



NIAS Derogations agreed with Trade Unions for IA Day of Action 21 September and 22 September 2023

NIAS requests trade union derogation of the following services/functions on the basis of the potential impact on Life Preserving Services* of strike action.

*** Life Preserving Services Definition:**

- Emergency intervention for the preservation of life or for the prevention of permanent disability.
- Care required for therapeutic services without which life would be jeopardised or permanent disability would occur.
- Urgent diagnostic procedures and assessment required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.

Date and Time Request Forwarded to Trade Union:

Thursday 14 September 2023 @ 2.30pm

Date and Time Request Agreed with Trade Unions – UNISON, UNITE, NIPSA, GMB

Tuesday 19 September 2023

	Area/function to be considered for derogation	Rationale for requested derogation in relation to potential impact on life preserving services	Level of cover requested	Trade union decision
1	EAC functions. 999 Call taking/triage functions and dispatch.	Direct role in ensuring operation of frontline care in order to ensure the provision of life preserving services	Full attendance of EMDs DCM Control Officers EMD Supervisors	<ul style="list-style-type: none"> a) Answering of 999 calls only and won't answer routine calls. b) Control Officers will dispatch to Cat 1 calls including upgraded life & limb calls. c) Upgraded (life & limb) calls will be dispatched to community settings only including residential homes. d) Clinical upgrading to be managed by CSD and monitored periodically throughout the period of strike action by Trade Unions. e) Clinical upgrading decisions made, as per (d) above, will be communicated to crews via MDT using wording as agreed with TUs. f) NO DEROGATION agreed for DCM.
2	HCP Call taking and response allocation	HCP call taking patients assessed by a GP or HCP as urgent to include high priority patients. This will include Inter-Facility Transfer requests. HCP call takers answer crew related queries.	1 RPCC Call Taker required per shift to undertake normal prioritisation process of all HCP calls and to assist and answer crew telephone queries.	a) DEROGATION AGREED
3	Clinical Support Desk	CSD undertakes secondary triage including identification of calls requiring emergency upgrade on clinical basis. There is clinical risk if calls requiring a higher response are not identified, or if calls are not identified as	Full attendance of CSD paramedics.	<ul style="list-style-type: none"> a) DEROGATION AGREED b) TU members will be facilitated to attend picket line / regional rally, where possible and where safe staffing levels can be maintained. Members will be contactable from the picket line / rally where they can be recalled if required.

		suitable for alternative transport in order to increase availability of emergency response tier.		
4	Cat 1 & 2 operational response.	Direct role in ensuring operation of frontline care in order to ensure the provision of life preserving services Category 1 and 2 including EAC pre-alerts.	<p>Full attendance of Paramedics, EMTs, RRV Paramedics, HEMS Paramedics</p> <p>ACAs (as per BAU arrangements) HART HALO CSO Operational Managers</p>	<p>a) DEROGATION AGREED for confirmed Cat 1 Calls including upgraded life & limb calls. No derogation agreed for unconfirmed Cat 1 calls or Category 2 calls.</p> <p>b) In the event that Category 2 emergency calls awaiting response are of such numbers to realise a significant risk to patients and the public, this derogation will be revisited by Trade Unions and may be amended to include derogation for Cat 2 calls.</p> <p>c) Clinical upgrading to be managed by CSD and monitored periodically throughout the period of strike action by Trade Unions.</p> <p>d) Clinical upgrading decisions made, as per (c) above, will be communicated to crews via MDT using wording as agreed with TUs.</p> <p>e) UNISON ONLY – Derogation for ACAs (for derogated calls), HART, HALO. No derogation for CSO / Operational Managers.</p> <p>f) NIPSA ONLY – Derogation for ACAs (for derogated calls), HART, HALO, Operational Managers. No derogation for CSO.</p> <p>g) UNITE ONLY – Derogation for HART, HALO. No derogation for ACAs / CSO / Operational Managers.</p>

				h) GMB ONLY – Derogation for HART, HALO. No derogation for ACAs / CSO / Operational Managers.
5	Cat 3 operational response.	<p>Related contingency planning has identified limited assurance of an effective timely / clinical response to patients in these categories.</p> <p>In particular there is potential significant risk if Category 3 calls are not responded to under normal protocols.</p> <p>Respond to Cat 3 (urgent) calls by exception where the nature of the incident indicates an immediate risk to life and limb and / or where there is a clear requirement for an ambulance conveyance with no feasible alternative.</p>	<p>Full attendance of Dispatch of Paramedics, EMTs, RRV Paramedics, HEMS Paramedics to calls identified as time sensitive / time critical</p> <p>All ACAs.</p>	<p>a) NO DEROGATION AGREED for Category 3 unless upgraded to Cat 1 (time critical or life & limb).</p> <p>b) Clinical upgrading to be managed by CSD and monitored periodically throughout the period of strike action by Trade Unions.</p> <p>c) Clinical upgrading decisions made, as per (c) above, will be communicated to crews via MDT using wording as agreed with TUs.</p> <p>d) NIPSA - ACA staff on duty undertaking PCS role under NEAC will provide support to A&E Category 1 calls as a last resort only.</p>
6	Cat 4 operational response.	<p>Related contingency planning has identified limited assurance of an effective timely / clinical response to patients in this categories.</p>	<p>Full attendance of Dispatch of Paramedics, EMTs, RRV Paramedics, HEMS Paramedics to calls identified as time sensitive / time critical</p> <p>All ACAs.</p>	<p>a) NO DEROGATION AGREED for Category 4 unless upgraded to Cat 1 (time critical or life & limb).</p> <p>b) Clinical upgrading to be managed by CSD and monitored periodically throughout the period of strike action by Trade Unions.</p> <p>c) Clinical upgrading decisions made, as per (c) above, will be communicated to crews via MDT using wording as agreed with TUs.</p> <p>d) NIPSA - ACA staff on duty undertaking PCS role under NEAC</p>

				will provide support to A&E Category 1 calls as a last resort only.
7	Senior On Call	Cover Critical / Major Incidents / staff welfare.	Full derogation	a) NO DEROGATION AGREED b) Following review of derogation requirement, management to mitigate.
8	Officer On Call	Cover Critical / Major Incidents / staff welfare.	5 on call officers required to support regional cover / crew welfare and response for Major Incidents	a) UNISON, UNITE & NIPSA - DEROGATION AGREED b) GMB Derogation agreed for Major Incidents and staff welfare only.
9	Clinical On Call	Clinical on call undertake secondary triage including identification of calls requiring emergency upgrade on clinical basis and management of the call stack when demand exceeds capacity. There is clinical risk if calls requiring a higher response are not identified, or if calls are not identified as suitable for alternative transport in order to increase availability of emergency response tier.	1 clinical on call officer to support clinical triage and call stack management	a) NO DEROGATION AGREED b) Mgmt. will put in place arrangements for ongoing stack management in line with BAU arrangements.
10	Operational Management	Direct role in the management / support and co-ordination of crews involved in the delivery of life preserving services.	Full attendance of ASAMs and Station Officers to support management of IA, fulfil bronze roles and undertake staff welfare arrangements.	a) NO DEROGATION AGREED b) Following review of derogation requirement, management to mitigate however will reserve right to review derogation request as day of action approaches.
11	Palliative, renal, cancer-related calls and Paediatric PCS transfers	Direct response and management of life preserving care.	PCS/A&E operational staff. NEAC/EAC Call taking and dispatch.	a) DEROGATION AGREED b) TU members will be contactable and respond from the picket line. c) NIPSA - ACA staff on duty undertaking PCS role under NEAC will provide

				support to A&E Category 1 calls as a last resort only.
12	Discharges	Maintaining Hospital flow with the discharge of patients is a critical function to ensure timely Ambulance Handover at EDs	Normal management of discharges to include: Call taking, dispatch and response.	a) NO DEROGATION AGREED Agreed palliative, renal, paediatric and end of life discharges would be facilitated.
13	Planning Performance & Corporate Services. IT Systems	Available 9-5 as part of normal duties and on call outside these hours as normal business. IT systems required to support functionality of critical systems to provide life preserving services – cover required for EAC / NEAC / telephony systems.	4 staff required to ensure maintenance of critical IT functions directly related to frontline care (x2 Command & Control, x 1 Network Manager, x1 Cyber). IT On-Call arrangements to apply as normal.	a) NIPSA & UNITE - DEROGATION AGREED for IT On-Call arrangements only. b) UNISON & GMB no derogation subject to review c) TU members will be facilitated to attend picket line / regional rally, where possible and where safe staffing levels can be maintained. Members will be contactable and respond from the picket line / rally where they can be recalled for a major IT issue.
14	Major Incident Response	Direct response to ensure life preserving services where a major incident has been declared for an incident which does not directly relate to NIAS Industrial Action.	All available clinical and support staff to respond as per normal protocols	a) DEROGATION AGREED
15	Vehicle Cleaning Operatives	To support crews and the timely turnaround of ambulance vehicles to aid in the response to life threatening calls.	VCOs to be available at hospital EDs to provide normal cover levels	a) NO DEROGATION AGREED b) BAU arrangements apply i.e staff will clean their own ambulances / RRVs / equipment.
16	Resource Management Centre	To support staff and ensure adequate staffing levels are maintained throughout and after period of industrial action.	Full derogation.	a) NO DEROGATION AGREED as safe staffing levels expected (3-day shift and 2 late shift members of staff, 1 Supervisor and 1 RMC Manager). Management will reserve right to review

				<p>derogation request as day of action approaches.</p> <p>b) TU members will be facilitated to attend picket line / regional rally, where possible and where safe staffing levels can be maintained. Members will be contactable from the picket line / rally where they can be recalled if required.</p>
17	NISTAR	Direct role in transferring critically ill patients for specialist intervention.	Full derogation.	<p>a) DEROGATION AGREED</p> <p>b) TU members will be contactable and respond from the picket line.</p>
18	Fleet	Essential response to broken down / VOR vehicles to maintain operational response.	Full derogation	<p>a) NO DEROGATION AGREED following management review of derogation requirement.</p> <p>b) GMB only - Derogation for On-Call Major Response.</p>
19	Stores	Emergency response for drug restocking / arrangement of vehicle decontamination.	Full Derogation	a) DEROGATION AGREED for emergency callout.
20	Estates	<p>Essential response to NIAS estates to ensure station serviceability.</p> <p>Essential response to NIAS estates to ensure protection/reaction to specific issues relating to EAC and protection of the 999 function. Example leaking pipes/electrical issues or air conditioning. Response from picket line by exception for serious or urgent issues.</p>	Emergency callout	a) DEROGATION AGREED
21	OSLO	Support to operational functions.	Full derogation	a) NO DEROGATION AGREED following management review of derogation requirement.

