

ID	Title	Key Outcome	Description	Likelihood (current)	Consequence (current)	Rating (current)	Risk level (current)	Risk level (Target)	Lead Director	Initial Action Taken to Control/Mitigate Risk	Opened	Review Date	Action Plan to Address /Mitigate Risk
357	Ambulance Turn Around Times at Emergency Departments	Delivering Care	<p>If hospital emergency departments (EDs) are unable to maintain patient flow, ambulance crews may be held for excessive periods of time. This leads to a depletion of resources in the area and an inability to respond to emergency calls. In October 2022, NIAS experienced a total of 13,535 lost hours, this is the equivalent of 37 shifts per day, with crews waiting with patients outside EDs, 34% of our planned capacity. These lost hours were experienced from 10,997 instances where our crews waited longer than 15mins to handover their patient at ED. 4,700 of these instances were over 60mins in length.</p> <p>In the last 12 months (November 2021 – October 22), 89% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 120k hours lost. The lost hours experienced in October 2022 is a 20% increase from September 22, whilst the number of instance of delay handovers increased by 6% in the same period. The 13,535 operational hours being lost (eq. to 1,127 12-hours shifts per month or 38 12h shifts per day). The number of handover delays in excess of 60mins has increased in</p>	Almost Certain (5)	Catastrophic (5)	25	Extreme	Low	Byrne, Mrs Rosie	<p>Raising of intertrust incidents with Trust Governance Teams. Risk Manager met with BHSCT, WHSCT &amp; SEHSCT Governance Leads to advise of initiative / expectations. Intertrusts detail cumulative lost production hours, broken down by Trust and ED. August 2021 and ongoing. DATIX Administrator. Continual engagement with Health Trusts highlighting the challenges and risks currently being experienced by NIAS (2021/22). DOPs. Appointment of additional HALOS (October 2021). AD Ops.</p> <p>Installation of decommissioned A&amp;E vehicles at three Health Trusts for the treatment of patients and / staff welfare (December 2021). AD Ops C&amp;C.</p> <p>Regional Unscheduled Care Escalation guidance revised and issued by the HSCB (December 2021). Within this guidance NIAS have the authority and autonomy to direct ambulances across the region, as clinically appropriate. This is based on NIAS activity, including ambulance numbers waiting at EDs to equalise pressures, with the intention to improve turnaround times. DOPs.</p> <p>Matter regularly highlighted by the Chief Executive at the weekly DoH / Trust Chief Executive Meetings – December 2021 and</p>	03/05/2018	21/11/2022	<p>Targets for improving response times and reducing handover delays have been set for March 2023. These targets are partly outside the control of NIAS and will be dependent on the Trusts making the required improvements to Length of Stay and discharge:</p> <ul style="list-style-type: none"> <li>• Increase NIAS See and Treat rates by 5%. Expected completion March 2023. Medical Director.</li> <li>• Achieve NIAS call answering target of 90% in 5 seconds. Expected completion September 2022. AD Ops (C&amp;C).</li> <li>• Achieve NIAS Cat 1 and Cat 2 response time targets. Expected completion March 2023. Operations Director.</li> <li>• Return to NIAS March 2019/20 position for handovers. Expected completion March 2023. Operations Director.</li> <li>• Unscheduled Care Adult Non Elective Discharges (Ex ambulatory, virtual wards, obstetrics and Mental Health): Trusts must discharge more than they admit over a full week, and; average discharge rates at weekends should increase by 5%pts in Q2, 10%pts in Q3 and 15%pts in Q4 relative to baseline weekend discharge rates in 19/20. Expected completion September 2022.</li> </ul>
311	Cyber Security	Our Infrastructure	<p>Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals.</p> <p>This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments, or divert emergency/essential clinical or other services.</p> <p>The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions and ambulance response, suboptimal clinical outcomes and</p>	Almost Certain (5)	Major (4)	20	Extreme	Low	Paterson, Maxine	<p>Technical Infrastructure Security, Security Policy and procedures in place, Disaster Recovery Plans (reviewed 2016). AD ICT.</p> <ul style="list-style-type: none"> <li>• Emergency Planning &amp; Service/Business Continuity Plans (2019). AD EP.</li> <li>• Corporate Risk Management Policy &amp; Strategy (2019). Risk Manager.</li> <li>• "Faux" cyber security exercise (Q3 2017). AD ICT.</li> <li>• Internal Audit assessment – 10 Steps to Cyber Security (Q1 17/18). AD ICT.</li> <li>• ICT Security Monitoring standing agenda item on IGSG. Cyber updates to Trust Board included in ICT Report (Q1 17/18). AD ICT.</li> <li>• ISO 27001 compliance review undertaken by security consultant from DXC (Q1 2018). AD ICT.</li> <li>• Band 5 funding Cyber Security Officer identified 2017/18. AD ICT.</li> <li>• Regional Cyber Security Programme Board established (Q2 18/19). AD ICT.</li> <li>• Business Impact assessments in relation to Business Continuity (2018/19). AD EP.</li> <li>• Regional Cyber Incident Management Response tested Q1 2019/20. AD ICT.</li> <li>• Trusts self-assessed against a range of security requirements to determine where focus should be placed. Q1 2019/20. AD ICT.</li> </ul>	09/08/2017	27/10/2022	<ul style="list-style-type: none"> <li>• Forescout Training still to be undertaken by Network Manager. Original spot on regional HSCNI training course Q4 2021/22 was dropped by BSO. Name to be put forward again for next available course (no ETA as yet). AD ICT.</li> <li>• Regional business case to fund improved cyber security for HSC is ongoing. In development Q1 18/19. Delayed. Expected completion Q4 20/21. Delayed again. Expected Completion Q1 22/23. AD ICT.</li> <li>• Scoping work has commenced for Forescout extension to NIAS remote station switches - estimated completion Q2 22/23. Cyber Lead.</li> <li>• Review of AD Privileged Access Accounts commenced Q2 22/23. NIAS and 3rd party Supplier Accounts to be locked down to "Least-Privilege" admin model where possible. Estimated Completion Q3 22/23. Cyber Lead.</li> </ul>

403	Sickness Absence	Our Workforce	If the management of sickness absence is not improved this may impact on service delivery and improvement as well as resulting in an inability to achieve financial balance. This could further exacerbate the potential for detrimental impact upon service.	Likely (4)	Major (4)	16	High	Low	Lemon, Michelle	<p>Capability to support management or attendance considered and addressed with appointment of five temporary HR Attendance Management Advisors (2019). Director of HR.</p> <p>HSC Leadership Centre Associate appointed to support redeployment programme for those on long term absence or unable to fulfil normal duties (October 2020). Director of HR.</p> <p>Health and well-being arrangements in place including the prioritisation of musculoskeletal and mental health issues (known key priority areas) – for further information refer to corporate risk number 301, health and wellbeing (2021), Director of HR.</p> <p>Direct access to a physio for musculoskeletal related absence, partnership working with Occupational Health (2021), Director of HR.</p> <p>Review of Occupational Health to ensure that it is fit for purpose to support attendance management. Improvement plan in place (2021). Director of HR, 2021.</p> <p>Significant work undertaken to support increased absence and absences associated with Covid including Occupational Health arrangements, related risk assessments, and the appropriate</p>	13/08/2019	24/11/2022	Ongoing implementation of Health and Wellbeing Strategy and Maximising Attendance Plan with new KPIs. Twelve Month Plan to be reviewed September 2023. Led by Director of HR.
591	Increase Commissioned Hours / Clinical Response Model (CRM)	Organisational Development	If adequate arrangements are not in place to increase commissioned hours in line with future increases in demand, this will further reduce response times, which may result in service users coming to harm.	Likely (4)	Major (4)	16	High	Low	Byrne, Mrs Rosie	<p>NIAS financial planning prioritises provision of front-line resources.</p> <p>Financial resource and activity/performance are issues discussed at Trust Board and with HSCB.</p> <p>Proposed Clinical Response Model (CRM) developed and approved by Trust Board (September 2016).</p> <p>Recruitment programme on-going.</p> <p>Demand / Capacity review carried out (report July 2017).</p> <p>Programme for Foundation degree in science in Paramedic practice (FdSc) developed and approved by UU and HCPC (September 2018).</p> <p>CRM Public Consultation Closed January 2019.</p> <p>Refresh of Capacity Review complete (September 2019).</p> <p>Implementation of NIAS Training Strategy to include Paramedic Education Programme, EMT and ACA programmes (on-going).</p> <p>CRM Outline Business Case (OBC) completed and submitted to the DOH on the 15 December 2021 (case for an additional 4.5K hrs of front line cover per week, to meet new response targets along with additional clinical and non clinical support staff. Fleet and</p>	01/06/2021	25/11/2022	Ongoing DoH discussion with SMT in regards to the reconfiguration of OBC to meet requirements of the Department of Finance. This work is currently underway with CRM Director. Expected completion December 2022, CRM Director.

453	Operational Impact of COVID-19	Delivering Care	As a result of abstractions relating to the COVID-19 pandemic along with increased turnaround times at Emergency Departments, service delivery / capacity to respond has been reduced. This is an increased risk to patient safety.	Likely (4)	Major (4)	16	High	Medium	Byrne, Mrs Rosie	<p>Surge – Establishment of an Incident Management Team (IMT) 31.01.20. Replaced by Strategic, Tactical and Operational structure, March 2020. Participation in Health Silver and other teleconferences (ongoing from 25.02.20). AD Ops. NIAS plan for management of situation as requested by Health Gold, February 2020. DQSI. NIAS Infectious Diseases/Surge Plan completed (March 2020). IPC Lead. NIAS Testing of staff and household implemented (March 2020). DQSI. Programme of fit testing implemented to promote optimal capacity and uptake (March 2020). DQSI. Arrangements in place for procurement, testing/training, stockpiling and distribution of PPE, and are represented on the regional PPE Cell (March 2020). DSQI. Capacity Escalation Plan in place (March 2020). DOps. CRM Director holds a register of organisations and people who have volunteered offers of help (people and roles). March 2020. HSC Volunteering Scheme in place, Led by HR. March 2020.</p> <p>Recovery – HSC Silver and DoH Gold have since Mon 11 May reduced frequency of meetings. 19 May SMT agreed Gold reduced Fire Risk Assessments, Legionella and Asbestos surveys complete (March 2019). Head of Estates. Estates TSSC Maintenance Contract for PPM, Remedials, Reactive repair works &amp; certain statutory compliance went live on 3rd August 2020, replacing old FM Contract. Led by Head of Estates. Estates Department now has three permanent staff – Office Manager, Project Manager and Helpdesk Operator roles. Five other positions, (HoE, FM, QS &amp; EO's x2) are occupied by agency staff which presents obvious continuity risks. December 2021. CRM Director. Six (6) facet building condition and functional suitability surveys completed in 2021/2022. Head of Estates. Other standalone maintenance statutory compliance contracts through BSO PaLS CAG's are also live e.g. FWT, PAT, Emergency Lighting &amp; Lifts etc., 2021/22. Head of Estates. DoH have allocated £250K for backlog maintenance, 2021/22. Led by Head of Estates. New Modular building adjacent to HQ providing additional office accommodation</p>	07/02/2020	25/11/2022	DoH Strategic Planning and Performance Group (SPPG) has stood down their Silver structure and NIAS Silver has been stood down. NIAS has the ability to stand up a command structure rapidly should a further COVID pandemic wave occur. NIAS continues to hold operational huddles, monitor the situation daily and produce weekly sitreps to the SPPG from Emergency Planning. September 2022. AD Ops / DOps. Meeting planned for 23rd Nov to review NIAS alignment with regional guidance. Revision of management of COVID guidelines into normal attendance management procedures. AD Ops.
262	Estate Condition	Our Infrastructure	If the Trust does not make suitable arrangements to adequately maintain and improve the overall condition of its estate, this may result in breaches of statutory duty and put staff at risk.	Possible (3)	Major (4)	12	High	Low	McNeill, Brian	<p>Capital Expenditure projects progressed through Emergency Services Consultancy Framework using IBI through CPD from 05.07.2020 until 31.03.2022. A program of minor works and backlog maintenance has realised some improvements across the NIAS Estate. This will continue into 2022/23. Head of Estates. MoU's with associated SLAs/JMAs between NIAS and landlords of HSC Trusts is underway. MoU's have been agreed and signed with NIFRS and NHSCT. Those with the other 4 HSC Trusts are works in progress, but cannot be completed by NIAS in isolation. Expected completion Dec 22. Head of Estates. Estates TSSC Maintenance Contract for PPM, Remedials, Reactive repair works &amp; certain statutory compliance contract will be replaced on 1st April 2023 by a new FM Contract through a NHS SBS Framework, assisted by BSO PaLS. This will include Legionella and Asbestos management. Led by Head of Estates/FM/QS. Sluice program substantially complete with only problematic locations remaining outstanding. Solutions progressing for these. Expected completion March 2023. Head of</p>	31/12/2014	25/11/2022	

372	Operational Management Structure	Our Workforce	The current operational management arrangements (nine to five) present a risk to effective service delivery and in the necessary support to staff.	Almost Certain (5)	Moderate (3)	15	High	Medium	Byrne, Mrs Rosie	<p>On Call Officer system in place for incident management (October 2018). AD Emergency Planning.</p> <p>Overtime arrangements in place (October 2018). AD Ops</p> <p>Frontline operations supported by Emergency Ambulance Control (October 2018). AD OPs C&amp;C.</p> <p>AACE Consultant appointed December 2019. DOps.</p> <p>Extended hours for Station Officers. AD Ops (February 2020).</p> <p>A Case For Change paper was shared with SMT 21 May 2021 for noting. DOps.</p> <p>On call arrangements reviewed. DOps (December 2021).</p> <p>Enhanced operational cover across the Division with an increase in Station Officers. Area Managers working and covering weekends. Station Officers extended cover in all areas (Except North) over 9-5 cover.</p> <p>Extension of Supervisor model until at least 28th Feb 2022. Operating within the current funding streams extended cover including daily/weekend huddles. AD Ops.</p>	03/10/2018	25/11/2022	Service delivery model review and subsequent supporting structural review will commence November 2022, expected completion June 2023. Ops Director.
417	Clinical Audit / Clinical Supervision	Our Workforce	There is a reduction in clinical audit and clinical supervision of staff due to the increasing remit and current demand on Clinical Support Officers (CSOs). This may result in increased risks to patients.	Likely (4)	Major (4)	16	High	Medium	Ruddell, Dr Nigel	<p>Assistant Clinical Director appointed (August 2020). Medical Director.</p> <p>CSO Recruitment complete (May 2020 and August 2021). Clinical Training Manager.</p> <p>Full Induction Programmes in place for new cohort of CSOs (July 2020 and most recently September 2021). Clinical Training Manager.</p> <p>Twenty-nine Clinical Support Officers (CSOs) in post (establishment is thirty FTE – a number not in post as a result of secondments and sickness) as at October 2021. AD Education Learning &amp; Development (ELD).</p> <p>Prioritisation of supervision of AAPs / Student EMTs (2021 and on-going). Clinical Training Manager.</p> <p>Five additional CSOs in place (December 2021). AD Education Learning &amp; Development (ELD).</p> <p>Provision of resource from Information Team has allowed development of a specific dashboards to address key areas of audit e.g. cardiac arrest with presentation of findings at Safety Committee. September 2022. Medical Director.</p>	18/07/2019	30/11/2022	<p>Consideration to be given to further new CSO posts to meet CRM requirements and support newly qualified paramedics (NQPs) coming to work in NIAS from other Trusts, led by Medical Director. Expected completion March 2021, delayed expected completion March 2023.</p> <p>Review of Clinical Education to take place (theme specifically dealing with clinical supervision). Expected completion July 2023. Medical Director.</p> <p>Wider scale audit of clinical care will rely heavily on the full implementation of REACH allowing real time data to be collated and easing the burden of manual audit on CSOs consideration is still needed for return of CSOs to observation of front line practice. Expected completion March 2023. Medical Director</p>

719	Use of IAS/PCS on A&E Support	Delivering Care	Due to a lack of available workforce and system wide pressures, the Trust is being forced to task both the Independent Ambulance Sector and Ambulance Care Attendants to high acuity calls. This action may result in increased risks to patient safety, along with risks to the health and wellbeing of responding staff who, through no fault of their own, do not possess the appropriate skills to care for their patients.	Almost Certain (5)	Moderate (3)	15	High	Low	Byrne, Mrs Rosie	Provision of data from the Information Team to Medical Directorate. September 2022. DPP & CS.	19/07/2022	25/11/2022	<p>PCS Project includes sprint 8 - A&amp;E support - T&amp;F group has reviewed dispatch guidance. Updated dispatch guidance to be issued/implemented WC/21st Nov. AD Ops.</p> <p>Workforce has increased however demand still remains higher than available resource = capacity to respond to patients within safe timeframes. CSD to review prior to tasking ICV/IAS to ensure suitability. Daily review of deployment of resource to ensure location mitigates demand/dropped cover. Expected implementation December 2022. AD Ops.</p> <p>A cross directorate group is meeting to review IAS and PCS deployment to calls with the aim of mitigating this risk. Expected completion December 2022. Assistant Clinical Director.</p>
726	Financial Stability - Achieving Financial Balance 2022/23		The Trust may breach its statutory duty to break even if it overspends against core budget, experiences unfunded cost pressures and/or service changes or does not deliver levels of required cash releasing efficiency savings.	Likely (4)	Major (4)	16	High	Low	Nicholson, Paul	<p>Controls are in place to mitigate each of these factors as follows:</p> <p>A. Applying internal budgetary control processes led by Director of Finance reporting monthly to Chief Executive as Accounting Officer. This will continue to be underpinned by detailed budget reports produced by finance to support budget holders. Directors are held accountable to Chief Executive. Financial position is a standing item on SMT agenda for DoF to provide update and test assumptions. Director of Finance, ongoing 2022/23.</p> <p>B. Submission and engagement with DoH/SPPG re any emerging financial implications for HSC in the context of Northern Ireland public sector budgets to be reflected in NIAS Trust Delivery Plan. Ongoing monitoring, review and engagement with stakeholders. Director of Finance, ongoing 2022/23).</p> <p>C. Ongoing monitoring, review and engagement with stakeholders will continue throughout the year to highlight emerging cost pressures and service changes. Director of Finance, ongoing 2022/23.</p> <p>D. Ongoing monitoring, review and engagement with stakeholders will continue</p>	22/09/2022	24/11/2022	<p>On-going application of actions and controls A to E throughout 2022/23 (Director of Finance, ongoing at September 2022).</p>

531	Management of Independent Sector Resources	Delivering Care	If NIAS continues to steadily increase its reliance on Independent Sector resources, without introducing a more robust performance management framework, there are potential financial, contractual, safeguarding, performance, compliance and patient safety (including issues relating to bariatric capacity) risks to the Trust.	Possible (3)	Major (4)	12	High	Low	Byrne, Mrs Rosie	Independent Ambulance Services Framework in place detailing contract expectations (commenced November 2019). Agency IAS Manager supported by North Area Manager. Independent Ambulance Services quarterly meetings in (commenced November 2019 and continue on a quarterly basis). Meetings are formally recorded and are utilised to communicate best practice with the providers e.g. IPC updates and learning. Agency IAS Manager supported by North Area Manager. Discharge Planning Desk in NEAC oversees the booking of all NEAC Independent Sector (IS) resources and maintains records of crews that operate each day (commenced November 2019). Agency IAS Manager supported by NEAC Manager. IAS Manager manages all EAC orders and administration/contract management of same, including financial and performance. Finance Directorate checking invoices (commenced November 2019). Queries to be resolved/agreed dealt with by IAS Manager. NIAS Information Department monitors high-level non-emergency journey statistics (commenced November 2019). Corporate Manager	28/07/2020	30/11/2022	PCS Improvement Programme commenced February 2022 led by Transformation Team: <ul style="list-style-type: none"> <li>• Relevant workstreams include call types suitable for IAS colleagues to be dispatched to, processes for utilising IAS on behalf of Trusts.</li> <li>• Procurement commenced for new Framework for IAS (summer 2022). Taxi Framework and procurement process planned for Q4 2023/24. NIAS representatives on CAGs to input to framework design and subsequent contracts.</li> <li>• QSI leading regular audits and quarterly meetings with IAS contractors to monitor performance and quality.</li> <li>• Datix incident reporting and complaints systems utilised to monitor performance and to provide feedback</li> <li>• Development of framework for higher acuity call types deferred pending work of demarcation task and finish group identifying suitable call types for IAS and PCS crews Expected completion March 2023. AD Ops.</li> </ul>
559	Organisational Culture	Organisational Development	If matters relating to organisational culture, as indicated in the results of the HSC Staff survey (references to bullying culture, staff engagement, health and wellbeing and leadership) are not sufficiently addressed, this may impact on organisational reputation, staff morale, health and wellbeing and potentially performance including service delivery and patient care.	Almost Certain (5)	Moderate (3)	15	High	Low	Lemon, Michelle	Organisational Strategy – Strategy to Transform, 2020 – 2026 includes a key priority around Culture programme. DHR. Issued individual letters to all staff (October 2020). DHR. Issued a Chief Executive communication around culture and commitment to addressing (October 2020). CEX. Commissioned 2 days a week from HSC Leadership Centre to provide support to deliver this (November 2020). Led by DHR. Launched HSC Cultural Assessment Tool (November 2020). DHR. Draft Culture Programme of work with identity that gives profile to the culture work and related progress completed (June 2021). DHR. Staff engagement sessions undertaken June 2021. DHR. Draft leadership development programme developed June 2021. DHR. Culture Improvement Strategy and Plan oversight by the People, Finance and Organisational Development (PFOD) Committee (presented June 2021 and December 2021). Led by DHR. Culture programme approved by PFOD December 2021.	06/11/2020	25/11/2022	Ongoing implementation of Culture Programme (approved by PFOD December 2021). Programme with related plans due for presentation to Trust Board December 2022. DHR. Leadership development programme underway (November 22). Progress update due to be presented to Trust Board December 22. Engagement sessions planned for December 2022. Film regarding vision for organisational culture developed. Implementation of new Conflict, Bullying and Harassment Policy planned for Q4 22-23. DHR.

419	Unsupported Trust Telephony System	Digital Enablers	Trust telephony system is end of manufacturer support and currently supported on extended break fix only. The system contains legacy components which are end of life and hosted on unsupported operating systems creating both patient safety and cyber security risks.	Likely (4)	Major (4)	16	High	Medium	Paterson, Maxine	<p>Buddy arrangement in place with Scottish Ambulance Service for emergency call handling (since 2017). EAC Manager. Contingency mobile phones in EAC (2019). AD ICT.</p> <p>Funding identified from HSC EHealth budget 2020/21. (AD ICT, Q3 2019/20). AD ICT. AD ICT, Business Continuity Lead and EAC Manager provided briefing and update to SMT in September 2019.</p> <p>EAC can operate in a limited capacity onsite (Knockbracken Healthcare Park) at Site 5, the Resource Management Centre (RMC) or if onsite recovery not available, Altnagelvin (March 2020). AD ICT.</p> <p>BT provided contractual support until March 2020. AD ICT.</p> <p>Network Manager appointed April 2020. AD ICT.</p> <p>Outline Business Case submitted to DHCNI for comment Feb 2020. Comments addressed and resubmitted May 2020. AD ICT.</p> <p>OBC submitted to DOH May 2020. Initial review completed by DOH and comments returned to NIAS July 2020. AD ICT.</p> <p>Addressed OBC comments raised by DOH and returned to DOH for further review. July</p>	19/07/2019	27/10/2022	<ul style="list-style-type: none"> <li>• Build and Test Telephony. Target End Feb 22 - NOW DELAYED TO Q3 22/23. AD ICT.</li> <li>• UAT. Target Completion end April 22 - NOW DELAYED TO Q4 22/23. AD ICT.</li> <li>• Deployment and Migration. Completion End May 22 - NOW DELAYED TO Q4 22/23. AD ICT.</li> <li>• Project Closure End June 22 (Project delayed 3 months - Supply chain, 3rd party contract issues). NOW DELAYED TO Q4 22/23. Being monitored. AD ICT.</li> </ul>
712	Medicines Asset Management & Governance	Delivering Care	If arrangements for medicines asset management and governance are not improved, there is a risk of loss of packs and packs expiring and remaining in the system - risking expired medicines being administered to patients. The location of medicine packs in the system is unknown except at a very local level, due to use of a paper based system. This may lead to regulatory action / involvement of the Medicines Regulatory Group (statutory powers under the Medicines Act and subordinate legislation).	Almost Certain (5)	Moderate (3)	15	High	Low	Ruddell, Dr Nigel	<p>Audit conducted to determine pain pack locations - Spreadsheet created and maintained location by stores through Med04 data. April 2022. Lead Pharmacist.</p> <p>Planning &amp; Performance Directorate have agreed to assist in development of associated business case September 2022. AD PP &amp; CS.</p> <p>Scoping suppliers available on national frameworks (electronic / RFID options). Medical Devices Lead. August 2022.</p>	20/06/2022	21/11/2022	Ongoing scoping of suppliers and specifications. Meeting taking place 25/11/22 with potential suppliers, Medical Directorate & Estates. Lead Pharmacist.
739	Independent Ambulance Sector - Medicines Administration	Delivering Care	NIAS commissions Independent Ambulance Sector (IAS) resources to transport patients but not to administer medicines. NIAS does not have a framework in place for IAS to check that appropriate protocols, storage, paperwork, training and licences are in place. There are patient safety risks, reputational risks along with a potential breach of statutory duties.	Possible (3)	Major (4)	12	High	Low	Ruddell, Dr Nigel	<p>Memo to IAS outlining their scope of practice does not include administration of medicines. 17th October 2022. Medical Director.</p> <p>Data requested on calls attended by IAS by Assistant Clinical Director. November 2022.</p> <p>Guidance issued to Emergency Ambulance Control (EAC). Assistant Clinical Director. November 2022.</p>	23/11/2022	30/11/2022	<p>A cross directorate group is meeting to review IAS and PCS deployment to calls with the aim of mitigating this risk. Expected completion December 2022. Assistant Clinical Director.</p> <p>Scope requirement for audit at Emergency Departments. Expected completion March 2023. AD Ops / Assistant Clinical Director.</p>

395	Violence & Aggression In The Workplace	Our Workforce	There is a risk that should the trust not develop, implement and resource an holistic, detailed and fit-for-purpose response to acts of aggression towards NIAS employees, there is potential for such aggression to continue to rise. This will adversely affect the health and well-being of staff.	Almost Certain (5)	Moderate (3)	15	High	Medium	Paterson, Maxine	<p>Management of Aggression working Group established and meets quarterly. Chaired by South Ambulance Service Area Manager (ASAM).</p> <p>NIAS is a member of the regional working group and attends the National Security Group when possible (ASAM &amp; Risk Manager).</p> <p>Introduction of daily 'huddles' to ensure appropriate follow-up action is taken (July 2019). Ops Director.</p> <p>Management of Aggression Group Workshop and Merchandising Session November 2019. Agreement reached on priority workstreams. Risk Manager &amp; Chair.</p> <p>Scoping of BWV with WAS, SEHSCT, PSNI and Translink. ASAM &amp; Risk Manager (December 2019).</p> <p>Body Worn Video Screening forwarded to IG. February 2020. Risk Manager.</p> <p>Body Armour Business Case complete (factory production delayed due to COVID-19) February 2020. Risk Manager.</p> <p>Sample Body Armour received (July 2020), factory production commenced October 2020. Risk Manager.</p> <p>Production of social media video complete (September 2020). Risk Manager. ASAM &amp; Regional contract to provide counselling services reviewed to enhance scope of psychological support and interventions.</p>	17/12/2018	25/11/2022	Ongoing implementation of strategy, expected completion March 2023. Led by Ambulance Service Area Manager, Risk Manager and Working Group.
301	Staff Health & Wellbeing	Our Workforce	There is a risk to staff and potentially service delivery if the Trust does not improve and sustain arrangements to support staff health and wellbeing.	Possible (3)	Major (4)	12	High	Low	Lemon, Michelle	<p>Establishment of Peer Support Pilot Project (2017). HWB Manager.</p> <p>Staff Satisfaction and Wellbeing Partnership Survey Project with Trade Unions conducted (Q4 17/18). AD HR.</p> <p>Stress management and addiction workshops (Q2/Q3 2018/19). AD HR.</p> <p>Attachment of INSPIRE counsellor to EAC (commenced in 2017). EAC Manager.</p> <p>Flexible working/reasonable adjustments in place (2017). HR Director.</p> <p>Staff Resilience Module Paramedic Degree (commenced Q1 2018/19). Clinical Training Manager.</p> <p>Regular Trust-wide health checks programme established (Q1 18/19). AD HR.</p> <p>People, Finance and Organisational Development (PFOD) committee established providing scrutiny and challenge at board level for HR and workforce issues (2021). HR Director.</p> <p>Consultant Clinical Psychologist appointed on a part time basis and one year action plan agreed and underway (2021). HR Director.</p>	03/10/2018	24/11/2022	Ongoing implementation of Health and Wellbeing Strategy and Maximising Attendance Plan with new KPIs. Expected completion March 2023.

708	Derogation List - NIAS Specific Approach to National Response Standards	Delivering Care	The implementation of the Derogation List (NIAS Specific Approach to National Response Standards) to reduce the likelihood of staff incurring a late finish, reduce impact on compensatory rest and ensure staff are physically / mentally able to treat patients to the best of their ability, has increased clinical risk to service users.	Likely (4)	Moderate (3)	12	Medium	Low	Ruddell, Dr Nigel	Initial review of Category 2 calls in order to identify those which are likely to have a time-sensitive element, December 2021, Medical Director. Two Staff communications issued (14th January and 28th January 2022). Medical Director. Robust training course developed and implemented in EAC to support the implementation approach, February 2022, AD C&C. Cat 2 Derogation List Update paper presented to SMT on 15 March and the Safety and Quality Committee on 7 April 2022, Medical Director. Cat 2 Derogation List Sub Group reports to Operational Service Improvement Steering Group. July 2022, Medical Director. Regular review monitoring meetings took place initially weekly from 28 Jan – 10 June 2022 and then reduced in frequency to fortnightly thereafter given the evidence base from the newly established automated Power BI System. All incidents have been reviewed by either email communications or via a zoom sub group call by members. No adverse incidents/impacts have been highlighted to date (27 September 2022).	10/06/2022	30/11/2022	Reporting via SQEP Committee to be considered. Head of Performance and Medical Director to liaise with Chair of the Committee. Expected completion October 2022, delayed expected completion December 2022.
575	Attracting & Retaining Suitably Qualified Staff	Our Workforce	As an employer NIAS adheres to national terms and conditions. This may impact upon the Trust's ability to attract and retain staff with the required skills and experience to effectively deliver its Strategy to Transform and achieve the associated benefits.	Possible (3)	Moderate (3)	9	Medium	Low	Bloomfield, Michael	Matter raised with the Chief Executive at Remuneration Committee - July 2020, December 2020 and February 2021. Chair. Implementation of regional and local strategy, policies and procedures which include a new Recruitment Strategy, the Review of Clinical Education, training and development arrangements, succession planning (February 2021) SMT. Workforce Plan developed. December 2021. Programme Director, Workforce Planning.	16/03/2021	25/11/2022	Matter is subject to ongoing discussions with HSC Chairs. Expected completion March 2022, delayed expected completion March 2023. CEX.

663	Expiration of Cleaning Service Contract H&J Martin Group 06.05.22	Delivering Care	<p>Risk cause: Cleaning Services contract with H&amp;J Martin group due to expire on the 06.07.22. 13 areas in NIAS serviced by this contract, including 12 stations.</p> <p>Risk Event: Cleaning services to these areas through this contract provision will cease on this date.</p> <p>Risk effect: If these areas are not effectively cleaned there is a risk of slippage in terms of cleanliness standards and risk in terms of increased risk of transmission of infection. The COVID-19 pandemic is ongoing and this is the main organism of concern at this time but there is potential for spread of other infections too. Increased risk of transmission of infection can lead to increased incidents associated with infection and outbreaks of infection. These increases can pose a risk to staff and patient safety. There is a potential for response times and service delivery to be impacted where there is increased levels of staff absence due to infection.</p>	Unlikely (2)	Moderate (3)	6	Medium	Low	Charlton, Lynne	<p>Internal discussion and planning within the QSI Directorate. February 2022, DQSI. Presentation of risk and options RE next steps to Trust SMT on 01.03.22. Agreement to progress option of directly employed NIAS domestic cleaning staff to undertake this function. Agreement through SMT that this is time critical and needs to be key work stream for QSI and supporting teams. March 2022, SMT.</p> <p>Baseline service scoping by QSI determined 6 WTE cleaning operatives and 1 WTE equivalent Supervisor required. NIAS HR supporting with HR aspects / TUPE considerations. April 2022. DQSI. Only if required reduction of NIAS vehicle 'deep' cleans to once per month from once per fortnight and movement of NIAS vehicle cleaners to environmental cleanliness function for a period to allow direct recruitment to take place and for service to be established. April 2022. DQSI. DAC in place with Transformation Team support and recruitment underway (including supervisor). May 2022, DQSI. Recruitment exercise and TUPE exercise complete. Ten staff formerly employed by Mount Charles Group now TUPE'd across to PPE Cell established March 2020 under the leadership of the Director of Finance and DQSI.</p>	04/03/2022	29/11/2022	<p>Risk from contract expiration has now been fully addressed through the migration of TUPE'd staff from Mount Charles Group and a successful recruitment campaign for additional domestic cleaning staff and is no longer an issue. Adequate cleaning provision now in permanent place in 13 previously affected areas. Propose closure at December SMT. November 2022, AD QSI.</p>
655	Wearing of PPE During COVID-19 Pandemic	Our Workforce	<p>Compliance with usage of Personal Protective Equipment (PPE) assessed during IPC audits from April 2021 to Dec 2021 has been inconsistent with audits scores ranging from 40 to 80% but with variation between EDs. Average result achieved 72%.</p> <p>The use of PPE is an important control in the management of COVID-19 and is a key mitigation in controlling both the acquisition of and transmission of COVID-19.</p> <p>Acquisition of and transmission of COVID-19 can result in patient and staff harm and may result in outbreaks or increased incidences of COVID-19.</p> <p>Significant case numbers of, outbreaks of or increased incidences of COVID-19 can impact the ability of NIAS to deliver service.</p>	Possible (3)	Moderate (3)	9	Medium	Medium	Charlton, Lynne	<p>Support function provided by PPE Cell to the organisation in the form of clinical support (Clinical Improvement Lead) and supply and logistics (Stores Manager). Streamlined process for ordering of PPE devised and implemented. Systems for stock assurance put in place April 2020. DQSI/ PPE Cell. NIAS Operational guidance for the management of COVID-19 developed and circulated, March 2020, same updated as guidance changed, now up to version 11 of same. Guidance on SharePoint and shared via email, what's app, JRCALC and messaging via MDT. DQSI and Emergency Planning team. Train the trainer PPE update provided for NIAS Station Officers and Halos March 2020. SO to then cascade training to Station teams. DQSI/ Emergency Planning. JRCALC updated with all PPE guidance as per AACE as guidance changes. April 2020. DQSI. (Ongoing) IPC Newsletters utilised to share information around PPE with all NIAS staff, first issue re PPE April 2020. DQSI. Video messaging produced and shared via</p>	11/01/2022	29/11/2022	<p>A product evaluation project is planned to commence in April 2022 in relation to hand sanitiser and aprons. April 2022. IPC Lead. Details of NIAS bespoke pop up signage to be shared with area managers and station officers with request where space will allow for same to be ordered at station level. April 2022, IPC Lead. Communicate to be prepared and shared with NIAS explaining process for management of staff in relation to PPE as per regional FAQs from PHA. April 2022. IPC Lead.</p> <p>06.05.22 Continued adherence to above mitigations. DQSI</p> <p>Revised guidance developed for NIAS staff in relation to management of patients, no longer a requirement for blanket PPE use for all patients, now PPE can be used on a risk assessed basis. Operational guidance and guidance for meetings, events and celebrations updated to reflect new guidance, V12 Grey and V3 Grey respectively. Same sent to all staff using usual comms channels and also being hosted on COVID and IPC SharePoint sites. Physical distancing</p>