Northern Ireland Ambulance Service
Health and Social Care Trust

A meeting of Trust Board to be held at 10am on
Thursday 18 June 2020 via Zoom (due to Covid-19)

AGENDA

1	Welcome & Declarations of Conflict of Interest	***Click on links to navigate:***
2	Minutes of the previous meeting of the Trust Board held on 27 May 2020 **For Approval**	TB18/06/2020/01
3	Matters Arising	
4	Chair's Update **For Noting**	
5	Chief Executive's Update **For Noting**	
6	Frequent Callers Presentation by Ms Joanna Smylie, Complex Case Lead, Medical Directorate **For Noting**	No paper
7	Emergency Ambulance Control Presentation by Ms Ruth McNamara, Assistant Director Control & Communications, Operations Directorate **For Noting**	No paper
8	NIAS COVID-19 Recovery Framework **For Noting**	TB18/06/2020/02
9	Directors' Update – verbal update	No paper
10	Date & venue of next meeting: **Thursday 27 August 2020. Arrangements to be confirmed**	
11	Any Other Business	

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

A meeting of Trust Board to be held at 10am on
Thursday 18 June 2020 via Zoom *(due to Covid-19)*

TB/27/05/2020/01

Return to Agenda

Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Wednesday 27 May 2020 at 2.00pm via Zoom (due to Covid-19)

PRESENT:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr A Cardwell	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
	Mr R Sowney	Interim Director of Operations
IN ATTENDANCE:	Mr B McNeill	Clinical Response Model (CRM) Programme Director
	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Ms S Sellars	Board Apprentice
	Mrs C Mooney	Board Secretary

1 Welcome, Introduction & Apologies

The Chair thanked members for facilitating this additional meeting and noted that there were no apologies.

2 Previous Minutes (TB27/05/2020/01)

The minutes of the previous meeting held on 7 May 2020 were **APPROVED** on a proposal from Mr Dennison and seconded by Mr

Haslett subject to the following amendment (pages 9/10) requested by Ms Sellars in order to clarify that the processes being referred to were HR processes:

Page 9
Ms Sellars acknowledged that the document would evolve over time. She asked for further detail in relation to the modifications to be made to the HR process and how one would know that it was the right time to restart certain pieces of work.

Page 10
In terms of modifications to the HR process, Ms Lemon cited the example of Employee Relations and said that, at the outset of the pandemic, a number of hearings involving panels had been due to take place.

3 Matters Arising

There were no Matters Arising.

4 Chair's Update

The Chair reminded those present that, despite the challenges presented by Covid-19, it remained her intention to establish a Finance Committee to be chaired by Mr Dennison. She advised that Mr Dennison and Mr Nicholson had met recently to discuss this and she invited Mr Dennison to provide an update.

Mr Dennison thanked Mr Nicholson for meeting with him and said that their discussions had focussed on his understanding of the requirements, the restrictions and the challenges associated with managing a budget to deliver services. Mr Dennison said that their discussions had also touched upon the areas of work which might be taken forward by a Finance Committee. He suggested that it might be worthwhile for Non-Executive Directors to have a brief training session to clarify any issues they may have and said that Mr Nicholson had agreed to take this forward.

Mr Dennison emphasised that the creation of a Finance Committee would not replace the Audit Committee but would complement it and said that Mr Nicholson had undertaken to develop a draft terms of reference for the Committee which he would share with members for their consideration.

Agreeing with Mr Dennison's comments, Mr Nicholson said that, while the Committee would mainly focus on financial elements, he would envisage its remit also encompassing aspects of performance and other resource issues.

The Chair sought clarification on whether the training alluded to by Mr Dennison would be targeted at members of the Finance Committee or involve all Non-Executive Directors.

In response, Mr Dennison said that he thought it might be helpful for all Non-Executive Director colleagues to participate in such a briefing session.

Mr Nicholson advised that, in their discussions, he had mentioned the HFMA course entitled 'Introductory Guide to HSC Finance' which could be completed online.

Mr Abraham commented that the financial elements to be covered by the Finance Committee appeared very similar to those of the Audit Committee and he questioned how the two Committees would operate. He suggested that consideration might be given to have the Finance Committee as a sub-Committee. However Mr Abraham stressed that it would be important to ensure that the role of each Committee was clearly delineated.

The Chair believed that the finance training might help to provide some clarity and agreed the importance of ensuring there was no overlap. She added that Mr Dennison was very keen that work was not duplicated across the two Trust Committees.

She reminded the meeting that the Board had some time ago discussed the division of Committee work and had been of the view that there were areas of work that would benefit from an additional forum. The Chair said that, as alluded to by Mr Nicholson earlier, the initial remit of the Finance Committee would be finance, however, she too would see this widening to include elements of performance.

Mr Bloomfield confirmed a workshop in January 2019 had identified the need for a third Committee, for example a General Resources Committee, with a view to considering issues such as HR, finance and performance. He said that the intention had been to hold a

further workshop to work through the remit of each Committee and added that there was clearly still merit in doing so.

Mr Dennison suggested that it might be helpful for Mr Abraham and him to meet as Committee Chairs to ensure complementarity between Committees.

The Chair agreed that this would be helpful and asked Mrs Mooney to liaise with Mr Dennison and Mr Abraham to make the necessary arrangements.

Mr Ashford pointed out that elements of HR fell within the remit of the Assurance Committee. However he acknowledged the importance of avoiding duplication and ensuring clarity between the roles of the Finance and Audit Committees in the first instance. Discussions as to the role of other Committees could then follow.

5 **Chief Executive's Update**

Mr Bloomfield advised that the Trust was now in the recovery phase following its main response to the first phase of Covid-19. He said that the health and wider public sectors were now scaling back the structures put in place to manage Covid-19. For the Trust, this meant reducing the frequency of a number of meetings including NIAS Gold which more recently had met three times per week and this was now reduced to once per week. Mr Bloomfield advised that Tactical Command which had operated 16 hours per days on a seven day per week basis would, with effect from 1 June, operate in shadow form. He explained that staff would continue to operate on a rota basis but would return to their substantive roles and be available to reconvene should the need arise.

Mr Bloomfield said that it was clear that attention was now turning to recovery or 'rebuilding' services. He said that, later in the meeting, members would consider the Trust's Corporate Plan which signalled a return to key areas of work which had been paused to allow the Trust respond to the pandemic. However he pointed out that home working and social distancing remained priorities.

Continuing, Mr Bloomfield reported that, since the Trust Board meeting on 7 May, the Chief Medical Officer had asked the Trust to play a role in supporting care homes in testing all residents and staff. He said that arrangements had been put in place within three

days for testing as well as arranging training for a number of staff. He expressed his appreciation to Ms Charlton for taking this forward and to those NIAS staff who had undertaken the testing.

Mr Bloomfield advised that he had been asked by the DoH to lead a piece of work around urgent and emergency care, in particular to look at how changes could be introduced to the unscheduled care system to accommodate social distancing. He explained that there had been concerns over the last number of weeks in relation to increasing ambulance turnaround times which were a direct consequence of changes in hospitals around social distancing. Mr Bloomfield believed that there were significant challenges for Trusts in terms of meeting social distancing requirements at a time when the general public was being encouraged to attend EDs.

Mr Bloomfield added that his involvement with this work would provide an opportunity to ensure that the issue of turnaround times remained high on the agenda.

Concluding his report, Mr Bloomfield advised that a virtual staff engagement session had been held on the afternoon of the last Trust Board with over 50 staff participating.

The Chair thanked Mr Bloomfield for his report which was **NOTED** by members.

6 **Draft Corporate Plan 2020-21 (TB27/05/2020/02)**

At the Chair's invitation, Mr Bloomfield introduced this agenda item. He explained that an element of the recovery phase now being taken forward by the Trust was to ensure that there was a clear plan setting out what the Trust intended to do this year. He acknowledged that work continued to deal with Covid-19 related issues but said it was important to have a clear plan of the priority issues to be progressed during the year.

Mr Bloomfield said that it was regrettable that the Trust had launched its Strategic Plan, 'NIAS Our Strategy to Transform 2020-2026', on 5 March and shortly thereafter had to pause significant pieces of work to respond to the pandemic. He reminded the meeting that the key priorities had been identified for year one as well as timescales and said that, whilst it remained the Trust's intention to progress these, it would be important to be mindful that

the year ahead would be uncertain and that these priorities might be subject to change.

Ms Paterson indicated that, over the last 12 months, colleagues had contributed to extensive work in supporting the design and development of the NIAS Strategic Plan 2020-2026 which was intended to support the 'Health and Wellbeing 2026 - Delivering Together' Strategy and addressing many of the priorities in it for NIAS.

Drawing members' attention to the Corporate Plan, Ms Paterson explained that the plan reflected the key enablers to deliver the Corporate Strategy but also included the following;

- outstanding actions from 2019-20 Plan
- actions to deliver significant control or governance issues
- objectives to manage any substantial areas of risk.

Ms Paterson advised that it was intended the Plan would deliver on the Corporate Strategy whilst managing the challenges and limitations to achieving the objectives.

She indicated that there were several key transformation workstreams supporting the implementation of the NIAS Strategy and said that the Corporate Plan had been aligned with these workstreams.

Ms Paterson drew members' attention to the additional objective around the development of a comprehensive strategy for the management of aggression towards NIAS staff which had been shared with members and said it would be important to include this within the Plan.

The Chair said that she was conscious of the significant amount of work involved in bringing the Corporate Plan to the Board meeting in the context of Covid-19 and she extended her thanks to all concerned.

Mr Cardwell commended the Plan. He welcomed inclusion of the objective around management of aggression and said that he hoped that the pressures arising from Covid-19 allowed this to be progressed.

Mr Dennison echoed Mr Cardwell's comments and said that the Plan was comprehensive. He referred to the agenda item re 'Rebuilding HSC Services' and asked whether the Plan was mindful of future recovery/reinstatement of services. He also sought clarification on whether the Plan had been written prior to receipt of the Permanent Secretary's correspondence in relation to the 'Rebuilding of HSC Services' and whether it was deliverable based on the changes likely to take place in the coming months.

Mr Bloomfield acknowledged the point made by Mr Dennison and confirmed that the Plan had been written prior to receiving the Permanent Secretary's correspondence. He indicated that, in writing the Plan, each Director was cognisant of the impact of Covid-19 on services. Mr Bloomfield also pointed out that it would be important that the Plan remained ambitious but also reflected on some of the changes which would be made in the coming months. He accepted that it may become necessary to amend some of the timescales referred to within the Plan but said that Directors would consider the necessity to do so. Mr Bloomfield said that it would also be important to have a clear understanding of what objectives needed to be delivered upon this year in order to ensure the overall Strategy was delivered.

Mr Dennison referred to the possibility of a second wave of Covid-19 and asked how the Trust would determine which elements of the Corporate Plan were critical and which could be deferred.

In response, Ms Paterson explained that, should such circumstance arise, those control or risk issues which could potentially inhibit the Trust's ability to deliver on its core objectives would be discussed in detail by Directors and brought to the attention of the Board.

Mr Nicholson acknowledged the ambitious nature of the Corporate Plan and said that the Trust had engaged with DoH colleagues in relation to the availability of funding for training for the year.

He highlighted two major risks to future plans. The first focussed on the Ulster University and whether it intended to open up entry to deliver training courses to all students on their degree programmes, including NIAS. The second related to the uncertainty around a potential second wave. Mr Nicholson said that all Plans and associated financial implications were caveated to a certain degree by this uncertainty.

Mr Haslett said that he shared the concerns which had been expressed by Mr Dennison and acknowledged that the Plan represented a good starting point to look into the future. He referred to the fact that there were 24 objectives to be taken forward between now and September as well as work associated with the rebuilding of HSC services and other demands placed upon the service.

Following this discussion, the Corporate Plan was **APPROVED** on a proposal from Mr Dennison and seconded by Mr Ashford.

7 **Rebuilding HSC Services (TB27/05/2020/03)**

Mr Bloomfield advised that the Permanent Secretary had written to Trust Chief Executives on 18 May requesting them to develop by 1 June Phase 1 of a rebuilding plan which would cover the month of June and set out measures which the Trust intended to take in this regard. The plans submitted by Trusts would then be published by the DoH.

He reminded the meeting that, while NIAS had continued to provide emergency ambulance services, acute Trusts had paused a number of services, for example non-urgent elective activity had been paused. Mr Bloomfield said that the DoH was keen for priority services to resume at a steady and gradual pace.

Continuing Mr Bloomfield explained that the DoH would take the lead in progressing the second phase, ie July – September. He said that members would be aware from the briefing provided at the Trust Board meeting in early May of the work being taken forward by the Trust through the Recovery Co-ordination Group in relation to recovery. This included, for example, looking at the reinstatement of PCS services, resuming training and the redeployment of staff to their substantive duties.

Mr Bloomfield said that further detail would be provided to members at the June Board meeting in terms of how the recovery programme would be progressed over the coming months.

Ms Paterson advised that she had liaised with Directors of Operations in the other Trusts the development of the NIAS plan and said that she was currently reviewing Trusts' plans to provide

direction on how NIAS reconfigured or directed resources could support other Trusts' requirements.

The Chair explained that members' approval was not being sought to the plan but indicated that the NIAS plan was one element of a wider piece of work being taken forward. She said she looked forward to receiving more detail at the June meeting and extended her thanks for the work carried out to date.

Members **NOTED** the NIAS plan for June in terms of Rebuilding HSC Services.

8 **Date of next meeting**

The next Trust Board meeting will take place at 10am on Thursday 18 June 2020. Arrangements to be confirmed.

9 **Any Other Business**

It was noted that an Audit Committee meeting would be held on Thursday 2 July 2020 between 10am-12 noon to consider the audited uncertified accounts. This would then be followed by an In Committee meeting of the Trust Board to consider the accounts.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 2.45PM.

SIGNED: _____

DATE: _____

TB/27/05/2020/02

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	18 June 2020
Title of paper:	NIAS COVID-19 Recovery Framework
Brief summary:	To summarise the approach to recovery from COVID-19
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	Senior Management Team – 9 June 2020
Prepared and presented by: **Date:**	Heather Sharpe, Emergency Planning Officer Sarah Williamson, Transformation manager Maxine Paterson, Director of Planning, Performance & Corporate Services 11 June 2020

Title:	**NIAS COVID-19 Recovery Framework**		
Purpose:	To summarise the recovery approach taken by NIAS during the transition period from Response to Rebuild.		
Author(s)	Maxine Paterson Heather Sharpe Sarah Williamson		
Ownership:	Chief Executive		
Date of SEMT Approval:		**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	
Version No:	Version 1.0	**Supersedes:**	
Other Relevant Documents:	NIAS COVID19 Response Assurance Report May 2020 NIAS Risk Management Approach to COVID-19 NIAS Strategic Business Continuity Policy NIAS Overarching Strategic Plan 2021-2026 NIAS Resource Escalation Action Plan/Departmental Surge Plans HM Government Guidance Working safely during COVID-19 in Ambulance Service non-clinical areas Public Health Agency/Public Health England JESIP Principles Northern Ireland Civil Contingencies Framework (Revised 2011)		

Version Control for Drafts:

Date	Version	Author	Comments
05/06/20	V0.1	MP	Initial Draft for review
08/06/20	V0.2	HS/SW	Recovery Group Update
11/06/20	V1.0	MP	Re-structure and Appendices

Aim

The aim of this paper is to outline the approach and provide assurance on the steps taken by NIAS to transition from the COVID19 'Response' phase to 'Rebuilding our Services' which can be collectively described as our Recovery Framework.

The paper will cover the guiding principles underpinning our strategy, the approach and the process by which we are planning and executing the reinstatement of activities. It also captures the governance arrangements and dedicated work streams to support the achievement of our objectives. It will also describe the context in which we are operating at a local, regional and national level.

Context

This Recovery Framework has been developed in line with Departmental guidance and in collaboration with Recovery processes being developed by other HSC Trusts, the wider Ambulance Service network across the UK and discussions with other agencies. The Chief Executive, Senior Management Team (SMT) and supporting managers sit on a range of regional and national fora to ensure NIAS' approach is consistent and incorporates potential opportunities to improve services for the population from any service changes.

We are now past the first peak of the COVID-19 outbreak in Northern Ireland and it is important that we reform our service using the learning from our response phase to establish our 'new normal'. Our ultimate objective is ensuring we provide safe, high-quality care to our patients and service users by supporting our staff through a period of reflection and learning to incorporate their experience to enhance our services.

As COVID-19 is likely to be with us for some time, we will take a risk-based, phased approach to rebuilding our service. It is also important that we ensure we are ready to re-direct resources to manage potential further surges and that we respond to the needs of our patients, the community and other HSC trusts as they adapt and reconfigure their services to manage their recovery period.

Subject to approval by the Minister, the Department have stated their intention to publish a 'Strategic Framework for Rebuilding HSC Services', and requested each Trust prepare a June 2020 plan for their service. *Appendix (i)* is the agreed final plan

and foreword that will be published in full or part by the Department of Health. The plan reflects how we will work together with our partners across Northern Ireland using the following guiding principles;

- Ensure Equity of Access for treatment of patients across Northern Ireland
- Minimise transmission of Covid-19, and
- Protect the most urgent services.

As we work through recovery to rebuilding, protecting our staff is our priority to ensure we deliver our critical service to the public. We need to manage key constraints such as the supply of PPE, social distancing, accommodation, resources, safety and infection control; and limit the impact these have on our workforce and patient care.

There is also significant potential to take advantage of the innovation and creativity, such as the greater use of technology, and the extensive learning during this time. We must engage with patients and frontline staff to assess the value and opportunities presented and ensure we optimise the benefits within our corporate and strategic plans.

Strategy

This recovery is unlike normal critical incidents. The policy, economic and societal changes have been profound and that is likely to influence the recovery, its pace and nature. Our latest assumption is that until a widespread vaccination programme has taken place, our response will continue for many months. Coronavirus demand will remain part of our ongoing activity and recovery must take that into account.

Given this context, the Recovery Framework will be delivered in parallel with the development of the extended response phase. We also must be mindful of normal business cycles, such as Summer and Winter plans, and the potential of surge alongside some other major incident or emergency.

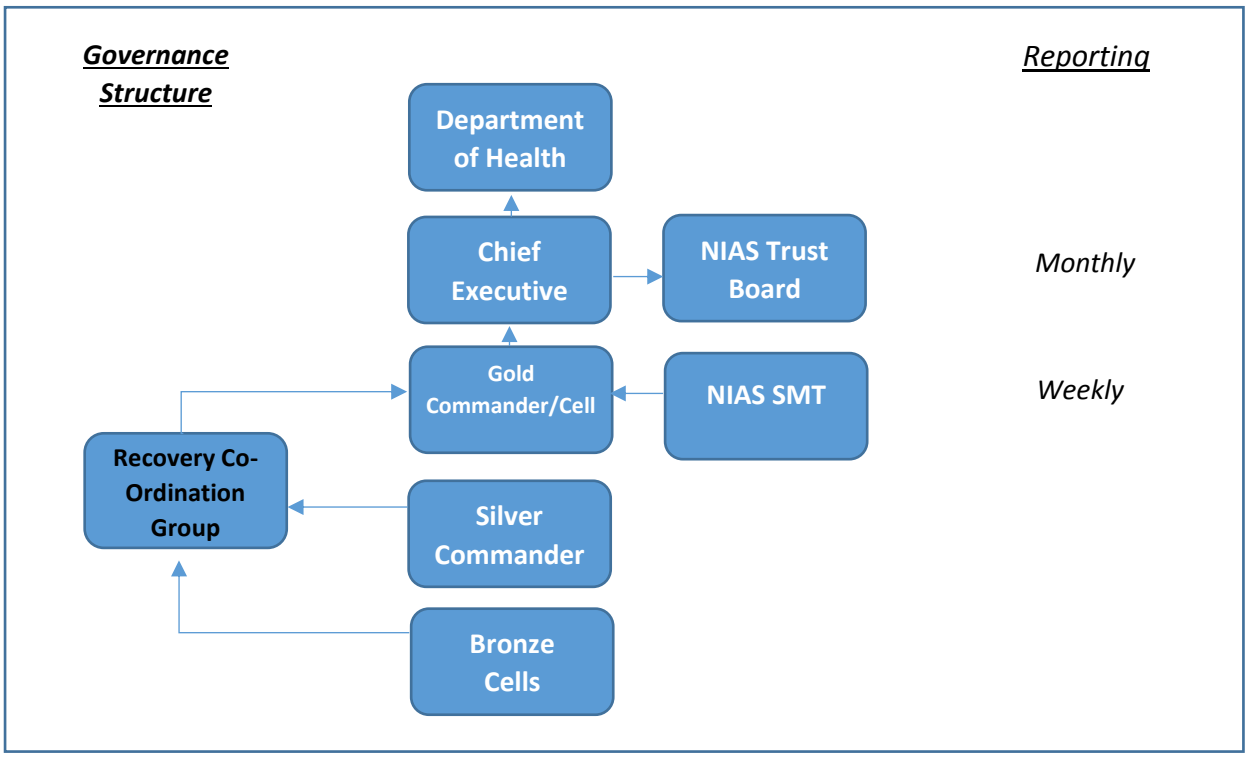
Whilst recovery will transition the Trust towards a regularisation of activity, it is clear from the scale and pace of change adoption and the expected length of the response phase that the ‘new normal’ will be quite different.

The recovery process will consider the following:

- Previous and new baseline for activity
- Risks, profiling and appetite
- Current constraints
- Corporate and Strategic goals
- Opportunities for innovation
- Opportunities which arise through our COVID-19 learning processes
- Other partner agencies such as PSNI, NIFRS, other HSC Trusts
- Other external impacts that will affect the Trust, which may include legislation, policy, governance as well as macro-economic and societal changes

Governance

To deliver the overall management of the COVID-19 recovery process, the Chief Executive Officer, supported by the Gold Commander and Cell, has designated the Director of Planning, Performance and Corporate Services (DoPP) to co-ordinate the process for the organisation. The DoPP will be responsible for chairing the Recovery Coordination Group (RCG) and reporting to the Gold Cell and Senior Management Team (SMT) for overall governance and responsible for providing assurance to the Trust Board.



Approach

SMT reflected on the concept of recovery on 5 May 2020 and considered and agreed the approach that should be adopted to ensure we would deliver our objectives in line with our organisational values and strategic goals. This meeting informed the Recovery Co-ordination Group Strategy document which can be found in *Appendix (ii)*. It was also agreed that as our response phased evolved, our planning and execution of recovery and ultimate rebuilding of our services would be dynamic and should reflect the learning and insight gained through the process.

The following assumptions were made;

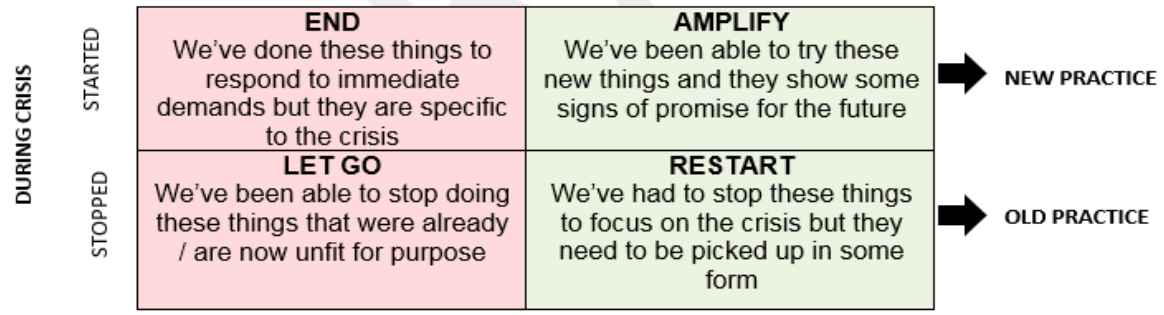
- Recovery will not be static.
- We will face further waves of the pandemic.
- There will be a gradual transition from Covid-19 response to the 'new normal'.

SMT also agreed some principles that should underpin our process and objectives;

- Staff Safety and Health and Wellbeing must be a key feature of our plan and should be underpinned by a risk based approach and organisational strategy.
- We should reflect on what has worked, what has been learned and what has been missed in the response phase. Any learning must be incorporated into response planning for future waves.
- We must capture the COVID-19 learning from patients, front-line staff and management to support the improvement of our services for now and into the future.
- We will ensure that all affected departments are restored to an agreed standard and timeline to maintain high-quality care to our patients and service users.
- We must work collaboratively internally and externally with the community and HSC partners as they adapt and reconfigure their services.

Learning

SMT recognised that recovery creates a unique chance to review and realign policies, behaviours and practices and creates opportunities to embrace new ways of working, some of which are key features of our corporate strategy.



Understanding crisis-response measures; Collective Sense-making. Helen Bevan

We will consider the above in line with our strategic plan i.e. not continue with practices that are unfit for purpose and use the opportunity to introduce new ways of working which have been effectively road tested.

Finally, leadership and communication are key to the successful implementation of the strategy and achieving our objectives

Northern Ireland Ambulance Service Health and Social Care Trust

Recovery Co-ordination Framework

Process	Directorate Work Streams	Levels of Focus
Reflecting What have we done differently? What have we learned? What do our patients/users think?	Operations Human Resources Finance Medical Programme ICT Quality, Safety and Improvement Planning and Performance	**Service Delivery** Focus on each individual service area and its interaction with users
Recover How can we restore services? How will we recover performance?		**Service Configuration** Focus on how services are configured and their interdependencies within the organisation and system
Rebuild Which innovations will we build on? What we will try?		**Service Planning** Focus on how activities are planned for re-instatement and decisions are made

Principles

Safety Everything we do will be driven by the safety of our staff, patients and service users	**Quality** We will draw on evidence and best practice and deliver to high standards	**Partnership** We will work together with our HSC partners throughout Recovery	**Improvement** We will learn from what has worked well & continually seek better ways to deliver our services

Enablers

People We will support and develop resilience, wellbeing and skills of our workforce	**Technology** We will use technology wherever it leads to better service delivery	**QI** We will develop and use our QI capability and capacity	**Accommodation** We will review how we use our facilities.

Outcomes

Population Health We will improve the overall health and wellbeing of our population	**Patient Experience** We will deliver excellent patient and service user experience	**Staff Experience** We will make our Trust a great place to work	**Value for Money** We will use our resources in the best way we can

Challenges

Staff

In the response phase, we were primarily concerned with short term staffing issues in key service areas as well as developing new work streams to aid in the response to Covid-19. As a result, some staff were redeployed to other departments or tasked with other duties. In prioritising recovery, the group has to consider the impact that returning staff to their original job roles will have on other departments, the Trust and the member of staff.

Considerations:

- The impact of 'standing up' corporate functions where staff have been reallocated to other roles.
- Establishing guidance for vulnerable staff groups that may not be able to return to normal duties.
- Keeping all staff informed of Trust activity in response and recovery.
- Issuing of relevant operational guidance for staff and managers.

Operational Guidance to support Service Delivery for NIAS staff has been drafted and includes guidance on IPC, social distancing, Wellbeing and Equality.

Accommodation

The response to COVID-19 requires that staff maintain social distancing to minimise the spread of the virus. In the immediate term, staff that were not essential to the delivery of key services were asked to work from home in accordance with government guidance. As we begin recovery, consideration on the continuance of social distancing until government guidelines change. The RCG will oversee a parallel assessment of accommodation being carried out by the Trusts' Estate department.

The review of accommodation has commenced with all directorates being asked to complete a workforce accommodation requirement plan. The review is aimed at managing the immediate pressures for departments, in the first instance, but will evolve to consider how the Trust can best utilise our current footprint in the medium and long-term whilst adhering to health and safety and infection prevention and control guidance.

Considerations:

- The implications of moving staff back into NIAS premises from a Health and Safety and social distancing requirement.
- The additional expenditure required for repairs and the re-organisation of services.
- The supporting function of ICT, how they can deliver the telephony requirements and access and managing this within their current capacity.

Risk

It is important that any potential risk to staff or the delivery of our service to patients is at the forefront of any decision making. Work on a recovery tool has been developed in line with policies and best practice guidance to ensure a consistent and risk based approach is integrated into to the recovery process.

For example, any changes to our current work streams will be risk assessed using the recovery prioritisation tool to determine the impact on the Trust and ranking for recovery.

Considerations:

- Ensuring that Covid-19 related risks are captured in the risk register of the Trust.
- Decision-making has clear evidence base to deliver recovery objectives and provide assurance to stakeholders.
- Utilisation of applicable and current local and national guidelines to ensure identification of risk and mitigating actions is effective.

IPC

The organisation is mindful of the potential impact of further episodes of surge and should take relevant steps to aid in the reduction of its spread. Whilst enhanced cleaning of all Trust locations has been implemented, it is important to recognise as staff re-integrate from working off-site, a continual review of requirements maintained to ensure staff safety and that subsequent patient care is not compromised.

Social distancing has been sustained in our Control Centres and Headquarters but will require consideration as staff return from working at home in accordance with government guidance.

An IPC specialist sits on the RCG and will continue to provide advice and guidance to the Group and organisation as a whole throughout recovery.

Considerations:

- Sustaining additional cleaning schedules to facilitate staff returning to their place of work.
- Ensuring availability of PPE to include relevant wipes for surface areas.
- Continuing updates of relevant guidance material and its communication to staff.
- Ensure business continuity plans are effective to aid in the management of staff areas where infection/potential infection has occurred.

Media and Communication

Response and recovery are only effective when communication is delivered in a co-ordinated manner.

To ensure a consistent approach, all communications in the recovery phase should be agreed and routed through the NIAS corporate communications team.

Internally it will be important for the Recovery Coordination Group to keep all staff informed as to the progress of recovery via regular updates.

Considerations:

- Maintaining a consistent media message.
- Providing staff with updates as regularly as the media.
- Identifying "speaking heads" from the Trust

Further considerations

- The impact on ICT will being considered in recovery to ensure that key processes continue to be supported.

- Support and management of those staff working off-site: new policies and procedures for home working will require development to support staff in new working practices.
- Workforce issues relating to caring responsibilities.
- The recovery co-ordination group will consider the financial impact or approval for any changes in the recovery phase to ensure efficient use of resources.
- Partners: Many key services of the Trust require input from partners / 3rd party suppliers to be initiated or continued. The RCG will consider the impact on Trust partners when prioritising our recovery.
- Where there is a second surge, the recovery group should work alongside response to aid in ensuring the Trust maintains critical functions.
- Where there is a second surge, the recovery group should work alongside response to aid in ensuring the Trust maintains critical functions.

Reporting

A report will be shared from the RCG to the Gold Cell/SMT on a weekly basis. This will capture the progress made on delivery of the plan, the risks and issues for discussion or mitigation. Any decisions from the resulting discussions will be communicated to the RCG group for action.

Process

A Recovery Management Plan is being developed (*Appendix iii*) to capture the principles and key challenges within the outlined framework.

Initially the Recovery Co-ordination Group will oversee the process to determine the timing and order in which activities will be re-instated using a risk-based approach. This process will be cognisant of corporate interdependencies which should be readily adjusted should further waves occur.

Phase 1: Agree success measures.

Phase 2: Ensure current information held for assessment is accurate against our agreed business impact analysis. Identify gaps and capture any additional services initiated due to the Covid-19 response.

Phase 3: Overall assessment of key services with target recovery date. *Appendix (iv)*

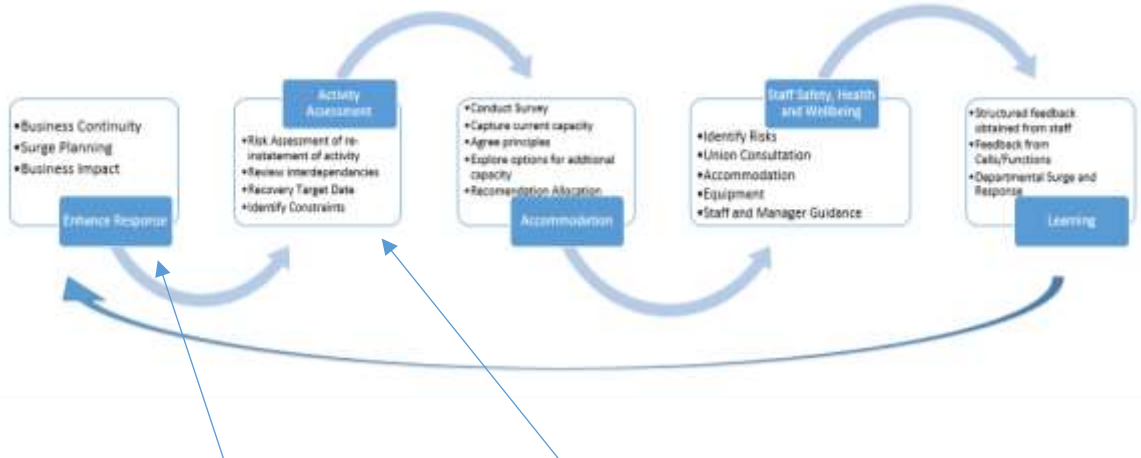
Phase 4: Utilise a prioritisation tool to ensure a consistent approach to service recovery, aimed at minimising/mitigating the impact of potential or actual risks to the Trust in the recovery stage. *Appendix (v).*

The prioritisation tool will also consider corporate interdependencies and the impact that recovery of services may have on the Trust.

Current Position

At this point the RCG Group has been established for nearly 6 weeks. Our main focus during this phase has been completing the significant amount of preparatory work by the delegated Business Continuity Leads for each area. We have concentrated on designing a process that will ensure we capture the necessary detail to effectively plan and deliver the required actions to deliver the agreed approach and strategy. The appendices attached capture some of the tools being applied across all functional and activity area.

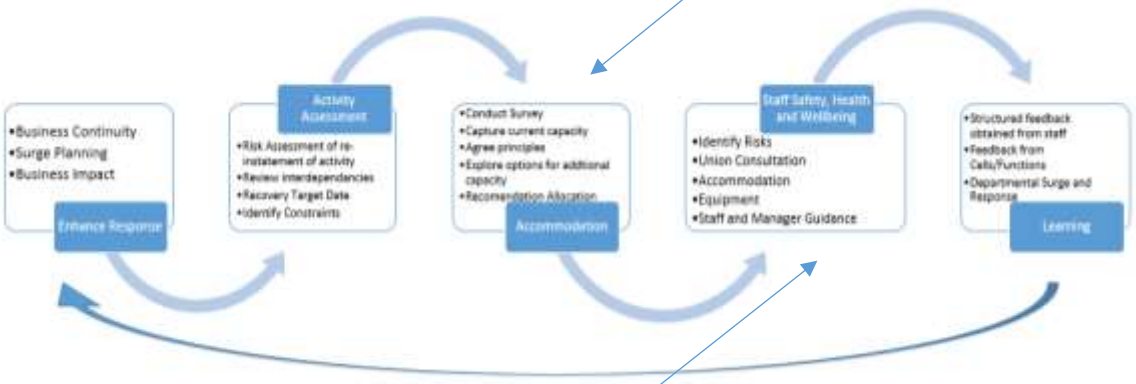
We can describe the themes within the recovery process in the following diagram;



Whilst the RCG group have currently focused their time on the completion of the assessment of the response and re-instatement of activity phases, preparatory work has been completed to commence the next 3 phases of work categorised within Accommodation, Staff Safety, Health and Well-Being and Learning. This will commence in June and will involve operationalising the plan for the following areas.

Accommodation

In May we carried out a survey to establish levels of occupancy across all Knockbracken sites. The results have been collated and will be used to assess the capacity we have. We intend to establish and agree some principles with SMT to ensure that space identified is allocated and distributed equitably. We can also use the outcome to direct our risk assessments appropriately. It will also allow us to address some current challenges that existed prior to Covid-19 response.



Staff Safety, Health and Well-Being

A guidance document has been drafted which interprets government, national and regional best practice. This draft is currently awaiting staff side consultation to ensure we adequately capture all assurance opportunities for staff safety and mental health.

This document also encompasses the significant assessment guidance required for each area to manage Health and Safety and ensure we achieve the necessary standards within the current accommodation but new working environment.

Learning

A paper which captures our strategy and draft learning tool has been included for information. *Appendix (vi)*

We intend to disseminate the recovery learning tool to capture key areas of learning for future service development and to aid in any further response to a second or subsequent waves.

Appendix (i)

Northern Ireland Ambulance Service Rebuilding Plan Phase 1 June 2020

To consistently show compassion, professionalism and respect to the patients we care for.

We are now past the first peak of the COVID-19 outbreak in Northern Ireland and it is important that we refocus on rebuilding our health and social care services. As COVID-19 is likely to be with us for some time, we will take a risk-based, phased approach to rebuilding our services. We will ensure we can quickly re-direct resources to manage potential further surges and that we respond to the needs of our patients, the community and other HSC trusts as they adapt and reconfigure their services to manage the pandemic and rebuilding.

Since the emergence of COVID-19, we have managed to maintain our front-line ambulance response, despite significant pressure on our resources, by the re-direction of staff to key functions. Substantial efforts have been made by staff across the Trust to provide enhanced support and additional hours of cover, which have enabled continued service delivery, and opened opportunities for positive new ways of working. This is also reflected in the efforts of Trust colleagues across the HSC and first responder partner agencies.

Subject to approval by the Minister, the Department have stated their intention to publish a 'Strategic Framework for Rebuilding HSC Services' and has requested each Trust to prepare a plan for their service. The following pages outline NIAS' summary plan for June 2020, showing how we will work together with our partners across Northern Ireland with the following guiding principles;

- Ensure Equity of Access for treatment of patients across Northern Ireland
- Minimise transmission of Covid-19, and
- Protect the most urgent services.

As we work through recovery and rebuilding, protecting our staff is our priority to ensure we deliver our critical service to the public. We need to manage key constraints such as the supply of PPE, social distancing, resources, safety and infection control; and limit the impact these have on our workforce and patient care.

Yet we also will take advantage of the innovation and creativity, such as the greater use of technology, and the extensive learning during this time. We must engage with patients and frontline staff to assess the value and opportunities presented and ensure we optimise the benefits within our corporate and strategic plans.

Our Services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
Corporate		
	• Communicated with patients to support them with appropriate use of our services.	• Communication plan to encourage the public to continue to use our services appropriately and to reassure the public of our continued efforts to deliver safe services.
	• Recruitment to NIAS was modified during this time.	• Phased restart of recruitment processes on a priority basis.
Operations		
	• Preserved front line ambulance response by maintaining at least 90% staff levels by re-deploying all staff in training for Paramedic or Associated Ambulance Practitioner courses and using the independent sector where appropriate.	• Re-instate training where appropriate whilst ensuring our emergency response resources are maintained.
	• Adapted ambulance response to support the re-configuration of Trust services to meet increasing numbers of COVID-19 patients.	• Review modified destination protocols in line with Hospital Trusts planning for re-instatement of services.
	• Extended hours of operations for management support to frontline staff.	• Review the impact of the extended support to consider the future support of frontline management.
	• Re-deployment of COVID-19 vulnerable staff to non-patient facing roles so they could continue to support infection prevention control and staff welfare functions.	• Establish processes based on national and regional guidance to assess risks to frontline staff who have been identified as vulnerable to the impact of Covid-19.

Our Services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
HEMS		
	• Suspended Helicopter Emergency Medical Service (HEMS) to re-deploy staff to support critical care operations within Hospital Services.	• Whilst HEMS was re-instated in April 20, we intend to identify opportunities where HEMS can provide added clinical value to our frontline response at this time.
Patient Care Services		
	• Patient Care Services re-deployed to support A&E Ambulance Services. • Voluntary Car Service suspended. • Activity of Voluntary and Private Ambulances increased to manage additional demand in support of A&E Services.	• Assess level of Non-Emergency resources required in line with Hospital Trusts' requirements. • Prepare voluntary car services to undertake outpatient appointments as Trust services i.e. Cancer, Renal and Day Centres scale up. • Re-assess the level of use of Voluntary and Private Ambulances to support A&E Services.
Clinical Support		
	• The hours of the Paramedic Clinical Support Desk were enhanced to provide 24/7 clinical oversight.	• Evaluate the impact of the enhanced support to establish longer-term need and benefits.
Community		
	• Suspension of Community First Responder Schemes.	• Review clinical evidence to assess re-instatement of Community First Responder Schemes.
First Responder		
	• Piloted joint plans with PSNI to enhance resilience for first responder services.	• Assess impact of the collaboration to consider future opportunities.

Northern Ireland Ambulance Service
Health and Social Care Trust

Appendix (ii)

Title	Business Continuity - Recovery Coordination Group COVID-19		
Reference			
Author			
Version	V0.5		
Status	Draft	Date	
Review		By	

	Version History			
Version	Date	Summary of changes	Changed by	Review Date
0.1		First draft	H. Sharpe	
0.2	04/05/2020	Comments added by M Paterson	M. Paterson	
0.3	09/05/2020	Changes proposed by M Paterson adopted. Recovery assumptions and principles added. Some wording modified. IPC section added. Appendix modified-sections removed. SMT section added.	H. Sharpe	
0.4	14/05/2020	Strategic Direction	M. Paterson	
0.5	08/06/2020	Appendices added, yellow areas expanded from 0.4	H. Sharpe	

This plan should be read in conjunction with:

- NIAS Business Continuity Plan
- NIAS REAP
- Departmental Business Continuity Planning for COVID-19
- NIAS Surge Plan

Executive Summary / Introduction

The Chief Executive Officer has overall responsibility for the recovery of the organisation following its response to the covid-19 pandemic. The Chief Executive Officer will be supported by the Director of Planning, Performance and Corporate Services who will chair the Recovery Coordination Group reporting to the Senior Management Team (SMT) for overall governance.

Recovery is defined as the process of rebuilding, restoring and rehabilitating an organisation following an emergency. There are four areas of impact the Trust must consider across each Directorate throughout the immediate recovery and long term strategic positioning of the organisation;

- Health and Wellbeing of staff
- Environmental
- Infrastructure
- Financial

The Trust must see recovery from our response to covid-19 as an opportunity to regenerate and transform the way in which services are provided across the organisation, ensuring that lessons that have been identified are learnt and new ways of working are established. The debriefing process will be essential in informing regeneration and transformation.
The recovery phase should start begin at the earliest opportunity following the start of an emergency and should be run in parallel with the response phase. The recovery phase does not end until all disruption has been rectified, demands on services have returned to normal levels and the physical and psychological needs of those involved have been met.

This strategy sets out to focus our attention to implement any new ways of working as part of a controlled and managed return to a new normality.

The objectives the recovery strategy seeks to return the Trust to a new state of normality as soon as practicably possible, in a controlled and measured approach; taking into consideration the need to prepare for potential second/subsequent peaks and applying learning from the incident on prior-planned activities and programmes. The planning and preparation will be coordinated via the Recovery Coordination Group (RCG) and fed into SMT.

Background / Context

In December 2019, the World Health Organisation (WHO) were notified of an outbreak of pneumonia with an unknown microbiological origin. This has since been identified as a Novel Coronavirus, and has been named as 2019 Novel Coronavirus (2019-NCoV / COVID-19).

The first confirmed case of COVID-19 in the UK was on the 29 January 2020. The WHO declared an international emergency of Public Health significance on the 30 January 2020. The worst case scenario assumptions announced were:

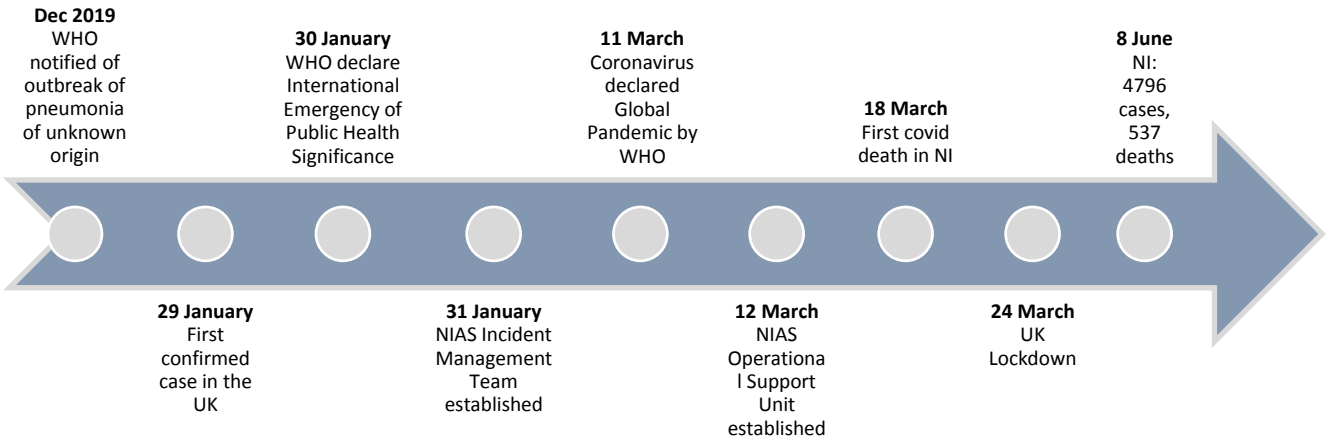
- Up to 80% of the population may become infected;
- The majority will only feel mild or no symptoms;
- 20% would require clinical care;
- 4% would require admission;
- 1% would require critical care.

On 31st January in line with the Infectious Diseases Plan, an Incident Management Team (IMT) was established and tasked with the sufficient deployment of the Trusts' resources to ensure effective management of NIAS's response to COVID-19. Intelligence and information was gathered from the HSCB, National Ambulance Resilience Unit (NARU), the Public Health Agency and Public Health England to inform NIAS's approach and to ensure that our clinical and operational responses were in keeping with National best practice.

On 11 March 2020, Coronavirus was declared a Global Pandemic by the WHO. Northern Ireland had no deaths at this time as a result of the virus but numbers of confirmed cases within the province were on the rise. On 12 March 2020, NIAS set up an Operational Support Unit (OSU) to provide support and guidance to all members staff.

The UK went into 'Lockdown' on 24 March, 2020.

To date, 08 June 2020, N. Ireland has confirmed 4796 cases of Covid-19, with 537 people losing their lives to the pandemic[1].



NIAS has maintained essential services by adopting new ways of working; developed new roles and processes to ensure a resilient and measured response to the pandemic. This has been supported by new structures, specialist work streams and embracing the wide-spread working off-site by staff with the ultimate aim of supporting their welfare and safety and subsequently patient safety.

This response has been underpinned by appropriate governance and management arrangements with clear strategies for communication, information monitoring and performance reporting. Our response has demonstrated our mission, vision and values and we must now look towards Recovery.

Recovery Strategy

The recovery phase should begin at the earliest opportunity following the start of the response and should be run in parallel with the response phase. The recovery phase does not end until all disruption has been rectified, demands on services have returned to (new) normal levels and the physical and psychological needs of those involved have been met. With this in mind the following strategy has been developed.

This recovery is unlike normal critical incidents. The policy, economic and societal changes have been profound and that is likely to influence the recovery; its pace and nature. Our latest assumptions is for a long-lived pandemic response over months and until widespread vaccination has taken place that we consider coronavirus demand as part of our new baseline for activity; our response and recovery must take that into account.

Given this context the recovery strategy should be delivered in parallel with the development of the extended response phase. In such planning assumptions we need to be mindful of normal business cycles, such as Summer and Winter plans and the need to surge – perhaps alongside these expected plans - should a subsequent Covid-19 peak occur or some other major incident or emergency occur.

[1] Coronavirus.data.gov.uk; accessed 08/06/2020

Whilst recovery will progress the Trust towards a regularisation of activity, it is clear from the scale of organisational change undertaken, the pace of change adoption and the expected length of the response phase that the 'new normal' will be different to the 'status quo'. Therefore this recovery strategy will recognise the expected gap between to 'as was' and 'to be' states through its development and implementation.

The recovery will need to take into account:

- The previous baseline for activity
- Current Trust Risks, profiling and appetite
- Current Trust challenges Infrastructure
- Other external impacts that will affect the Trust, which may include legislation, policy, governance as well as macro-economic and societal changes
- Other partner agencies such as PSNI, NIFRS, other HSC Trusts

NIAS SMT recognise that recovery creates a unique opportunity to review and realign policies, behaviours and practices and creates opportunities to embrace new ways of working, some of which are key features of our corporate strategy.

DURING CRISIS

STARTED	**END** We've done these things to respond to immediate demands but they are specific to the crisis	**AMPLIFY** We've been able to try these new things and they show some signs of promise for the future → **CE**
STOPPED	**LET GO** We've been able to stop doing these things that were already / are now unfit for purpose	**RESTART** We've had to stop these things to focus on the crisis but they need to be picked up in some form → **E**

Understanding crisis-response measures; Collective Sense-making. Helen Bevan

We should consider the above in line with our strategic plan i.e. not continue with practices that are unfit for purpose and use the opportunity to introduce new ways of working which have been effectively road tested.

Leadership and delivery of the overall strategy are key to successful implementation.

Recovery Approach

The recovery approach required for COVID-19 must be dynamic to ensure flexibility to manage any further surges or pandemic waves. In consideration the team will proceed with a phased risk based approach to determine an order of re-instatement of activity that is cognisant of corporate interdependencies which can be readily adjusted should further waves occur.

The recovery phase will ease once criteria is achieved.

Phases of recovery

Phase 1: Agree success measures.

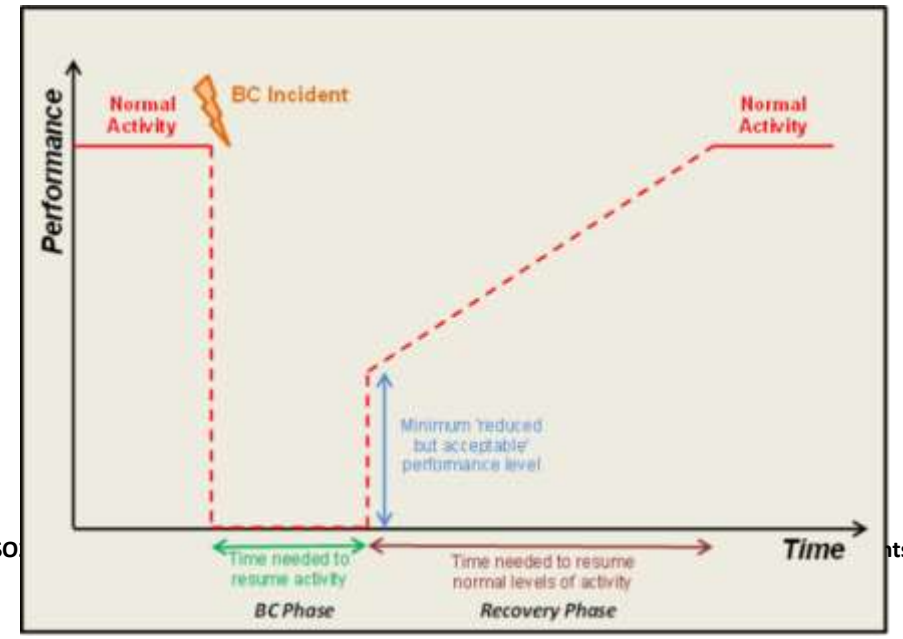
Phase 2: To quality assure key services against Business Impact analysis information and the current NIAS assurance report to ensure consistency and completeness of information and to capture any additional services initiated due to the Covid-19 response

Phase 3: To assess key services to reflect NIAS's current position.

Phase 4: To adopt and utilise a risk based prioritisation tool to ensure a uniformed corporate approach to service recovery, aimed at minimising/mitigating the impact of potential or actual risks to the Trust in the recovery stage. The prioritisation tool will also consider corporate interdependencies and the impact that recovery of services may have on the Trust

Phase 5: In tandem with recovery, the Trust will develop and disseminate a recovery co-ordination and learning tool to capture key areas of learning for future service development and to aid in any further response to a second or subsequent waves. This process will be essential in informing regeneration and transformation of the Trust

As with the direct response, there should be a planned and managed exit at an appropriate time to ensure that the recovery process does not present an ongoing burden on the Trust.



ISO nts

Aim

To provide a framework to support the Recovery Coordination Group in their management of the recovery phase of NIAS's approach to the COVID-19 pandemic.

Objectives

To provide a co-ordinated and structured, risk based approach to recovery.

To provide a single point of contact for all Trust staff and departments to escalate issues, and to receive consistent situation updates.

To consider the wider corporate impact when recovering functions, to ensure that we continue to support our critical services.

To support the corporate response should further 'waves' occur.

To consider potential business changes or enhancements to 'business as usual' to reflect corporate learning.

Ensure that all affected departments are restored to an agreed standard and in an agreed timeline so that they are 'suitable for use' for their defined future purposes.

To ensure that any potential deadlines or statutory obligations are considered.

Recovery principles

Staff Health and Wellbeing must be a key feature of plans and should be underpinned by organisational strategy.

The Trust will reflect on what worked, what has been learned and what has been missed in the response. Any learning must be incorporated into response planning for future waves.

We should consider activity in line with our strategic plan i.e. not continue with practices that are unfit for purpose and use the opportunity to introduce new ways of working which have been effectively road tested.

The development of a consistent approach with all directorates feeding into RCG

Each directorate will nominate lead or use Business Continuity Lead (BCP) to contribute and be responsible for recovery and implementation of actions within their area

Human Resources should nominate lead to overall risk assessment of planning on impact to Staff Health and Well-Being

Directorate plans will not be at detriment of core activity

BCP will review and update emergency planning to reflect lessons learned

BCP will contribute to enhancing emergency planning resources within their own Directorate.

Dependencies

- Accommodation. A review of accommodation for workforce has commenced to manage the immediate pressures for Training and Information and consider solutions for medium and long-term requirements which could impact on scheduling.
- Social Distancing- providing reassurance to staff on-site including enhanced IPC
- ICT and ability to work remotely off-site. The impact on ICT is being considered in recovery to ensure that key processes continue to be supported. Significant numbers of laptops and fobs were provided in the response phase to support home working to good effect but the impact on ICT support must be considered.

- Support and management of those staff working off-site. New Policies and procedures for home working will require development to support staff in new working practices.
- Staffing levels. In the response phase, staff were redeployed to ensure the delivery of key services and to aid in the development/actioning of Covid-19 specific tasks. The recovery phase for departments must take into account the impact that bringing these members of staff back might have on other departments, the Trust's overall response and the wellbeing of the individual.
- Finance / approvals. In the recovery phase it is acknowledged that some departments may wish to modify or enhance working practices to take advantage of 'new' ways of working. The recovery co-ordination group will consider the financial impact or approval for any changes in the recovery phase to ensure efficient use of resources.
- Partners. Many key services of the Trust require input from partners / 3rd party suppliers to be initiated or continued. The RCG will consider the impact on Trust partners when prioritising our recovery.

Deliverables

- Quality Assurance of Business Impact Analysis captured within COVID19 Assurance Report
- Consideration of response phase i.e. which actions had a positive impact upon patients, workforce and the organisation to determine which activities should continue to 'new normal'.
- Risk Assessment of each activity to be re-instated or removed from practice.
- Impact Prioritisation of activities to be agreed
- Clear interdependencies identified across resource re-deployment.
- Collation of organisational learning at functional level to enhance surge, business continuity and emergency planning.
- Identification of longer term opportunities to deliver strategic and transformational change.

Terms of Reference

Purpose

The Recovery Coordination Group (RCG) has been established to oversee and co-ordinate business recovery from the COVID19 pandemic.

It is intended to provide a pathway enabling SMT to gain the required assurances that the Trust is taking all necessary steps to recover to a 'new normal'.

The RCG will be responsible for coordinating the delivery of recovery actions that affect the short to medium term with responsibility to enable longer term or transformational aspects of recovery.

Role

- Development and publishing of a recovery strategy.
- The production of agreed outcomes which determine what recovery to the new normal looks like across Directorates.
- The co-ordination of Trust activity associated with recovery across Departments.
- Capturing organisational learning.
- Implementing lessons learned into surge and business continuity planning.
- Develop position statements to reflect monitoring and oversight.
- Monitor and manage key risks associated with recovery arrangements and identify risks which require escalation to SMT/Corporate Risk Register.
- Provide regular assurance reports to SMT, Trust Board and Committees as required.

Membership

Membership is drawn from all Directorates representing functional business continuity leads or strategic specialism and who are empowered to take actions and implement change throughout recovery to our new normal.

Directorate/Department	Member (s)
Chair	Maxine Paterson, Director of Planning, Performance and Corporate Services
Operations	Bryan Snoddy, Assistant Director of Operations
	Ruth McNamara, Assistant Director of Control and Communications
	Michael Heasley, Fleet Manager
	Michael McAdoo, Head of Estates
Human Resources	Yvonne Kennedy, HR Advisor
Finance	Andrew Philips, Assistant Director of Finance
Medical	Emma Giddings, Clinical Training Manager
	Ruth Finn, IPC Lead Nurse
Risk	Katrina Keating, Risk Manager
Health and Wellbeing	Jarlath Kearney, Equality Manager
Emergency Planning	Heather Sharpe, Emergency Planning Officer
Programme/ICT	Marianne Johnston, REACH Programme Manager
Improvement	Sarah Williamson, Transformation Manager

Attendance

All members should attend the meetings and should have a suitable deputy to attend when they are unable. All deputies must have delegated decision making authority.

Reporting and Accountability

The RCG shall report to the NIAS Gold Cell and are accountable to the SMT. The Chair of the RCG will report directly to the Chief Executive Officer.

Chairperson

The meetings will be chaired by Director of Planning and Performance and Corporate Services. (Deputy to be assigned)

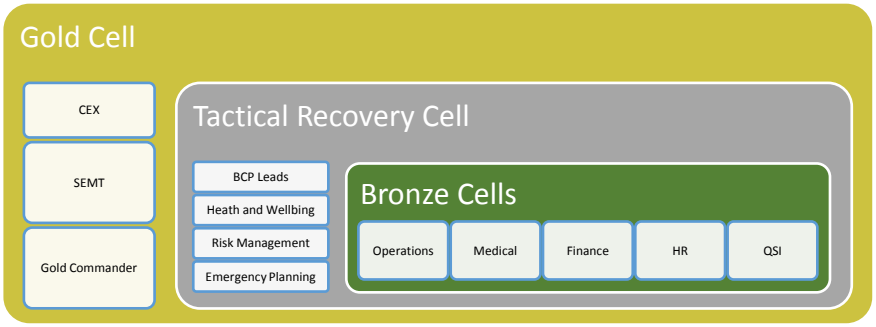
Administration

Papers will be issued one day prior to meeting. The action point register of the RCG meetings shall be formally recorded

Frequency of Meetings

The meetings shall be held as determined by the business and actions required. The frequency will be adapted to effectively manage delivery and risks.

Recovery Structure



Delivery Approach

Recovery resourcing

In the response phase, Commanders were primarily concerned with short term staffing issues in key service areas as well as developing new work streams to aid in the response to Covid-19. As a result, some staff were redeployed to other departments or tasked with other duties. The Recovery Coordination Group is now considering the long term recovery of required work streams and services to ensure that we concentrate our efforts of recovery on the right corporate area and in a measured manner. In prioritising recovery, the group is taken into account the impact that returning staff to their original job role will have on other departments, the Trust and the member of staff.

Consider:

- The impact of 'standing up' corporate functions where staff have been reallocated to other roles.
- Vulnerable staff groups that may not be able to return to normal duties.
- Keeping all staff informed of Trust activity in response and recovery.

Media and communication

Response and recovery are only effective when the public services deliver their functions in a seamless manner which requires co-operation and co-ordination. Communications with the public, either on routine civil contingencies matters or in an emergency situation must deliver a consistent message (NICCF, 2011:58).

To ensure a consistent and measured approach, all communications in the recovery phase should be agreed by the Lead Director and routed through the NIAS corporate communications team.

Internally it will be important for the Recovery Coordination Group to keep all staff informed as to the progress of recovery via regular updates.

Consider:

- Maintaining a consistent media message.
- Providing staff with updates as regularly as the media.
- Identifying "speaking heads" from the Trust

Accommodation

The response to COVID-19 requires that staff maintain social distancing to minimise the spread of the virus. In the immediate term, staff that were not essential to the delivery of key services were asked to work from home in accordance with government guidance. As we begin recovery, cognisance will need to be given to the continuance of this social distancing until government guidelines change. The RCG is overseeing a staged approach to accommodation, ranging from a 'new normal' state to one of 'business as usual'.

The Trust's Estates Department is providing support to the recovery group in identifying alternative locations. A review of accommodation has begun with all directorates being asked to complete a workforce accommodation requirement plan. The review is aimed at managing the immediate pressures for departments such as Training and Information in the first instance but will develop to consider how the Trust can best utilise our current footprint in the medium and long-term whilst adhering to health and safety and infection prevention and control guidance.

Consider:

- Implications of moving staff back into NIAS premises - health and safety/social distancing
- Extra expenditure required for repairs and re-organisation of services.
- ICT- IT, telephony, access

- NIAS's ICT department was critical in ensuring that NIAS delivered in our determination to facilitate home working where possible. Any changes to work stream set ups should be mindful of the ICT implications and their workload.

Risk

A recovery prioritisation tool has been developed in line with policies and best practice guidance to ensure a consistent and risk based approach to the recovery stage.

Any changes to current work streams will be risk assessed using the recovery prioritisation tool to determine the impact on the Trust and ranking for recovery

Consider:

- Current risk register of the Trust
- The impact of additional pandemic waves
- Potential risk mitigation options

IPC

In recovery, directorates should be mindful of the potential impact of further episodes of surge as a result of coronavirus and should take relevant steps to aid in the reduction of its spread. Enhanced cleaning of all Trust locations has been implemented with social distancing literature and guidance made available to all staff. Social distancing has been maintained in our Control Centres and in Headquarters but will require consideration as staff return from working at home in accordance with government guidance. An IPC specialist sits on the RCG and is providing advice and guidance to the Group and to all directorates throughout recovery.

Consider:

- Requirements of additional cleaning schedules to facilitate staff returning to their place of work or to a modified place of work
- Availability of PPE to include relevant wipes for surface areas
- Continuing update of relevant guidance material and its communication to staff
- Business continuity plans to aid in the management of staff areas where infection/potential infection has occurred

Stand Down / second surge

The Chair of the RCG in discussion with the Gold Cell, will agree a set of criteria to determine when it is appropriate to stand-down the Group. The needs of the Trust, the patients and the wider health system will be key to this. Where there is a second surge, the recovery group should work alongside response to aid in ensuring the Trust maintains critical functions.

The decision to stand-down the Recovery Coordination Group will be communicated to all affected agencies by the Recovery Coordination Group Chair.

Appendix (iii) Section of Recovery Management Plan

RC1	**Ensure Departmental/Directorate completion of Business Impact Analysis**				
RC1:01	BIA OPS	Bryan Snoddy	15/05/2020	50%	Awaiting Evidence
RC1:02	BIA OPS / RMC	Margaret Barclay	15/05/2020	100%	Completed
RC1:03	BIA OPS / Fleet	Michael Heasley	15/05/2020	100%	Completed
RC1:04	BIA OPS / Estates	Michael McAdoo	15/05/2020	50%	Awaiting Evidence
RC1:05	BIA OPS EAC	Ruth McNamara	15/05/2020	100%	Completed
RC1:06	BIA OPS NEAC	Ruth McNamara	15/05/2020	50%	Awaiting Evidence
RC1:07	BIA Medical	Heather Sharpe	15/05/2020	100%	Completed
RC1:08	BIA Medical Training	Emma Giddings	15/05/2020	100%	Completed
RC1:09	BIA Medical Community Resuscitation	Stephanic Leckey	15/05/2020	100%	Completed
RC1:10	BIA Medical Emergency Planning	Heathe Sharpe	15/05/2020	100%	Completed
RC1:11	BIA Medical HEMS	Sarah Williamson	15/05/2020	100%	Completed
RC1:12	BIA Medical Complex case team	Joanna Smylie	15/05/2020	100%	Completed
RC1:13	BIA Medical TYC	Glenn O'Rourke	15/05/2020	100%	Completed
RC1:14	BIA HR	Yvonne Kennedy	15/05/2020	100%	Completed
RC1:15	BIA Finance	Andrew Phillips	15/05/2020	50%	Awaiting Evidence
RC1:16	BIA Informatics	Alyson Vitty	15/05/2020	100%	Completed
RC1:17	BIA ICT	Paddy Dornan	15/05/2020	100%	Completed
RC1:18	BIA Quality Improvement	Ruth Finn	15/05/2020	50%	Awaiting Evidence
RC1:19	BIA Planning Performance and Corporate services		15/05/2020		Not Started
RC2	**Quality assessment of BIA key services with assurance document**				
RC2:1	Assimilation of BIAs	Heather Sharpe	22/05/2020	100%	Completed
RC2:2	Acquiring recent verson onf NIAS Assurance documents	Heather Sharpe	22/05/2020	100%	Completed
RC2:3	Quality assessment of BIA key services with assurance document	Heather Sharpe	22/05/2020	100%	Completed
RC2:4	Development of key process workbook	Heather Sharpe / Kesh Chada	22/05/2020	100%	Completed
RC3	**Development of risk assessment / dependencies prioritisation tool**				
RC3.1	Development of tool to capture risk and relevant mitigation	Katrina Keating	29/05/2020	100%	Completed
RC3.2	Develop tool to capture departmental interdependencies	Katrina Keating	29/05/2020	100%	Completed
RC3.3	Develop tool to capture impact of recovery / non recovery	Katrina Keating	29/05/2020	100%	Completed
RC3.4	Establish prioritisation tool for recovery	Katrina Keating	29/05/2020	100%	Completed
RC4	**Risk Assess Recovery Process**				
RC4.1	OPS	Bryan Snoddy	12/06/2020		Completed
RC4.2	OPS / RMC	Margaret Barclay	12/06/2020		Completed
RC4.3	OPS / Fleet	Michael Heasley	12/06/2020		Completed
RC4.4	OPS / Estates	Michael McAdoo	12/06/2020		
RC4.5	OPS EAC	Ruth McNamara	12/06/2020		
RC4.6	OPS NEAC	Ruth McNamara/JDW	12/06/2020		Completed
RC4.7	Medical	Heather Sharpe	12/06/2020		Completed
RC4.8	Medical Training	Emma Giddings	12/06/2020		Completed
RC4.9	Medical Community Resuscitation	Stephanie Leckey	12/06/2020		Not Started
RC4.10	Medical Emergency Planning	Heathe Sharpe	12/06/2020		Completed
RC4.11	Medical HEMS	Glenn O'Rorke	12/06/2020		Completed
RC4.12	BIA Medical Complex case team	Joanna Smylie	12/06/2020		Completed
RC4.13	Medical TYC	Sarah Williamson / Chris Clarke	12/06/2020		Completed
RC4.14	HR	Yvonne Kennedy	12/06/2020		Completed
RC4.15	Finance	Andrew Phillips	12/06/2020		In Progress - At Risk
RC4.16	Informatics	Alison Vitty	12/06/2020		Completed
RC4.17	BIA ICT	Paddy Dornan	12/06/2020		
RC4.18	BIA Quality Improvement	Ruth Finn	12/06/2020		Completed
RC5	**Accommodation**				
RC5.1	Conduct accommodation survey	Andrew Watterson			Completed
RC5.2	Capture current capacity				Completed

Appendix (iv) Section of Functional Recovery Plan

Medical Directorate Recovery Status											
No	Key Process	Owner	Lead if different from Owner	Current Status Type G, A or R	Date of change	Desired outcome ELAR	Proposed date of ELAR	Dependencies Score	Impacts Score	Total	Notes
5. TRAINING											
5.1	Obsevational Ride Outs	Clinical Training Manager		G	06/04/2020	RESTART	01/06/2020	26	30	56	Resumed as CSOs return to duties
5.2	Clinical input to divisions on TNA, RTW & SAI	Clinical Training Manager		G						0	Continues
5.3	Training of new equipment & clinical updates	Clinical Training Manager		G						0	Continues
5.4	Delivery of ACA courses	Clinical Training Manager		A	11/05/2020	RESTART	26/05/2020	26	30	56	Course delivered but adapted in line with social distancing guidelines.
5.5	Delivery of qualified staff familiarisation training	Clinical Training Manager		A	23/03/2020	RESTART	29/06/2020	26	30	56	Training delivered but adapted in line with social distancing guidelines.
5.6	Delivery of Paramedic Education	Clinical Training Manager		R	06/04/2020	RESTART	01/09/2020	22	30	52	Remains suspended to Sept 2020
5.7	Delivery of AAP training	Clinical Training Manager		A	13/04/2020	RESTART	01/06/2020	26	30	56	Training resumed but adapted in line with social distancing guidelines.
5.8	Provision of student practice education support	Clinical Training Manager		G	06/04/2020	RESTART	01/06/2020	26	30	56	FdSc students to receive practice education support during operational redeployment.
5.9	Delivery of PP training	Clinical Training Manager		R	01/05/2020	RESTART	01/09/2020	22	30	52	Planning to resume in year. Subject to Ops agreement.
5.10	Provision of clinical supervision and audit	Clinical Training Manager		R	06/04/2020	RESTART	01/09/2020	26	30	56	Remains suspended
5.11	Driving assessments for recruitment process	Clinical Training Manager		G	06/04/2020	RESTART	20/06/2020	26	30	56	To resume but following IPC guidelines.

Appendix (v) Example Recovery Prioritisation Tool

PRIORITISATION & RISK ASSESSMENT OF KEY BUSINESS			
Key Business Being Assessed:	Frequent callers	**Lead Officer:**	Joanna Smylie
Date:	04th June 2020	**Tabled at Recovery Cell:**	5th June 2020

DEPENDENCIES & IMPACTS			
Dependencies Score (Table 1):	24	**Highest Possible Score:**	30
Impact Score (Table 2):	36	**Highest Possible Score:**	40
Total Score:	60	**Highest Possible Score:**	70

OPPORTUNITIES
To further engage with frequent callers to reduce demand on the service for 'business as ususal' and to help in the potential rise in calls during a second wave

ISSUES & RISKS			
Are there any issues with restarting /continuing, that have not been captured?	The team has experienced a high increase in frequent callers as a result of COVID - this has outstripped the current capacity of the team and their ability to manage the case load		
Are any risks to be added to the risk register?	Staffing - potential Also issue with lack of accomodation	**If yes, please record date escalated:**	

RECOMMENDATION TO RECOVERY CELL:	Will require additional staffing and accomodation. Face to face meetings will recommence in line with Government guidance

TABLE 1 – DEPENDENCIES:

Key Business:	Engage with frequent callers
Dependencies Score:	24

For each area in the first column, select the level of dependency, which most reflect your current position and score (for example if you have ICT available and you are ready to go, score '5'):

DEPENDENCIES:			
CONSIDER...	**5**	**3**	**1**
Is the required ICT available?	Additional ICT is not required at this time	Some ICT resources are required	Significant ICT resources are required
Infection Prevention & Control requirements	No internal impact. May require changes to event management procedures in the future	Some challenges with IPC controls	Significant IPC controls required
Do we have the estate / accommodation?	Existing accommodation is ready and satisfactory	Some challenges with accommodation	Significant challenges with accommodation
Do we have the staffing levels required?	Staff are available and we are ready to go	Some are resources required	Significant are resources required
Are our partners ready?	Partners are ready to go (or no partners applicable)	Our partners have some work to do before they are ready	Our partners will not be ready for a few months
Do we have finance / approvals etc.?	Finance is available and we have approvals	Finance and approvals pending	Finance and or approval is not available / sought
TOTAL	20	3	1

TABLE 2 – IMPACTS:

Key Business:	Engage with frequent callers
Impacts Score:	36

IMPACTS:			
CONSIDER...	**5**	**3**	**1**
Is the matter of strategic / political importance?	Significant strategic importance / Ministerial direction	Marginal strategic importance	Little or no strategic importance
Are there strong legal / contractual obligations.	Will enable full compliance with legislation / compliance with contractual obligations	Best practice / guidance / minor contractual obligations	No legislative impact / no compliance issues
Patient Safety / IPC / Health & Safety / Risk / Quality / B. Continuity	Positive impact on patient safety / IPC / H&S / Risk / Quality / Business Continuity	Some positive impact on patient safety / IPC / H&S / Risk / Quality / Business Continuity	No positive impact on patient safety / IPC / H&S / Risk / Quality / Business Continuity
How does it impact on HR matters / wellbeing etc.?	Positive impact on wellbeing, recruitment, retention etc.	Some positive impact on wellbeing, recruitment, retention etc.	Limited positive impact on wellbeing, recruitment, retention etc.
Impact on Operational Services	Positive impact on Operational Services	Some positive impact on Operational Services	Limited positive impact on Operational Services
Are there social / equality impacts?	Positive impact on disadvantaged / addresses social needs	Some positive impact on disadvantaged / addresses social needs	No positive impact on disadvantaged / does not address social needs
Any partnerships / co-production?	Positive impact on partnerships / co-production	Some positive impact on partnerships / co-production	No positive impact on partnerships / co-production
Is there positive contribution towards the environment?	High contribution towards environmental goals	Some contribution towards environmental goals	No contribution towards environmental goals
TOTAL	30	6	0

Appendix (vi)

NIAS COVID-19 Learning Model

Objectives

NIAS recognises that recovery creates a unique opportunity to review and realign policies, behaviours and practices and creates opportunities to embrace new ways of working, some of which are key features of our corporate strategy.

The objective of the COVID-19 Learning Model is to describe and implement an organisational approach to learning from COVID-19, which complements the wider Recovery Plan process being led by Director of Planning, Performance and Corporate Services and aligns with Emergency Planning Debrief Processes as they take place.

A structured approach to learning will help NIAS determine what, of the responses implemented during COVID-19 might be amplified, ended, let go or restarted.

DURING CRISIS		
	END We've done these things to respond to immediate demands but they are specific to the crisis	**AMPLIFY** We've been able to try these new things and they show some signs of promise for the future
	LET GO We've been able to stop doing these things that were already / are now unfit for purpose	**RESTART** We've had to stop these things to focus on the crisis but they need to be picked up in some form

➡ **NEW PRACTICE**

➡ **OLD PRACTICE**

Understanding crisis-response measures: Collective Sense-making, Helen Bevan.

Rationale

- Preparedness for subsequent waves or resurgence of COVID-19
- Learning which might influence Recovery
- Learning which might encourage sustainability of innovative practice relating to COVID
- Learning for the organisation in terms of communications and decision-making.

Methodology

This methodology is based on the **IHI Harvesting Tool: *COVID management and improvement approaches now, and into the future*** and involves an approach that:

- Clearly communicates in a compelling manner why the organisation is doing this, how it aligns to strategy, and the intended outputs
- Develops simple mechanisms for collecting the learning.
- Fosters conversations to reflect on the learning as it is collected, creating a sense of collective insights and psychological safety

In addition, the debrief process used for the reviewing the Command structure draws on methodology outlined in the Trust Major Incident Plan which draws on the Civil Contingencies Framework.

Proposal

1. Gain structured feedback and learning from staff of the infrastructure and support mechanisms put in place in response to COVID and the benefits/challenges in relation to those
2. Carry out formal debrief processes with Gold, Silver and Bronze Command.
3. Gain feedback and learn from Cells/Functions which were set up to respond to COVID-19.
4. Gain feedback and learn from Departmental approaches and response to COVID-19 in order to support Recovery.
5. Gain feedback regarding the data which was used to manage the crisis, inform decision-making and make recommendations relating to this.
6. Scope if there are opportunities to gain service user feedback retrospectively and to consider if it would be appropriate to build in processes for service user feedback to future surge management (in particular with modifications to 'normal' service such as the enhanced Clinical Support Desk etc).
7. Agree processes to share learning appropriately across the organisation and across the HSC and nationally with other Ambulance Services.

Implementation Process

1. Staff Feedback via Survey There is a need for different types of staff feedback with response to COVID-19. This is feedback which will be used to gauge staff feelings in terms of support from the organisation for what they faced in terms of COVID-19 patients. This work is being led on by AD HR (Equality and PPI) with support from others.

2. Carry out formal debrief processes with Gold, Silver and Bronze Command.

In line with the NIAS Major Incident Plan, there is an agreed debrief process which draws on NI Civil Contingencies Framework guidance. It is proposed that this will be facilitated by the Assistant Director of Emergency Planning with the Gold, Silver and Bronze cells. The focus for the debrief will be on decision-making and communication structures and the learning will be shared at the relevant levels within the organisation in order to assist with preparedness for future surges/similar incidents.

3. COVID Preparedness – Specific Functions

Table 1.0 will be issued to all cell/functional leads with the request that they (ideally) host a one hour conversation with their teams or the members of staff involved in this area to harvest learning. These include key risks which were managed during COVID?

Core question: what would we do differently if we could turn the clock back to the beginning of COVID-19 preparations?

Cells
Fit Testing
PPE Requirements, Distribution and Storage
IPC and Cleaning
COVID Testing
Human Resource re-deployment

Escalation Planning:
Staff Psychological safety: Health & Wellbeing
Staff Physical safety: (Accommodation & Catering etc)
Staff communication
ICT Infrastructure (inc Working From Home support)
Information Reports and Business Intelligence

1.0 NIAS COVID-19 FUNCTIONS LEARNING TOOL	
Cell/Function:	
Name:	
Names of those who contributed to the Learning process:	
What We Did	
How well did it work and why?	
Did we use Data better or differently then usual?	
What we would do differently in a subsequent wave or for future issues which required a similar function?	
Why (what could be better about the new way? Include any anecdotal or hard data you may have)	

The table suggests how learning may be later collated with regard to all COVID-19 related risks.

3. Recovery Prioritisation & Organisational Learning

Table 2.0, the NIAS COVID-19 Recovery and Learning Tool should be issued all Heads of Service (Band 8A managers and above) outlining which functions they should respond for. They are encouraged to work with their teams to complete this.

Northern Ireland Ambulance Service
Health and Social Care Trust

NIAS COVID-19 RECOVERY CO-ORDINATION & LEARNING TOOL		
Name:		
Directorate / Department		
Please write bullet point answers for discussion regarding your experiences	***For You and your Directorate***	***Proposed timeframe for change***
What services / functions /practices did your Directorate develop or contribute to specific to the Covid response that could be stood down- END?		
What services / functions /practices did you stop during the crisis and from this learning you would now like to LET GO?		
What services / functions /practices did you amend / modify / create /participate in during the crisis that you would like to develop in the future? AMPLIFY		
What services / functions /practices did you have to stop to focus on the crisis that you would like to RESTART?		
Is there anything you'd like to reflect on in terms of organisational and management practices during COVID-19 which could help for SMT and Senior Manager learning?		
Are there any new approaches or practices which should be taken forward? Include any anecdotal or hard data you may have regarding this?		
Did data influence your decision-making?		
Any other comments for organisational learning? Are there any further innovations which could be shared nationally or regionally? (We have been asked to share this by AACE and HSC learning processes).		

4. Use of Data

We will review how Data was used to manage the crisis, inform decision-making and make recommendations relating to this by

- Collating responses to the question in the Departmental Learning Tool
- Reviewing feedback from Cell/Functional leads
- Reviewing the Learning template from the Information department and debrief process with Gold, Silver, Bronze cells.

5. Service User Feedback

We are working with other Ambulance Services through the Ambulance Q Network to develop tools which may be used for service user engagement. These will be consider if it would be appropriate to build in processes for service user feedback to future surge management (in particular with modifications to 'normal' service such as the enhanced Clinical Support Desk etc).

6. Sharing Learning

We will utilise a range of processes to share learning appropriately across the organisation and across the HSC and nationally with other Ambulance Services.

- A summary of learning gained through this learning process will be shared across the organisation.
- NIAS will share learning with other Trusts via HSCQI Learning processes and other fora.
- Learning will also be shared nationally via AACE subgroups such as NAUECG and QGARD.

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