   | 2   | 28          | 28          |
| NHS                   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1           | 1           |
| Trade Union           | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1           | 1           |

Data will be subject to amendments.

2. DATA PROTECTION ACT 1998/GENERAL DATA PROTECTION REGULATIONS – SUBJECT ACCESS MONITORING
The Data Protection Act 1998 (replaced with the General Data Protection Regulations/DPA 2018 on 25 May 2018) allows an individual to have the right to see and/or receive a copy of personal data held about them on both electronic and manual records and to have any incorrect data amended or deleted.

Processing (Subject Access) for the Period 01/04/2018 to 31/03/2019

<table>
<thead>
<tr>
<th>General Data Protection Regulations/Data Protection Act 2018 – Subject Access</th>
<th>Apr 18 – Mar 19</th>
<th>April 17 – Mar 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Requests Received</td>
<td>2 3 8 2 9 6 6 7 6 14 11 10 84 30</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Completed Requests processed within 40 days or less (from 25 May 2018 standard is 30 days)</td>
<td>2 1 5 2 7 4 5 5 2 11 8 6 58 25</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Completed Requests exceeding 40 days (from 25 May 2018 standard is 30 days)</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Requests still being processed in line with 40 days (from 25 May 2018 standard is 30 days)</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Outstanding Requests exceeding 40 days (from 25 May 2018 standard is 30 days) and still being processed</td>
<td>0 1 1 0 1 0 0 2 4 3 3 2 17</td>
<td>0 1 1 0 1 0 0 2 4 3 3 2 17</td>
</tr>
<tr>
<td>Identity Not Confirmed/Fee Not Received and therefore could not be further processed</td>
<td>0 0 1 0 0 0 0 0 1 0 0 0 2 1</td>
<td>0 0 1 0 0 0 0 0 1 0 0 0 2 1</td>
</tr>
<tr>
<td>Patient</td>
<td>2 1 1 1 0 3 1 1 3 10 3 1 27 16</td>
<td>0 0 1 3 4 4 4 3 1 1 5 24 13</td>
</tr>
<tr>
<td>NIAS Staff Member</td>
<td>0 0 1 0 3 2 4 4 3 1 1 5 24 13</td>
<td>0 0 1 3 4 4 4 3 1 1 5 24 13</td>
</tr>
<tr>
<td>External Agency ie Solicitor acting on behalf of patient/staff</td>
<td>0 1 6 1 6 1 1 2 0 1 4 4 29 2</td>
<td>0 1 6 1 6 1 1 2 0 1 4 4 29 2</td>
</tr>
<tr>
<td>Relative of Patient</td>
<td>0 1 0 0 0 0 0 0 2 3 4 10 2</td>
<td>0 1 0 0 0 0 0 0 2 3 4 10 2</td>
</tr>
</tbody>
</table>

- There are a number of DPA requests from 2017/18 that remain outstanding relating to staff requests for disciplinary files, HR records etc - these are currently being prioritized.

3 POLICE SERVICE OF NORTHERN IRELAND REQUESTS – Police Acts, Common Law 01/04/2018 to 31/03/2019
Purpose: for the prevention, investigations and detection of crime; for apprehension and prosecution of offenders; or to prepare a file for Coroners Court etc.

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

| Requests will relates and include the release of call incident logs, 999 call, staff names and shift patterns, Patient Report Form, staff witness statements in line with legislative requirements to assist with PSNI investigations for example, investigation of fatal road traffic collisions, murder enquiries, alleged assaults etc |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Requests Received (based on receipt of correspondence date) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Apr 18 – Mar 19 | 29 | 44 | 33 | 32 | 40 | 47 | 50 | 32 | 43 | 60 | 54 | 49 |
| Apr 17- Mar 18 | 513 | 468 |

4 SOLICITOR ENQUIRIES 01/04/2018 to 28/02/2019

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

| Number of Requests Received (based on receipt of correspondence date) | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Apr 18 – Mar 19 | 54 | 39 | 47 | 42 | 53 | 58 | 58 | 56 | 28 | 57 | 53 | 58 |
| Apr 17- Mar 18 | 603 | 638 |
As no Government is currently in operation within Northern Ireland, requests have been limited since March 2017.
### 18/19 - PRF v PATIENT NUMBERS COMPARISON

<table>
<thead>
<tr>
<th>Month</th>
<th>Emergency Responses which arrived on scene</th>
<th>Patient Journeys where a patient has transported to a hospital</th>
<th>Number of PRF's completed for the treatment of a patient</th>
<th>Completed PRFs (Formic)</th>
<th>Difference between Emergency Responses and completed PRF's</th>
<th>Difference Patient Journeys and completed PRF's</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2018</td>
<td>15611</td>
<td>12298, 341, 12639</td>
<td>14794</td>
<td>-817</td>
<td>+2,155</td>
<td></td>
</tr>
<tr>
<td>May 2018</td>
<td>16710</td>
<td>13238, 356, 13594</td>
<td>15735</td>
<td>-975</td>
<td>+2,141</td>
<td></td>
</tr>
<tr>
<td>June 2018</td>
<td>16172</td>
<td>12694, 344, 13038</td>
<td>15292</td>
<td>-880</td>
<td>+2,254</td>
<td></td>
</tr>
<tr>
<td>July 2018</td>
<td>16117</td>
<td>12694, 334, 13028</td>
<td>14929</td>
<td>-1,188</td>
<td>+1,901</td>
<td></td>
</tr>
<tr>
<td>August 2018</td>
<td>15862</td>
<td>12539, 314, 12853</td>
<td>15071</td>
<td>-791</td>
<td>+2,218</td>
<td></td>
</tr>
<tr>
<td>September 2018</td>
<td>15881</td>
<td>12577, 331, 12908</td>
<td>15268</td>
<td>-613</td>
<td>+2,360</td>
<td></td>
</tr>
<tr>
<td>October 2018</td>
<td>16414</td>
<td>13166, 372, 13538</td>
<td>16110</td>
<td>-304</td>
<td>+2,572</td>
<td></td>
</tr>
<tr>
<td>November 2018</td>
<td>16561</td>
<td>13229, 326, 13555</td>
<td>16546</td>
<td>-15</td>
<td>+2,991</td>
<td></td>
</tr>
<tr>
<td>December 2018</td>
<td>17217</td>
<td>13679, 233, 13912</td>
<td>16755</td>
<td>-462</td>
<td>+2,843</td>
<td></td>
</tr>
<tr>
<td>January 2019</td>
<td>16965</td>
<td>13575, 279, 13854</td>
<td>16536</td>
<td>-429</td>
<td>+2,682</td>
<td></td>
</tr>
<tr>
<td>February 2019</td>
<td>15023</td>
<td>12057, 245, 12302</td>
<td>14346</td>
<td>-677</td>
<td>+2,044</td>
<td></td>
</tr>
<tr>
<td>March 2019</td>
<td>16377</td>
<td>13092, 288, 13380</td>
<td>14569</td>
<td>-1,808</td>
<td>+1,189</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>194910</td>
<td>154838, 3763, 158601</td>
<td>185951</td>
<td>-8,959</td>
<td>+27,350</td>
<td></td>
</tr>
</tbody>
</table>
TRUST BOARD REPORT
OPERATIONAL DIRECTORATE

Reporting to March 2019
Emergency & non emergency Ambulance Control Reports

EAC Call Taking Statistics

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

Emergency Call Activity

The number of “999” calls being answered is continuing to rise. The barrier of 20,000 plus calls has been breached on a number of occasions and looks set to continue. This trend on increasing “999” calls each year is evident from the statistics shown in the table below.

<table>
<thead>
<tr>
<th>Month</th>
<th>Year 2014-15</th>
<th>Year 2015-16</th>
<th>Year 2016-17</th>
<th>Year 2017-18</th>
<th>Year 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>14988</td>
<td>16079</td>
<td>16321</td>
<td>17403</td>
<td>17598</td>
</tr>
<tr>
<td>May</td>
<td>15433</td>
<td>16795</td>
<td>17437</td>
<td>18365</td>
<td>19864</td>
</tr>
<tr>
<td>Jun</td>
<td>15911</td>
<td>16321</td>
<td>17030</td>
<td>17173</td>
<td>19263</td>
</tr>
<tr>
<td>Jul</td>
<td>16633</td>
<td>16266</td>
<td>17773</td>
<td>18352</td>
<td>19170</td>
</tr>
<tr>
<td>Aug</td>
<td>16244</td>
<td>16814</td>
<td>17728</td>
<td>18486</td>
<td>19125</td>
</tr>
<tr>
<td>Sep</td>
<td>16244</td>
<td>15802</td>
<td>16803</td>
<td>17994</td>
<td>19335</td>
</tr>
<tr>
<td>Oct</td>
<td>15803</td>
<td>16701</td>
<td>18282</td>
<td>18208</td>
<td>19267</td>
</tr>
<tr>
<td>Nov</td>
<td>15860</td>
<td>16083</td>
<td>16979</td>
<td>18236</td>
<td>19102</td>
</tr>
<tr>
<td>Dec</td>
<td>18088</td>
<td>18494</td>
<td>20340</td>
<td>24020</td>
<td>22418</td>
</tr>
<tr>
<td>Jan</td>
<td>16590</td>
<td>16989</td>
<td>17630</td>
<td>20444</td>
<td>20035</td>
</tr>
<tr>
<td>Feb</td>
<td>16138</td>
<td>16188</td>
<td>16181</td>
<td>17756</td>
<td>19066</td>
</tr>
<tr>
<td>Mar</td>
<td>16872</td>
<td>17740</td>
<td>17523</td>
<td>20233</td>
<td>20474</td>
</tr>
<tr>
<td>Total</td>
<td>194804</td>
<td>200272</td>
<td>210027</td>
<td>226670</td>
<td>234717</td>
</tr>
</tbody>
</table>

Source: Avaya ACD system. ‘Skillset performance report’

As well as taking calls from the general public NIAS also takes calls from hospitals, GP surgeries and other health care professionals. These types of call are classified as Health Care professional (HCP) calls and have a small dedicated team who deal with processing these calls.

As part of contingency arrangements we answer “999” calls from Scotland as part of the Buddy arrangement. From the 2nd May 2018 we enabled electronic call passing between NIAS and the Scottish Ambulance Service where if either Control Room takes calls for the other they are automatically populated on each others command and control screen and Ambulance resources can be dispatched as normal.
999 Call Answer Times

Key Performance Indicator

NIAS aims to answer telephone calls as quickly as possible and the target is 95% of all Emergency calls answered in two seconds.

The table below shows the performance on call answering by month from April 2018 to March 2019 and an increase in the average percentage time to answer Emergency calls.

CALL ANSWERING PERFORMANCE CHART 2018/19

- Call answering shows a higher achieved target for Routine calls due to all staff having the skill sets to handle them.
- The target of 95% 999 call taking is yet to be achieved – new recruitment in EMD levels would be expected to improve this performance level however overall increases in call volumes has impacted this figure particularly in December 2018, January 2019 and March 2019 as each of these months exceeded the 20,000 call mark.
- EMDs are required by the IAED to remain on the line for certain health critical situations. They remain on the line until one of NIAS operational resources is in attendance at the scene. High volumes of incidents and reduced levels of cover can impact on availability of call takers resulting in delays.
- Measures introduced have seen improvement in answering HCP calls
- Further measures to cut down on non-call related routine calls have also been introduced.
EMD Award Scheme

NIAS has an EMD award scheme in place awarding certificates and badges for randomly selected calls with overall “High Compliance” and for calls with exemplary (100%) Customer Service. Other awards are for Baby Born, Cardiac Life Saver & Non-Cardiac Life Saver. In order to attain these specific awards the call must be reviewed as “Compliant” or “High Compliance”.

The table below shows the level and number of awards attained by EMDs for the reporting period as well as the previous year 2017-18 and the year to date. A number of calls are also currently under assessment for possible awards.

<table>
<thead>
<tr>
<th>Type</th>
<th>Level</th>
<th>Mar 2019</th>
<th>Year (Apr 17 – Mar 18)</th>
<th>Year to Date (Apr 18 – Mar 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>999 High Compliance</td>
<td>Bronze</td>
<td>0</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Silver</td>
<td>0</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Gold</td>
<td>1</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>250</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Exemplary Customer Service</td>
<td>Bronze</td>
<td>5</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Silver</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Gold</td>
<td>0</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Baby Born</td>
<td></td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Cardiac Life Saver</td>
<td></td>
<td>5</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Non-Cardiac Life Saver</td>
<td></td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

In March 2019, 12 EMDs were nominated and shortlisted for Dispatcher of the Year award at the International Academies of Emergency Dispatch, Navigator Ireland conference in Dublin. Five EMDs attended the award ceremony and the first day of the conference.
RESPONSE TIME PERFORMANCE REPORT YEAR END REPORT

For April 2018 to March 2019 (2018/19)

Summary of Trends:

1. Cumulative NI Cat A performance from April 2018 – March 2019 was 37.2% (8% decrease for same period last year 45.2%)

2. Average response time across Northern Ireland for Cat A responses in 2018/2019 was 14 minutes 2 seconds, an increase of 1 minute 7 seconds (12 minutes 35 seconds).

3. Total cumulative Emergency Call demand for April 2018 to March 2019 (including Cat HCP activity) has decreased by -1% = 2167 calls for the same period last year.

4. Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability. It is noted that in the March 2019 there was an increase in the number of lost hours at Altnagelvin Hospital and a decrease in lost hours at all other hospitals.

DISCLAIMER

Please note that due to system issues the data provided below may be subject to change at a later stage. Please use in a cautionary manner at this time.
Key Performance Indicator: Resources are deployed in line with the Category/Code and measured through Key Performance Indicators

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

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

**KEY PERFORMANCE INDICATORS (KPIs) for the Year 2017/18**

*From April 2016, 72.5% of Cat A (potentially immediately life threatening) calls to be responded to within 8 minutes, 67.5% in each Local Commissioning Group area (LCG) with 95% of Cat A have a conveying resource <21 min

95% of Category B Response <21 mins

95% Category C Non- Health Care Professional <60 mins

Health Care Professional (formally GP Urgent) within agreed target of either 1, 2, 3, 4, hours
From April 2018, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area.

*Disclaimer may be subject to change at a later date.

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

NIAS - 2018/19 Performance Improvement Trajectory
Cat A - % 8 minutes - forecast vs actual
(Regional)


Regional % < 8 minutes forecast
Regional % < 8 minutes actual
Key Performance Indicator: Ambulance Turnaround at Emergency Departments within 30 minutes – Mar 2019 V Mar 2018

Lost NIAS Hours due to Out of Standard Ambulance Turnaround Times (March 2019 and March 2018 OOS > than 30 mins)

<table>
<thead>
<tr>
<th>Hospital Attended</th>
<th>RVH</th>
<th>UHD</th>
<th>CAH</th>
<th>AAH</th>
<th>ALT</th>
<th>SWAH</th>
<th>DHH</th>
<th>CWH</th>
<th>MAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hrs lost March 2019</td>
<td>1836</td>
<td>1973</td>
<td>903</td>
<td>1186</td>
<td>726</td>
<td>663</td>
<td>461</td>
<td>351</td>
<td>272</td>
</tr>
<tr>
<td>Hrs lost March 2018</td>
<td>1495</td>
<td>1228</td>
<td>832</td>
<td>630</td>
<td>302</td>
<td>352</td>
<td>268</td>
<td>391</td>
<td>416</td>
</tr>
</tbody>
</table>
Key Performance Indicator: Provide non-urgent transport of patients across Northern Ireland through its Patient Care Service (PCS) to locally agreed specifications

<table>
<thead>
<tr>
<th>NEAC BOOKINGS AND JOURNEYS - FEBRUARY 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bookings</strong></td>
</tr>
<tr>
<td><strong>Mar-19</strong></td>
</tr>
<tr>
<td><strong>Mar-18</strong></td>
</tr>
<tr>
<td><strong>% Change</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Completed Journeys</strong></th>
<th>LCG AREA</th>
<th>Belfast</th>
<th>South Eastern</th>
<th>Northern</th>
<th>Southern</th>
<th>Western</th>
<th>NI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mar-19</strong></td>
<td>2005</td>
<td>1453</td>
<td>5635</td>
<td>3966</td>
<td>2557</td>
<td>15616</td>
<td></td>
</tr>
<tr>
<td><strong>Mar-18</strong></td>
<td>2095</td>
<td>1451</td>
<td>5602</td>
<td>3629</td>
<td>2772</td>
<td>15549</td>
<td></td>
</tr>
<tr>
<td><strong>% Change</strong></td>
<td>-4.3%</td>
<td>0.1%</td>
<td>0.6%</td>
<td>9.3%</td>
<td>-7.8%</td>
<td>0.4%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Completed Journeys</strong></th>
<th>Journey Type</th>
<th>Outpatient</th>
<th>Discharge</th>
<th>Transfer</th>
<th>Admission</th>
<th>Second Crew</th>
<th>Home Assessment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mar-19</strong></td>
<td>11952</td>
<td>2455</td>
<td>1039</td>
<td>151</td>
<td>17</td>
<td>2</td>
<td>15616</td>
<td></td>
</tr>
<tr>
<td><strong>Mar-18</strong></td>
<td>11753</td>
<td>2635</td>
<td>1004</td>
<td>141</td>
<td>14</td>
<td>2</td>
<td>15549</td>
<td></td>
</tr>
</tbody>
</table>

![NIAS - NEAC - BOOKINGS RECEIVED - MARCH 2019](image-url)
Fleet Section:

**Objective 1**: To provide a professionally managed, safe and reliable ambulance Fleet, which supports the operational model for service delivery.

**Key Performance Indicator: Replace around 20% of fleet annually.**
- 23 A&E Ambulance for 2019 built and currently awaiting installation of new Mobile Data system
- 26 PCS Ambulances for 2019 being quality inspected
- 12 Response Cars completed and to be quality inspected
- 2 Specialist vehicles completed and to be quality inspected

**Key Performance Indicator: Age of fleet should be less than 5 years old.**
The percentage of all vehicle types less than 5 years old has decreased however this will start to increase as the new vehicles are made operational.

Compliance with the age of fleet key performance indicators is described in the following table:

<table>
<thead>
<tr>
<th>Fleet Profile 2018/19</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% less than 5 yrs old)</td>
<td>Emergency Ambulances</td>
<td>82.8</td>
<td>83.6</td>
<td>93.1</td>
<td>99.1</td>
<td>99.1</td>
<td>99.1</td>
<td>99.1</td>
<td>99.1</td>
<td>99.1</td>
<td>99.1</td>
<td>77.6</td>
<td>77.6</td>
</tr>
<tr>
<td></td>
<td>Non-Emergency Ambulance</td>
<td>80</td>
<td>78.4</td>
<td>79.3</td>
<td>82.9</td>
<td>86.5</td>
<td>88.3</td>
<td>87.4</td>
<td>90.2</td>
<td>92.9</td>
<td>92.9</td>
<td>75.2</td>
<td>75.2</td>
</tr>
<tr>
<td></td>
<td>Rapid Response Vehicles</td>
<td>86</td>
<td>62.8</td>
<td>67.4</td>
<td>69.8</td>
<td>79.1</td>
<td>88.3</td>
<td>81.4</td>
<td>81.4</td>
<td>79.1</td>
<td>69.7</td>
<td>69.7</td>
<td>69.7</td>
</tr>
<tr>
<td></td>
<td>Support Vehicles</td>
<td>56.8</td>
<td>50</td>
<td>56.8</td>
<td>56.6</td>
<td>58.5</td>
<td>64.2</td>
<td>66.0</td>
<td>66.0</td>
<td>68.5</td>
<td>68.5</td>
<td>61.1</td>
<td>62.3</td>
</tr>
<tr>
<td></td>
<td>Allstar Fuel card Purchases</td>
<td>128202</td>
<td>121485</td>
<td>114819</td>
<td>114196</td>
<td>117391</td>
<td>126166</td>
<td>126977</td>
<td>133565</td>
<td>123655</td>
<td>120216</td>
<td>129018</td>
<td>128675</td>
</tr>
<tr>
<td></td>
<td>NIAS Bunkered Sites</td>
<td>20791</td>
<td>20016</td>
<td>20820</td>
<td>22145</td>
<td>22483</td>
<td>22782</td>
<td>24309</td>
<td>24589</td>
<td>21981</td>
<td>23953</td>
<td>21337</td>
<td>19618</td>
</tr>
<tr>
<td></td>
<td>Total Fuel (Litres)</td>
<td>148994</td>
<td>141501</td>
<td>135639</td>
<td>136341</td>
<td>139874</td>
<td>149288</td>
<td>151285</td>
<td>158153</td>
<td>157785</td>
<td>142106</td>
<td>152971</td>
<td>150012</td>
</tr>
<tr>
<td></td>
<td>Total CO2 (1 Litre x 2.6391kgs) Generated</td>
<td>393210</td>
<td>373435</td>
<td>357965</td>
<td>359818</td>
<td>369140</td>
<td>397382</td>
<td>417382</td>
<td>416410</td>
<td>375032</td>
<td>403706</td>
<td>395897</td>
<td>380005</td>
</tr>
<tr>
<td></td>
<td>MOT Pass Rate 2017/18</td>
<td>83.33%</td>
<td>95.83%</td>
<td>88.89%</td>
<td>80.00%</td>
<td>85.71%</td>
<td>84.21%</td>
<td>96.55%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>97.78%</td>
<td>100.00%</td>
<td>95.83%</td>
</tr>
<tr>
<td></td>
<td>No of vehicles presented for MOT</td>
<td>24</td>
<td>24</td>
<td>18</td>
<td>10</td>
<td>7</td>
<td>19</td>
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<td>8</td>
<td>6</td>
<td>16</td>
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