Northern Ireland Ambulance Service
Health and Social Care Trust

A meeting of Trust Board to be held at 10.00am on
Thursday 7 May 2020 via Zoom (due to Covid-19)

AGENDA

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5	Chief Executive's Update **For Noting**	
6	NIAS Covid-19 Response Assurance Report **For Noting**	TB07/05/2020/02
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12	Audit Committee minutes: - 26 March 2020 - 15 October 2019 **For Information**	TB07/05/2020/08

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14 Any Other Business

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

A meeting of Trust Board to be held at 10.00am on
Thursday 7 May 2020 via Zoom *(due to Covid-19)*

TB/07/05/2020/01

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 5 March 2020 at 10.00am in the Conference Room, NIAS Northern Divisional Headquarters, 120-130 Antrim Road, Ballymena BT42 2HD

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 Safety & Quality Improvement
	Ms S Sellars	Board Apprentice
	Mrs C Mooney	Board Secretary
	Ms E Hallissey	Peer Support
	Ms R Leonard	Peer Support
APOLOGIES:	Ms R O'Hara	Director of HR & Corporate Services

1 **Welcome, Introduction & Apologies**

The Chair welcomed those present to the meeting, in particular those in the public gallery, and advised that apologies had been received from Ms O'Hara.

The Chair said that she was delighted to be in the Northern Divisional HQ for the Trust Board meeting which would be followed

by the launch of the NIAS Strategic Plan. She confirmed that no conflicts of interest had been declared.

2 Previous Minutes (TB05/03/2020/01)

The minutes of the previous meeting held on 30 January 2020 were **APPROVED** on a proposal from Mr Sowney and seconded by Mr Cardwell subject to the following amendment requested by Mr Dennison:

Page 17, 2nd paragraph should read 'Responding to a question from the Chair as to whether he was suggesting a leaflet for staff and a separate leaflet for stakeholders, Mr Dennison said that it would be important to distil what the Trust was pledging to do through its Strategic Plan…'

3 Matters Arising

3.1 Directors' Performance Reports Human Resources (TB 05/12/2019/07)

In relation to Mr Cardwell's query in relation to the reference in the December 2019 minutes regarding absence levels, Ms Lemon clarified that figures had returned to a downward trajectory reflective of some of those seen in 2018/19.

3.2 MOTs

Mr Dennison asked if there was an update in relation to MOTs following the recent difficulties experienced in MOT centres.

Mr McNeill said that he was not aware of any issues being identified but undertook to keep members apprised.

3.3 Action List arising from December Board meeting

The Chair took members through the detail of the action list arising from the January Board meeting.

4 **Chair's Update**

Commencing her update, the Chair thanked those who presented and attended the workshop held on 24 February. She advised that members had received a detailed overview of Serious Adverse Incidents (SAIs) given by Ms Lynne Charlton and Katrina Keating, Risk Manager. Mrs Lappin added that the workshop had also received a presentation from Mr John Wright in relation to Patient Care Services and from Ms Charlton, Ms Linda Craig and Ms Thelma Swann on Care Opinion, the Online User Feedback system.

The Chair advised that, on 17 February, she and Mr Bloomfield attended the NICON lunch to mark the retirement of Dr Tony Stevens, Chief Executive of the Northern Trust. She said that a workshop had then focussed on the future role of NICON as an umbrella organisation, particularly in the context of having a NI Assembly back in place.

The Chair mentioned that she had attended cyber security training provided by the Northern Ireland Cyber Security Centre which had recently been established and which had links to similar Centres in England and Wales. She encouraged members, both Non Executive and Executive to avail of any opportunities for training in this area. Mrs Lappin said that members of the Audit Committee would be aware that the 2018 Audit Committee Handbook highlighted two particular areas which Committees should be aware of – one related to Whistleblowing and the other to cyber security. She believed that there should be continued focus on these issues both at Committee and Board level.

Continuing, the Chair reported that she had recently attended the Public Sector Chairs' Forum finance briefing provided by the Department of Finance. She explained that a two-week consultation period had taken place with stakeholders given that the budget was imminent. The Chair pointed out that the briefing had not just focused on the single budget for 2020/21 but made it clear that consideration was being given to multi-year budgets from 2021/22 with work to commence in the summer.

The Chair indicated that, to mark International Women's Day, she would be hosting a coffee morning on Friday 6 March to celebrate the contribution which women make to the delivery of ambulance services in Northern Ireland in particular. She added that she had

invited Clodagh Dunlop to speak at the event and said that she would share her own personal experience as to how she became the Chair of NIAS and would encourage others to share their own stories.

The Chair advised that the ALF Conference scheduled to take place in mid-March had now been cancelled due to coronavirus.

She referred to the DoH workshop scheduled to take place on 30 March for DoH colleagues to engage with Chairs and Chief Executives in relation to the Partnership Agreement. The Chair said that she was unable to attend and thanked Mr Abraham for representing her on this occasion. She added that she had intended to share with the workshop some of her experiences to date in working with the Department of Communities around the Partnership Agreement which set out a different approach from the previous MSFM. The Chair explained that it had been the intention to have the Partnership Agreements in place by 1 April. However she said that the DoH was keen to see an iterative process in place through 2020/21 and was making arrangements to have the Agreements in place as soon as possible.

The Chair's update was **NOTED** by members.

5 **Chief Executive's Update**

Mr Bloomfield reported that the ongoing and fast moving management of Covid-19 (Coronavirus) had been taking up an increasing amount of time over the last month. He indicated that the Health Silver arrangements which had been stood down in mid-January in relation to Industrial Action, had quickly been re-established to deal with Covid-19.

He advised that, while Ms Charlton would provide a comprehensive update later in the meeting, this had developed considerably since Trust Board papers had been issued. Mr Bloomfield acknowledged that much of the work involved was in the planning stage and added that the Trust was now dealing with a number of calls about suspected cases on a daily basis. He believed that this would become the priority issue over the coming months, with other work being impacted.

Continuing his report, the Chief Executive referred to the Mid-Year Accountability Review meeting which he attended with the Chair on 4 February. He advised that the Permanent Secretary had been unable to attend so the meeting was led by the Deputy Secretary, Mr Jackie Johnston. Mr Bloomfield reported that, during the meeting, issues relating to the Trust's financial position; the continuation of transformation funded initiatives; Paramedic Education; CRM programme; challenges around hospital turnaround times had been discussed. However no issues of concern had been identified.

Mr Bloomfield said that DoH colleagues had taken the opportunity to seek assurance on the actions being taken to address the Head of Internal Audit's Limited Assurance assessment last year and said that he had been pleased to report some progress in this regard with action plans in place to address recent audits, in particular learning from incidents. Mr Bloomfield said that he had acknowledged at the meeting that it would take some time to resolve the many challenges that existed and he added that this was acknowledged by DoH colleagues.

Continuing, Mr Bloomfield explained that these meetings were also used to provide an update on IPC under the special measures arrangement which continued while we have an Improvement Notice in place. He said that Ms Charlton and Dr Ruddell had joined the meeting to provide an update on the progress being made, in particular around IPC training. Mr Bloomfield reported that the Department indicated they were content with progress being made and he referred to the fact that Ms Charlton would provide a detailed update later in today's meeting.

Mr Bloomfield said that he was pleased to report that the first HEMS test flight to the helipad on top of RVH took place on 18 February. He explained that this had been a major step forward in the development of trauma care and would avoid the need for secondary transfer by road ambulance from Musgrave Park Hospital. He said that this development had been long awaited by the HEMS team and had necessitated the resolution of a number of important estates and fire safety issues. Mr Bloomfield said that the Minister had also attended the event which had received considerable media interest.

Continuing his report, Mr Bloomfield said that, accompanied by Mr Neil Duncan, Area Manager, South East Division, he had attended a meeting of the Ards and North Down Council on 26 February to discuss response times in the Council area. Mr Bloomfield said that he and Mr Duncan had taken the opportunity to highlight the response times pre- and post- CRM, the level of resources available as well as discussing the challenges and developments taking place and plans for the future, subject to funding.

Mr Bloomfield said that, while Council members very appreciative of service provided, they raised some concerns about response times in more rural areas and turnaround times at Ulster ED. Mr Bloomfield thanked Mr Duncan for his excellent contribution at this event.

Mr Bloomfield conveyed his congratulations to the NIAS Complex Case Team (frequent callers) who won an award yesterday at the HSC Quality Improvement (QI) Awards in the category 'Integrating Care Across Boundaries'.

He reminded members that they had received presentations in the past about this excellent programme led by Ms Joanna Smylie and which ensured that services more appropriately met the needs of service users and protected NIAS resources and EDs for those who needed them.

Mr Bloomfield commented that he had attended with Ms Charlton who had supported Ms Smylie in her QI work and said it was positive to see NIAS now being recognised at such regional events.

Concluding his report, Mr Bloomfield advised that Ms O'Hara would be returning next week after her absence. He explained that, given the volume of work associated with HR, he had agreed that Ms O'Hara would lead an interim Programme Director role developing the Trust's strategic workforce planning, including issues such as multi-disciplinary working and enhanced opportunities for flexible working, and leading an organisational change programme to ensure the smooth and effective implementation of Trust restructuring/transfer of functions.

He indicated that Ms Lemon would continue as Interim HR Director leading on the day to day HR functions as well as Health and Wellbeing/culture.

The Chair thanked Mr Bloomfield for his report and invited any questions from members.

Mr Haslett referred to Mr Bloomfield and Mr Duncan's attendance at the Council meeting and asked if NIAS representatives attended Council meetings on a regular basis. He added that, when one took into account the number of Councils in Northern Ireland and the potential to be invited to several Council meetings, this could become a time-consuming commitment. Mr Haslett further commented that Council meetings were very often public meetings attended by the media and could result in media coverage.

Mr Bloomfield acknowledged that, while not all Councils requested attendance by NIAS representatives at Council meetings, a few Councils requested attendance on a regular basis. He believed it was important for the Trust to attend such meetings when requested to respond to any concerns expressed by Council members and to provide assurance that actions were being taken by the Trust to improve response times.

Mr Abraham commended Ms Smylie and her team on their recent award.

Mr Bloomfield advised that the team would be presenting to the Trust Board meeting on 7 May. He said that he had been highly impressed at the team's presentation at the awards which focussed on the impact of their work on service users. He added that what was clear was the impact the work of the team had made to lives of individuals and he indicated that the team's work had reduced the number of frequent callers by 65% with a similar reduction in the number of frequent callers being conveyed to hospital.

Ms Charlton agreed with Mr Bloomfield's comments and said that the impact on the lives of the individuals' families should not be underestimated. Likewise, she said, the challenge of ensuring a multi-disciplinary team approach should not be underestimated.

Mr Ashford referred to the change in Directorate and Committee structures and said he welcomed the intention to hold a workshop in the near future to discuss further.

Mr Bloomfield reminded the meeting that Ms Charlton had been appointed as Director of Safety and Quality Improvement in November 2019 and that Ms Maxine Paterson would take up post as Director of Performance, Planning and Corporate Services at the beginning of April. He explained that consideration was also being given to a clear delineation between Directorates and he said it would be important that this was properly managed and taken forward accordingly.

Ms Lemon agreed with the points made by Mr Bloomfield and accepted that the Board would wish to be clear on the process moving forward.

The Chair acknowledged that this was an ongoing process and made reference to the new Committee to be established under the chairmanship of Mr Dennison to examine finance, Human Resources etc. She added that it was her intention to review the operation of all Committees after approximately six months' to ensure that the roles and responsibilities of the Committees were clear and well defined.

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

6 **Peer Support - presentation**

The Chair welcomed Ms Emma Hallissey and Ms Ruth Leonard, Peer Support, to the meeting and invited them to make their presentation.

Commencing, Ms Hallissey explained that peer support was available to all NIAS staff. She outlined the legal and regulatory framework governing peer support and said the Trust had a responsibility to try to stop the development of PTSD.

Ms Leonard drew members' attention to the 'HSC Values – Staff Code' and said that openness, honesty and compassion were crucial to the provision of peer support. She said that it was important for individuals to know that they were in a safe place and being supported through traumatic incidents.

Ms Hallissey described the training which she and Ms Leonard had undertaken and indicated that they were not qualified counsellors

but provided peer support. She also provided some detail as to the benchmarking against other services. She indicated that the NIAS peer support service had undertaken engagement with other peer support services, including attendance at the Global Peer Support Conference and critical engagement with the PSNI. Ms Hallissey added that NIAS peer supporters had been invited to PSNI with whom there was a productive ongoing relationship.

Continuing Ms Hallissey indicated that peer support was the first line of intervention and involved all those NIAS staff involved in the incident, for example HEMs, control room staff, frontline staff. She described in detail a peer support debrief. She emphasised that a debrief was very time sensitive and was not an operational debrief but one which focussed on an individual's emotional wellbeing. She further emphasised that it was important that those staff attending debrief were aware of this fact. Ms Hallissey explained that, on average, a debrief could last between 2-4 hours and took place on non-Trust property.

Ms Leonard explained that the development of a peer support service had been discussed for some time within the Trust. She advised that, following a number of staff engagement sessions in 2017/18, approval was given to a pilot project with nine members of staff being trained. Following this, it was agreed that there was a need for expansion of the peer support service throughout the Trust and, in August 2019, two staff members were seconded to further develop the service.

Ms Leonard indicated that key to the development of service was the 'buy in' of staff and managers. She said that, to date, there were now 30 peer supporters from all tiers of staff within NIAS with every member of NIAS staff having access to the service if they so wished.

Ms Leonard explained that peer supporters had the ability to signpost staff to other services if required. She cited the example of Inspire which provided counselling and specialist trauma counselling as well as Recovery Colleges – one available in each Trust.

In terms of future planning, Ms Leonard advised that work was being taken forward to examine the potential of using independent Clinical Psychologists and specialist therapies. She added that

consideration was also being given to the possible employment of a Clinical Psychologist for assessment and appropriate referral.

She drew members' attention to the breakdown of calls to peer support between 1 August 2019 until 29 February 2020 and said that the majority of these had focussed on fatal road traffic collisions; paediatric resuscitation and assault. She pointed out that these figures also included the Community First Responders which were a vital part of the service and who had availed of the service.

Ms Leonard pointed out that the peer support service had engaged with 534 members of staff in the same period and said this was a significant number when one took into account the overall staffing figures. She acknowledged that some figures may be duplicates in that individuals may have sought peer support for a number of incidents.

Concluding their presentation, Ms Leonard and Ms Hallissey thanked the Chair, Chief Executive, Directors and Board members for their vision and support.

The Chair thanked both for their presentation. She commented that she had spoken to Ms Leonard and Ms Hallissey previously about their work and had been struck by the extent of staff engagement. She mentioned that she had spoken to a colleague in the Northern Trust who had expressed interest in the service and its impact and added that Ms Hallissey/Ms Leonard may be contacted to provide further information.

Ms Lemon commended both Ms Leonard and Ms Hallissey on what they have achieved to date and said the success of the service was very much due to the approach they had adopted as well as the personal commitment of both officers. She acknowledged that, while the service had had a huge impact on those who had used it, there was potential for it to be limited given the current infrastructure. Ms Lemon welcomed the ability for the service to signpost onwards and believed it was important that the service did not become the responsibility of those providing it.

Ms Lemon referred to work being taken forward around the establishment of a Health and Wellness Framework, working in partnership with Trade Unions. She referred to earlier discussion in

relation to sickness levels and believed that this work very much focussed on what staff faced on a daily basis.

Mr Ashford commended the officers on their presentation and on the development of service. He welcomed the fact that so many staff had been willing to engage with the service. Mr Ashford said that, while the nature of the ambulance service meant that those incidents responded to were undoubtedly traumatic, he was disappointed to see that 21% had related to assaults and suggested that further work was undertaken in the area of prevention.

Referring to the nature of the debrief, Mr Ashford sought further detail on who and how it was determined whether the debrief should be carried out on a group basis.

Ms Hallissey explained that the CISM model used by the NIAS peer support service had ten criteria relating to paediatric resuscitation; death of a colleague; death by suicide; death of a young person. She pointed out that peer support was not necessarily always provided in group sessions but could be provided on a 1:1 basis. However she added a 'normal' sized group would tend to be between 5-8 individuals.

Ms Leonard explained that normally two volunteers would be involved the debrief when 5-8 individuals were involved. She said that it was important to strike a balance and ensure that those attending were able to have a voice.

Mr Cardwell also commended the service and asked if any members of staff have had to leave the service because of pressures experienced. He suggested that perhaps consideration should be given to the service screening applicants in relation to their ability to cope.

In response, Ms Hallissey confirmed that individuals had left the service because of stress and advised that, while NIAS did not, some English services undertook psychometric testing.

Ms Lemon reminded the meeting that the service ultimately employed human beings who all had different ways of coping with trauma. She said that it would be important to provide staff with the means of coping with trauma and referred to the foundation degree

model around resilience to prepare staff for the trauma they would face in their daily duties as well as in their personal lives.

Mr Bloomfield confirmed that he had spoken to a number of staff who had left the service because of stress and emphasised that the need for the peer support service was apparent. He said that, in the past, staff were very much expected to continue with their duties and added that there was a recognition that 'it's okay not to be okay'.

Continuing, Mr Bloomfield said the level of sickness absence had reduced and he said it was possible that this was partly due to the availability of the peer support programme. Mr Bloomfield said that he would be keen to see the programme developed in the coming months for the benefit of all staff.

Mr Dennison referred to the fact that those providing peer support had undergone significant training but were not trained counsellors and he asked what skills were necessary to work with individuals who had experienced trauma.

Ms Hallissey explained that the PSNI Clinical Psychologist had agreed to supervise the NIAS peer supporters. She acknowledged that the peer supporters undoubtedly absorbed a great deal of the trauma being experienced by those using the service and further acknowledged the difficulties associated with this.

Ms Leonard said that, by arranging a debriefing, peer supporters were making every effort to help individuals process whatever trauma they had witnessed. She indicated that clinical supervision was key to the continuation of that and referred to Ms Hallissey's earlier comment regarding the possibility of recruiting a Clinical Psychologist. Ms Leonard reminded the meeting that those individuals providing peer support volunteered from within the organisation. She said that they worked shifts and were often exposed to trauma. Ms Leonard reminded the meeting that the service was available to everyone, ie EMDs, control room managers, frontline staff and staff within HQ.

Ms Hallissey pointed out that peer support did not offer advice but was able to signpost staff on to other services. She referred to the peer support training within NIAS provided by Professor Stephen Regel, Nottinghamshire NHS Trust and University of Nottingham,

and said that this was an accredited course which was used by the UN in conflict situations. In terms of timing, Ms Hallissey advised that debriefs did not take place until 36-72 hours after the incident and would take between 7-14 days.

Ms Leonard indicated that she and Ms Hallissey were due to undertake the train the trainer course with CISM to help equip staff within the service. She said that it would be important for officers, such as Station Managers, to be aware of how to defuse situations properly and how to talk/treat those involved in incidents.

Mr Sowney expressed his thanks to Ms Hallissey and Ms Leonard for their presentation. He believed that the impact of their work was evident and that it was important to invest further in these services. Referring to Mr Cardwell's earlier suggestion about screening individuals prior to entering the service, Mr Sowney said that it was his personal view that, in order to deliver the types of services provided by NIAS, the Trust required individuals who were competent, emotionally intelligent and who would be effected by such incidents they might witness. He stressed that the way the Trust should deal with this was by ensuring support was available and provided to staff when required.

Ms Hallissey commented that there was a core team of ten peer supporters who provided lived experiences.

Concluding the discussions, the Chair thanked Ms Hallissey and Ms Leonard for their work and said that it was very much appreciated by members. She said that it was clear from the discussion that members fully supported the work delivered by peer supporters.

Ms Hallissey and Ms Leonard withdrew from the meeting.

7 **Update on Coronavirus (TB05/03/2020/02)**

Ms Charlton shared with members the detail of the update on Coronavirus which was at 27 February 2020. She cautioned that this was a rapidly evolving situation and elements of the detail within the update had changed since that date.

Dr Ruddell explained that, due to the relatively small numbers in Northern Ireland, the outbreak would be managed on a case by

case basis by HART advisers. He described the steps which were required to be taken by crews in the event of attending a suspected coronavirus case and added that each conveyance involved a lengthy period of time. Dr Ruddell said that, to date, the service had conveyed around fifty suspected cases to hospital for testing. He said that it was likely that, with an increase in cases, consideration would have to be given to expanding the team to oversee such cases.

He emphasised that coronavirus was a relatively low risk disease and said that those most at risk were individuals who were immunocompromised and had other complex medical histories.

Ms Charlton indicated that the programme of FIT testing was continuing and acknowledged the anxiety felt by staff in terms of exposure to the virus.

Responding to a question from Mr Ashford as to whether an individual could be infected twice, Dr Ruddell acknowledged that this was not yet clear. He explained that with most viruses, individuals developed immunity, however it was too early to determine. He indicated that Northern Ireland now had access to the 111 advice line.

Dr Ruddell said that a significant concern was the impact on other emergency calls and added that there had been a 60% increase in the number of calls due to concern around coronavirus. He pointed out that, with the increase in calls, there was a risk that other emergency calls were being missed.

Mr Haslett acknowledged the anxiety felt by staff in relation to coming into contact inadvertently with suspected coronavirus cases and the possibility of having delayed symptoms.

In response, Ms Charlton emphasised the importance of providing guidance and support to staff about presenting for duty.

Mr Haslett referred to the fact that, before the advent of coronavirus, hospitals were at full capacity. He sought clarification around the availability of hospital beds to deal with the likely increase in cases as well as the routine conveyance of patients through EDs.

Ms Charlton explained that there were only 16 infectious disease beds on the UK mainland and said that the initial plan had been for any cases to be transferred to the infectious disease unit in Newcastle. However, with the potential increase in cases, the situation was constantly evolving and it was likely that this would change.

Continuing, Ms Charlton confirmed that the Trust participated in daily Health Silver calls with the PHA and the HSCB. She added that sub-groups had been established to examine ICU capacity and it may well be that ICU beds would be required into the future. Ms Charlton indicated that many individuals who had confirmed coronavirus were not clinically unwell and she said that Health Silver was currently examining capacity for beds within Northern Ireland.

Mr Sowney commended Ms Charlton and Dr Ruddell on their work to date and acknowledged that preparing and co-ordinating the Trust's response to coronavirus was carried out in addition to their other roles and responsibilities.

The Chair thanked Ms Charlton and Dr Ruddell for their significant contribution to date.

8 **Infection Prevention Control (TB30/01/2020/03)**

At the Chair's invitation, Ms Charlton provided an update on progress in relation to the NIAS RQIA Improvement Notice and the meeting held between the Trust and RQIA at the end of February to discuss the same.

Ms Charlton drew members' attention to the Improvement Plan which had been provided to members and which identified five key areas for improvement, namely:

- **IPC training programme** – Ms Charlton advised that all key actions for improvement had been implemented with the exception of IT solutions to facilitate e-learning in all NIAS stations. She explained that the roll-out of REACH personal electronic devices, which would commence in April, would facilitate this action point to be achieved.

- **Competency based assessment tools** – Ms Charlton indicated that all key actions for improvement in relation to this had been implemented and associated expected outcomes achieved.

- **Delivery of training and competency based assessment** – Ms Charlton advised that a review of Clinical Training Officer (CTO) and Clinical Support Officer (CSO) capacity to deliver IPC training and carry out observations of practice in relation to IPC had been undertaken. She indicated that six additional CTOs took up post between October and November 2019 and added that recruitment for CSOs had been progressed to appointment stage, with 38 candidates successful at interview. Sixteen CSOs would be immediately appointed following this tranche of recruitment with a waiting list also being created.

Continuing, Ms Charlton advised that the IPC Lead took up post at the start of November 2019 and job descriptions, which had been forwarded for evaluation, had been agreed for the posts of IPC Practitioner, IPC Support Worker, Environmental Cleanliness Lead, Vehicle Cleaning Supervisor and Vehicle Cleaning Operatives.

Ms Charlton indicated that the Education and Training Strategy and associated plan for delivery of IPC education had been agreed and was being implemented with Levels 1 and 2 IPC e-learning available for all staff. Ms Charlton said that approximately one third of all staff required to undertake this training had done so to date and she added that efforts continued to ensure staff were undertaking this training as required.

Ms Charlton reported that face-to-face IPC training, including competency based assessment of Aseptic Non-Touch Technique (ANTT), commenced in September 2019 and would continue as per frequency outlined in training plan and strategy. She said that, to date, 260 staff had been ANTT competency assessed since September 2019.

Ms Charlton reported that clearly defined systems and processes had been developed and were being implemented for formal sharing of outcomes of hand hygiene audits and ANTT competence assessments with line management staff. The meeting noted that all IPC related training records were now recorded on HRPTS which enabled contemporaneous access for all line managers. Ms

Charlton said that work continued across the organisation in relation to the implementation of the agreed processes.

- Key Performance Indicators (KPIs) – Ms Charlton advised that KPIs related to IPC training and competency would be reported to Assurance Committee in March 2020 and routinely thereafter.

- **IPC training Strategy**- Ms Charlton indicated that an IPC training Strategy had been developed and was being implemented across the organisation. She added that hand hygiene auditing had been introduced following development of a NIAS specific hand hygiene auditing tool and all key actions for improvement related to this action were in progress with the aim of demonstrating minimal compliance by March end 2020.

The Chair thanked Ms Charlton for her update and the work undertaken to date.

Ms Charlton referred to the IPC Education and Training Strategy and said that the Trust would be able to demonstrate that it was implementing various aspects of the Strategy. She said that she hoped that RQIA would feel that the actions being taken by the Trust were sufficient to lift the Improvement Notice at the end of March.

Mr Bloomfield reminded the meeting that the Trust had been put on a special measure in relation to IPC. He said that recent meetings with RQIA had been positive and RQIA had recognised the significant work carried out by the Trust.

This update was **NOTED** by members.

9 **HR Review – verbal update**

At the Chair's invitation, Ms Lemon updated members on the HR review recommended in the Association of Ambulance Chief Executives (AACE) Benchmarking Report.

She reported that the review had commenced and would be undertaken by Mr Tony Crabtree and Ms Karen Hitchen from AACE. Ms Lemon advised that Mr Crabtree had arranged to meet with Directors as part of the initial scoping work this week, with members of the team and key stakeholders to ascertain the pressures and

demands on the team as well as expectations from stakeholders. She added that Board members also had an important part to play and would have an opportunity to make a contribution to the process.

Ms Lemon explained that a key factor would be the model of delivery and associated recommendations in terms of the functions, ultimate model and structure. She said that, while no definitive timeframe had been identified for the work to be completed, she had made it clear that she wished to be in a position to demonstrate clear progress at the next Trust Board meeting.

Ms Lemon acknowledged that the AACE Benchmarking Report had also made reference to pressures within and the impact on the team. She explained that a parallel process had also been put in place whereby Inspire would provide support to the team in the interim and work would be taken forward to look at bringing in additional capacity through the Leadership Centre and agency until such times as a revised structure was in place.

The Chair thanked Ms Lemon for her update which was **NOTED** by members.

10 **Directors' Performance Reports (TB05/03/2020/04)**

The Chair invited each relevant Director to provide an update by exception on their respective area.

10.1 **Finance**

Mr Nicholson advised that the Trust was currently reporting a breakeven position for the ten month period ending 31 January 2020, subject to key risks and assumptions in respect of Agenda for Change, investment and efficiency savings and added that a breakeven position was forecast for the Trust at the year end.

In terms of prompt payment, Mr Nicholson reminded members that the target was to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever was the latter and indicated that it was unlikely that the Trust would achieve this target for the full year. He said that this was a disappointing outcome

because of the significant efforts made by staff to achieve this statutory target.

With regard to the 2019/20 pay award, Mr Nicholson indicated that BSO Shared Services Centre was making every effort to effect the pay award within the March pay period.

He said that members had been advised earlier in the meeting of the immediate impact of Covid 19 and added that this was now impacting on Trust expenditure. Mr Nicholson said that the Trust had received some support from the HSCB and DoH in this regard. He said that the Trust had been asked to submit a report to the HSCB identifying other potential impacts and additional pressures as a result of Covid 19 experienced in the current year and into the immediate future.

Continuing, Mr Nicholson referred to the availability of products within the market place and from suppliers as a result of direct and non-direct consequences of Covid 19 and he added that the availability of equipment may impact upon decisions taken by the Trust.

Mr Nicholson referred members to page 72 of their papers which reported on IT systems and referred in particular to the cyber security incident which had taken place in January 2020. He said that he would provide a more detailed report on this in the In Committee section.

Mr Abraham commented that, while there was no direct evidence to support this view, he believed the number of legal enquiries was increasing as there was a perception that solicitors could be perceived as negligent unless they made legal enquiries. He suggested that this trend should be monitored.

Ms Sellars asked if the Trust profiled the requests received in relation to whether they related to an actual claim being investigated, an investigation instigated by the Trust or whether it was a routine query from a solicitor.

Mr Dennison commented that the capital spend was £8.345 million in-year and asked if these funds had all been committed. He sought clarification around the £4.3 million referred to within the financial report.

In response, Mr Nicholson confirmed that the Trust's capital spend was £8.345 million and that £4.345 million had been earmarked for specific ICT schemes and contingency control room arrangements. He advised that the Trust was forecasting full expenditure of these resources.

Mr Nicholson acknowledged the current uncertainty around supplies and said that, on a number of occasions, suppliers had been unable to give a commitment as to when products would be delivered. He said that the Trust continued to liaise with the DoH and the HSCB to highlight these challenges and said that this was an indirect consequence between the manufacturer and delivery to effected areas.

Mr Haslett commented on the information relating to the Trust's capital spend contained within the financial report and said that he would like to see more detail.

Mr Nicholson undertook to revisit this for future Trust Board reports and said he would be happy to meet with Mr Haslett offline to go through the detail. He advised that, in terms of capital expenditure, the Trust was finalising the business case for fleet replacement and added that the sluice programme was nearing completion.

The Chair believed that this highlighted the need for a new Committee to discuss issues such as finance. She added that a workshop was being organised to look at what information was required by Board members

Mr Bloomfield reminded members that the performance report would be revised when Ms Paterson took up post as the Director of Performance, Planning and Corporate Services. He said that previous Trust Board performance reports had been lengthy and, while some work had been carried out to reduce the length, further work was required to streamline the reports and ensure the appropriate balance had been achieved.

Mr Abraham questioned whether the challenges with the supply chain should be considered as a risk.

Mr Dennison suggested that it might be helpful to take some time at a future meeting to discuss what members wish to see in terms of information coming to Trust Board meetings, in particular financial information.

Mr Nicholson said that he and the finance team would be happy to work with members to determine the optimum level of information to be provided.

The Chair commented that it was important for the detail to be dealt with at Committee rather than Board level.

The Chair thanked Mr Nicholson for his report.

10.2 **Operations**

Mr Sowney reported that the Trust continued to experience challenges in terms of turnaround times. He explained that the emergency divert protocol put in place in January by the HSCB had now been suspended and said that the Trust continued to work with other Trusts to address the difficulties.

Mr Sowney advised that a number of issues had been identified in relation to call answering. He explained that following the introduction of new arrangements, the position had improved. However he added that this would be closely monitored moving forward.

Continuing, Mr Sowney indicated that the Trust was working with the PHA to identify a solution to managing its on-call system. He said that there had been improvements on welfare call-backs to reduce the need for patients and carers to call seeking updates.

Mr Sowney advised that having an Emergency Medical Dispatcher (EMD) undertaking a performance management role had had an immediate impact. He added that a working group had been established and would be led by the Assistant Director of Operations (Control and

Communications), supported by AACE, to focus on longer-term strategic improvements. He undertook to bring an update on this work to a future Board meeting.

Concluding his report, Mr Sowney highlighted the high level of flu vaccination achieved in the Trusts and advised that the Trust was assisting other Trusts with their flu campaigns.

The Chair thanked Mr Sowney for his report and noted that there was a number of positive elements. She referred to response times and said that these appeared to be improving. The Chair also made reference to winter pressures which, she added, appeared to show no abatement during the year.

Mr Sowney believed that, while there were some improvements, the full implementation of CRM, in particular investment into the service, would result in significant improvements. He said the service was trying to make as much improvement as it could without the required investment.

The Chief Executive commented that AACE had advised that NIAS response times were now comparable to most other UK ambulance services. However he acknowledged that, while there had been improvements in Cat 3 and 4, there were fluctuations in performance.

Mr Sowney referred to turnaround times and said that, although these remained a challenge for the Trust, members should note that ambulance clearing times had improved.

Agreeing with the points made by Mr Sowney, Mr McNeill emphasised the importance of the Trust being fully resourced to see the benefits of CRM. He pointed out that, prior to November 2019 and the introduction of the new code set, the average response time to a Cat A call was 14 minutes. He advised that this had since reduced to 10 minutes.

The Chair welcomed the improvements in clearing times and the Cat A response times.

Mr Haslett said that he wished to endorse that and welcomed the progress made which represented a 15% improvement.

Mr Bloomfield said that, at a recent meeting with Trust Chief Executives to discuss turnaround times, he had shared a detailed breakdown which showed that in most Trusts there had been a deterioration in handover times while ambulance clearing times had improved. He said that, as Mr Sowney had indicated, work continued to address these challenges.

The Chair thanked Mr Sowney for his report.

10.3 **Medical**

Dr Ruddell said that, as per Mr Bloomfield's report, the helipad was now operational and receiving outpatients. He referred to clinical education and training and said that the Trust was awaiting information on the degree course. Dr Ruddell added that the course was on target within the next two months to recruit the third cohort of paramedics to be trained.

Dr Ruddell drew members' attention to page 108 of their papers, in particular the Hypoglycaemia Quality Improvement Compliance and said that he wished to caveat this performance. He explained that, while the performance appeared excellent, these had been based on a small number of case reviews. Dr Ruddell explained that these reviews were usually carried out by Clinical Support Officers (CSOs) and said that, at the moment, CSOs' priority was not on reviewing these charts.

Continuing, Dr Ruddell explained that a recent recruitment exercise had been successful in recruiting a further 15 CSOs which would bring the overall team back up to full complement. He believed that this would ensure that there was now renewed focus on reviewing charts in order to maintain and continue the quality of care. Dr Ruddell believed that the REACH programme would help significantly in this regard.

Responding to a question from Mr Ashford, Dr Ruddell acknowledged that approximately between 60-70 of acute cases should be reviewed at each point.

The Chair thanked Dr Ruddell for his report.

10.4 **Human Resources/Corporate Services**

Ms Lemon alluded to the earlier reference under Matters Arising to downward trajectory in absence figures and said that it was likely to take some time before this impact was evident on cumulative figures.

Referring to page 117 of the papers, Ms Lemon acknowledged that the reasons identified for sickness absence were very much based on what was stated on individuals' Statements for Fitness to Work and on HRPTS.

Ms Lemon referred to the earlier presentation on peer support and said that efforts were being made to interrogate these figures. She indicated that a high proportion of Statements for Fitness to Work related to general debility and acknowledged that some staff were uncomfortable with Statements identifying mental health issues.

Ms Lemon said that liaison with Trade Unions continued. She indicated that a Health and Wellness Steering Group had been established to examine the figures in greater detail and to identify the work factors which impacted on individuals' health and which could potentially be addressed at a systemic level while managing attendance at an individual level.

The Chair thanked Ms Lemon for her report.

10.5 **Clinical Response Model Programme – verbal report**

Mr McNeill reported that the Clinical Response Model Strategic Outline Case had been submitted to the DoH at the end of February for consideration. He explained that the case set out the case to support the implementation of five-year programme for the delivery of the clinical response model to achieve the indicators and standards proposed in

the consultation carried out in March 2019. Mr McNeill said that the costs of £31.4 million attached to the SOC were primarily revenue with some capital costs identified to take account of the additional staff required and estate. He added that the SOC also included a request for funding for 51 additional vehicles to support the increase in planned hours.

Mr Haslett sought clarification on the original costs proposed for the implementation of CRM.

In response, Mr McNeill confirmed that initial costs had been more than this. However, he said that discussions with DoH colleagues had confirmed the revenue requirement of £31.4 million. He said that the CRM SOC would be discussed in greater detail during the In Committee session of the Board.

The Chair thanked Mr McNeill for his update.

10.6 **Safety & Quality – verbal report**

Ms Charlton confirmed that, other than those items already covered on the agenda, she had no other business to report.

Members **NOTED** the Directors' Performance Reports.

11 **Forum for Questions**

Members noted that no questions had been submitted.

12 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 7 May 2020 in the Boardroom, NIAS HQ, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG.

13 **Any Other Business**

There were no items of Any Other Business.

SIGNED: ______________________________________

DATE: ______________________________________

TB/07/05/2020/02

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD
PRESENTATION OF PAPER

Date of Trust Board:	7 May 2020
Title of paper:	**NIAS COVID-19 Response Assurance Report (Draft)**
Brief summary:	To summarise the response by NIAS to COVID-19 in order to maintain good governance, quality and safety.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	Approved by SMT on 30 April 2020
Prepared and presented by:	Maxine Paterson Sarah Williamson & Heather Sharpe
Date:	30 April 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

Title:	**NIAS COVID-19 Response Assurance Report (Draft)**		
Purpose:	To summarise the response by NIAS to COVID-19 in order to maintain good governance, quality and safety		
Author(s)	Maxine Paterson Sarah Williamson Heather Sharpe		
Ownership:	Chief Executive		
Date of SEMT Approval:	30 April 2020	**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	
Version No:	Version 4.0	**Supercedes:**	3.0
Other Relevant Documents:	NIAS Business Continuity Policy / Strategy and Overarching Strategic Plan NIAS Major Incident plan NIAS Infectious Disease Plan NIAS Resource Escalation Action Plan NIAS Departmental Surge Plans NIAS Risk Management Approach to COVID-19 NIAS Corporate Operational Plan JESIP Principles Northern Ireland Civil Contingencies Framework (Revised 2011)		

Version Control for Drafts:			
Date	**Version**	**Author**	**Comments**
08/04/20	V1.0	SW & HS	Initial draft for review by MP
18/04/20	V2.0	SW	Restructure using new template
27/04/20	V3.0	SW & MP	Draft for circulation to SMT for approval
29/04/20	V4.0	SW & MP	Amendments from SMT & EPO
01/05/20	V5.0	SW & MP	Amendments from SMT & EPO

Table of Contents

1. Introduction

Aim

The aim of this paper is to provide Board members with assurance on the NIAS's preparedness and response to the COVID-19 pandemic. The paper will highlight some of the challenges posed by the pandemic and demonstrate how NIAS has been able to maintain quality and safety and continued to exercise appropriate and effective governance through robust planning at Trust and system level, strong leadership and effective communication.

Context

The emergence of the Coronavirus in China and its more recent spread across Europe and subsequently the world, has demonstrated the need for organisations to have high quality, co-ordinated preparedness to ensure that they are able to respond and continue to deliver essentials of life services[1].

The Northern Ireland Civil Contingencies Framework (2011) (NICCF) and various associated Statutory Regulations and Guidance documents, require the Northern Ireland Ambulance Service HSC Trust to produce and maintain comprehensive plans that will enable us to continue to 'deliver services in response to an emergency and to maintain essential services to the public of Northern Ireland throughout a business disruption[2]'.

This overarching strategic document will set out the Northern Ireland Ambulance Service's response to the Coronavirus Pandemic 2020. It contains a dynamic system of arrangements and agreements, designed to enable the Trust to prepare for, respond to, and recover from, the impact of this global healthcare emergency[3].

The Northern Ireland Ambulance Service recognise that the nature of the Coronavirus Pandemic may put unprecedented demand upon the service, as call volume surges in tandem with loss of staff due to illness and welfare concerns.

As per Government requirements, NIAS has a plan for Influenza, which has been reviewed and modified on a regular basis. Despite the uncertainty about when an Influenza pandemic would occur[4], NIAS retained a stockpile of PPE, ensured that our Hazardous Area Response Team were equipped and trained to deal with High Consequence Diseases and continued to horizon scan for any potential signs of an outbreak.

In January 2020, through News coverage and information being released by the Department of Health and Public Health England, NIAS became aware of the outbreak of a novel virus in China, and, as a result, the Emergency Planning Department began to review our Influenza plan and business continuity arrangements.

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 and effective management of NIAS's response to COVID-19. A corporate move towards developing departmental surge plans was initiated. In addition, NIAS started a service wide initiative to fit test all staff, setting up a team of testers whilst engaging with our own internal stores department and Business Services Organisation to secure essential PPE supplies.

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.

[1] Northern Ireland Civil Contingencies Framework (2011:iv)
[2] Northern Ireland Civil Contingencies Framework (2001:88)
[3] World Health Organisation 31st January 2020
[4] .UK Influenza Pandemic Preparedness Strategy (2011:11)

On 11th February 2020, Coronavirus was declared a Global Pandemic by the World Health Organization. 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 11th March 2020, once initial scoping was complete and surge planning had commenced, the Chief Executive implemented a command and control structure to effectively manage NIAS's response.

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

2. Strategic Objectives

The key purpose of the NIAS COVID-19 Assurance Report is to outline the response taken by NIAS to the COVID-19 Pandemic.

It will draw on:

NIAS Business Continuity Policy / Strategy and Overarching Strategic Plan
NIAS Major Incident plan
NIAS Infectious Disease Plan
NIAS Resource Escalation Plan
NIAS Departmental Surge Plans
NIAS Risk Management Approach to COVID-19
NIAS Corporate Operational Plan
JESIP Principles
Northern Ireland Civil Contingencies Framework (Revised 2011)

The Government has made it clear that the NHS will have the financial support it needs to respond to COVID-19 and substantial amounts of management time will be devoted to ensure the response is coordinated and effective. The Senior Management team is working hard to ensure that resources are effectively deployed and at the same time that quality, governance and oversight is not neglected.

This document highlights how NIAS has maintained essential services, changed our ways of working to ensure a resilient and measured response to this global pandemic and developed work streams with the aim of supporting staff in this evolving context.

It outlines:

- How relevant plans are being enacted by NIAS
- The NIAS COVID-19 Structure and Decision-Making Framework
- Priority Services
- The NIAS Specific Functions for COVID-19 response
- The approach to Risk Management and key risks

3. Major Incident plan, Infectious Diseases Plan & Business Continuity Plan

3.1 Major Incident plan

NIAS Major Incident Plan Version 10, June 2018 was utilised to guide on the setting up of the structures required to manage an incident of this scale, the structures are:

Strategic (Gold) = NIAS Gold (strategic cell) meets regularly to set the strategy to be adopted by the service. They are the link to the Department of Health (Health Gold), the Civil Contingency Group Northern Ireland (CCGNI) and national groups such as Association Ambulance Chief Executives (AACE), National Director Operations Group (NDOG).

Tactical (Silver) = Utilising the Joint Emergency Services Interoperability Principles (JESIP) of joint working, of co-locate, communicate, co-ordinate, joint understanding of risk and shared situational awareness, the tactical command room put in place all the necessary staff at various locations. The main aim is to implement the strategic direction given by NIAS gold. They are the link with Health Silver and complete a daily situation report to share information with the other Trusts and across the whole "health family". They are the link to the National Ambulance Co-ordination Centre (NACC).

Operational (Bronze)=Officers / managers with an understanding of the risks are able to identify hazards, carryout dynamic risk assessments, identify tasks, apply risk control measures and record decisions for passing to silver command. They participate in the daily huddle chaired by the Silver commander.

3.2 Infectious Diseases / Surge Plan

NIAS Infectious Diseases / Surge Plan version 3.1 was shared with Health Silver and the Department of Health early at the start of the outbreak when the World Health Organisation (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC). The latest version was shared with Health Silver and the Department of Health during February 2020 by the Emergency Planning Department, NIAS. This documents the proposed response by NIAS to a Pandemic.

In terms of COVID-19 response, NIAS has used this plan to implement decision controls such as;

- Why are we doing this?
- What do we think will happen?
- In light of these considerations is the benefit proportional to the risk?
- Do we have a common understanding and position?
- What if any additional equipment is required?

By applying the JESIP Joint Decision Model, NIAS are able to be obtain assurance that the information shared is relevant, accurate, timely, reliable and credible.

3.3 Strategic Business Continuity Management Plan

NIAS Strategic Business Continuity Plan was agreed by Trust Board on 13th May 2018. This plan forms part of the NIAS business continuity management (BCM) system and supports the Trust's policy and strategy on business continuity (BC). The plan has been developed through examination of directorate specific Business Impact Analysis (BIA) documents and is aligned with the requirements for business continuity plans as set out in ISO22301:2012.

In terms of COVID-19 response, NIAS has used this plan to:

- Set up an Incident Management Team (IMT) in the planning preparation stage. Business continuity functional leads and directors within each directorate where seconded into this group chaired by the Director of Quality Safety & Improvement
- By utilising departmental business impact analysis each directorate was able to identify areas which could be stood down or alternative ways of working could be implemented, such as home working.
- Areas of high risk were identified and mitigations put in place were possible.

4. Structure & Management Arrangements

Trust Board

Initially, in order to appraise the Trust Board of NIAS's response to the Covid-19 pandemic, a weekly communication was implemented to the Non-Executive Directors. This written update commenced on Monday 16 March 2020, with a further update provided on 20 March and weekly thereafter.

Furthermore, as regular Committee meetings had been suspended, a mechanism was put in place to provide the Board with governance oversight. This was to further support the Chair and Committee Chairs to obtain an understanding of the structures and arrangements which had been put in place. The first meeting, involving the Chair, Chief Executive, Director of Performance, Planning and Corporate Services and Chairs of the Assurance and Audit Committees, took place on Friday 10 April 2020. It was determined further meetings would take place on a fortnightly basis. The notes of such meeting are subsequently shared with all Non-Executive Directors with the intention of seeking their views and feedback. Additional Non-Executive Director colleagues can be accommodated if they indicate their preference to join the meeting. Agenda items include Demand and Capacity, Staff Well-being and updates regarding COVID-19 response.

Response co-ordination

The coronavirus healthcare emergency, by definition,[5] requires functions to be delivered in difficult circumstances and within an environment not normally experienced in the everyday running of the service[6]. This may also require other public service organisations to participate in multi-agency support to NIAS to ensure that our key essentials of life services are maintained. It has been paramount from the outset that clear internal lines of communication, command and control are set up to facilitate a co-ordinated response within NIAS to allow us to work together, utilising nationally recognised principals and guidance. This, in turn, will enhance external communications with other Northern Ireland public service organisations and improve our national response to the Coronavirus pandemic.

In keeping with Government guidance, NIAS are co-ordinating arrangements for the emergency response at a Strategic (Gold), Tactical (Silver) and Operational (Bronze) level as required by the Civil Contingencies Framework and as nationally recognised through the Joint Emergency Service Interoperability Principles (JESIP).

In line with the UK Governments phase 1 (containment) on 31st January and in line with the Infectious Diseases / Surge Plan version 3.1, an Incident Management Team (IMT) was set up and tasked with the sufficient deployment of the Trusts' resources and effective management of NIAS's response to COVID-19.

Initially this team was solely responsible for managing the pre-planning, response and recovery from the pandemic. The meetings were chaired by the Director of Quality Safety & Improvement. On 11th March 2020, the UK Government moved to phase 2 (delay) and in keeping with this once scoping was complete and surge planning had commenced, the IMT agreed to implement a command and control structure to effectively manage NIAS's response.

Structure and Work streams

The structure, which aligns with best practice principles, is expected to support the co-ordination of activities and to provide built-in checks and balances which, are aligned with the organisational governance framework.

Roles & Responsibilities	COVID-19 v 2.0
Group	**Roles & Responsibilities**
NIAS Strategic (Gold) Command	Provide updates, guidance and assurance to Trust Board Provide strategic guidance to NIAS Tactical Command Nominate representatives to sit on national working groups To represent NIAS at Health Gold, CCGNI, and CMT if established

[5] An event or situation which threatens serious damage to human welfare, the environment or the security of Northern Ireland or the UK as a whole (NICCF, 2011:6)
[6] Northern Ireland Civil Contingencies Framework (2011:44)

NIAS Tactical (Silver) Command	Provide updates to NIAS Strategic (Gold) Command To implement strategic directions by NIAS Gold Ensure compliance with best practice and national guidelines To liaise with Health Silver and other Health Trusts and agencies To nominate representatives to sit on Health Silver To nominate representatives for working groups of Health Silver To give tactical direction to functional leads and Bronze commanders Chair the Daily huddle teleconference
NIAS Operational (Bronze) command	Provide updates to NIAS Tactical (Silver) command To liaise with Health Trusts and other agencies at operational level Ensure compliance with directions from Tactical (silver) Commander
NIAS Functional Leads	Provide updates to NIAS Tactical (Silver) Command Provide updates to Executive Director responsible for key function Participate in Daily huddle
NIAS Operational Support Unit (OSU)	Ensure compliance with best practice and national guidelines Provide guidance to NIAS staff Provide update to Daily Huddle Provide clear guidance on staff welfare issues
Emergency Planning	Liaise with Health Silver and other Health Trusts and Partner Agencies Ensure business continuity plans are in place Provide National Interagency Liaison Officer (NILO) and HART Advisor support to NIAS Tactical (Silver) Command Participate in National Teleconferences as required

Strategically, NIAS Senior Management Team (SMT) chaired by the Chief Executive Officer and attended by the Trust Executive Directors and other specified specialists, meets daily to assess all incoming relevant information / data / national and regional guidance before making key corporate decisions. This team currently constitutes NIAS Gold cell supporting the NIAS Gold Commander. All meetings are logged in full which will provide a clear and detailed audit trail of discussions held, decisions made and actions taken. This will also be used as a learning tool for future incident planning.

It is agreed that all Commanders should use the Joint Decision Model (JDM) to help bring together the available information, reconcile objectives and make effective decisions.

Key Roles and Responsibilities

A comprehensive outline of the key roles and responsibilities is found in Appendix 2. Some key features of the structure are as follows;

- The Chief Executive provides a challenge function for the Gold Commander.
- The Director of Operations is the nominated Gold Commander for COVID-19.
- The Gold Commander is supported by the Gold cell and is the first line of communication between Gold and Silver.
- The Gold cell is comprised of experienced representatives to include members from Operations, Emergency Planning and the Medical Directorate.
- Directors with specific work stream ownership have delegated functional / bronze leads for each element. The functional leads have a responsibility to report to Silver to ensure progress against the overall strategic and tactical plans which can be monitored and subsequently reported on.
- Silver Commanders usually have experience at Assistant Director level with appropriate training.
- The Silver commander takes overall command of the Silver cell and liaises directly with the Gold commander regarding communications.
- The Ambulance Service Area Managers are functional leads (Divisional silver) when not in the Silver Cell.
- Station officers are Bronze commanders.

Communications and Reporting

External and Interagency Liaison

The organisation is represented at strategic, tactical and operational levels to best understand the regional current position on COVID-19 and how this is/may impact on the delivery of NIAS services to inform planning arrangements.

In addition to the Chief Executive linking with Civil Contingencies Group for Northern Ireland. (CCGNI), NIAS is also represented at HSCB/PHA Health Silver meeting every day to afford opportunities for escalation from NIAS to Health Silver and Departmental Gold as appropriate, and is also a member of the COVID-19 Regional Surge Planning Group. These are important for both sharing with and receiving information from other organisations.

NIAS also has a key role collaborating with other Blue Light services at PSNI Strategic Command Centre and provide a daily presence along with the NIFRS every day.

Gold

The Gold cell reviews a range of data from Silver, a formal submission of a Sitrep to Gold by Silver was agreed and the content and structure has been agreed. This is in development and a working draft of this report is included in Appendix C.

The Risk Register is reported to Gold Commander and Cell by the Risk Manager, including any resulting action outcomes (twice weekly). This also supports the decision making associated with the Card 36 protocol.

Actions from Gold are logged and disseminated via email to Silver Commanders and those Bronze Commanders who participate in the daily 'Operational Huddle'.

Silver

The Silver/Tactical Command Room is staffed by a senior Operational Manager acting as Silver Commander, alongside a member of the emergency planning team who is qualified as a National Inter-Agency Liaison Officer (NILO), a trained Loggist and a member of the Ambulance Control team.

The Command Room was initially operated between 07:00 hours and 23:00 hours, 7 days a week. The Tactical Command Room team function as a conduit of information coming to and from Gold and are a point of contact for the front line operational managers and crews out on the ground.

Silver / Tactical Command Room co-ordinate and own all escalation of issues and disseminating of decisions to Bronze and Operational Staff. The exception is strategic or overarching guidance which sits outside of operational response.

Daily Huddle

The Operational Directorate senior management team operate a teleconference every day at 09:30 hours. This is known as the Huddle. In attendance (by phone) are the Director of Operations, the 4 Assistant Directors of Operations, Senior Control Room Managers the 5 Area Managers, the Fleet Manager and representatives of the Resource Management Centre.

In normal circumstances the huddle is a communication tool to facilitate information sharing from the divisional Areas and specialist departments, which then funnels back decisions and corporate messages on a daily basis. Following the COVID-19 outbreak the Daily Huddle was extended from 5 days a week to 7 days a week and is now dedicated to the COVID-19 response. Attendance on these daily teleconferences has expanded to include representatives of Fit Testing, Staff Swabbing, PPE, Accommodation, Staff-Wellbeing work-streams etc.

The Silver Commander chairs these daily huddles. A huddle report is compiled by a senior business manager who reports to the Assistant Director of Operations for Performance. Each Area and specialty who has a manager on the huddle call, submits a written report at the same time and the huddle report consists of an amalgamation of these written submissions.

On completion of the Daily Huddle, the Silver Commander oversees completion of a template which is emailed to HSCB Health Silver and which contains information garnered from the huddle and from corporate reports containing data on COVID-19 staff abstractions, Swab Testing and COVID-19 suspect cases transported in the previous 24 hours.

The Silver Commander also compiles a daily template for consideration by NIAS Gold which contains information for Gold, decisions required from Gold and finally, a section for Gold to seek clarity or action by Silver.

BRONZE AND FUNCTIONAL LEADS

Bronze and functional Leads/Issue owners report to Silver Command.

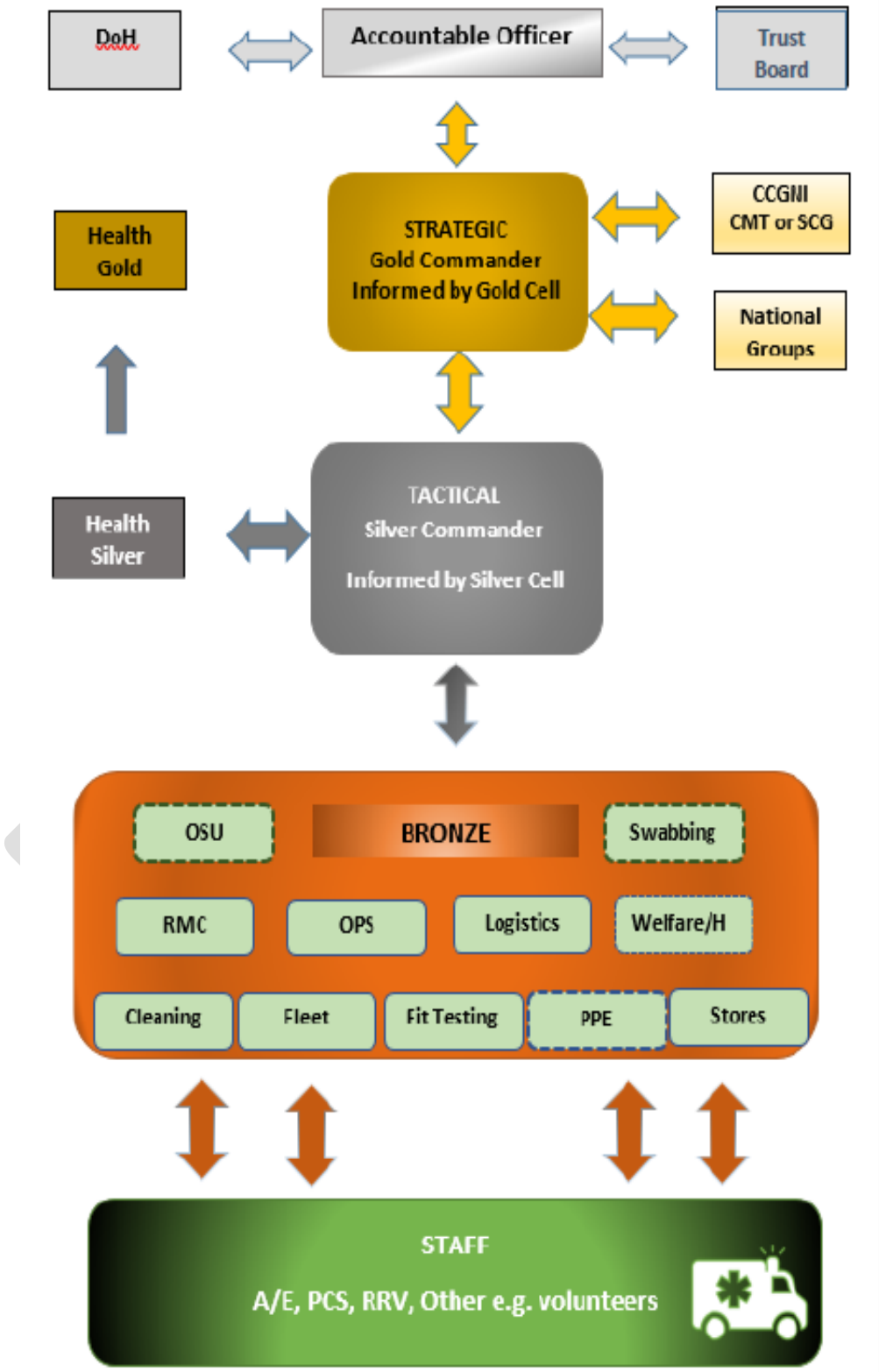
Ordinarily NIAS operational managers work Monday to Friday 09:00 hours – 17:00 hours.

Following the COVID-19 outbreak, rotas were put in place and front line supervisors and station officers were abstracted from their normal roles and placed on these rotas which varied from 16 hours a day in the case of the station officers to 24 hours a day for the supervisors. The role of these extended hours first and second line managers is to support the front line crews, ensuring as far as practical PPE availability, a point of contact locally should staff need support, mobile operational representatives of the Silver Command Room. These resources constitute NIAS bronze.

It has been agreed that a recovery cell should be established, led by a Director supported by a nominated lead from each directorate. This will plan for how transition to 'business as usual' should be implemented.

Current Decision-Making and Reporting Structure

There have been some refinements to the decision-making and reporting structures with a paper prepared by a range of Senior Managers and Assistant Directors and presented to SMT on 23rd, April, 2020 for agreement. At this meeting it was agreed to formally endorse the structure below along with a range of recommendations regarding communications and information.



5 NIAS Summary of Critical Services

Business Continuity planning is an important function of the Emergency Planning Department. Below is a summary of Business Impact Analysis templates supplied by each Department to summarise the current status of NIAS core services.

Green indicate Priority Services which are continuing as normal. Amber denotes services which have been modified and Red indicates services which have been suspended.

Department / Activity	**Priority or Statutory Services that cannot be deferred or delegated**
Emergency Planning	Provider of specialist Hazardous Area Response Team response to include USAR, MTA and CBRN < 1 hour as per the model response document
	Delivery incident specific DoH Counter measures < 1 hr per SLA
	Provide specialist expertise in Major Incident response and event management
	Provide feedback to Government on Emergency Planning issues
	Business Continuity
Medical	Clinical support for NIAS front line staff: Medical Director and BASIC Drs.
HEMS	HEMS went offline and back online Wednesday 8th April once training completed
	HEMS dispatch has now increased its criteria to include pre-hospital medical
	HEMS Airdesk is currently at MLK with Limitations
Training	**Clinical input to divisions on TNA, RTW and SAI, as well as training on new equipment and clinical updates continues as normal.**
	Clinical input to divisions on TNA, RTW & SAI
	Training of new equipment & clinical updates
Risk management	**All activities continue as normal with the exception of Programme management.**
	Pharmacy / Medicines management.
	Clinical oversight for NIAS.
	Conduit for wider health/clinical issues such as infectious outbreaks, interface incidents, public health issues.
	Governance and Risk Management (including health and safety, fire safety, safeguarding, liaison with regulators, placing of violence and aggression flags and warnings, Early Alerts, Safety Alerts, Medical Devices Alerts, NICE Guidelines, drug and medical equipment recalls, Trust Incident Management System, SAIs / Clinical investigations etc.).
	Patient warnings: Clinical need & Social issues.
Community Resus	**Implementation and monitoring of the National Defrib Network continues.**
	Implementation and monitoring of the National Defibrillator Network – The Circuit, advising and providing guidance to those purchasing or have purchased an AED
TYC	**Contributing clinical and wider HSC knowledge to NIAS change initiative is continuing as normal.**
	Contributing clinical and wider HSC knowledge to NIAS change initiative such as REACH or other initiatives
EAC	**All core activities are Fully Operational.**
	Answering calls
	Communicating information - verbal
	Dispatching resources
	Prioritise data
	Communicating information - data
Resource management	**All activities are running as normal**
	Identifying vacancies (sickness, cancellation of overtime, leave)
	Covering vacant shifts (sickness, cancellation of overtime, leave)
	Planning of relief staff / bank staff
	Covering of rostered leave

	Providing cover for additional calls e.g. Dublin runs
	Planning for annual staffing pressures
Estates	**Planned Preventative Maintenance is operating as normal.**
	Planned Preventative Maintenance (Ongoing servicing of plant and equipment)
Fleet	**All fleet operations are running as normal.**
	NIAS has been issued with exemptions for statutory MOT tests due to closure of MOT Centres
	Availability of fuel for operational vehicles (fuel card and bunkered fuel sites)
	Availability of fuel from 3rd party suppliers for operational vehicles to carry out their duties
	Availability of vehicles for operational staff to carry out their duties
	Management of external fleet and equipment contractors
	Vehicle repair & maintenance on Belfast and South Eastern divisional fleet
	Vehicle warranty claims
Informatics	**All activities are running as normal.**
	PSNI Requests for Information
	Issuing of performance reports to internal and external stakeholders
	Freedom of Information requests
	Data Protection requests / Access to Health Records i.e. vulnerable adult investigations, child protection issues
	Requests from external agencies i.e. Coroner's Office, Victim Witness, Police Ombudsman, and Department of Health.
	Ad hoc information requests to support business intelligence e.g. performance data, acute modernisation, clinical information, patient flow
	PRF processing and extraction of clinical data
	Solicitor Requests
ICT	**All activities are running as normal.**
	Network
	Telephony - Vodafone
	Technical Applications
	Telephony - BT
	Line of Business - Control + RMC
	Line of Business - Corporate
Finance	**The majority of Finance functions are continuing as normal to meet requirements.**
	Financial Accounts - Payroll processing
	Financial Accounts – Invoice processing
	Financial Accounts – Travel claim processing
	Stores – Pharmacy Delivery
	Stores – Orders from Stations
	Stores – Fuel ordering
	Annual Report and Accounts
	Management Accounts - Monitoring Return
	Capital Accounts
HR	**Provisions of service by HR**
	Payroll
	Increasing available HSC Workforce – HR will work with Managers and our colleagues in both BSO Recruitment Shared Services Centre and the HSC Workforce Appeal to prioritise and fast-track recruitment and engagement activity aimed at maximising workforce capacity.
	Staff Health & Well-Being
	Attendance Management procedures
	Statutory Deadlines
Quality, Safety	Infection Prevention Control service
	Environmental Cleanliness

Department / Activity	Date	Activities have been modified to release capacity, under review for full re-instatement when capacity and conditions permit.
Training	**All training delivery has either been modified or suspended due to social distancing guidelines.**	
	11/05/2020	Delivery of ACA courses
	23/03/2020	Delivery of qualified staff familiarisation training
Risk management	**All activities continue as normal with the exception of Programme management. Due to staff redeployment, this was suspended on 13/03/2020, but has been returned in a modified capacity since 14/04/2020.**	
	14/04/2020	Programme Management - "In flight" projects, new projects (business case development, procurement activities) supplier contracts
Community Resus	**GoodSAM activities have been stood down (although new responders are still being verified).**	
	19/03/2020	Implementation, verification & monitoring of the GoodSAM App
Complex Case Team	**Has been modified due to lower demand and staff redeployment.**	
	24/03/2020	Identify frequent callers – current and potential
		Liaise with other healthcare trusts, GPs, community and voluntary sector and PSNI to put in alternative care pathways
TYC	**Appropriate Care Pathways, changes in clinical services and Transformational activities are operating on a modified basis.**	
	16/03/2020	Ensuring safe, effective operation of NIAS's Appropriate Care Pathways
	16/03/2020	Ensure appropriate review and updating of Appropriate Care Pathways
	16/03/2020	Ensure appropriate response to changes in clinical services in other Trusts e.g. streaming in EDs, opening of Medical Assessment units etc.
	16/03/2020	Ensuring contribution/leadership to relevant NIAS Transformation objectives.
Estates	**Estate Management Services, and minor works projects (covered in the Interim under CPD arrangements).**	
	13/04/2020	Reactive response Maintenance to breakdowns etc.
		Provision of Estates Management Services to NIAS Estate
	13/04/2020	Provision of remedial works required arising from maintenance visits (Reactive and PPM)
	26/03/2020	Minor Works / Project Works
HR	**HR activities have been modified through this period.**	
	01/02/2020	Communications
	01/02/2020	Corporate Services i.e. management of complaints, postal services, MFD's
	01/02/2020	Education, Learning and Development
	01/02/2020	Equality and PPI
	01/02/2020	Formal employee relations processes i.e. disciplinary, grievance, harassment, WWT, capability, Industrial Tribunal application
	01/02/2020	Issuing of contracts of employment
	01/02/2020	Recruitment
Quality, Safety	**Complaints Procedure has been modified in line with HSCB guidance**.	
	17/04/2020	COVID-19 Interim Complaints Handling Protocol Implemented
	Patient Experience activity has been modified in line with PHA Direction	
	18/03/2020	On-line user feedback

Department / Activity	Date	Activities have been suspended to release capacity, under review for full re-instatement when capacity and conditions permit
Emergency planning	**All major events have been suspended. Government decision on national lockdown.**	
	24/03/2020	Event management
Training	**All training delivery has either been modified or suspended due to social distancing guidelines. Clinical supervision and audit has been suspended due to staff redeployment.**	
	06/04/2020	Delivery of Paramedic Education
	06/04/2020	Provision of student practice education support
	06/04/2020	Provision of clinical supervision and audit
	06/04/2020	Driving assessments for recruitment process
	13/04/2020	Delivery of AAP training
	01/05/2020	Delivery of PP training
Risk Management	**Due to staff redeployment this was suspended on 13/03/2020. Has been returned in a modified capacity since 14/04/2020.**	
	13/03/2020	Programme Management - "In flight" projects, new projects (business case development, procurement activities) supplier contracts
Community Resus	**All training activities are in suspension to observe the social distancing guidelines.**	
	09/03/2020	Initial and Update training of Heartstart Instructors across Community & Education sectors. Providing advice, guidance and support to Heartstart schools and Schemes
	09/03/2020	CPR/AED Health Care Professional and public training
	13/03/2020	Initial and Update training of Community First Responders (CFR). Providing advice, guidance and support to all CFR Schemes
	16/03/2020	Partnership working with external organisations across statutory, business, Community & Voluntary sectors
Complex Case Team	**Activities directly engaging with frequent callers and support hubs have been suspended to observe the social distancing guidelines.**	
	01/03/2020	Engage with support hubs to identify the vulnerable in society and provide support in collaboration with other services
	24/03/2020	Engage with frequent callers and identify fundamental need that is not being met
TYC	**All Quality and Improvement activities have been suspended**	
	16/03/2020	Continuing leadership and operation of Trust Quality Improvement training and projects
Estates	**Major projects have been suspended.**	
	N/A	Major Projects
Fleet	**Statutory MOT tests have been suspended due to the closure of MOT centres. NIAS has been issued with exemptions.**	
	24/03/2020	Apply and manage annual vehicle statutory testing (MOT)
REACH	**All REACH services have been suspended due to redeployed staff resources.**	
	12/03/2020	Roll out of new radios
	12/03/2020	New projects /business case developments
	12/03/2020	REACH Programme Implementation (electronic Patient records)
Finance	**Activity suspension is due to redeployment of staff resources and decrease in demand from business areas.**	
	23/03/2020	Business Case Development

6 NIAS Approach to COVID-19, by Function

This section of the paper outlines specific services or functions which NIAS has set up in response to COVID-19. These cells or functions operate from the relevant evidence-base, with the appropriate regional or national links and are described within this section.

Section 75 of the Northern Ireland Act 1998

The Trust is committed to complying with its responsibilities under Section 75 of the Northern Ireland Act 1998 in having due regard to the need to promote equality of opportunity across nine designated groups of people. In this unprecedented situation the Trust will work to ensure appropriate processes are in place to facilitate this responsibility.

6.1 Workforce

Supporting the NIAS workforce in the unprecedented times and extenuating circumstances that we face has never been greater. Protecting the health, safety and wellbeing of our staff is our priority, whilst continuing to provide a critical service to the public.

In direct response to COVID-19 a Regional Human Resources Cell has been established to support Health Silver in addressing and managing HSC Workforce Policy issues, which NIAS HR is significantly involved in. These Workforce Policy issues are communicated via the publication of regularly updated HSC Staff FAQs on the PHE website and regional guidance covering the following key areas:-

- General information on COVID-19
- Health, Support and self-isolation including advice to staff considered to be vulnerable to severe illness due to underlying health conditions, pregnancy and age
- Caring responsibilities and leave
- Social distancing in the workplace
- Pay including pensions,
- Terms and Conditions including redeployment

Maintaining safe staffing levels with appropriately trained staff to provide safe, effective and compassionate care to patients and clients remains a priority for NIAS. Initially staff shortages were exacerbated due to staff absence through sickness or self-isolation. Absence information in relation to Operations and Control is monitored via the daily COVID-19 Sitrep shared at the huddle and with the daily Gold call.

The need for social distancing means that there has been an increase in remote working and in the use of technology such as shared drives, video-conferencing and online meetings. Some staff have been redeployed into clinical roles or have been redeployed to new roles to respond to the changing needs of our service. The Trust has endeavoured to provide the necessary training and support for affected staff.

NIAS has worked with regional HSC and Department of Health to seek opportunities to enhance the capacity of the workforce if required through fast-track recruitment processes including the HSC Workforce Appeal. NIAS has also engaged with regional HSC and Department of Health to agree temporary variations to pay, terms and conditions in order to recognise the particular workforce challenges presented by the COVID-19 response and ensure a supportive response to staff. All temporary variations are published as frequently asked questions on the Public Health Agency website and these are updated regularly.

Clinical Education, Learning and Development

In line with the Regional Ambulance Training Centre (RATC) surge plan and national guidelines on social distancing, the Training Department implemented a number of actions to adapt and suspend training activities. In March clinical placements were cancelled and all students returned to the academic elements of their courses with lessons delivered via online platforms, allowing students to study from home.

Familiarisation training for qualified clinical staff joining NIAS continued in order to boost workforce numbers. Adaptations in how sessions were delivered maintained social distancing and ensured safety for students and Clinical Training Officers (CTOs). On 6th April the FdSc Paramedic programme (cohort 2) was suspended as all hospital placements had been cancelled. These students were redeployed to EMT roles with Operations. The following week after completing several weeks of the AAP course via virtual platforms, 2 cohorts of EMT trainees were redeployed to ACA roles to increase the PCS workforce including NISTAR.

In Divisions, face to face student support was adapted to remote contact only and audit and endpoint assessments suspended. Clinical Support Officers (CSOs) focused on return to work requests and providing support to clinical incidents. Many CSOs and CTOs were part of the FIT Testing and Swab Testing teams. 3 CTOs were deployed onto the PSNI SCC rota. The 3 Clinical Training Managers were deployed to the Operational Support Unit, FIT Testing Coordination and the Clinical Support Desk. 7 RATC team members were trained to work on the CSD and covered shifts to provide resilience to the substantive team. CSOs also joined Peer Support, Crisis Accommodation and delivered training to new Vehicle Cleaning teams.

Throughout the response to the pandemic, RATC Managers reviewed the surge plan to develop a recovery plan aimed at recommencing the 2020/21 Training Plan as early as possible whilst following national clinical guidance. On 11th May an ACA course commenced that will see 19 external applicants trained to join PCS. These new recruits will complete NIAS's first fully online Corporate Induction.

Partnership Working

In managing the response to COVID-19 and specifically the issues impacting on our workforce there has been significant engagement with our Trade Union colleagues. A NIAS COVID-19 Trade Union Consultative Group has been established and convenes on a weekly basis, complemented with the sharing of regular information reports. We have also released two Trade Union Branch Secretaries from their substantive roles to support the Trust response to COVID-19. Local NIAS Trade Union engagement is supplemented by region engagement via the DOH/Regional TU Consultative Group which NIAS is represented on. In addition there has been significant input from NIAS HR to HSC COVID-19-specific workforce policy via involvement in Health Silver HR support cell and DOH/regional TUs consultative group.

Social Distancing/Shielding

NIAS has followed the regional guidance developed by the COVID-19 Regional HR Cell in response to PHE Guidance on Shielding and Protecting People Defined on Medical Grounds as Extremely Vulnerable and DoH guidance from the DoH Strategic Clinical Cell for staff who have medical conditions, are pregnant or for those over the age of 70.

A daily report on staff absenteeism as a result of the above is prepared and is used, along with calls to the Operational Support Unit, to arrange for appropriate testing to help staff return to work as quickly as possible. NIAS has asked staff to ensure they are implementing social distancing across all offices and stations. Staff have been encouraged to work remotely where they are able to do so.

Crisis Accommodation

A Crisis Accommodation Team was established with effect from Tuesday 24th March to support NIAS staff who may need to reside away from home during the COVID-19 pandemic. The team operates remotely and provides cover from 9am until 9pm, 7 days a week.

Staff are required to meet one of the following criteria in order to have crisis accommodation arranged for them:

CRITERIA FOR ACCOMMODATION DURING COVID-19		
Please circle Yes or No		
1a	Have a significant commute to work, have agreed to work additional hours or shifts, and have no other suitable accommodation option.	**Yes / No**
1b	Required to be on-call and have no other suitable accommodation option.	**Yes / No**
1c	Working in COVID-19 environments and cannot remain at home due to having vulnerable or high risk persons requiring 'shielding' at home, and have no other suitable accommodation option *(see DoH guidance below).*	**Yes / No**
1d	Would otherwise be required to self-isolate at home due to family member(s) displaying COVID-19 symptoms and have no other suitable accommodation option.	**Yes / No**
1e	Other	**Yes / No**
2	Displaying COVID-19 symptoms, **test has been arranged** and whilst awaiting results, require to be isolated away from home and have no other suitable accommodation option.	**Yes / No**
3	Have tested positive for COVID-19, require to be isolated away from home and have no other suitable accommodation option.	**Yes / No**
DoH Guidance re High Risk / Vulnerable to COVID-19		
Aged 70 or over; under 70 with an underlying health condition (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds) such as chronic respiratory, heart or kidney disease; chronic neurological conditions, a learning disability or cerebral palsy; diabetes; problems with your spleen; a weakened immune system; over 28 weeks pregnant.		

Category 1 staff (i.e. staff who are well and working) who need crisis accommodation are placed in a range of accommodation across Northern Ireland including hotels, hospital sites and university campuses.

Categories 2 & 3 staff (i.e. staff who are displaying COVID-19 symptoms or have tested positive) working in the Western Division are accommodated in Isolation Units on Altnagelvin and SWAH hospital sites through a partnership arrangement with WHSCT. Staff working in all other Divisions will be accommodated in the Holiday Inn, Antrim through a partnership arrangement with NHSCT.

The Crisis Accommodation Team have dealt with 71 requests for accommodation to date which included two staff who met category 2 and one member of staff who met category 3 criteria. Both category 2 staff later tested negative to COVID-19 and the one member of staff who tested positive has recovered and is back at work. There are 48 members of staff in category 1 accommodation as at Friday 24 April 2020.

Food

- Four Trusts are providing staff with free food and beverages in hospital restaurants which NIAS staff can avail of while on shift.
- NIAS provides free meal boxes for staff, delivered to stations in refrigerated vehicles.
- Category 1 accommodation is on a mainly bed and breakfast basis. Staff in two of the category 1 hotels have the option of lunch and dinner. Others have the option to claim £20 per day for lunch and dinner, subject to submitting receipts.
- Staff in Isolation Units are provided with breakfast, lunch and dinner.

External Showering Facilities

A range of external showering facilities additional to NIAS Estate has been identified across all Divisions, some in hospitals sites and some in council leisure centres.

Childcare Support
Childcare for keyworkers has become a huge challenge in the context of COVID-19 with many childminders and day care facilities closing and a lot of family support being unavailable due to people following shielding advice.

NIAS engaged with DOH and staff to ascertain the level of need to facilitate emergency childcare arrangements. NIAS HR Equality team liaised with DOH and became a contact point for staff with queries about how they could resolve their childcare issues. A number of staff responded to a survey issued by NIAS to assess their childcare needs. Data from the survey was shared with DOH to inform ongoing developments. Each individual was provided with contact details to offer further assistance and support through signposting, as well as updating them when advice from DOH changed. Peer Support was referred as appropriate.

The current scheme facilitates emergency childcare, either in home, with a childminder or in a day nursery. No parent will have to pay any more for childcare than they currently pay. The scheme now in place does not suit every person's circumstances and there remain questions on the mechanisms of remitting childcare providers where staff did not previously pay for childcare, but the majority of staff should find the support they need through the scheme.

6.2 Operations

NIAS Operations continues to provide front-line Ambulance response despite an increase in abstractions due to COVID-19. A key focus at operational level has been on supporting staff to stay safe, well and at work. Significant 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.

Staff were abstracted due to their own self isolation, another household member or their own vulnerability. National guidance on vulnerability changed and some staff were able to return to work in non-patient facing duties. With the introduction of testing and refinement of the case definitions it was possible to return staff to work prior to the full periods of isolation (7 or 14 days) recommended. Although abstractions due to sickness were reduced the combined abstractions were well in excess of normal levels.

The provision of ambulance service is paramount and despite the depletion of staffing resourcing of the emergency tier has been maintained at 90% or more and on many occasion exceeded the planned levels.

The cessation of training on Paramedic and Associate Ambulance Practitioner courses returned approximately 80 staff to operational duties which helped to offset the abstractions. A general downturn in emergency responses in the order of 20-30%, cancellation of outpatients and elective surgery meant that NIAS was able to maintain service provision. Independent Sector companies were also used for clinically appropriate calls.

Operational management was involved heavily with Silver/Tactical Command at senior levels and with co-ordination of all work streams at station, divisional and regional levels. Internally resources were being managed to secure distribution of PPE, Fit Testing of Staff, dissemination of ever changing guidance and training of staff in new procedures and processes. Interaction with hospitals and the changing patterns of service provision as trusts reconfigured their services to meet the increasing numbers of COVID-19 patients. NIAS operations had to liaise with a range of services and adapt our destination protocols e.g. paediatrics, obstetrics and COVID-19 patients.

Operational Actions:

- A&E service was supported by a range of measures including:
    - Reallocation of RRV to A&E
    - Cancellation of Outpatients
    - Reallocation of PCS to A&E support

    - Increased Independent Sector for A&E support
    - Increased Independent Sector for Cancer and Renals
    - Demand management and introduction of Card 36
    - HALOs extended hours and additional locations (e.g. SWA and Mater)
- Formation of Operational Support Unit and Tactical Command operating 16 hours daily. Only lately reduced to 12 hrs daily as COVID-19 calls did not increase after 6 April 2020. Tactical command was operated by operations, emergency planning, control and admin support.
- Extended hours of operation of Station Officers to support staff. Initially this operated for 24/7 and then 16 hours per day, matching the Tactical Command
- Support for staff and Station officers by dedicating supervisor cover to match the extended hours where cover would allow.
- Extended hours of operation of RMC to support cover arrangements, daily abstraction and COVID-19 abstraction reporting.
- Re-deployment of COVID-19 vulnerable staff to non-patient facing roles so that they have been able to continue to work. These staff have supported logistic, IPC and welfare functions within operations.

HEMS

Air Ambulance Northern Ireland and Northern Ireland Ambulance Service reached the difficult decision to temporarily suspend the Helicopter Emergency Medical Service on the 3rd April. The temporary suspension of HEMS came about in order to free up key HEMS staff to be redeployed to use their skill and expertise in critical care during the COVID-19 pandemic. The suspension of HEMS was continually reviewed and after a period of dedicated consideration, HEMS was put back online on the 9th April. In addition to attending serious trauma incidents, the HEMS will now also attend calls of a serious medical nature where it is deemed a patient will potentially benefit from critical care interventions, supporting the regional COVID-19 response.

Dedicated management effort to supporting staff to stay well and at work

With the universal impact of COVID-19 the need for new ways of working have presented and the positive solution focused approach taken has collectively been embraced resulting in a boost to staff morale e.g.

- Enhanced hours of cover for Resource Management Centre
- Empowerment of staff (autonomy of decision making)
- Adaptability and flexibility
- Holistic approach to supporting staff to achieve Work-Life balance. (options explore and accommodated)
- Dedicated resource at local level to consider and resolve individual staff needs. Adaptable flexible approach applied.
- More opportunity for managers to have informal conversations to gain insight into individual personal circumstances to better support staff in work.

None of the above arrangements would have been possible without the flexibility and commitment of all those involved to change roles and work the hours required to meet the needs of the service. It was a challenging time for all and particularly where their support of NIAS was impacting on their personal and family life. Those individual and the collective efforts have been essential and are to be commended.

Emergency Ambulance Control

Since January 2020 and the onset of the COVID-19 the EAC team has dynamically altered operations to suit the operating environment by pre-planning, preparing, training/exercising and amending procedures to ensure the Control functions remained functional and fit for purpose whilst under extreme pressure dealing with a pandemic event.

With pre-planned training scheduled in February, the training was amended to include the use of the MPDS monitoring tool prior to implementation.

The EAC Management team reviewed the Business Continuity Arrangements early and tested through a table top exercise the evacuation of the control room. The Surge plan was reviewed, altered, tested through a table top exercise refined on the learning outcomes. Rotas and work schedules were adjusted to ensure sufficient coverage of staff to deliver core functions.

Timely introduction of a new Management level with the Emergency Medical Dispatch (EMD) Supervisors meant additional training could be delivered to EMDs whilst increasing call taking performance. The Paramedic Clinical Support Desk team was rapidly enhanced using suitably trained staff to provide clinical oversight 24/7 with a more senior tier of staff introduced.

In line with other Ambulance Services across the UK, EAC managers began pre-planning for the implementation of CARD 36 to the EAC call-taking protocols. Protocol 36 allows the EAC to assess patients who present with signs or symptoms that may be indicative of a pandemic condition i.e. COVID-19. These patients can then receive a specific dispatch code that allows them to be directed to an appropriate care pathway – such as remain at home or contact their GP. In addition, Protocol 36 also assists the Trust to monitor and highlight influenza patients which is useful for pandemic trend monitoring and data analysis. Protocol 36 also assists with identifying those patients who may be suitable for a 'NO SEND' criteria as part of its four escalation levels – allowing the Trust to appropriately allocate responses during times of high call volume or reduced resourcing levels.

The decision to implement Protocol 36, and move through escalation levels was taken by the Senior Management Team also taking account of the overall U.K and Ireland position. On Friday 03/04/20 Protocol 36 went live with level 1 and Dr. David McManus agreed to provide support to NIAS as Senior Medical support to the introduction of this protocol.

NIAS will review any recommendation to escalate/ de-escalate by NIAS Gold Commander who will recommend implementation/ action to the Chief Executive who will then decide accordingly.

Rapid development of the planned EAC contingency facility on Site 5, Knockbracken enabled resilience and the ability to create social distancing.

The EAC Management team are reviewing plans on a daily basis and altering priorities to ensure effective and efficient operations.

Patient Care Service (PCS)

The COVID-19 pandemic has driven some significant changes to the operation of our various services and responding to call demand. Concerns for the likelihood of transmission of the infection led to NIAS standing the Voluntary Car Service (VCS) down initially as we were concerned for their ability to socially distance and to ensure compliance with IPC standards. The workload normally carried by VCS was to be transferred to our PCS or to independent sector resources.

At the same time, in anticipation of the forthcoming spike in demand, NIAS moved most of the remaining double crewed PCS resources over to respond on behalf of the Emergency Ambulance Control (EAC) room and alongside the A&E ambulance service. We then had to back-fill all those crews who would normally be working on behalf of NEAC, with Independent Sector resources. This was enacted very early in the preparation and planning for the expected spike in demand and resulted in excellent resource levels providing cover for Healthcare Professional (HCP) workload, routine high-dependency transfers and similar demand coordinated and managed by the Emergency Ambulance Control (EAC) room.

Operating on behalf of the Non-Emergency Ambulance Control (NEAC) room, the increased level of Independent Sector (IS) resources (Voluntary and Private Ambulances) have been undertaking any remaining outpatient and routine workload. The normal VCS workload has been picked up by these IS resources and also by taxis from the HSC taxi contracts.

As demand has been monitored NIAS has recognised that the expected surge in demand relating to COVID-19 has not yet materialised and there has been a roughly 25% fall in normal demand. It has also been recognised that our own VCS is better suited to regular planned renal transports than non-medical taxi companies and we are re-activating those VCS who wish to work and are fit to do so. In response to the reality of the demand, it has been agreed to return round 22 PCS resources from A&E support EAC managed work back to non-emergency routine work on behalf of the NEAC and will consequently be able to significantly reduce the supply of IS resources and reduce expenditure. This outlines the daily monitoring and decision-making employed by Operations at this time.

Non-Emergency Ambulance Control (NEAC)
During this COVID-19 outbreak, the NEAC team have primarily been involved in co-ordinating and managing the work of the IS resources brought in to replace PCS crews who have transferred over to A&E support work. This workload is more demanding than normal due to the lack of electronic communication systems associated with the IS resources. Also, during this COVID-19 outbreak, patients can only travel on their own which means a greater number of ambulance journeys is required to achieve the same number of patient journeys.

The Non-Emergency Ambulance Control rooms have taken steps to provide for social distancing and hygiene factors by moving control desks further apart and adjusting shift cover to best match the space available and the demand curve expected.

6.3 Safety: Operational Support Unit, IPC, Fit Testing, Testing for COVID-19

Operational Support Unit
With the ever changing case definitions and PPE requirements, from the first/second week in February staff were beginning to seek clarification and advice from the NIAS Emergency Ambulance Control (EAC) Centre. This was beginning to put a strain on the staff in this department. To address this development, NIAS created an Operational Support Unit (OSU) to relieve the pressure on EAC and to give staff a single point of contact for support. The Operational Support Unit was comprised of an Infection Prevention Control Lead, Operational Officers and Emergency Planning Officers in the first instance with inclusion of other managers and Clinical Support Officers to cover the rota. It went live on 12th February; one day after the pandemic was declared. It runs between 7am and 10pm 7 days per week giving advice and guidance to staff and signposting on to relevant support. At its peak (30th March, 2020) it received over 50 calls per day and with an average of between 10 and 20 calls per day from that point.

Calls into the OSU rapidly increased and feedback from operational and EAC staff was positive. A number of key themes were identified and these went on to influence the work streams detailed in this document.

Below is a summary of the scope of the OSU.

In Scope	Not in Scope
PPE Guidance	PPE supplies, access to hoods, masks etc - Direct to Operations
PHA/PHE Guidance	
Staff with COVID-19 symptoms and advice on household isolation	PAS/VAS queries
Staff with underlying health conditions	
Information on FIT testing schedule	
Referrals for testing	Providing test results
Emergency accommodation (signposting)	

Signposting to Peer Support	

Data analysis including number of calls and call times will be used to monitor which hours the OSU should continue going forward.

Infection Prevention Control

During the COVID-19 pandemic the Trust Infection Prevention Control (IPC) service has been working to provide expert IPC guidance, support and advice for NIAS. Support was provided from RQIA in the form of a full-time IPC nurse to support the NIAS IPC team. In order to provide this service IPC has worked with various internal and external stakeholders including NIAS Incident Management Team (IMT); NIAS Senior Management Team (SMT); NIAS Gold; NIAS Silver; NIAS Bronze; Northern Ireland Public Health Agency and National Ambulance Association IPC Group.

In addition to working alongside these stakeholders IPC have been inputting into a number of external regional groups which are aligned with the Northern Ireland Regional Health Silver Group, these groups have included the regional PPE subgroup; the regional PPE supply chain cell; the regional IPC group and the regional surge planning group. These groups have provided the opportunity to network with other Trusts across the region to ensure a cohesive approach to management of COVID-19 across Northern Ireland. These groups also serve to ensure that NIAS is involved in all regional decision making and that there is discussion, appreciation and accommodation of the NIAS position in relation to COVID-19.

IPC has been involved within NIAS and the region on these various work streams with the primary aim of ensuring that staff and patients are protected from the risk of acquisition of/ transmission of COVID-19. These work streams have been:

- Guideline development – through National IPC Group, through regional IPC cell
- Supporting with operational guidance development – NIAS Internal
- Decontamination – organising additional cleaning input for vehicles, stations and non-clinical contexts such as HQ. Advising staff on safe decontamination practices
- Communications, internal and external, MDT messages, WhatsApp messages, newsletters, video casts, interviews, staff updates, email and telephone inquiries, supporting with material for NIAS COVID-19 sharepoint site
- Training/ Education – delivering education sessions to NIAS staff such as Station Officers and COVID-19 champions. Advising on suitability of external training packages from NARU PPE training and supporting with dissemination of same to NIAS staff
- PPE – Supporting and advising on PPE utilisation across the service and region, supporting with decision making in relation to PPE allocation and distribution across NIAS. Supporting with messaging around PPE utilisation, answering inquiries regarding PPE utilisation, supporting with decision making around PPE suitability and fitness for purpose of same both within NIAS and the region
- Supporting with and advising on the development and start-up of NIAS staff testing facility, ongoing support with queries and management of results, interfacing with NIAS HR, OH services and Regional Virology in relation to this
- Fit testing – Supporting and advising on the role out of additional Fit Testing across NIAS, advising on the procurement of additional portacount machines, supporting with provision of extra staff to undertake fit testing, ensuring that fit testing rotas are shared within the organisation. Working with NI region to secure additional fit testing capacity
- Operational Support Unit – Actively participating in the set-up, development and ongoing running of unit
- Providing support to external bodies such as St Johns Ambulance and NI Community Pharmacy Association
- Responding flexibly to requests for input, support and or advice.

Fit Testing

A key element in protecting patients and NIAS staff is the appropriate use of Personal Protective Equipment (PPE) for the management and transfer of suspected COVID-19 patients. NIAS have adopted the use of Filtering Face Piece 3 (FFP3) high protection masks, a mandatory recommendation from national guidance on PPE use. FFP3 masks require initial Fit testing to be completed for each member of staff to ensure the particular mask in use provides an adequate level of protection and staff must complete a fit check before being in close proximity to the patient's environment.

Prior to the COVID-19 pandemic, an ongoing programme of Fit testing had begun using a subjective test to ascertain that the mask provided a full seal when worn by an individual. The reliability of FIT testing was improved through the purchase of 4 Porta Count TSI machines supplied by Amon Electronics Ltd. This provides a more robust method of testing using a 7-stage test with an objective pass or fail result that meets the Health & Safety Executive (HSE) OC 282/28 Standard for Respiratory Protective Equipment (RPE).

Aware of the escalating global situation of the COVID-19 infection, NIAS stepped up its FIT testing programme and purchased a fifth Porta Count Machine along with additional operator training delivered by Amon Electronics as part of its Fit testing strategy. Two training days at Belfast and two days at Ballymena were held concurrently on 10th and 11th February 2020. 20 additional operators were trained on these days to increase NIAS's Fit Testing capacity. Those selected to undertake Operator training were identified as able to prioritise their time to undertake Fit Testing.

On 6th February, 2020 a regional database of all NIAS staff and their individual Fit Test status was collated by the Resource Management Centre (RMC) and Regional Ambulance Training Centre (RATC). This Data was reviewed and risk assessed to produce a NIAS Regional Fit Testing Plan to prioritise testing and increase the number of front line staff who had been Fit tested for an FFP3 mask. The initial NIAS Regional Fit Test Plan was developed to ensure all NIAS "Patient Facing" Staff were Fit Tested to the new 1895V+ FFP3 Mask. The high pass-rate of Fit Testing on this mask was justification for its selection. As accurate and timely recording was identified as a priority, it was agreed to locate the database on SharePoint for all Operators to access and update on a live basis.

The Clinical Training Manager (T) coordinated and advertised Fit Testing Clinics for staff with approximately 30 Fit Test Operators delivering testing across the region and Clinics held in all Divisions. Since then Fit Testing has taken place across the Trust on multiple sites over long days with a range of different masks as the need to utilise those from different suppliers has developed.

Testing for COVID-19

In response to the COVID-19 pandemic NIAS were required to establish a facility to provide screening to enable staff that were self-isolating to return to work. The location of the facility and the services on site would play a key role in its selection. Belfast Health and Social Care Trust (BHSCT) had already established a 'drive in' screening service in the greater Belfast area. This was considered to be the model upon which NIAS would style their centre.

In order to replicate the BHSCT centre it was considered that the NIAS facility must have certain characteristics: Administrative space, clinical waster, donning area, drive in area, one way traffic, sufficient space for distancing the rest area, toileting etc. Following discussion and assessment, Derriaghy station was selected as appropriate. Derriaghy Station is a single vehicle 24/7 operational ambulance station. It is located close to Lisburn town and on the outskirts of greater Belfast with all the required features for a test facility.

It was agreed that it was not appropriate for NIAS operational staff to be involved with swabbing for samples as part of their clinical duties. BHSCT provided the opportunity for five staff to observe and be observed performing this procedure. Initially the divisional Clinical Training Officer and two Clinical Support Officers undertook this training and were able to cascade this to other staff. Additionally two staff from the Community First Responder Scheme also attended BHSCT facility for training.

In line with Public Health Advice, staff who are symptomatic, or have members of their household symptomatic with symptoms of COVID-19 are required to self-isolate. Symptomatic individuals are required to self-isolate for 7 days from onset of symptoms, and household members for 14 days. Provision of testing supports the ability to safely return staff to work by screening of Nasal and Throat

swab samples to test for COVID-19. NIAS procedures are in line with interim guidance from PHA regarding the testing of health care workers. The test provides a positive or negative result of having COVID-19. There is currently no testing for COVID-19 antibodies, which would determine those who have already had COVID-19.

Staff who believe that they or a member of their household are symptomatic of COVID-19 in line with current case definition from Public Health are required to report this to the Operational Support Unit. They are given isolation advice appropriate to the symptomatic person. On contacting the OSU and during the testing triage process, consent is gained for access to Electronic Care records in order to identify individual Health and Care numbers in order to process and retrieve laboratory testing and results. Staff are asked if a negative result is returned are they in a position to return to work. If they are not at this stage able to return to work then triage is discontinued with self-isolating advice. These cases will be reported to local line managers and HR advisers for follow up.

Individuals are advised not to leave their vehicle and that no facilities can be used on site. Lab samples are transported to the Royal Victoria Hospital (RVH) at lunchtime and end of day if a courier is available. However, this is also done at end of day by a member of test centre. The lab is located on site within the RVH.

Results from the lab are uploaded to the Electronic Care Record (ECR) within 24 – 48 hours at present. A nominated person from the test centre will access ECR to check for results. The results are communicated to each individual via telephone having confirmed their details. At this point, they are asked if their details and if results can be shared with local line managers to pass on to Occupational Health for support, reassurance and further advice if required. This information is recorded on daily reporting sheet that is stored securely on the NIAS network.

In addition to checking individual results, all positive results are uploaded to a working spreadsheet where trends in occurrence can be immediately identified. Nominated staff from the Testing Unit add to this spreadsheet and identify where any clustering of positive cases is identified amongst staff or in stations. For this purpose a cluster of COVID-19 is classified as having occurred where two or more cases have arisen **and** where there is a clear demonstrable temporal or epidemiological link. To establish whether a cluster has likely occurred the Testing Unit inform the IPCT of the circumstances, IPC then review the situation. In a time of pandemic it is accepted that the root cause/ source of a cluster will be difficult to establish. As such each of these situations will be managed on a case by case basis. Controls that will be implemented in the event of a Cluster may include but are not limited to isolation of affected cases in line with accepted guidance re same; HR and managerial support of affected cases and staff affected by the situation; enhanced cleaning of vehicles and stations; awareness raising amongst staff; education amongst staff; inform and advise where appropriate and if required; ongoing maintenance of social distancing. Where COVID-19 in a member of staff is recognised and there is a potential link with occupational exposure normal reporting mechanisms and investigation such as UIR1 and Riddor will be followed.

6.4 Logistics: PPE Distribution, Cleaning, Fleet & Uniform

Personal Protective Equipment (PPE) Distribution

NIAS Incident Management Team (IMT) were keen to have assurance around the important work stream of PPE in order to protect Patients and NIAS Staff.

National Guidance in the use of Personal Protective Equipment (PPE) was implemented by IMT for the management and transfer of suspected COVID-19 patients. One challenge was to ensure all NIAS A&E, PCS, RRV and Officer Cars were equipped with the same - adequate and suitable PPE supplied in a timely manner by NIAS Stores/BSO through Station Stock Levels. Once systems were put in place, PPE needed to be kept in line with ever changing best practice as more learning about the COVID-19 pandemic unfolded.

The governance of the key PPE is based upon ‘supply and demand’, this is achieved by:

- Daily stock-take of Station stores.
- Station “Request of Need’ on designated days.

- Risk based approach to supply and distribution.

A NIAS PPE Cell was set up to oversee Key PPE supply and demand during the response to COVID-19. A member of the Clinical Service Improvement Team was asked to lead on PPE Distribution alongside the Stores/Procurement lead, Emergency Planning, RMC, Fleet and IMT.

The approach in place is a responsive ‘‘hub and spoke’ model based upon actual usage with contingency measures in place, which has been operated initially from NIAS Central Stores. The list of key PPE follows the NIAS Operational Guidance for incidents involving COVID-19 (V7.1) and in particular the COVID-19 Risk Assessment and the Decision Making Aid for PPE.

The process is dependent upon close monitoring of the key PPE items at station and central stores level. This is achieved at station level with a daily stock check completed by supervisors in division and a request based upon ‘need’ of their station is submitted electronically on a central spreadsheet. Central stores also completes a stock check at the end of the previous day, which is supported with information of expected deliveries. The decision to issue key PPE is then taken by the Stores Manager, supported by the PPE coordinator based upon stock levels, usage and deliveries to maintain an adequate level of supply across all the service. This daily orders are then collected in the afternoon by those staff in non-patient facing roles in support of their colleagues and securely stored at station level by the supervisors to distribute as required.

Cleaning
Enhanced Vehicle Cleaning has been arranged in all divisions. In some Divisions this means running cleaning activities over extended hours and/or bringing in extra cleaning staff. The Area Managers have led on this development within each Division.

Enhanced Station Cleaning and cleaning of other NIAS Estate including EAC and NEAC has been extended under the leadership of the Facilities Manager. Standardised induction training for cleansing operatives is in place and has been provided for new staff members who have started to support an enhancement of cleaning processes. The methodology behind enhanced cleaning came from recommendations from IPC that where possible daily cleans should be extended across the Estate to 7 days (if not already) in the appropriate locations.

In addition to the extended daily cleans was the request that secondary touch spot cleans be carried out at a later time of the day. This has been implemented where possible through current contracts, agreements with the relevant HSC Trust Support Departments and other local arrangements.

Fleet
NIAS Fleet team is running in a ‘business as usual’ state. The main contractors are operational. MOT testing has stopped and the Fleet team are monitoring the situation to ensure each vehicle that has an expiring MOT receives an exemption. In preparation for increasing demand the team have brought forward all vehicle servicing and hold a daily conference call with Donnelly Group to discuss scheduled and unscheduled repairs. Agreement was made to purchase approx. £20k of manufacturers’ spare parts to minimise risks of shortages and supply chain delays. The Fleet team continue to make contact with operational ambulances stations each morning to check for vehicle faults however this has now been extended to include Saturday and Sundays. The team are also working to kit out further Frontline A&E and PCS vehicles as additional resources.

Fuel supply is normal. Operational staff are encouraged to fuel at BP stations where fuel is currently being provided Free of Charge and this allows the Trust to maintain its bunkered supply in the event of fuel shortages.

Uniform
The Uniform Team have experienced an increase in demand for replacement uniforms. NIAS normally carry minimal emergency stock locally with main stock held at our supplier premises in England. The Uniform team have now increased local stock by approx. £10k to support operational requirements. In addition a large quantity of High Visibility jackets have been bought in to be deployed to Police and Fire staff if required and in addition to standard uniform a quantity of blue polo shirts specifically for Volunteers that may be used by the Trust as part of the pandemic have been purchased.

6.5 Communications, Operational Guidance and Documentation

Communications
A comprehensive Communications Strategy is an essential component of the Trust's overall pandemic response. The aims of the Strategy include:

- Enabling, through the most appropriate communication channels, the delivery of relevant and timely information to relevant stakeholders
- Supporting all work-streams and action groups established as integral parts of the Trust's overall Pandemic Response
- Enabling staff to feel informed, motivated, empowered and involved.

In order to ensure consistency of message, in terms of content, style and presentation, a Single Point of Contact (SPOC), for communications advice and dissemination of information, has been identified as the NIAS Communications Team with lead responsibility delegated to the Media and Communications Manager.

All approved communications relating to COVID-19 are to be disseminated making use of, where appropriate, COVID-19 specific graphics, in written and digital formats.

Communications Channels: in relation to targeted Internal Communications, and in order to maximise reach, regular use is made of Team Briefing, E-mail, Whatsapp, Sharepoint, Website and external facing Social Media Channels, where appropriate.

Information for external dissemination is tailored for use on Media Releases, Social Media Channels and NIAS Website. The information may be provided in written or digital formats.

Stakeholders- Internal	Stakeholders- External
Operational Staff	Patients/Carers
Control Staff	Patient and Public Groups
Support Staff	Commissioners and Partners
Management Teams	Media
Volunteers	Political and Societal Representatives
	Trade Unions

<u>Key Messages</u>

Internal

- Patient care remains a priority along with the safety of our staff, in keeping with national guidance.
- Explanation of relevant policies and procedures
- Adhere to relevant guidelines to best protect yourself, your family and patients
- Available support in relation to peer support, accommodation and other welfare issues such as testing, childcare etc. FAQs.
- Regular appreciation to those involved in maintaining service delivery.

External

Level 1 - Proactive

- We recognise that we are facing a pandemic that will affect NIAS and the people of Northern Ireland
- Patient care remains a priority and the provision of a high quality, safe emergency service is paramount
- Our response will be in keeping with National protocols and guidance as identified through the Public Health Agency, Public Health England and other appropriate national bodies
- The public should follow PHA advice in relation to Coronavirus symptoms particularly around self-isolation and use of NHS111

- Stay at home and maintain social distancing

Level 2 – Reactive – response to original query to include reference to the following:

- Contingency plans exist to minimise the impact on our response to life –threatening emergencies
- We ask that members of the public use our services wisely and only call 999 for ambulance assistance in emergency situations. This will ensure our resources are available for those who need us most
- Consider alternative care and treatment for non-urgent ailments (minor injuries and non-life-threatening illnesses)
- People should always contact 999 in medical or traumatic emergencies
- The public should follow PHA advice in relation to Coronavirus symptoms particularly around self-isolation and use of NHS111
- Stay at home and maintain social distancing

Operational Guidance
In the early stages of the NIAS response to the growing threat of Coronavirus, the Trust became aware of the difficulty that operational staff were having in keeping up to date with the ever changing guidance on personal protective equipment (PPE) and case definitions. To simplify version control, the Trust developed an Operational Guidance document which contains all relevant information pertinent to the operational COVID-19 response. This document remains under the review of the Emergency Planning Department, working in collaboration with the Department for Quality, Safety and Improvement and at 20/04/20 Version 7 had been issued to staff in the previous days.

Emergency planning and the Infection, Prevent and Control lead began a series of educational seminars, covering the donning and doffing of PPE, managerial support to operational crews, management of laundry and clinical waste, and actions cards for responding crews to ensure that the guidance was embedded within the Trust. This was to ensure that staff had the appropriate training and support at the outset of our response to mitigate against any adverse incidents during surge.

Staff involved in the training programme included:

Station Officers	•now being utilised as mobile silver support officers on a shift pattern to maximise availability
Station Supervisors	•now being utilised as mobile bronze (operational) officers, PPE champions and conduit to silver
Hospital Ambulance Liaison Officers (HALOs)	•now providing support to operational crews; vehicle decontamination, dissemination of PPE information etc in addition to their normal duties.

Complaints
Maintaining a timely and quality service regarding Complaints is important to NIAS, and it is vital to continue this at this time. Following guidance received from the HSCB, NIPSO and PCC in relation to Complaints handling during the current COVID-19 outbreak, a revised Complaints process has been developed and is found in Appendix 4.

6.6 Business Intelligence & Information

The NIAS Information Department has been actively using business intelligence and technology to support monitoring the spread and prevalence of coronavirus (COVID-19) in Northern Ireland since 23rd, January 2020, working in close partnership with colleagues in Emergency Planning, Emergency and Non-Emergency Ambulance Control (EAC and NEAC) and the Control Training and Quality

Improvement Unit. The situation has been constantly evolving and the department has adopted a highly flexible approach to adapt to and an ever-changing situation at a local and national level within Northern Ireland and the United Kingdom. All information being sourced at this time has been from the Command and Control system i.e. at the point of the 999 call being made.

During this time a number of different protocols were in place within the EAC and which has enabled informatics to support the identification of suspected COVID-19 activity. The Information Department formally started producing reports and issuing to Senior Management in early March 2020. These include the use of monitoring specific chief complaints, despatch codes along with trigger tools and use of free text searching protocols. It should be noted that any NIAS data for suspected COVID-19 activity is based on this approach. The trigger tool is used at the point of the 999 call being received and answers provided by the caller. NIAS staff do not carry any equipment that supports the testing of patients and therefore this data refers to suspected COVID-19 patients unless a patient has received a positive test already.

Reports are issued 7 days a week (on or before 1000am) to Silver and/or Gold Situational Reports and to support decision making for senior management colleagues. Reports being produced to support suspected COVID-19 activity include:

- Suspected COVID-19 daily and trend report (EAC)
- Suspected COVID-19 mapping dashboard (EAC)
- Suspected COVID-19 NEAC daily and trend report for transportation of patients
- Card 36 Implementation (3 April 2020)
- Daily Response Report that separates activity for suspected and non-suspected cases
- Strategic reports to monitor call volumes, responses, conveyance rates
- Hospital Turnaround Reports
- CRM Daily Performance Report
- Daily Nursing Home report (suspected COVID-19)
-

The Information Department have also supported other functions including Fit testing and to support monitoring to units such as the COVID-19 centres across NI and the Ramada Encore Hotel.

ICT and Telephony

As part of the surge plan for IT, all non-critical work has been paused. IT have worked with emergency planners to prioritise and allocate technology to enable remote working with additional hardware and licensing arrangements put in place.

IT work off a priority task list with daily checkpoint Video Conferencing meetings with the management team.
Prioritisation plans have focused on

1. Remote working
2. Stage 1 Site 5 – moving existing facilities and infrastructure from old to new site 5 to enable social distancing of staff in EAC
3. Stage 2 Site 5 – expanding the ICCS capacity from 4 to 20 workstations to provide full contingency for EAC including telephony and voice recording

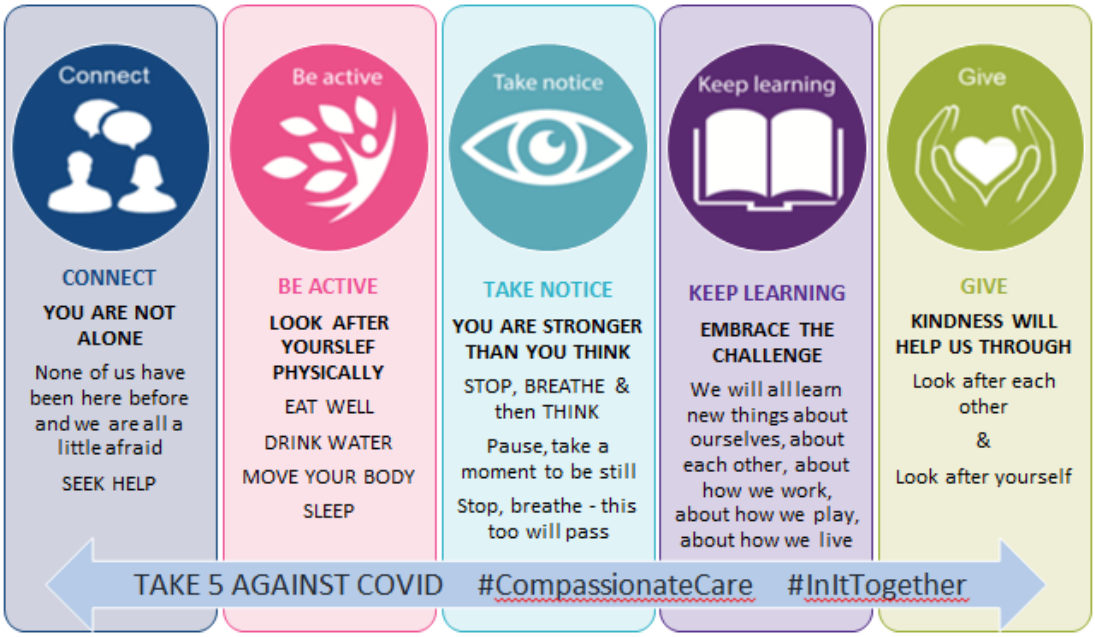
The IT team is split with some staff remote working and some staff in house to ensure critical functions and skills are protected. Normal working hours are adjusted to support all COVID-19 -19 operations. Access to IT offices is restricted to external contact with communications by phone/VC.

To ensure that other supporting functions were able to invoke their own pandemic surge plans, a small team from ICT worked alongside Emergency Planning to prioritise ICT demands. A scheme of work was developed to ensure that our key essential to life functions were prioritised over competing requests. One week after the UK declared a ‘lockdown’, NIAS ICT and Emergency Planning had processed all requests and facilitated remote working where required for the whole service. In addition, NIAS ICT worked to ensure that our server capacity was capable of dealing with the increase in demand for remote working. To date no issues have been identified.

6.7 Staff Wellbeing and Peer Support

The effect and scale of the challenge presented to communities and the workforce as a consequence of COVID-19 is unprecedented. The working environment has changed significantly and it is important that we acknowledge and actively address the associated impacts on staff and in particular mental health considerations in the current climate.

In order to support staff in practical terms, a programme of work to provide accommodation, food and washing facilities where appropriate has been led by a Crisis Accommodation Team.
In terms of support for the Health and Wellbeing of staff, a regional HSC Framework has been developed and launched by the Minister to ensure a consistent and effective approach. This includes a clear 'Take 5' message for staff.



Psychological Support
It is important to recognise the potential for staff to experience feelings of anxiety at this time. In addition the ambulance context and potential for exposure to trauma remains. Consequently it is important to have a comprehensive approach to supporting the psychological needs of staff.

Peer Support
It is important to note that Peer Support is intended to be a trauma-based, staff-led, first aid service. During the period March 1 to April 22, a total of 154 staff has been contacted by Peer Support for *non-COVID-19* trauma-based support.
However in the current climate, the work of this team has been extended to include a wider scope of psychological support for our workforce.
During the three week period from March 30 to April 22, Peer Support (including Wellbeing colleagues) logged 500 proactive calls to NIAS staff directly related to COVID-19. This total included both initial calls and a smaller number of follow-up calls made *inter alia* to for example staff who were off work and unwell, staff in self-isolation, student staff being redeployed from courses to frontline duties. To obviate any concerns that staff may be receiving too many calls during such a period of stress, HR Directorate determined that routine calls from local HR advisors would offer staff an 'opt-out' from Peer Support if they so wished. To date no staff have opted out, and a number of written and verbal testimonials for this service have been received.
This function continues to link with the Inspire organisation from whom staff can receive more focused counselling and in-depth psychological support sessions.

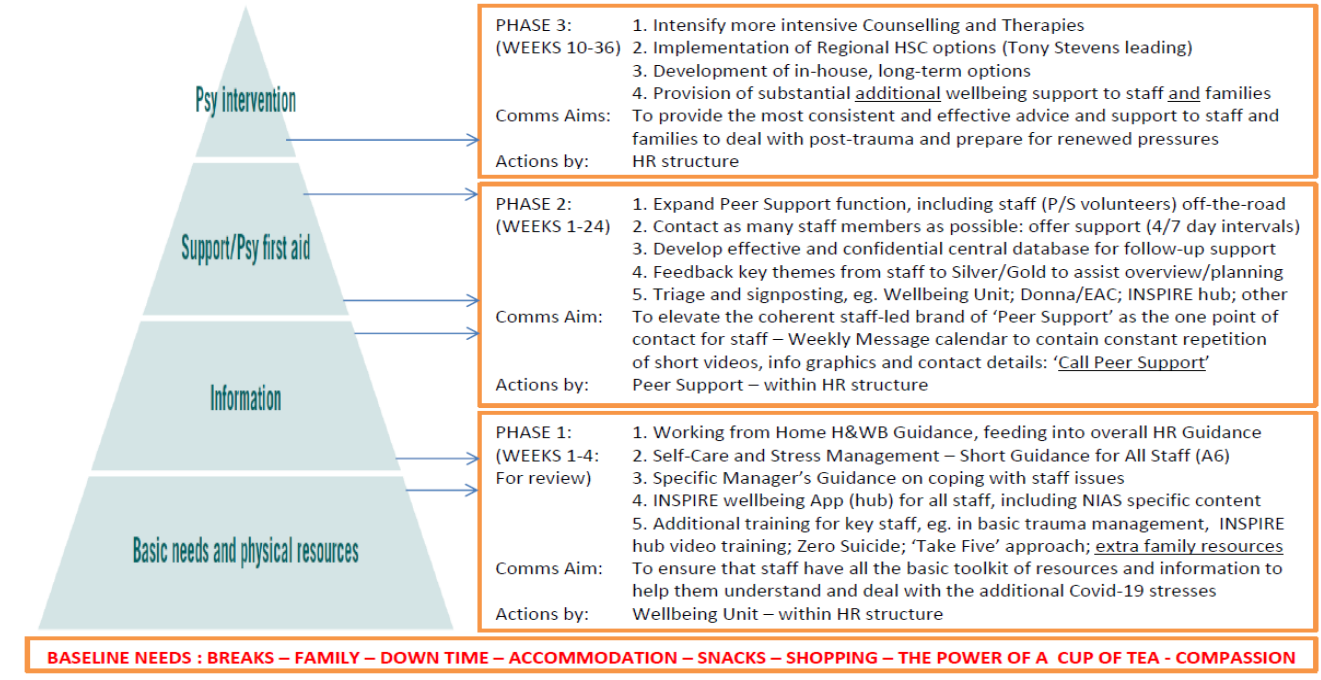
HSC Psychological Support
The regional HSC Framework for staff wellbeing during COVID-19 reflects World Health Organisation guidance and has been drawn up with input from senior clinicians in clinical psychology alongside other

partners including Trade Unions, occupational health services, PHA, HSCB and the HSC Leadership Centre. In line with this framework, NIAS staff have access to the Psychological support services in all HSC Trusts.
In the first instance staff can access the related helplines available. In addition there are a range of resources available to staff via the Public Health Agency and the related links have been shared.

COVID-19-specific Health and Wellbeing Support

The Trust has put in place a range of processes to support the testing of staff and family members experiencing potentially COVID-19-related symptoms. This links to a wider framework of support related to the communication of results and related Occupational Health support where appropriate.
In addition those with underlying health conditions have the potentially to be particularly impacted COVID-19. As such the Trust has worked with other HSC organisations to ensure a system of risk assessment for these staff, supported by Occupational Health services. This enables a systematic approach to ensuring the assessment of staff for work or redeployment to other duties. The following has been used as a guide to how Peer Support and Wellbeing work has been taken forward to date:

COVID-19 STRATEGY (Peer Support and Wellbeing) – Commencing Week 1: Monday, APRIL 6, 2020



GRAPHIC: British Psychological Society – *Guidance: The psychological needs of healthcare staff as a result of the Coronavirus pandemic* (31.03.20) [NB. Timelines above are indicative of Phases, not prescriptive.]

7. Financial Governance

The current outbreak of COVID-19 is unprecedented and is having a significant effect on HSC and the wider economy and community. However, the position does not alleviate the Accounting Officers duty to ensure that spending is regular, proper and value for money. The fundamentals of good governance are perhaps even more important when dealing with the fast pace that the response to COVID-19 requires.

The Chief Executive's responsibilities remain unchanged and, with the support of the Senior Management, the Trust will work to ensure that good governance, financial probity and effective stewardship of public funds continue to be delivered.

Normal business activities have been impacted across a number of areas:

Sponsorship and Governance Arrangements & Annual Report and Accounts

The Department of Health has advised of a significant change to normal business arrangements and also changes to key dates in the production, submission and audit of the Annual Report and Accounts 2019-20. This situation remains dynamic and is reported separately to Trust Board in the paper 'Sponsorship and Governance Arrangements and Annual Report & Accounts 2019-20'.

Financial Planning 2020-21

The normal Commissioning Plan arrangements have been suspended and the extensive financial planning routinely conducted between the Trust, HSCB and DoH in order to deliver a balanced financial plan is also impacted by the current circumstances. There has been some impact on 2019-20 plans and schemes that will need to be considered as part of 2020-21 plans. In addition, there is the potential for delays in the production and approval of plans and business cases that will have an impact on what can be delivered in 2020-21.

Financial Governance

Where decisions are required rapidly and often in unfamiliar circumstances, there remains a requirement to ensure that decisions to commit resources in response to COVID-19 are robust. The Trust is required to ensure that the costs incurred in responding to the outbreak are carefully recorded and records must meet the requirements of external audit and public scrutiny.

While circumstances are changing rapidly, all key financial decisions are approved by the Trusts Senior Management Team. The Trust is working to meet the specific Departmental requirements in respect of funding and approvals.

There are clear additional direct costs in relation to COVID-19, for example additional operational cover and accommodation and catering arrangements for staff. There are also potential cost transfers as staff are directed from other roles and duties to support the response, though the Trust is resourced for these staff, for example the cessation of training and the transfer of these staff to other duties. There may also be areas of cost reduction, for example where activity and projects are stood down as part of the response. The Trust will work to identify and appropriately record all of these costs.

The Finance Directorate has enacted Business Continuity arrangements in order to prioritise activities to support the response to the outbreak. This has involved some changes to normal practice and procedures. The Directorate is also supporting the continued operation of payments to staff and suppliers. The ability of both the Trust and Business Services Organisation Shared Services to maintain these essential functions during this period has been identified as critical. Senior staff have been assigned to this area and the position is monitored continuously.

Fraud

The Department of Health has issued HSF(F) 10-2020 Fraud Control in Emergency Management which references Cabinet Office guidance in this area. This recognises that during such extreme circumstances that there is an increased risk of fraud. The Trust is committed to understanding these risks and taking action to reduce them where possible and also dealing with any fraud that may happen.

Procurement, Supply & Logistics

A number of changes have been made to normal procurement arrangements during the response to COVID-19. These are aimed at expediency in the procurement of essential goods and services and include the provision of email authorisation for Direct Award Contracts (DAC), but these must be followed up by appropriately approved DAC paperwork.

Nationally, regionally and locally there are issues with the availability of some items of Personal Protection Equipment (PPE) and cleaning products. BSO PaLS is playing a critical role in supporting the response to the COVID-19 -19 pandemic with the supply and distribution of PPE to health professionals and front line staff involved in providing critical public services as the present time. The position has resulted in changes with BSO PaLS to the normal operation of the ordering systems used by all Trusts. In response to this position, changes in the NIAS Store and local arrangements for the management of PPE and cleaning equipment have been instigated.

Internal Audit
There remains some work to finalise the Internal Audit programme for 2019-20, but the majority of this work is expected to be completed largely as planned.

It is recognised that 2020-21 will not be a normal year in terms of planning and delivery of the internal audit programme of work. Planned assignments will be delayed and the position reviewed later in the year. Work will also be targeted away from front line areas and focus on assignments plans that can be conducted using desk top data analysis and other audit work with minimum engagement from Trusts.

Consideration is also being given to how Internal Audit can support Trusts during this period and what additional audit work may be required as a result of actions taken during the response to the pandemic.

8. Risk Management Approach

With regards to risks under the control of NIAS during this pandemic, NIAS will make every effort to adhere to its Corporate Risk Management Policy and Strategy along with current guidance and best practice (DoH guidance, ISO 31000 Risk Management Principles and Guidelines, Risk Management Standard for Ambulance Services – NHSLA 2013-14, Institute of Risk Management ERM guidance etc.). The Risk management approach is found in Appendix 5.

Appendix 1: NIAS COVID-19 TIMELINE

17th November	Likely first COVID -19 case China
1st December	First human to human cases reported in Wuhan, China
16th December	Cluster of cases of pneumonia in Wuhan China
31st December	New coronavirus identified
8th January	Health Silver established by HSCB
13th January	First cases reported outside China (Thailand)
21st January	Health Silver moved to a daily teleconference
23rd January	First COVID positive case reported in United States
27th January	First COVID positive case reported in Europe (Germany)
28th January	Special meeting of CCGNI chaired by Chief Medical Officer
30th January	World Health Organisation declares a Public health Emergency of International concern (PHEIC)
31st January	NIAS Incident Management Team (IMT) established
3rd February	An Incident Management Team (IMT) was set up and tasked with the sufficient deployment of the Trusts' resources and effective management of NIASs' response to COVID-19. Initially this team was solely responsible for managing the pre-planning, response and recovery from the pandemic.
4th February	First meeting of Port Health Group
11th February	Coronavirus was declared a Global Pandemic by the World Health Organization
15th February	1st death from COVID-19 outside of Asia (France)
19th February	Health silver set a PPE sub group for NI
20th February	1st Meeting of Full CCGNI Daily teleconference for CCGNI commenced
28th February	First COVID positive case confirmed in Northern Ireland
1st March	WHO declares COVID-19 a Pandemic
11th March	NIAS IMT agreed to implement a command and control structure to effectively manage NIAS's response
12th March	Operational Support Unit (OSU) set up to support staff
14th March	Card 6 and 26 (Surveillance Tool) was introduced in EAC
16th March	Ops Huddle moved to a single item agenda (COVID-19)
17th March	PSNI to set up Strategic Command Centre
18th March	Voluntary Car Service (VCS) stood down
19th March	Northern Ireland unfortunately reported its first death from COVID-19
20th March	Centralised Silver/Tactical Command established
23rd March	NIAS began COVID staff & family testing
24th March	The UK went into Lockdown
27th March	Site 5 / Contingency EAC Control opened
1st April	NIAS PPE cell weekly meeting commenced
3rd April	Card 36 (Pandemic Code Set) introduced in EAC
3rd April	HEMS stood down
4th April	VCS used to deliver goods
6th April	Paramedic and EMT students returned to Operational duties
6th April	All double crewed Non-emergency vehicles transferred from NEAC to EAC
9th April	HEMS reinstated

Future Plans

1st May	25 vehicles being returned to NEAC from EAC
4th May	Planned date for re-instatement of VCS

Appendix 2 Roles and Responsibilities

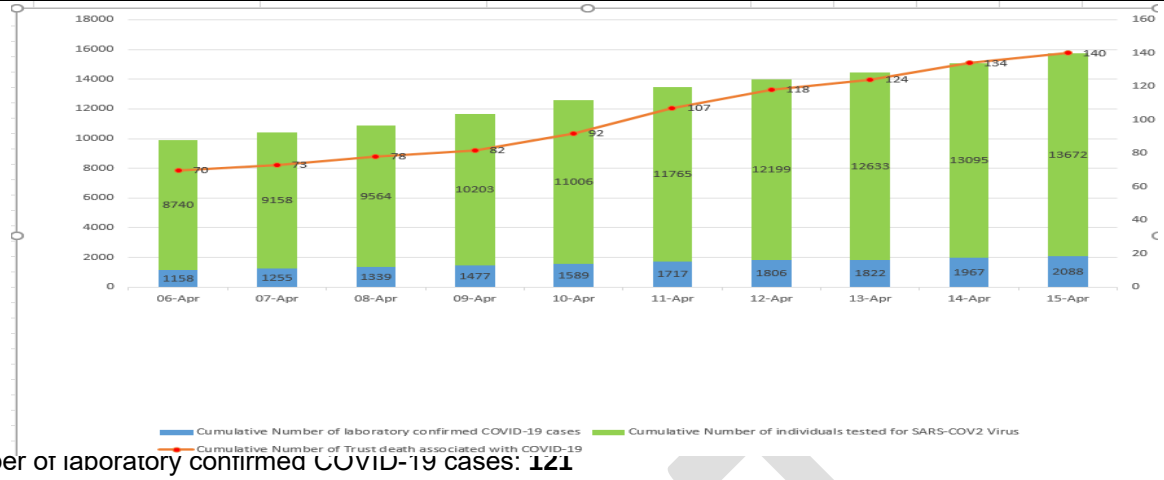
Command level	JESIP/ NARU Reference	Members/Representatives	Responsibilities	Accountable to:	Receives Communication From:	Communicates to:
Accountable Officer		**Chief Executive**	Overall corporate responsibility	Department of Health Trust Board	Department of Health Trust Board Other Trust Executives Government Ministers	Gold commander and Gold team members Trust Board Other Trust Executives Government Ministers
GOLD Strategic Gold commander – leading member of the Gold cell. Must be capable of directly representing the interests of the Trust Board	NARU Command and Control Guidance V3.0 2019:18 JESIP Tiers of Command	**Gold/Strategic Commander Gold cell** will support the Gold Commander in the delivery of their duties. **The Gold commander** may delegate areas of strategic importance to other Gold members; however, any change in corporate strategic direction must be communicated through the Gold commander.	To provide updates, guidance and assurance to Trust Board To provide strategic direction for NIAS pre-planning, response and recovery to COVID-19	Chief Executive	External sources such as: CCGNI Health Gold Public Health England	Gold commander will communicate directly to the silver commander. Gold decision log is completed during each meeting and as well as being placed in the Gold to Silver folder Will attend CMT or SCG meetings when established
SILVER Tactical Silver commander must have sufficient knowledge and experience to manage operational assets.	NARU Command and Control Guidance V3.0 2019:18 JESIP Tiers of Command	**Silver/tactical Commander** will have overall tactical command when on duty. For daily running of a silver cell, the Silver commander may delegate to a silver cell commander.	Tactical decision making in relation to Operational response	Gold Commander	Daily Huddle for information Issues escalated for action on Daily huddle call Health Silver	Gold Commander Functional Leads Operational commanders Health Silver
Silver Functional Cell		**Silver cell** should have the appropriate level of training and experience in Emergency Planning, Operational response Command and Control NILO	Tactical decision making in relation to Operational response	Tactical (Silver) Commander	Functional leads Bronze commanders	Complete the health Silver daily sit-rep Participate in Health Silver working / sub groups
BRONZE Operational commanders will ensure that the tactical commander's plan is carried out	NARU Command and Control Guidance V3.0 2019:18 JESIP Tiers of Command	Bronze operational officers will be made up of Station Officers (Bronze commanders) and Paramedic Supervisors (Operational Bronzes)	Operational response and management of issues delegated by silver	Silver cell / Silver commander	Silver Functional leads	Silver Functional leads Operational Staff Health Trust departments e.g.ED
Functional leads	NARU	Functional leads for specific delegated	To ensure	Silver cell /	Silver	Silver

will action plans as requested by Silver	Command and Control Guidance V3.0 2019:18 JESIP Tiers of Command	areas of work	implementation and management of specific work streams as delegated by Silver	Silver commander	Operational Staff	Functional leads Operational Staff Executive directors with Specific responsibility
Huddle		Will be a communication stream – held twice daily. Huddle representatives will be comprised of silver cell members for that day, functional leads and bronze officers to include: RMC Bronze commanders and officers Functional Leads	Staff welfare PPE Fit Testing Fleet Swabbing Stores Logistics RMC-staffing	Silver cell / Silver commander	Operational functions	Silver
The NI Ambulance Service, along with other blue light emergency services employ a 3-tier command system comprising of a Strategic Commander, Tactical Commander and an Operational Commander. The efficiency of the command and control system relies on the discipline and effectiveness of each commander within the chain of command. NARU, Command and Control Guidance v.3.0, 2019:13-17						

Appendix 3: Draft Daily Gold Sitrep

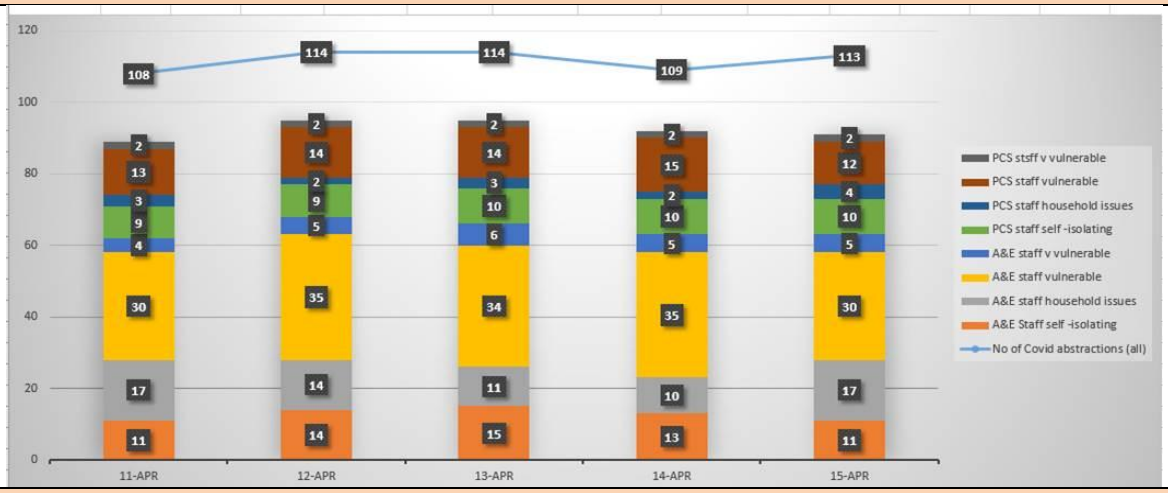
Daily Gold SitRep Update	
Trust	Northern Ireland Ambulance Service Health and Social Care Trust

1. Northern Ireland HSC COVID-19 reports since yesterday

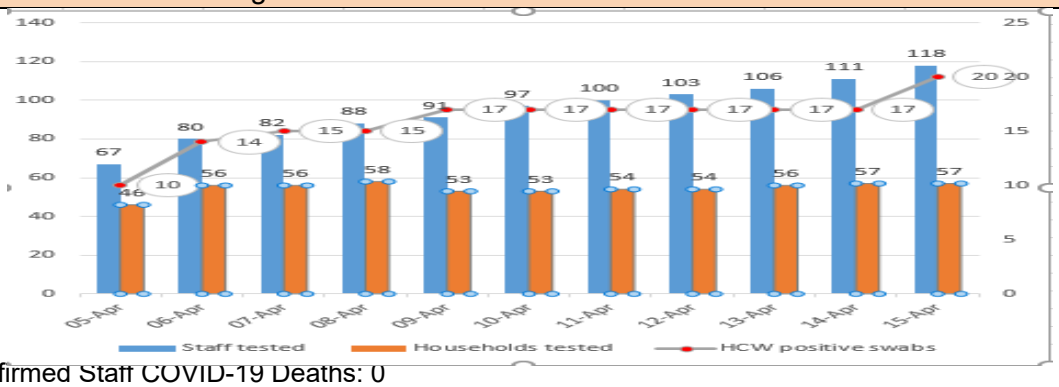


Number of laboratory confirmed COVID-19 cases: **121**
Number of Trust deaths associated with COVID-19: **6**
Number of individuals tested for SARS-COV2 Virus: **577***

2. NIAS COVID-19 Staff Abstractions



3. NIAS COVID-19 19 Testing



No of Confirmed Staff COVID-19 Deaths: 0

4. PPE Supply Position

PPE SUPPLY

16.04.20

	47ol	600ol	S	M	L	XL	Aprons (Ind)	Surgical Masks (Ind box 50ol)	FFP3 Masks (Ind) 1886V+	FFP3 Masks (Ind) 8833	FFP3 Masks (Ind) 8836+	FFP3 Masks (Ind) Other (1863)	Visor (Ind) Frame/Lens	Fluid Repellent Coverall (Ind) S	Fluid Repellent Coverall (Ind) M	Fluid Repellent Coverall (Ind) L	Fluid Repellent Coverall (Ind) XL	Fluid Repellent Coverall (Ind) XXL
	Hand Sanitizer		Protective Gloves Standard (Box 200)															
	47ol	600ol	S	M	L	XL												
*16.04.20 Station PPE	41	428	114900	98850	118950	129600	36953	25500	1725	568	10	1251	3844	438	250	401	410	330
*13.04.20 Store Stock	0	648	293250	405500	189000	2150	43895	58700	0	3910	730	285	512	0	0	6	50	13

5. Emergency Accommodation Requests

INDICATOR	CATEGORY			total
Number of accommodation requests in last 24 hours				3
Number of people placed in accommodation in last 24 hours				0
Number of people currently in accommodation by category	1- Staff who are well and working			43
	2- Staff who are symptomatic and			0
	3- Staff who have tested positive			1
Total number of people currently in accommodation				44

6. **Volume of Calls: 999** Number of emergency calls that are held in the stack by category: (what was the peak in the preceding 24 hour period?)

Information – C3 Web Gold Dashboard at point of time

Category	No Division	DIVISION 1 EAST	DIVISION 2 NORTH	DIVISION 3 SOUTH	DIVISION 4 WEST	Total
Category 1						
Category 2		2		1		3
Category 3		2	1	1	2	6
Category 4						
Category 5		1				1
HCP		1	1			2
Not Prioritised Yet	1	1		1	1	4
Total	1	7	2	3	3	16

7. 999 call answering performance: (in the preceding 24 hour period) 15/04/20

93.83% within 5 Seconds

8. The proportion of calls by category (face to face), i.e. acuity: (preceding 24 hr period) **15/04/20**

Face to Face Incidents	Cat1	Cat1T	Cat2	Cat3	Cat4 + Cat5	HCP Agreed Response
Number of Incidents	22	10	181	138	58	101
% of Total	4.9%	2.2%	40.2%	30.7%	12.9%	22.4%

9. Current Resource Level

Sickness	A&E 55	PCS 22
A&E Cover	Day 100%	Night 95.7%
RRV Cover	Early 14/18	Late 10/18
Fleet Cover	A&E 107/116 PCS 115/116	PCS 115/116
RRV	43/43	Other 53/54

10. Current demand management plan surge level: Management Assessment

11. C3 live call information at 00:00 hours previous 24hr period

999 calls received 535
999 patients conveyed 295 (-24% change from last year)

12. ED Pressures Dashboard data as at 9am 16 April

3 patients waiting > 12 hours in EDs regionally
14 DTAs

13. Turnaround times

Average turnaround time 37m 52s ; maximum turnaround time 01:48:31

14. Card 36

2 x no sends for 15 April 2020 – CAT 5 (CARD 36) and suspected COVID-19 patients

15. COVID-19 related activity Wednesday 15 April

Total number of calls flagged with potential COVID-19, Coronovirus, Pandemic flu or card 36, EAC activity = 173*
NEAC COVID-19 related journeys = 29 (majority for discharge)

Appendix 4: Complaints Procedure

Northern Ireland Ambulance Service
Health and Social Care Trust

SAFETY, QUALITY & IMPROVEMENT DIRECTORATE

COVID-19 INTERIM COMPLAINTS HANDLING PROTOCOL

SUMMARY

Following guidance received from the HSCB, NIPSO and PCC in relation to Complaints handling during the current COVID-19 outbreak, it has been approved that Complaints handling at NIAS proceed as follows:

- Existing Complainants will be contacted with a letter outlining current pressures and advising that their resolution will be delayed for the foreseeable future.
- New Complainants will be triaged weekly by a panel consisting of the Director of Quality, Safety and Improvement, Medical Director, Assistant Medical Director and the Complaints Manager and acknowledged based on the nature of their complaint:
    - Complaints relating to service availability/impact due to COVID-19 will not be, as per HSCB guidance, investigated via the complaints procedure with the Complainant being advised accordingly. However, the Triage Panel will exercise discretion depending on the nature and clinical impact of the complaint with information being shared with the relevant directors for a determination on appropriate action.
    - Complaints risk-graded as moderate-significant (particularly with clinical impact) will be shared with the relevant Directors and acknowledged (see Appendix 3) advising that the complaint will be investigated, whilst advising of significant delays. Complainant will be contacted every 20 working days by complaints manager to maintain rapport.
    - Complaints risk-graded as low-moderate (staff attitude/transport late & non-arrival with minimal/no clinical impact) will be acknowledged requesting a decision from the complainant to indicate their preference of a postponed investigation or simply to submit feedback that does not require a response from NIAS Chief Executive. This decision is made by the complainant and indicated by returning a slip on the letter. Postponed complaints will subsequently be written to when normal operations return as to whether they wish to proceed at that stage via the standard complaints procedure. Where complainant chooses to submit feedback this will be shared with the relevant Director/Department for appropriate action and learning.
- Current complaints have been prioritised, first by risk impact, then by date received for processing and draft response production. Responses will still be forwarded to Directors and Chief Executive as they are produced and KPIs will still be recorded. Directors and Chief Executive will be periodically reminded of drafts outstanding.
- Reporting will continue to HSCB and DoH as required by existing Policies & Procedures where appropriate.
- Complaints Manager internal/external line is on permanent redirect to S McCarthy NIAS mobile (A Sweetlove/G Moore as contingency where necessary) with voicemail updated to reflect circumstances.
- NIAS website is currently being updated to streamline feedback submission in preparation for Care Opinion inclusion. Interim Procedure Outline to be added as per HSCB guidance.

Appendix 5: Risk management approach and key risks

How we manage risk during the coronavirus (COVID-19) pandemic will directly impact on our ability to respond to emergency calls.

1.1 Background:

The Northern Ireland Ambulance Service (NIAS) is required to have appropriate governance arrangements in place, including business risk management processes. NIAS adheres to ISO 31 000 with regards to risk management and has a Corporate Risk Management Policy and Strategy in place (last updated June 2016). With regards to the particular disciplines of Emergency Planning and Business Continuity Planning, NIAS has in place a Major Incident Plan, a Business Continuity Policy and Business Continuity Strategy (last updated February 2019). These documents provide the strategic framework for the management of risk at this time due to the risk to continuity of business, and the risk that we may not deliver what it is expected or required of us. In the context NIAS, there are risks to the following:

- Emergency response to patients with sudden illness and injury.
- Non-emergency patient care and transportation.
- Specialised health transport services.
- Co-ordination of planning for major events and response to mass casualty incidents and disasters.

In order to comply with the Northern Ireland Civil Contingencies Framework, NIAS will ensure that:

- Responses will be proportionate to the risks we face.
- Responses will contribute to the safety and welfare of the people of Northern Ireland and the protection of the environment.

1.0 RISK MANAGEMENT PROCESS:

2.1 NIAS Led Risk Management:

With regards to risks under the control of NIAS during this pandemic, NIAS will make every effort to adhere to its Corporate Risk Management Policy and Strategy along with current guidance and best practice (DoH guidance, ISO 31000 Risk Management Principles and Guidelines, Risk Management Standard for Ambulance Services – NHSLA 2013-14, Institute of Risk Management ERM guidance etc.). See Appendix 3 for existing Risk Development Tool and Matrix).

- Risk assessments shall be carried out in a systematic manner, as a basis for prioritising civil contingencies activities and ensuring an effective use of resources.
- NIAS will reflect issues and risks in a standalone COVID-19 Issue Log and Risk Register (See Appendix 1 & 2).
- Oversight of the COVID-19 Issue Log and Risk Register will be via the Strategic Command Cell (Gold).
- With regards to administration and document control, this work will be led by the Risk Manager or a member of the Risk Management Team or Emergency Planning Team in her absence.

2.2 Risk Management in Joint Working:

With regards to risk arrangements during Joint Working, NIAS will adhere to arrangements for Joint Working (JESIP Joint Decision Model[7]). With regards to the principle 'jointly understand risk', NIAS will carry out dynamic risk assessments, share information regarding the likelihood and potential impact of threats and hazards to agree potential control measures and develop a working strategy. In particular, NIAS will:

- Continually and clearly, communicate hazards and risks known to the Trust.

[7] https://www.jesip.org.uk/uploads/media/pdf/Joint%20Doctrine/JESIP_Joint_Doctrine_Document.pdf

- Work with partners to jointly assess risk to achieve a common understanding of threat.
- Build and maintain a common understand of the full range of risks.
- Ensure informed decisions on deployments and risk control measures required.
- Understand risk control measures employed by individual services / agencies.
- Participate in the recording and agreeing of risk assessments.
- Play its part in agreeing action plans / strategy together to save lives and reduce harm.

The following key steps will be undertaken:

IDENTIFY HAZARDS	This begins with the initial call to a control room and continues as first responders arrive on scene. Information gathered by individual agencies should be disseminated to all first responders, control rooms and partner agencies effectively.
CARRY OUT A DYNAMIC RISK ASSESSMENT (DRA)	Individual agencies carry out dynamic risk assessments, reflecting the tasks/objectives to be achieved, the hazards identified and the likelihood of harm from those hazards. The results should then be shared with any other agencies involved.
IDENTIFY TASKS	Each individual agency should identify and consider their specific tasks, according to their role and responsibilities. These tasks should then be assessed in the context of the incident.
APPLY RISK CONTROL MEASURES	Each agency should consider and apply appropriate control measures to ensure any risk is as low as reasonably practicable. The 'ERICPD' mnemonic may help in agreeing a co-ordinated approach with a hierarchy of risk control measures: **E**liminate, **R**educe, **I**solate, **C**ontrol, **P**ersonal Protective Equipment, **D**iscipline
HAVE AN INTEGRATED MULTI-AGENCY OPERATIONAL RESPONSE PLAN	The outcomes of the hazard assessments and risk assessments should be considered when developing this plan, within the context of the agreed priorities for the incident. If the activity of one agency creates hazards for a partner agency, a solution must be implemented to reduce the risk to as low as reasonably practicable.
RECORD DECISIONS	The outcomes of the joint assessment of risk should be recorded, together with the jointly agreed priorities and the agreed multi-agency response plan, when resources permit. This may not be possible in the early stages of the incident, but post-incident scrutiny focuses on the earliest decision making.

TB/07/05/2020/03

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	7 May 2020
Title of paper:	**Supporting the Health and Wellbeing of our Workforce during COVID-19**
Brief summary:	The effect and scale of the challenge presented to communities and the workforce as a consequence of COVID-19 is unprecedented. The working environment has changed significantly and it is important that we acknowledge and actively address the associated impacts on staff and in particular mental health considerations in the current climate. Approval is sought from SMT to submit the paper to the May Trust Board meeting.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	Senior Management Team
Prepared and presented by: **Date:**	Michelle Lemon, Interim Director HR 27 April 2020

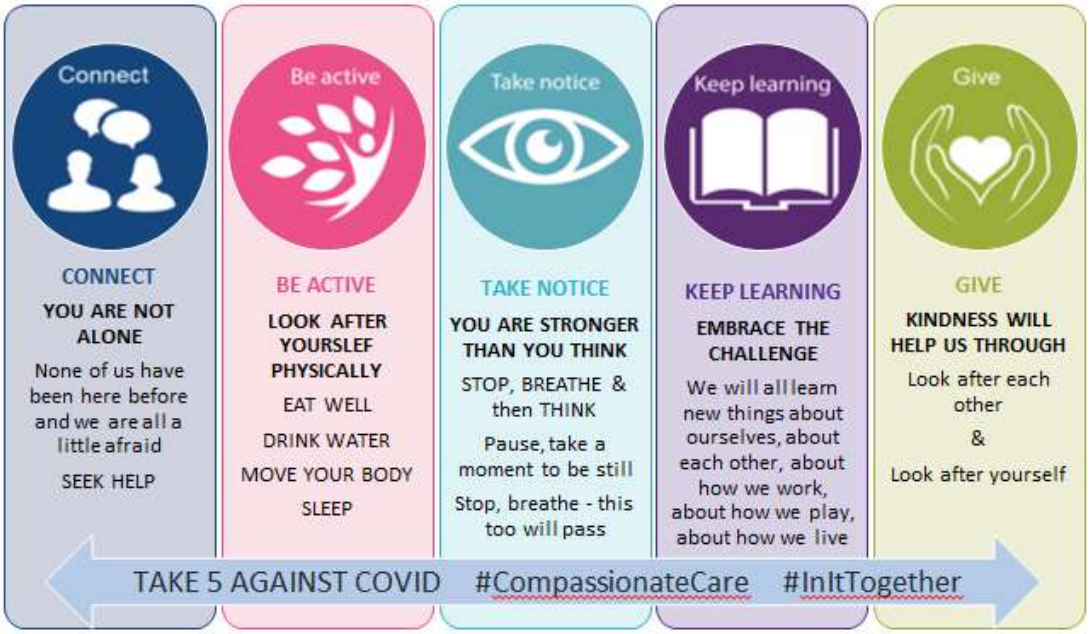
Northern Ireland Ambulance Service
Health and Social Care Trust

Supporting the Health and Wellbeing of our Workforce during COVID-19

Introduction

The effect and scale of the challenge presented to communities and the workforce as a consequence of COVID-19 is unprecedented. The working environment has changed significantly and it is important that we acknowledge and actively address the associated impacts on staff and in particular mental health considerations in the current climate.

In terms of support for the Health and Wellbeing of staff, a regional HSC Framework has been developed and launched by the Minister to ensure a consistent and effective approach. This includes a clear 'Take 5' message for staff.



Psychological Support

It is important to recognise the potential for staff to experience feelings of anxiety at this time. In addition the ambulance context and potential for exposure to trauma remains. Consequently, it is important to have a comprehensive approach to supporting the psychological needs of staff.

Peer Support

It is important to note that Peer Support is intended to be a trauma-based, staff-led, first aid service. During the period March 1 to April 22, a total of 154 staff have been contacted by Peer Support for *non-COVID19* trauma-based support.

However, in the current climate, the work of this team has been extended to include a wider scope of psychological support for our workforce.

During the three week period from March 30 to April 22, Peer Support (including Wellbeing colleagues) logged 500 proactive calls to NIAS staff directly related to COVID19. This total included both initial calls and a smaller number of follow-up calls made *inter alia* to, for example, staff who were off work and unwell, staff in self-isolation, student staff being redeployed from courses to frontline duties. To obviate

any concerns that staff may be receiving too many calls during such a period of stress, HR Directorate determined that routine calls from local HR advisors would offer staff an 'opt-out' from Peer Support if they so wished. To date no staff have opted out, and a number of written and verbal testimonials for this service have been received.

This function continues to link with the Inspire organisation from whom staff can receive more focused counselling and in-depth psychological support sessions.

HSC Psychological Support

The regional HSC Framework for staff wellbeing during COVID reflects World Health Organisation guidance and has been drawn up with input from senior clinicians in clinical psychology alongside other partners including Trade Unions, occupational health services, PHA, HSCB and the HSC Leadership Centre. In line with this framework, NIAS staff have access to the Psychological support services in all HSC Trusts.

In the first instance, staff can access the related helplines available. In addition there are a range of resources available to staff via the Public Health Agency and the related links have been shared.

COVID-specific Health and Wellbeing Support

The Trust has put in place a range of processes to support the testing of staff and family members experiencing potentially COVID-related symptoms. This links to a wider framework of support related to the communication of results and related Occupational Health support where appropriate.

In addition those with underlying health conditions have the potentially to be particularly impacted COVID. As such, the Trust has worked with other HSC organisations to ensure a system of risk assessment for these staff, supported by Occupational Health services. This enables a systematic approach to ensuring the assessment of staff for work or redeployment to other duties.

In order to support staff in practical terms, a programme of work to provide accommodation, food and washing facilities where appropriate has been led by a Crisis Accommodation Team.

The work of this team has included securing of accommodation for staff as well as provision of food and additional washing facilities where necessary.

Remote and Home Working

As a consequence of COVID-19, the Trust has worked to support as many staff as possible working from home or remotely where appropriate.

It is recognised that this also has the potential to impact on the health and wellbeing of staff in terms of reduced social interaction. Therefore related guidance and support materials have been produced and shared with staff.

Communication

Ensuring effective and timely communication with staff is more important in this environment than it ever was.

As such a comprehensive communication plan is in place with regular communications across a range of media including video, email, telephone and the creation of online information hubs.

Feedback

In order to ensure that the current systems in place to support the health and wellbeing of staff are sufficient and effective, the Trust is in the process of seeking feedback and ideas from staff. This is intended to address any gaps in support and to hear ideas from staff on any additional measures not considered so far that might be helpful.

Employee engagement remains a critical work stream and as such the Trust is also exploring options for continued and improved engagement with staff in the current environment.

TB/07/05/2020/04

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	7 May 2020
Title of paper:	Covid-19 Risk Register
Brief summary:	As part of the Trust response to the Covid-19 pandemic, a Risk Register solely to identify risks arising during the pandemic was established. This is reviewed by NIAS Gold on a regular basis and is also considered at Senior Management Team meetings. Members are asked to note the content of the Register.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	NIAS Gold & Senior Management Team meetings
Prepared and presented by: **Date:**	Katrina Keating, Risk Manager Dr Nigel Ruddell, Medical Director 27 April 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

COVID-19 Risk Register (Summary)			
Last Reviewed By Gold:	29th April 2020	**Tabled at SMT:**	28th April 2020

SUMMARY UPDATE (SINCE LAST GOLD MEETING):	
Risks added:	Two new risks have been added: 6. Supply of PPE & Consumables During COVID-19. 21. Air Desk Move to MLK due to COVID-19.
Changes to risks / escalations etc.	1. Resilience of IT Infrastructure during COVID-19, likelihood reduced (467). 23. COVID-19 Impact on Board Governance, likelihood reduced (484). 19. Recruitment during COVID-19, likelihood reduced (471).
Risks de-escalated / closed:	Senior Management Resilience during COVID-19 (now addressed). Risk Closed 23/04/2020 (477). Capacity Escalation COVID-19 (content added to Operational Impact). Risk Closed 23/04/2020 (477). Eight operational fleet related risks de-escalated to Local Risk Register (Fleet) 23/04/2020.
Actions required:	For consideration by SMT prior to Trust Board.

ID	Description (beginning with highest rated)	Date Opened	Date Reviewed	Director Responsible	Risk Level	Risk Rating
1	Resilience of IT Infrastructure during COVID-19 (467)	06/04/2020	28/04/2020	Nicholson, Paul	**High**	**15**
2	Fit Testing Issues COVID-19 (478)	07/04/2020	23/04/2020	Charlton, Lynne	**High**	**15**
3	Acute Trust Reconfiguration COVID-19 (486)	29/03/2020	21/04/2020	Sowney, Robert	**High**	**15**
4	Immunosuppressed staff identified during COVID-19 (488)	20/04/2020	20/04/2020	Lemon, Michelle	**High**	**15**
5	Operational Impact of COVID-19 (453)	07/02/2020	22/04/2020	Sowney, Robert	**High**	**15**
6	Supply of PPE & Consumables During COVID-19 (492)	23/04/2020	23/04/2020	Nicholson, Paul	**High**	**12**
7	Loss of Call Recording COVID-19 (481)	16/03/2020	22/04/2020	Sowney, Robert	**High**	**12**
8	Keeping Staff Informed during COVID-19 (487)	22/04/2020	23/04/2020	Charlton, Lynne	**High**	**12**
9	Fleet Maintenance - COVID-19 (461)	30/03/2020	21/04/2020	McNeill, Brian	**High**	**12**

ID	Description (beginning with highest rated)	Date Opened	Date Reviewed	Director Responsible	Risk Level	Risk Rating
10	Withdrawal of HEMS, CFRs, PCS & GoodSam COVID-19 (473)	29/03/2020	23/04/2020	Ruddell, Dr Nigel	**Medium**	**12**
11	Financial Control - COVID-19 (480)	29/03/2020	28/04/2020	Nicholson, Paul	**Medium**	**12**
12	Staff Health & Wellbeing COVID-19 (476)	29/03/2020	20/04/2020	Lemon, Michelle	**Medium**	**12**
13	Training Activities - COVID-19 (472)	29/03/2020	22/04/2020	Ruddell, Dr Nigel	**Medium**	**12**
14	Risk to staff pay COVID-19 (489)	20/04/2020	20/04/2020	Lemon, Michelle	**Medium**	**12**
15	Potential for increase in Litigation following COVID-19 (490)	20/04/2020	20/04/2020	Lemon, Michelle	**Medium**	**12**
16	TU Relationships - COVID-19 (474)	29/03/2020	20/04/2020	Lemon, Michelle	**Medium**	**12**
16	Homeworking COVID-19 (483)	29/03/2020	20/04/2020	Lemon, Michelle	**Medium**	**12**
18	Protocol 36 - COVID-19 (479)	03/04/2020	27/04/2020	Sowney, Robert	**Medium**	**12**
19	Recruitment during COVID-19 (471)	29/02/2020	20/04/2020	Lemon, Michelle	**Medium**	**9**
20	SAIs & Complaints during COVID-19 (470)	29/03/2020	23/04/2020	Charlton, Lynne	**Medium**	**9**
21	Air Desk Move to MLK due to COVID-19 (491)	23/04/2020	23/04/2020	Ruddell, Dr Nigel	**Medium**	**9**
22	Statutory Obligations - COVID-19 (460)	29/03/2020	21/04/2020	Bloomfield, Michael	**Medium**	**9**
23	COVID-19 Impact on Board Governance (484)	06/04/2020	23/04/2020	Bloomfield, Michael	**Medium**	**6**

TB/07/05/2020/05

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

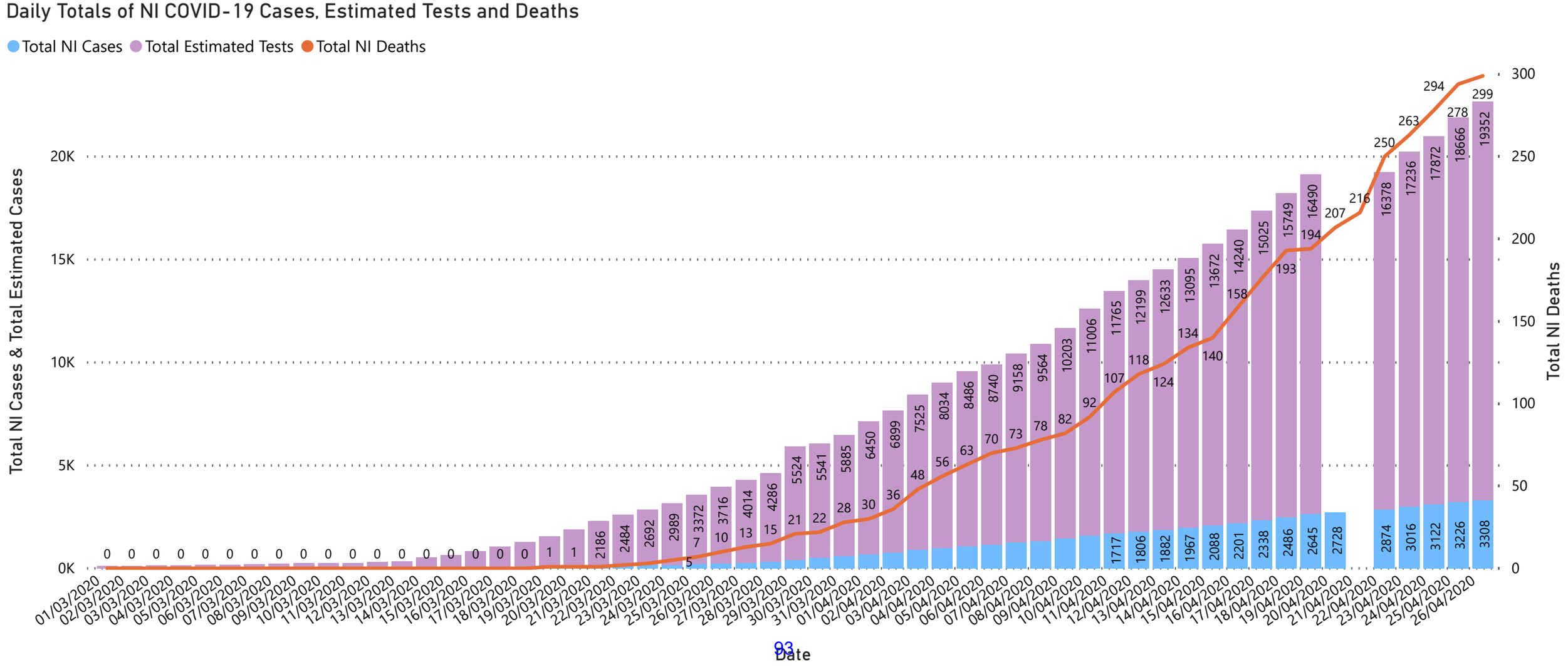
Date of Trust Board:	7 May 2020
Title of paper:	Performance Report
Brief summary:	This document is to supplement the COVID19 Assurance Report. It includes key indicators to represent the overall organisational performance during the surge period It is not intended to replace any scheduled standard performance information.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	n/a
Prepared and presented by: **Date:**	Alison Vitty, Corporate Manager Rosie Bryne, AD Operations Maxine Paterson, Director of Performance, Planning & Corporate Services 7 May 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

CUMULATIVE GOLD SITREP REPORT
01/03/2020 TO 26/04/2020

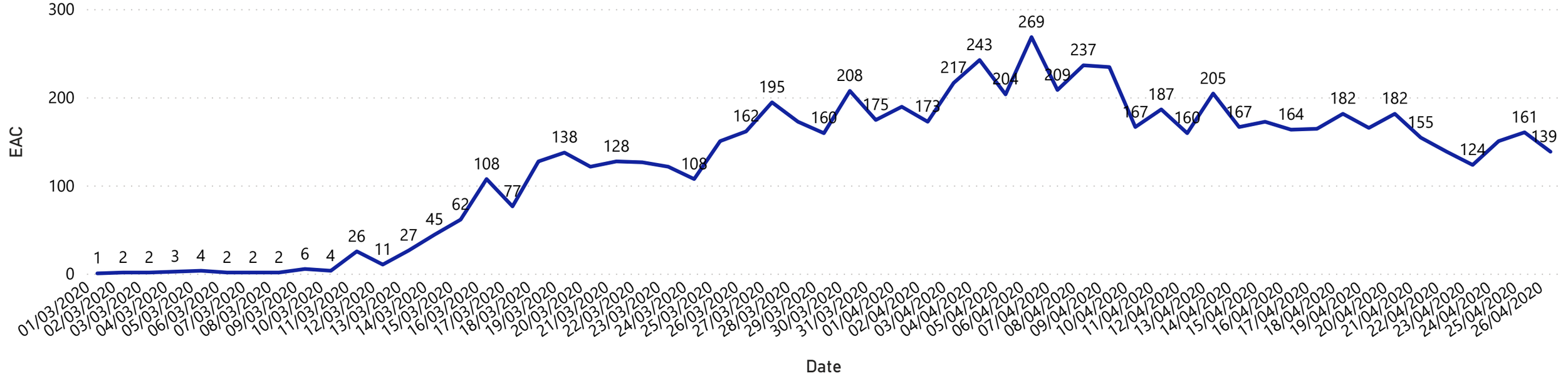
(Please note that data will not be held for the full period in all areas as this was a very fluid position)

1. Northern Ireland COVID-19 Reports (external source of Public Health Agency/Department of Health) (since 1 March 2020)

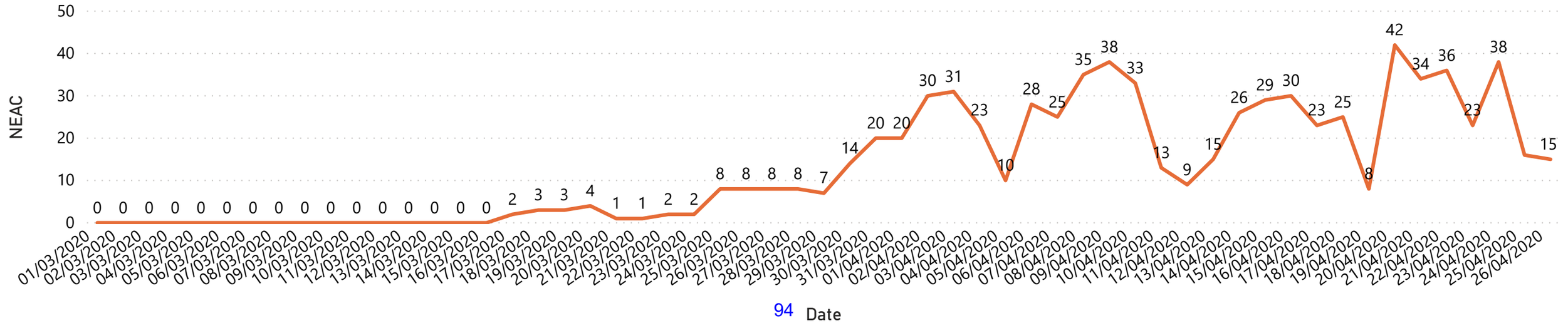


2. NIAS Suspected COVID-19 Related Activity for Emergency Ambulance Control (EAC) (Calls) and Non Emergency Ambulance Control (NEAC) (Journeys)

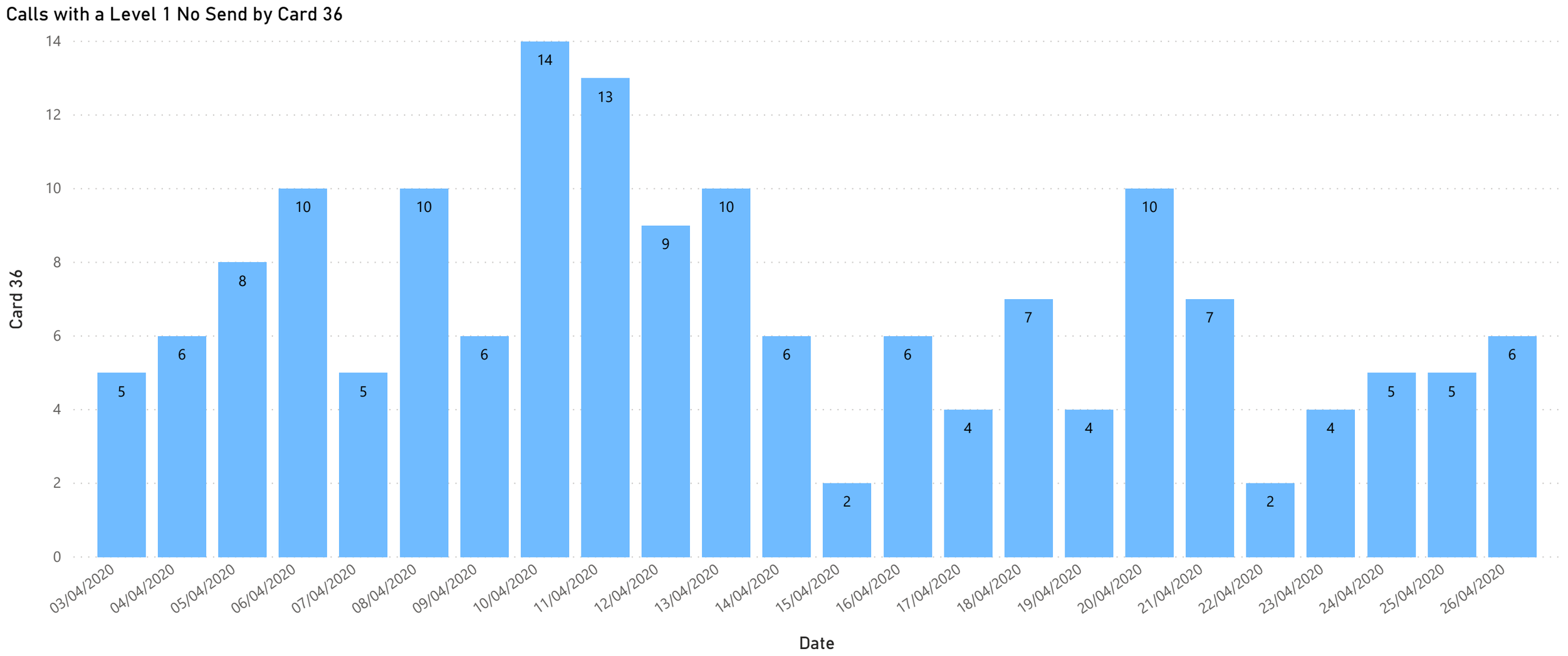
EAC Suspected COVID-19 Related Call Activity



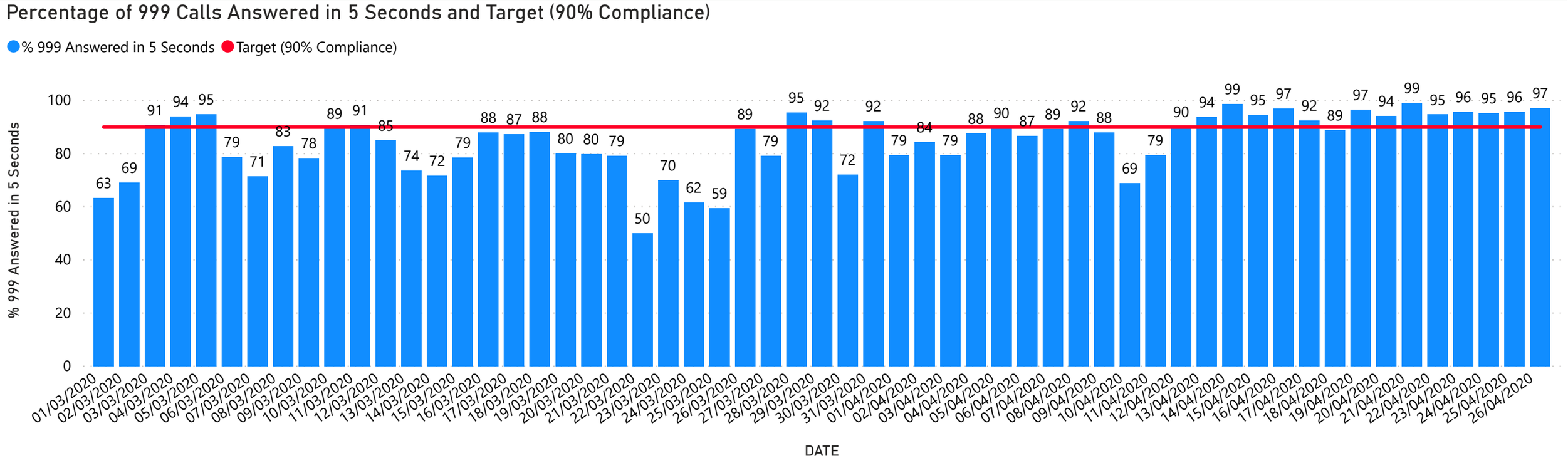
NEAC Suspected COVID-19 Related Journeys

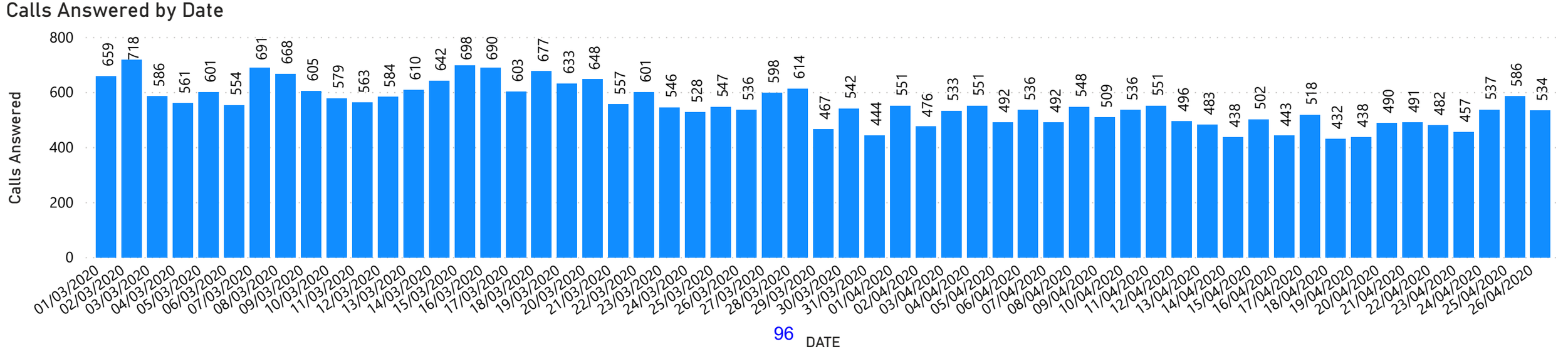


3. EAC Card 36 Suspected COVID-19, Level 1 No Send for Cat 5 Calls (Card 36 was Implemented on 03/04/2020)

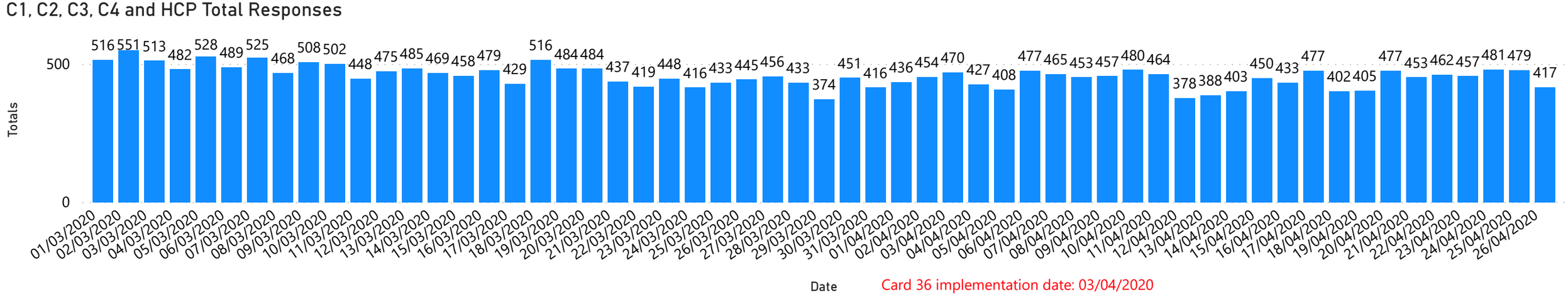


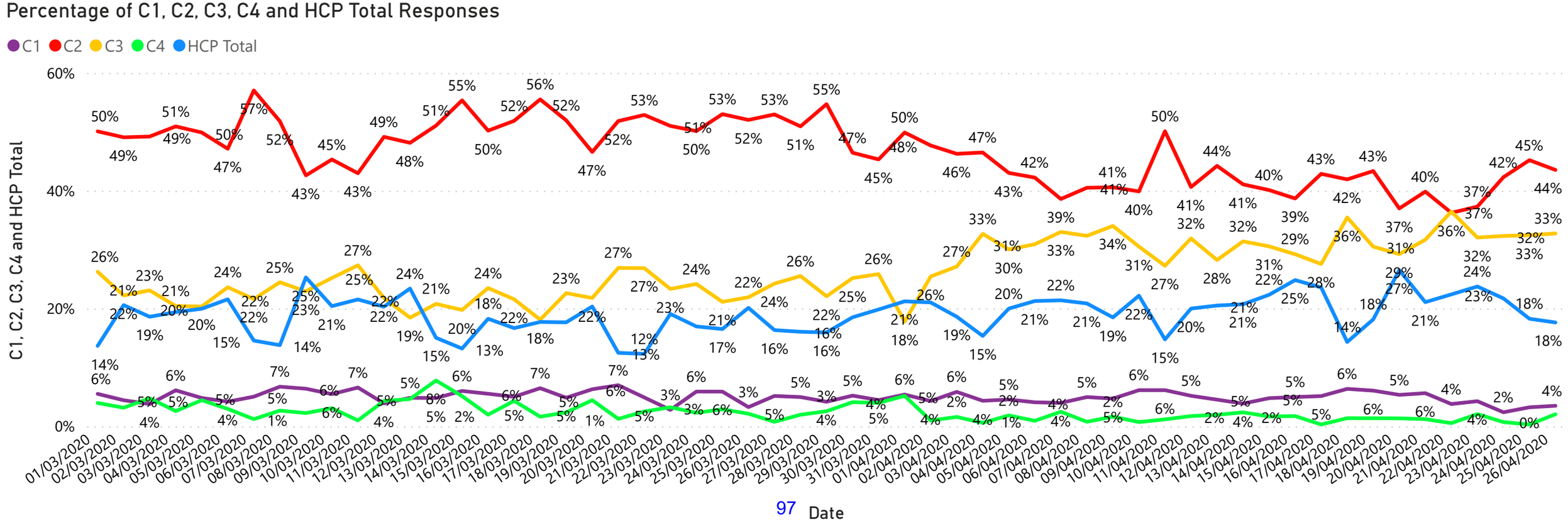
4. 999 Primary Line Call Answering Performance (Since 1 March 2020) - Target Compliance of 90%





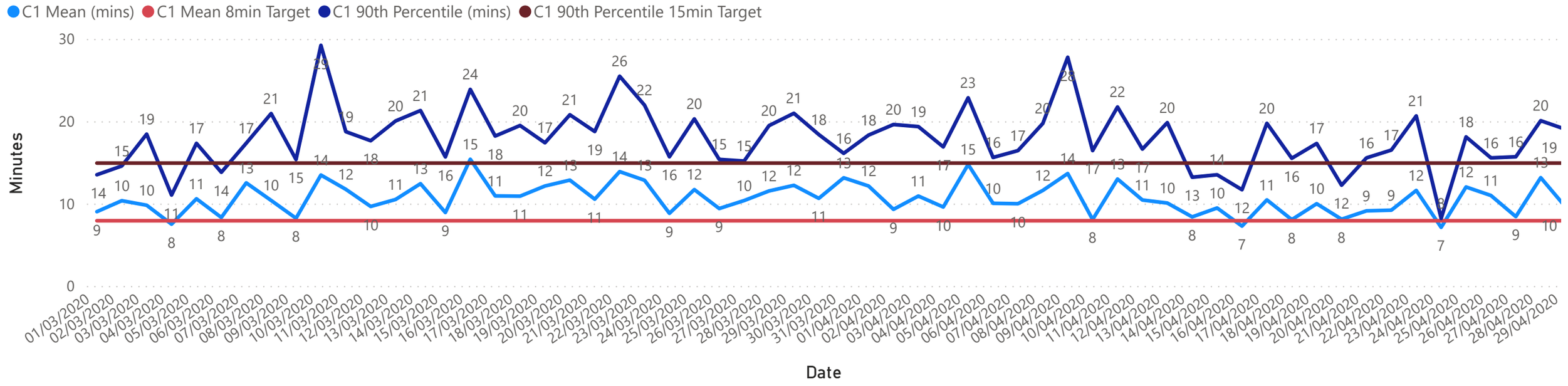
5. The Proportion of Calls by Category (face to face) i.e. Acuity (since 1 March 2020)



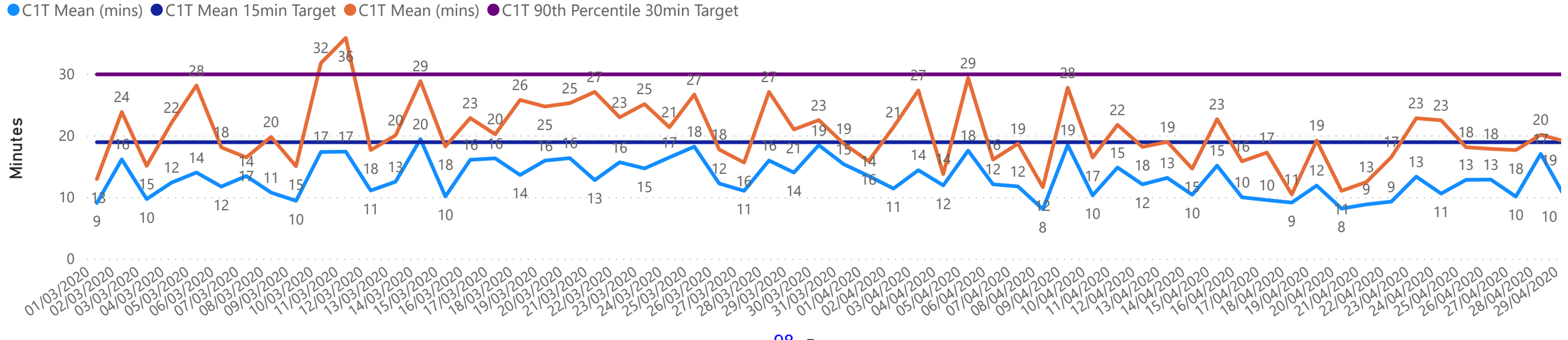


6. EAC NIAS Emergency Activity Performance

C1 Performance

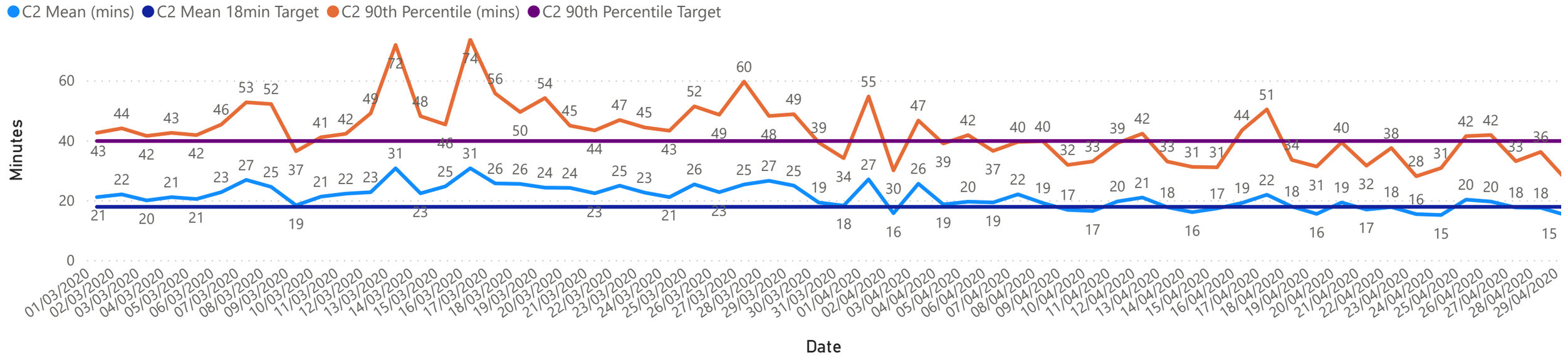


C1T Performance

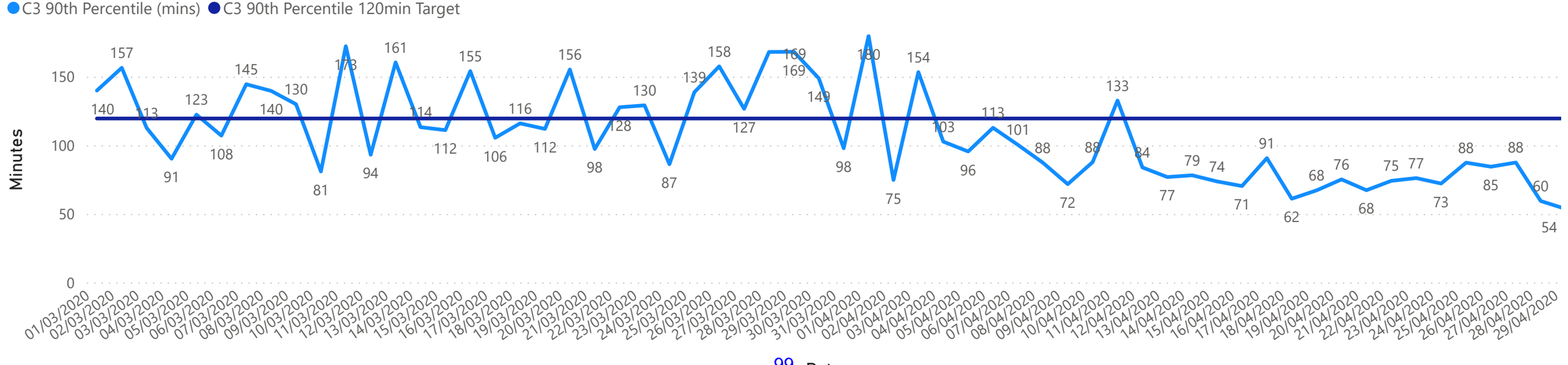


6. EAC NIAS Emergency Activity Performance

C2 Performance

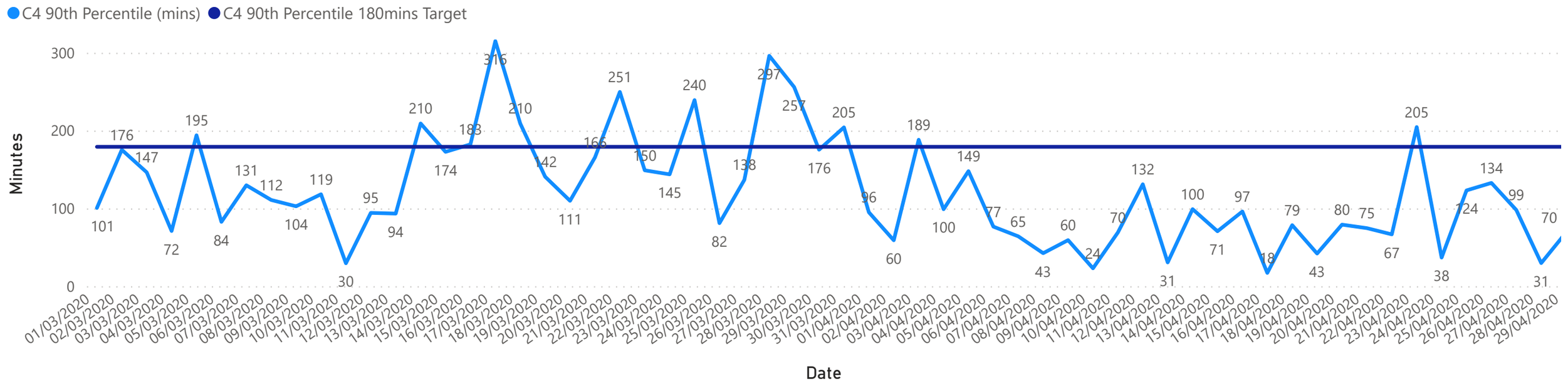


C3 Performance



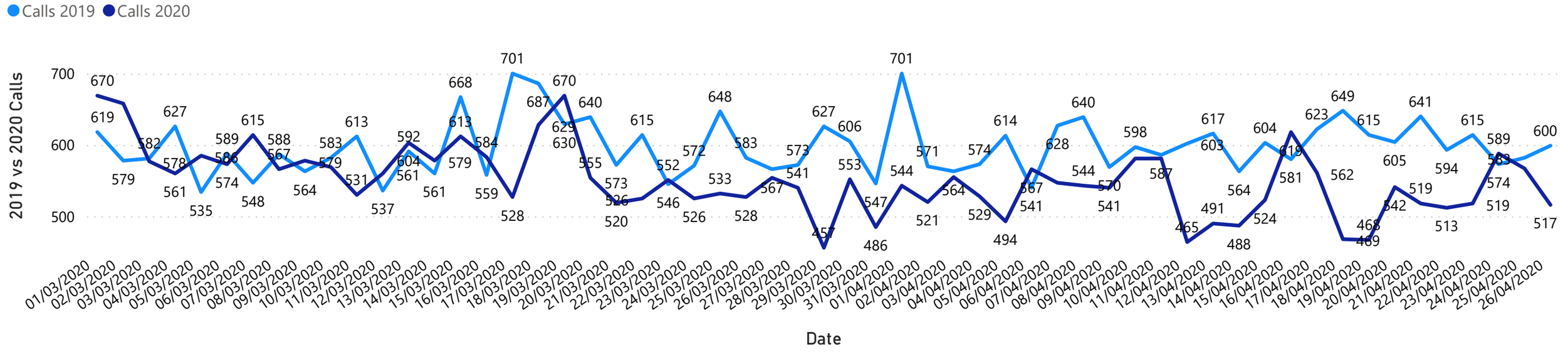
6. EAC NIAS Emergency Activity Performance

C4 Performance

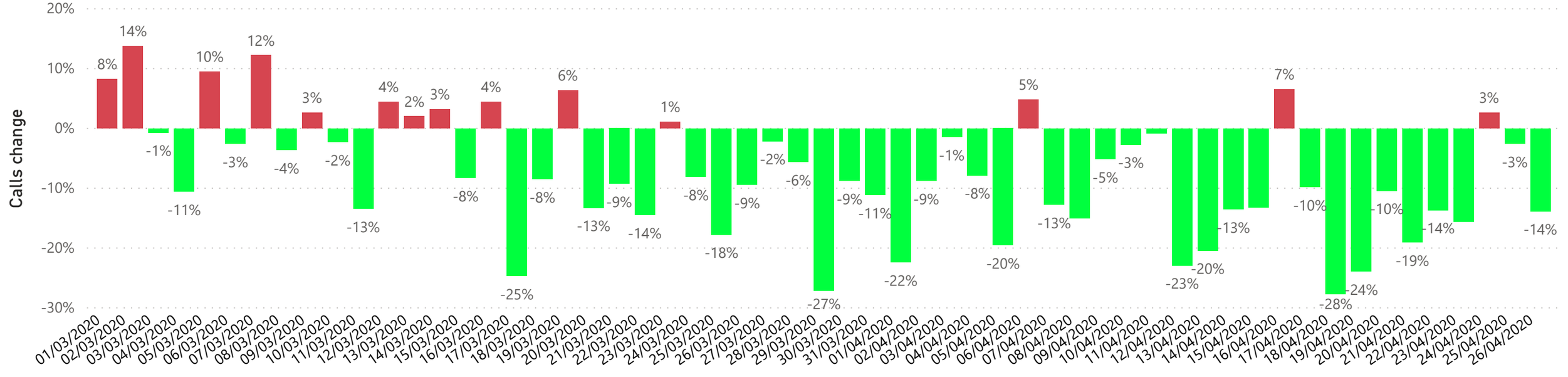


7. Emergency Calls, Responses and Conveyance Rates (since 1 March 2020)

2019 vs 2020 Calls Received

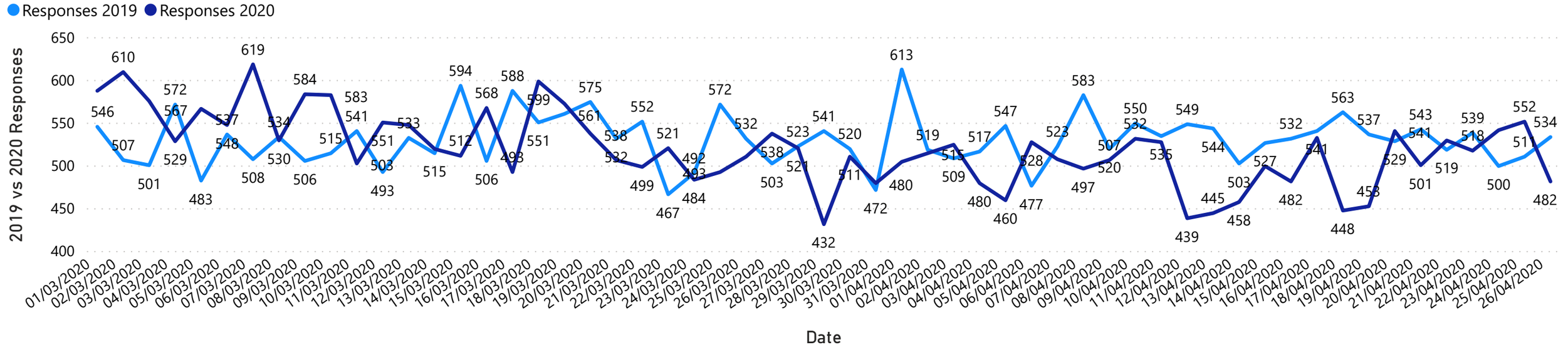


Percentage Difference in Calls Received - 2019 vs 2020

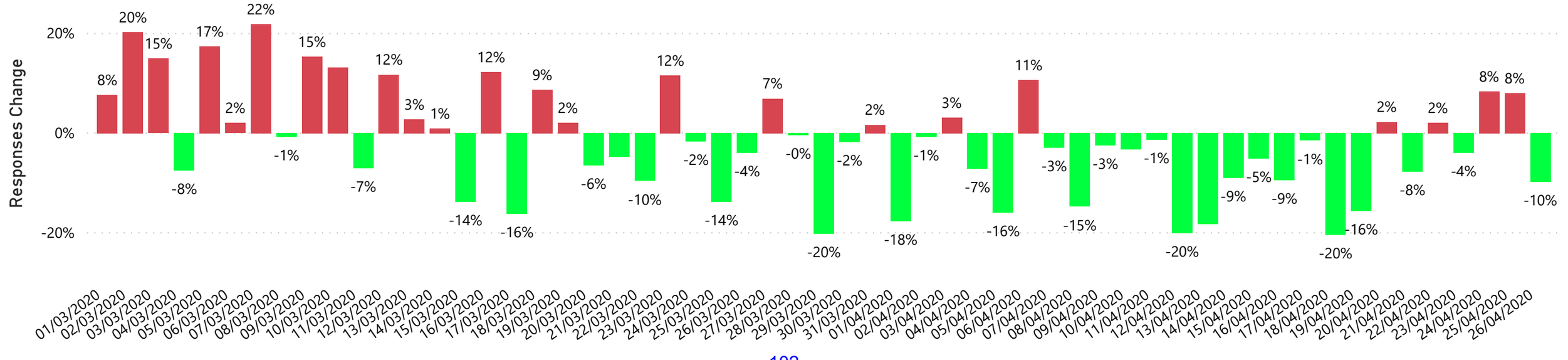


7. Emergency Calls, Responses and Conveyance Rates (since 1 March 2020)

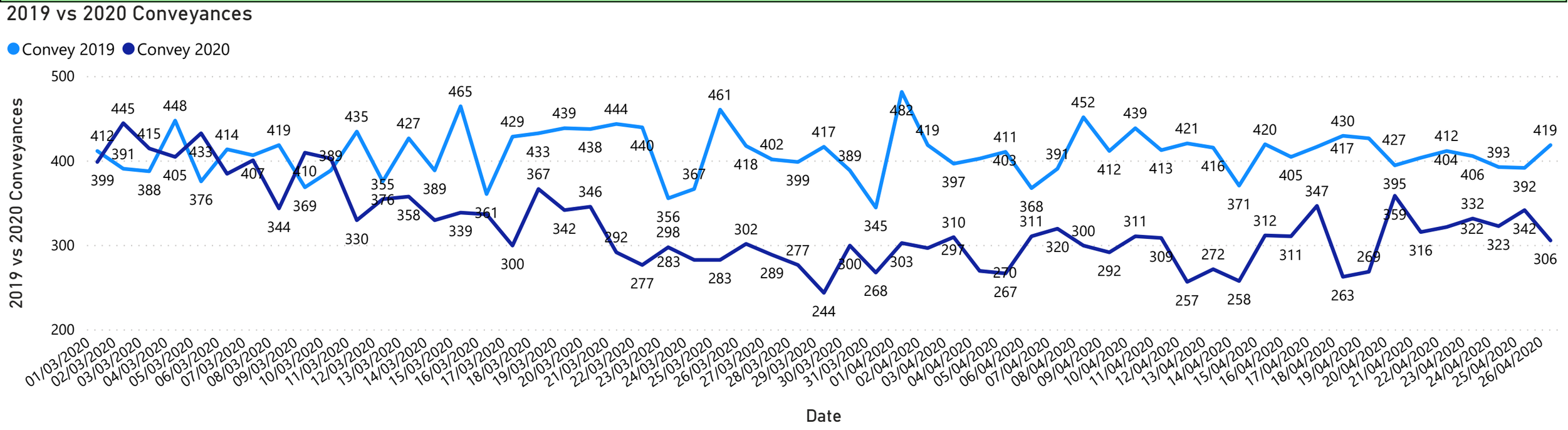
2019 vs 2020 Responses

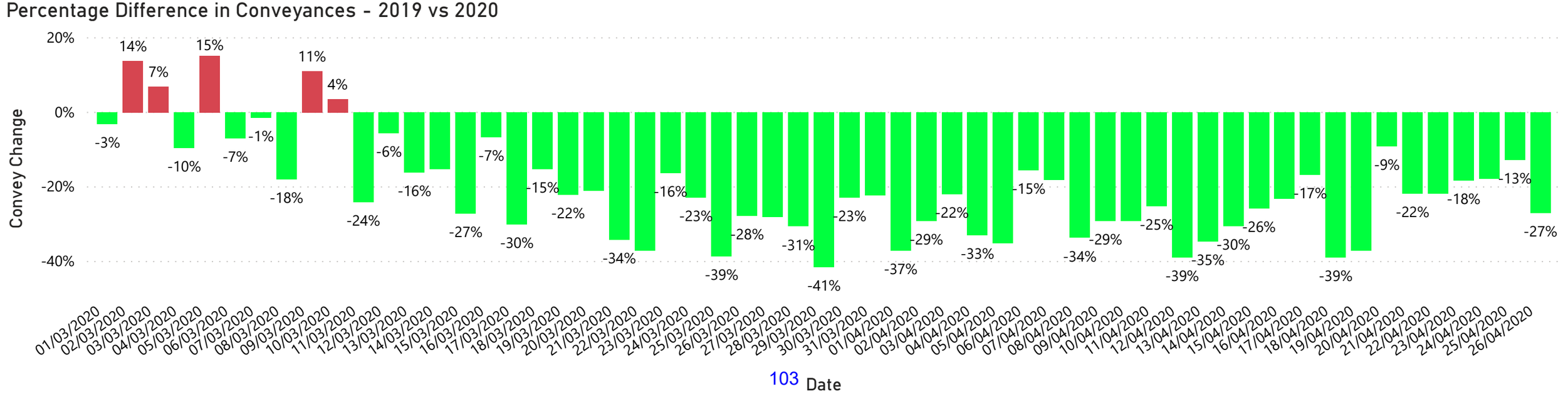


Percentage Difference in Responses - 2019 vs 2020



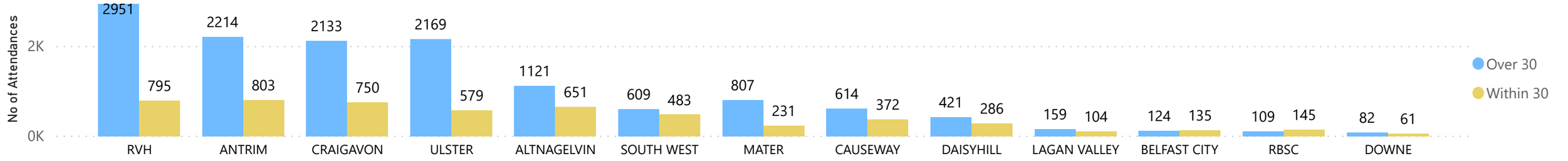
7. Emergency Calls, Responses and Conveyance Rates (since 1 March 2020)



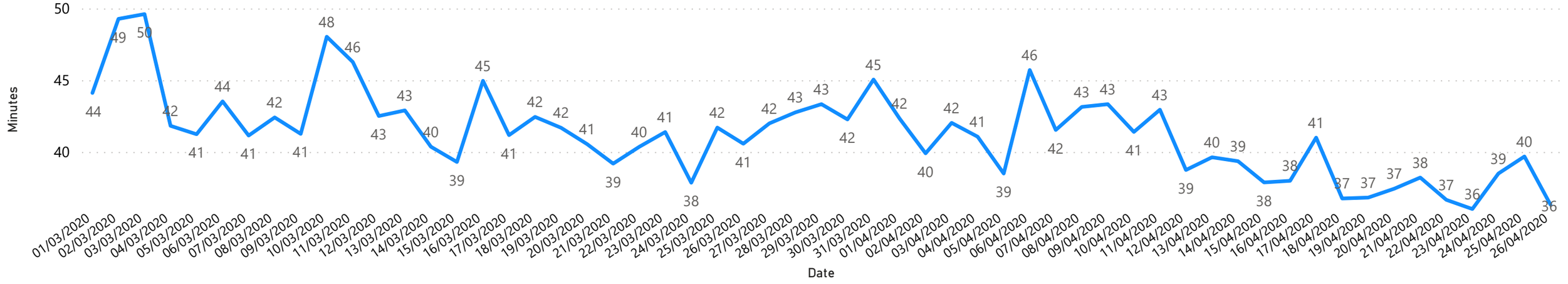


8. Ambulance Turnaround Times - KPI 30 minutes by Acute Hospital Sites (since 1 March 2020)

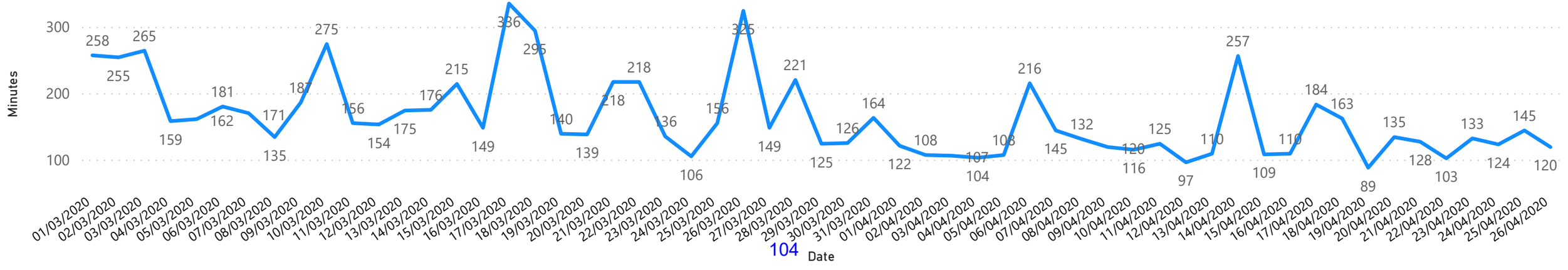
Number of Attendances which met the Ambulance Turnaround Time KPI Target of 30mins



Average Ambulance Turnaround Times (mins)

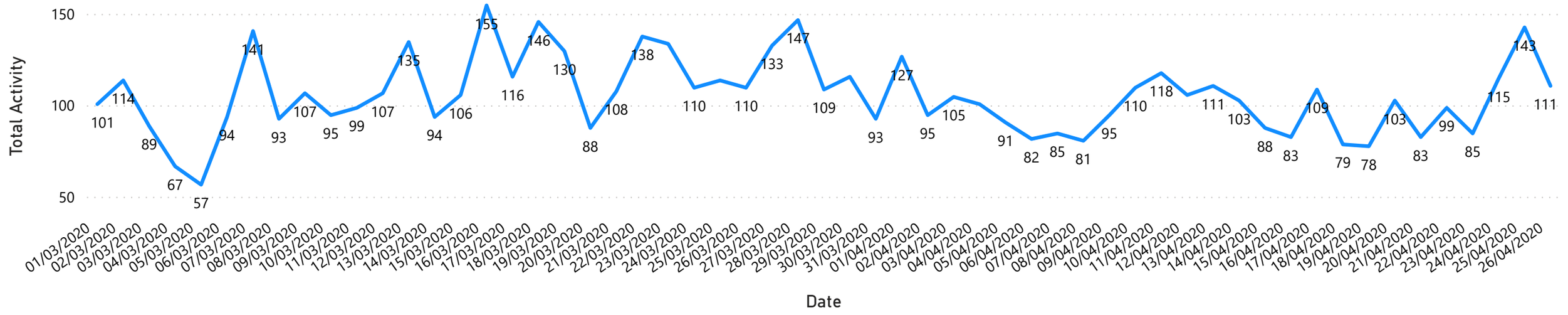


Maximum Ambulnace Turnaround TImes (mins)

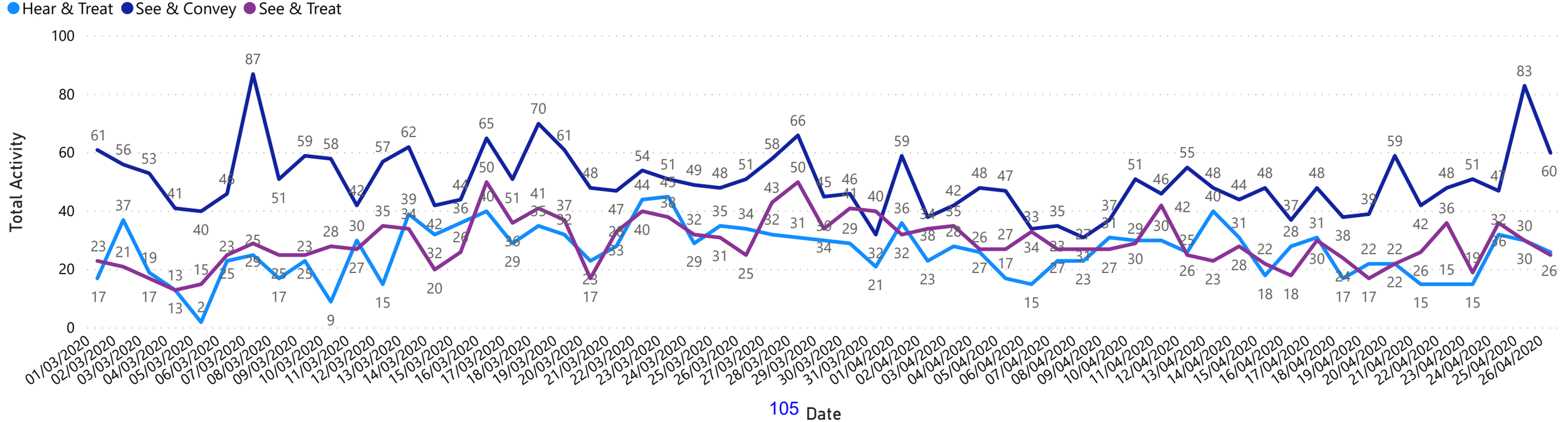


9. Clinical Support Desk (CSD) (since 1 March 2020) - Hear & Treat/See & Treat/See & Convey

Total CSD Desk Activity

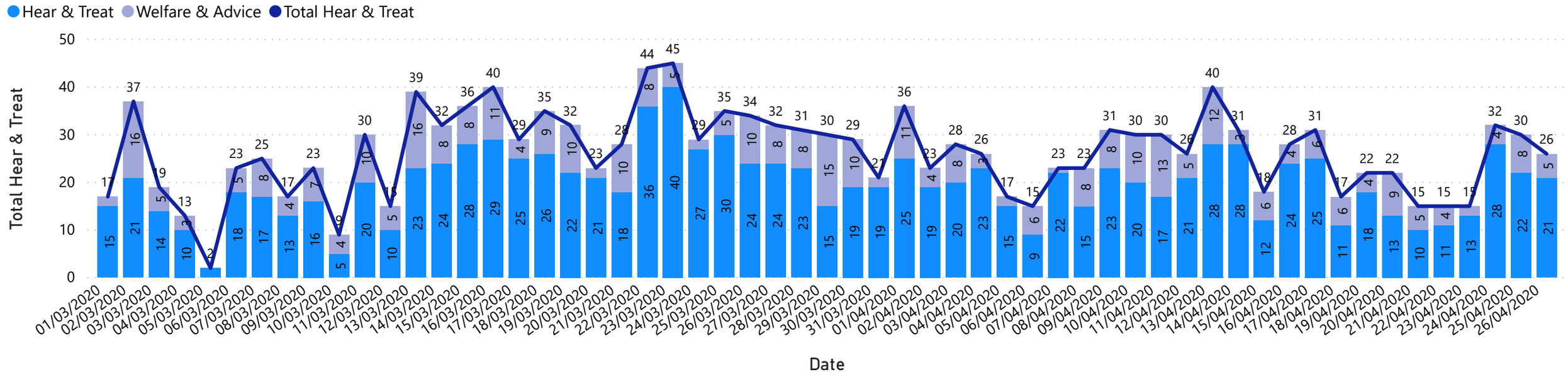


CSD Desk Activity (Hear & Treat/See & Treat/See & Convey)

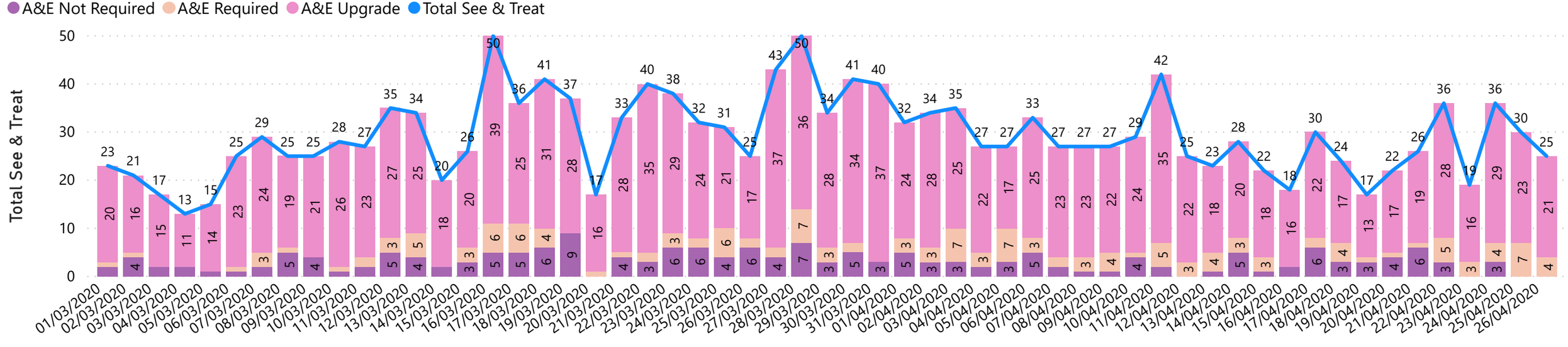


9. Clinical Support Desk (CSD) (since 1 March 2020) - Hear & Treat/See & Treat/See & Convey

Total CSD Desk Hear & Treat Activity

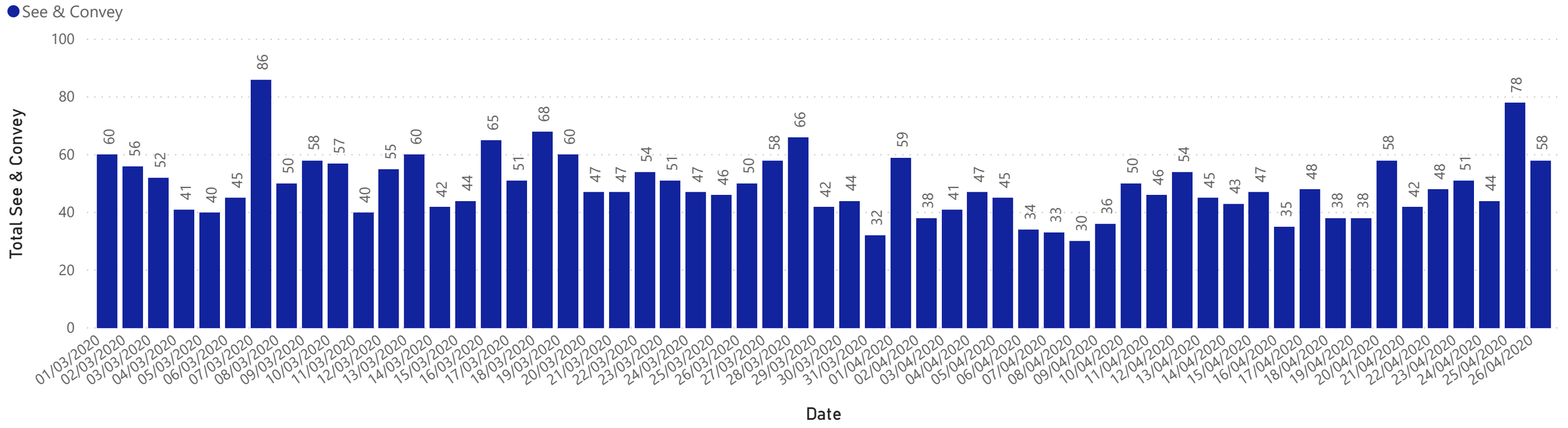


Total CSD Desk See & Treat

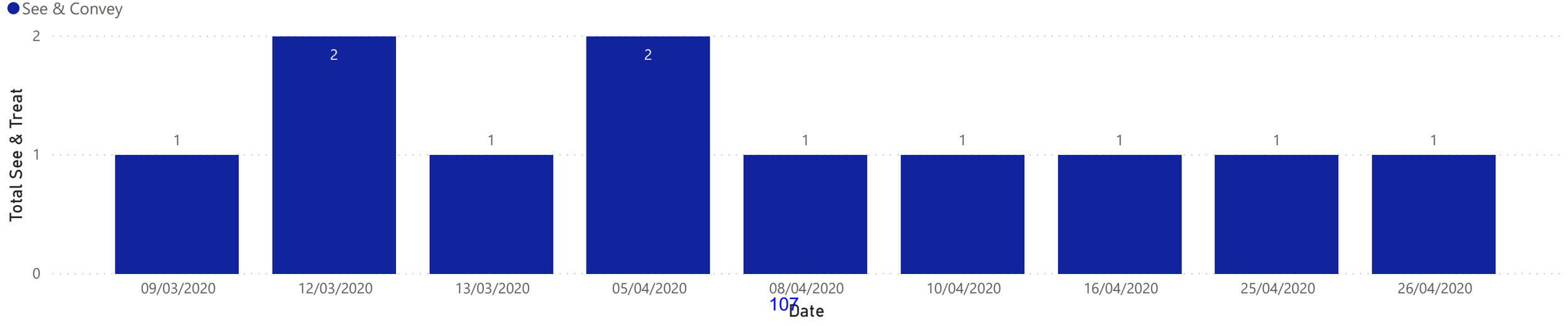


9. Clinical Support Desk (CSD) (since 1 March 2020) - Hear & Treat/See & Treat/See & Convey

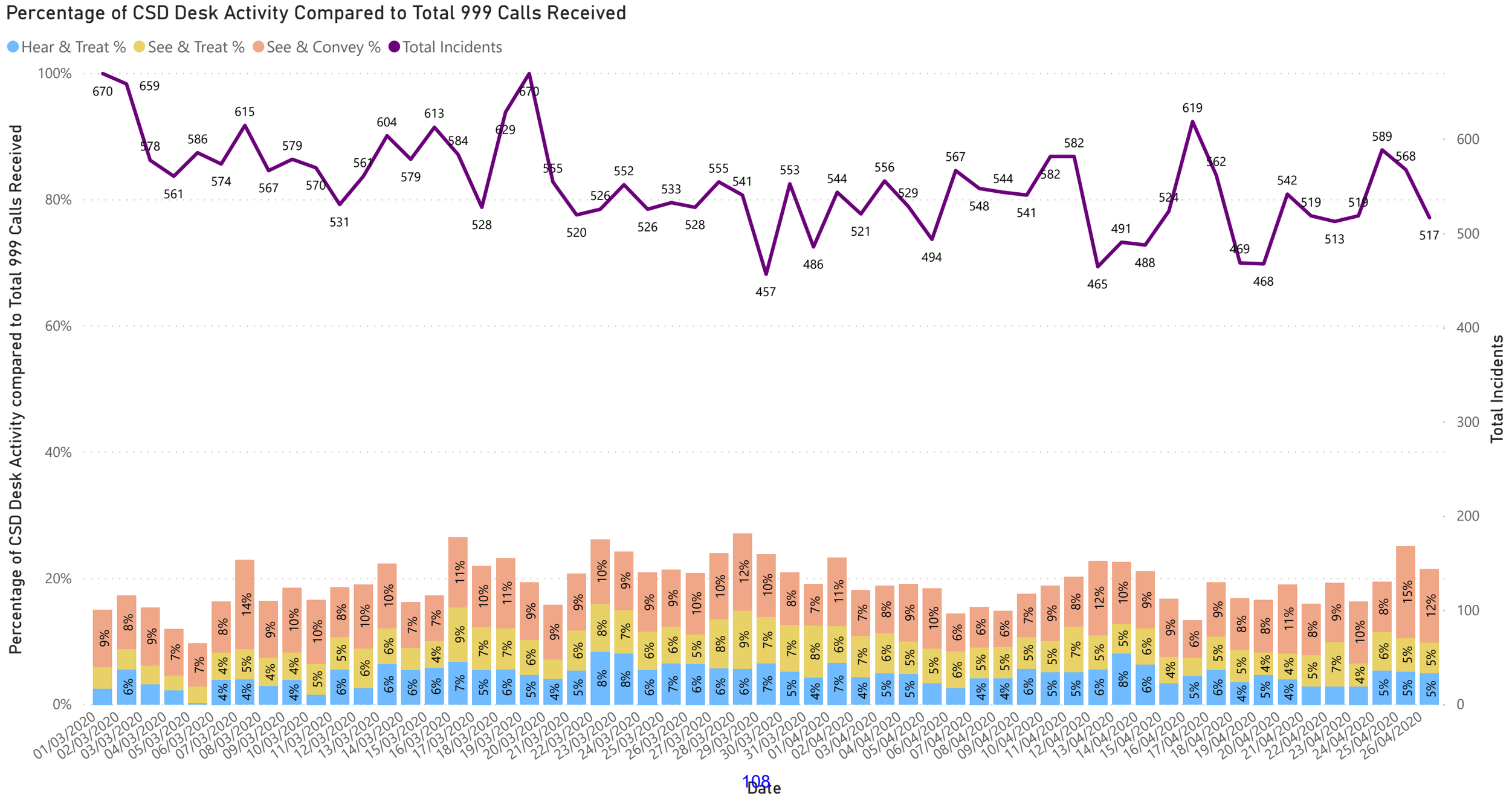
Total CSD Desk See & Convey Activity (Acute Hospitals)



Total CSD Desk See and Convey Activity (Non Acute Hospitals)

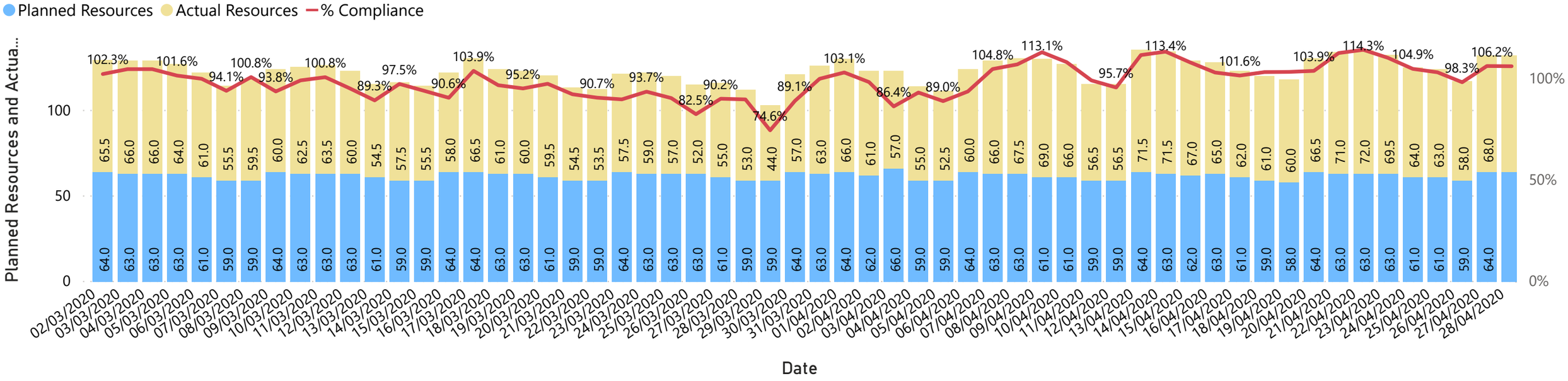


9. Clinical Support Desk (CSD) (since 1 March 2020) - Hear & Treat/See & Treat/See & Convey

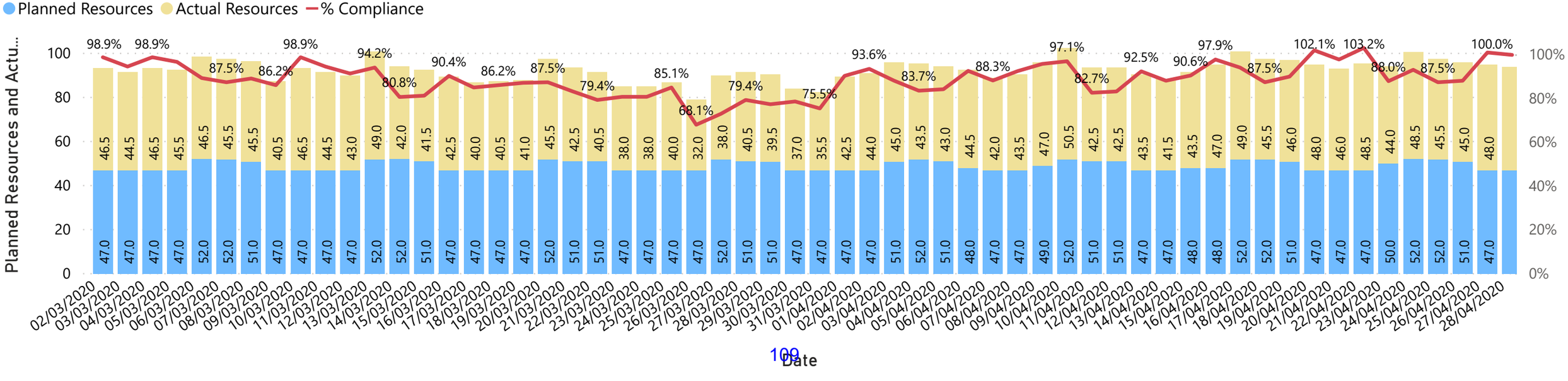


10. Vehicle Resource Levels

A&E NI Planned vs Actual Compliance by Day Shift

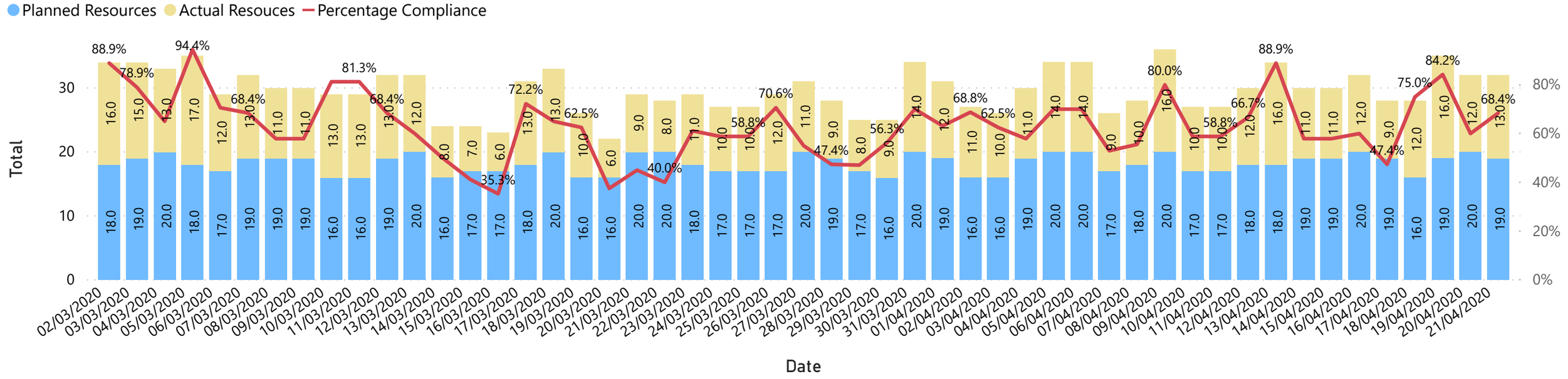


A&E NI Planned vs Actual Compliance by Night Shift

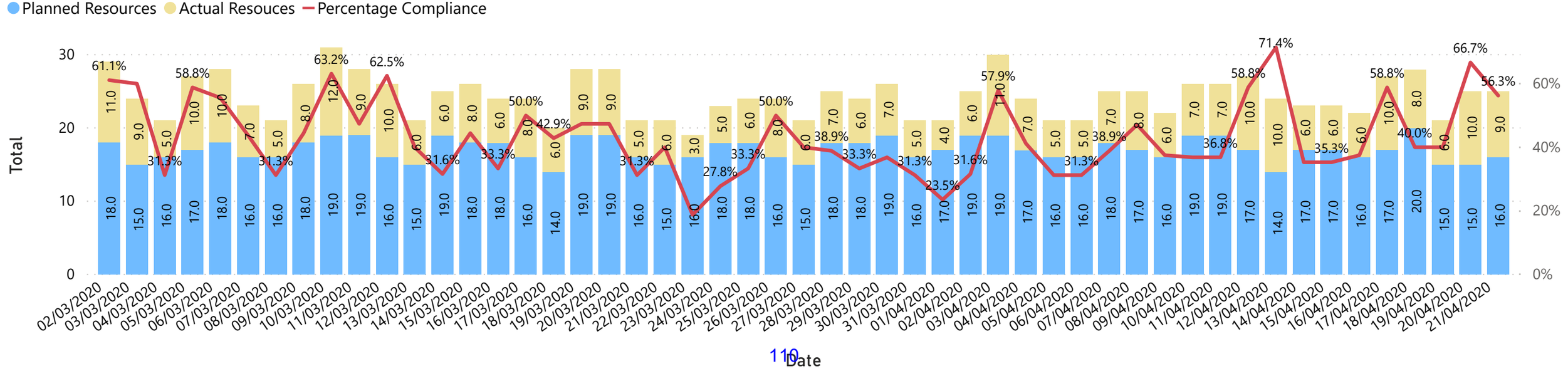


10. Vehicle Resource Levels

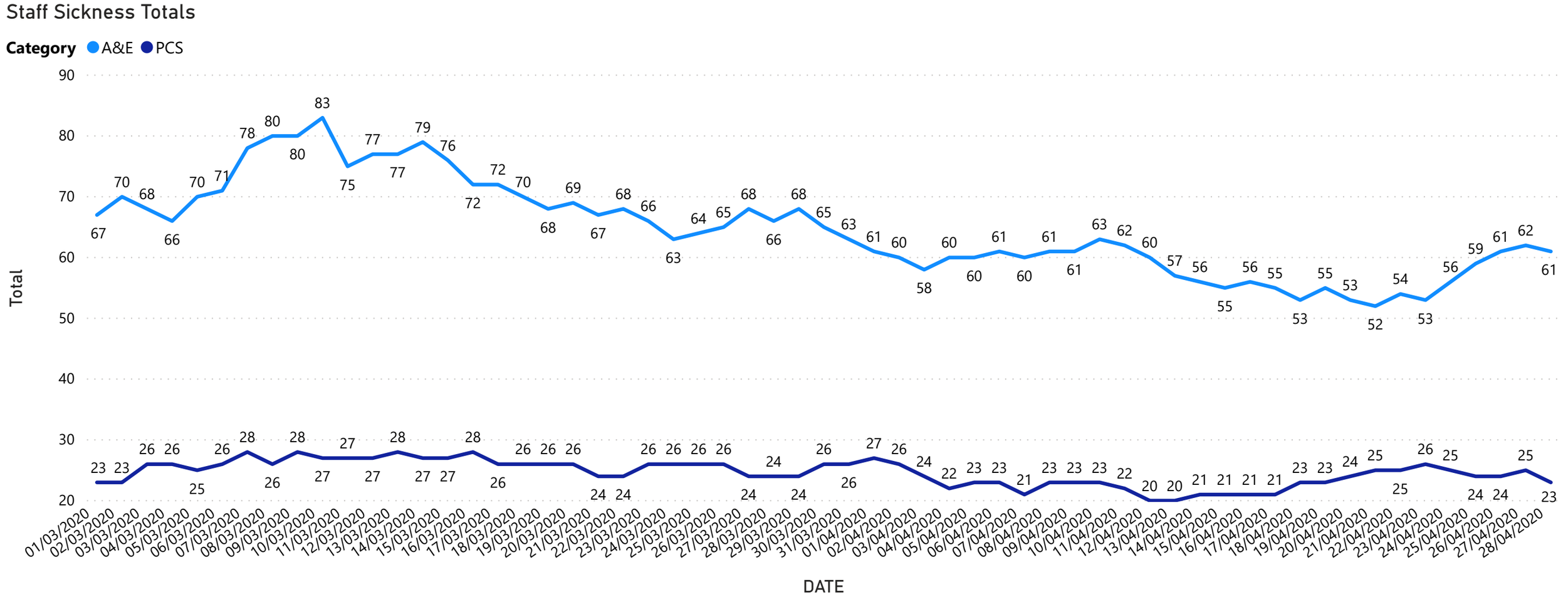
RRV NI Planned vs Actual Compliance by Early Shift



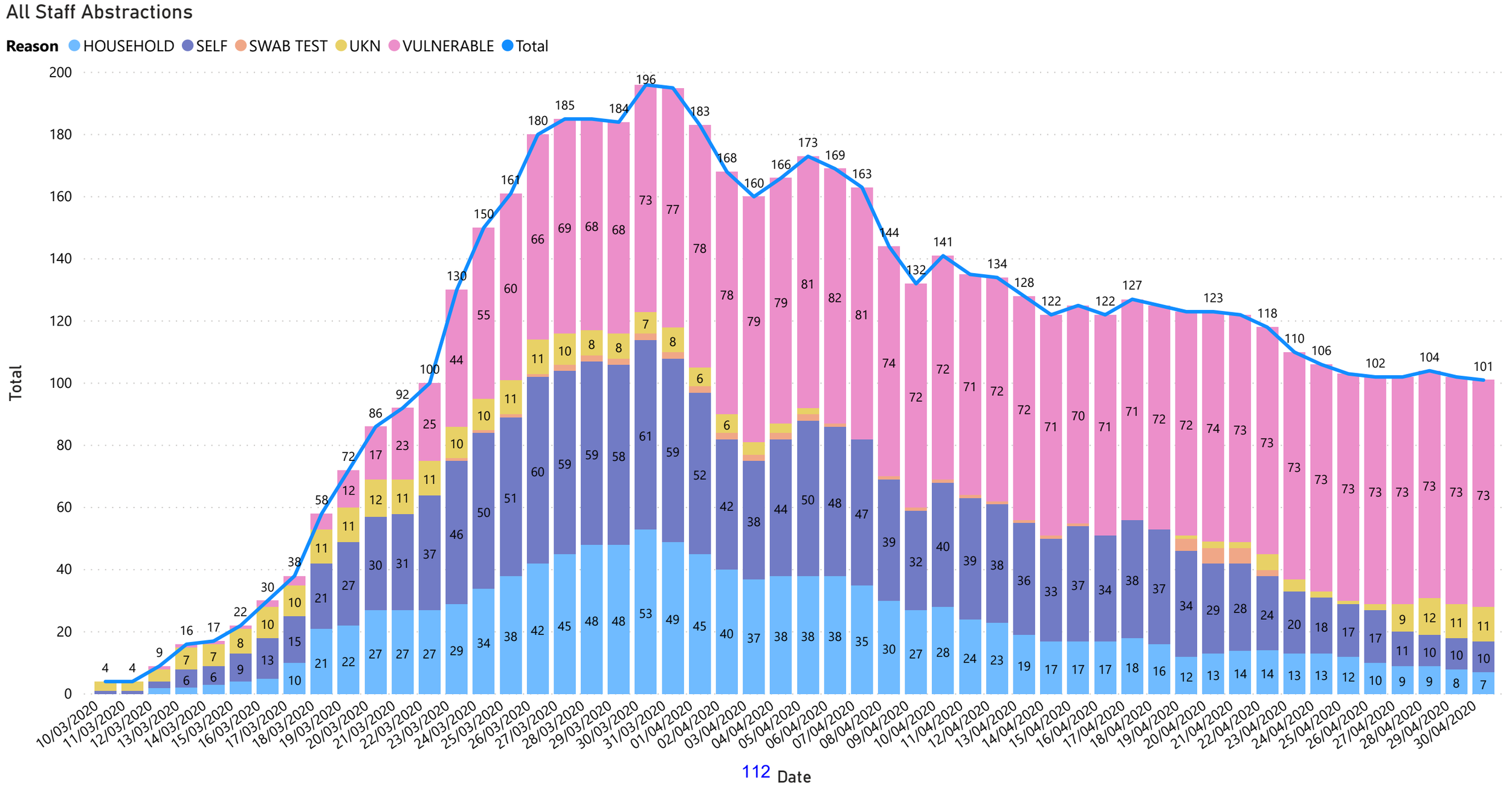
RRV NI Planned vs Actual Compliance by Late Shift



11. Current Staff Sickness Levels (Suspected COVID-19 staff absence is not included in this data)



12. NIAS COVID-19 Staff Abstractions by staff grouping (since 10 March 2020)



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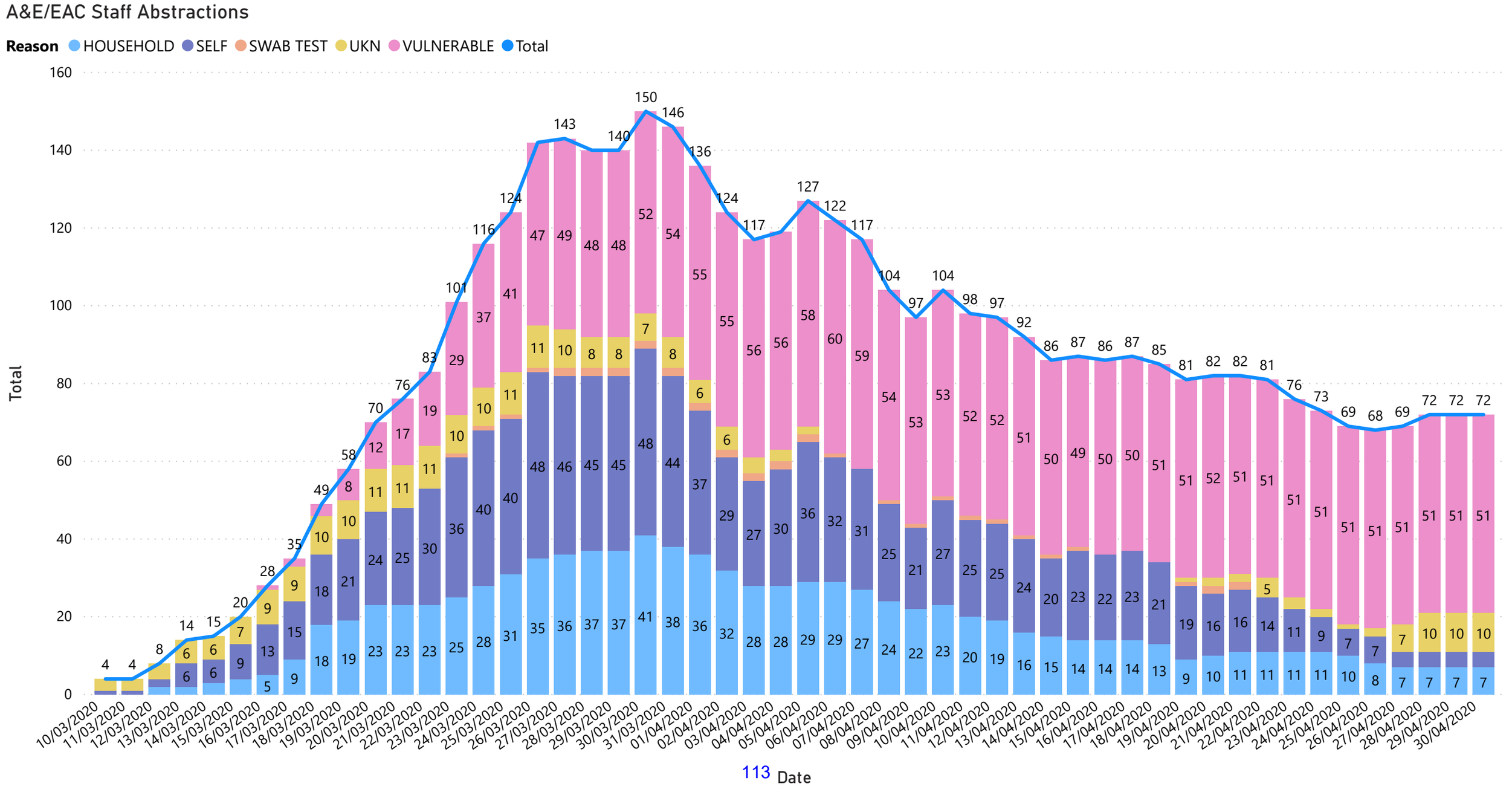

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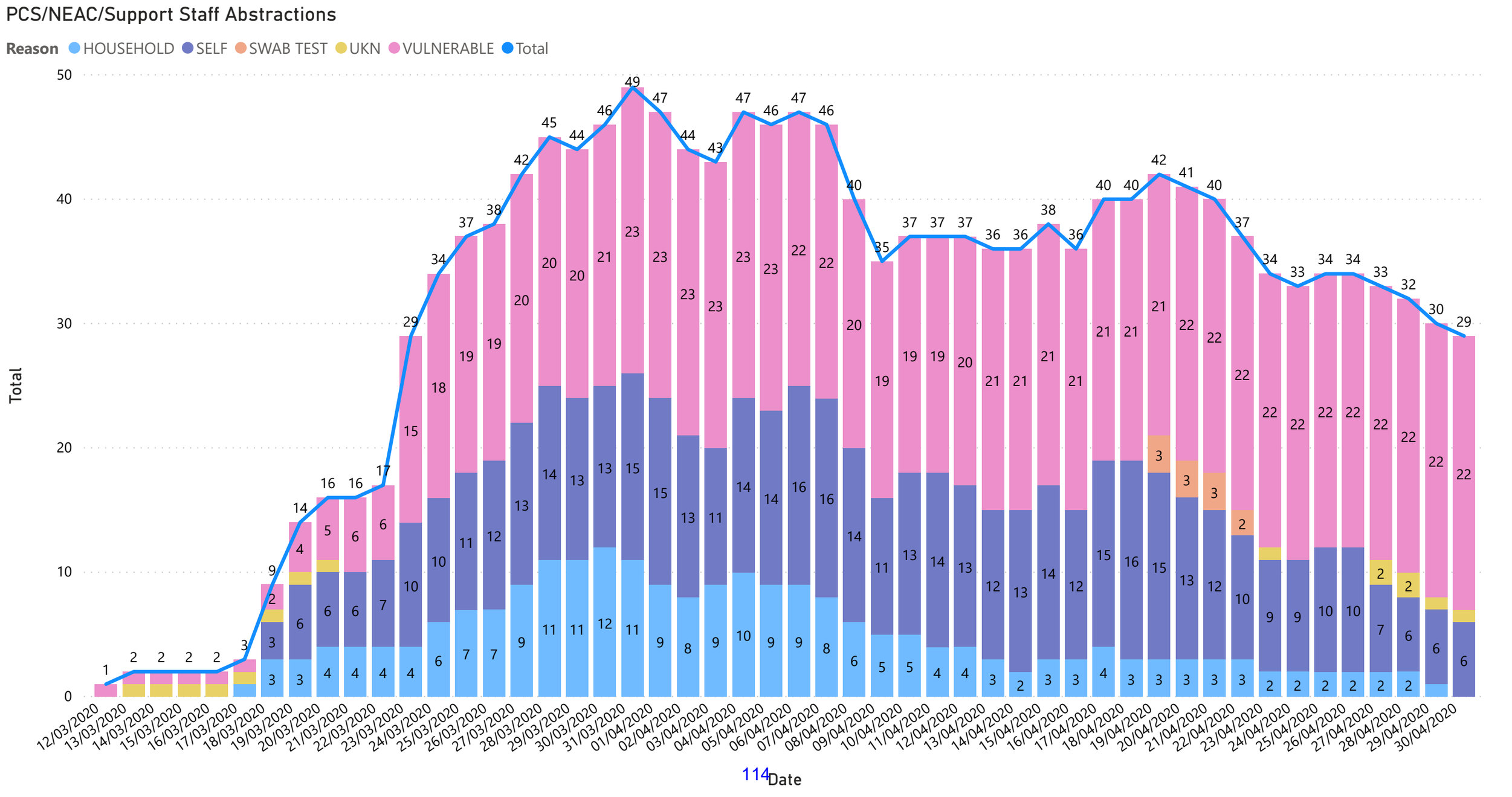
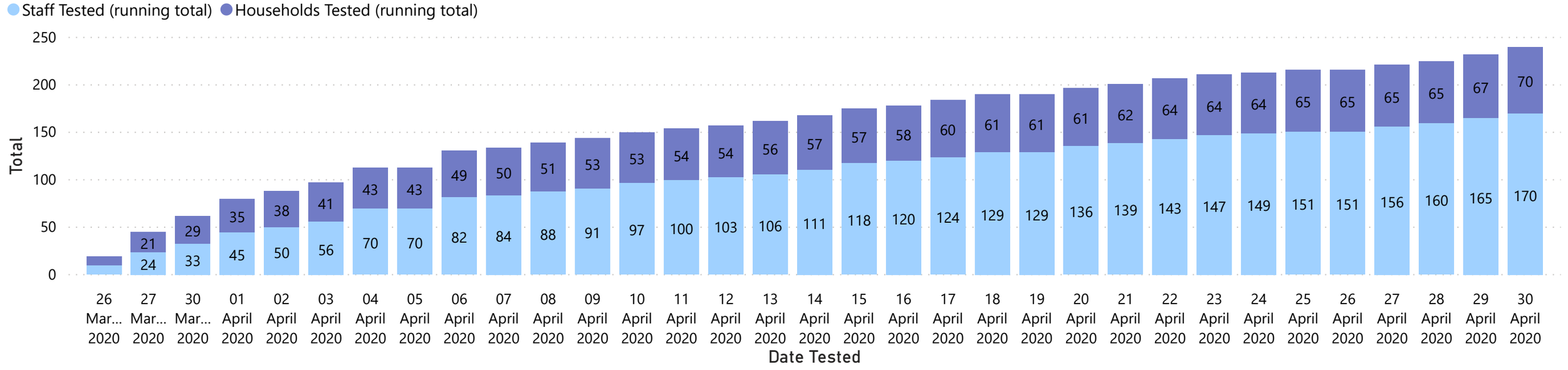
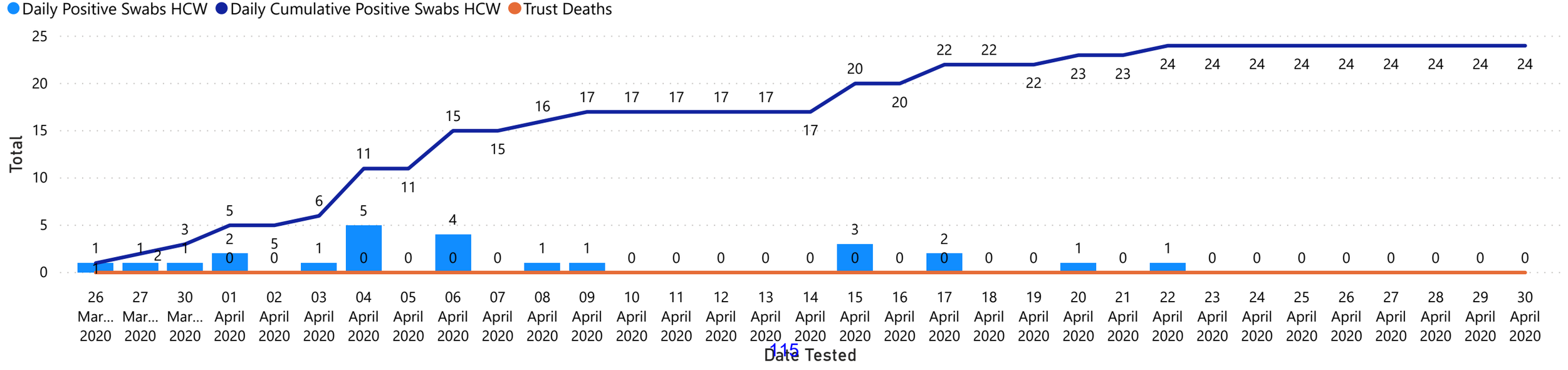


13. NIAS COVID-19 Swab Testing (since 26 March 2020)

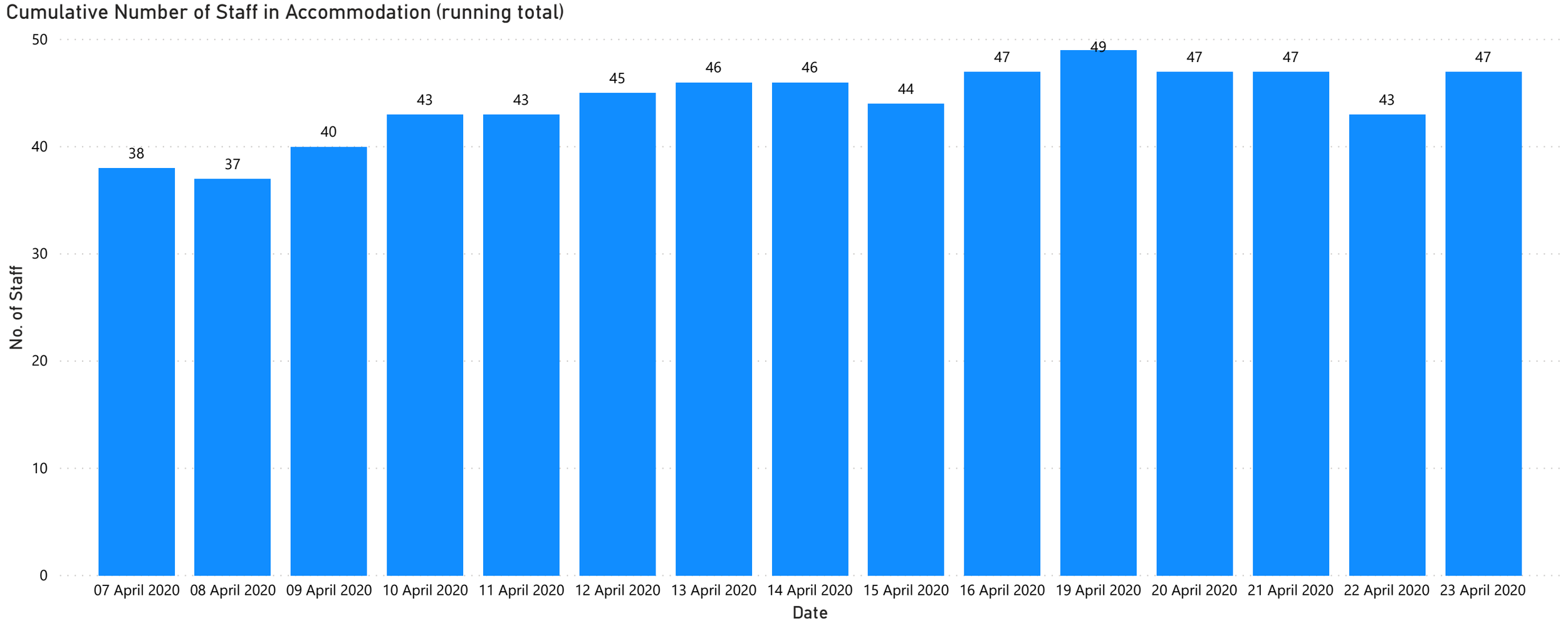
Staff Tested, Households Tested, Daily & Cumulative Positive Swabs HCW



Staff Tested, Households Tested, Daily & Cumulative Positive Swabs HCW



14. Emergency Accommodation Requests (since 7 April 2020)



TB/07/05/2020/06

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	7 May 2020
Title of paper:	Finance Report
Brief summary:	Members are asked to note the attached Finance & ICT report which closes off the financial year for 2019-20.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	Senior Management Team
Prepared and presented by: **Date:**	Paul Nicholson Interim Director of Finance & ICT 27 April 2020

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE and ICT DIRECTORATE

Director of Finance and ICT
March 2020 (Month 12)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a draft surplus of £19k for year ending 31 March 2020 (Month 12), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the full legitimate costs of Agenda for Change for NIAS will be funded.

This draft position, and all risks and assumptions contained within it, are subject to the satisfactory completion of Final Accounts, review by External Audit, approval by Trust Board and certification by the Northern Ireland Audit Office.

Financial position at the end of March 2020 (Month 12)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs		10,042	15,225	20,294	25,593	30,784	35,998	41,343	46,685	51,968	57,378	69,260
Other Expenditure		2,410	3,696	5,376	6,953	8,423	9,871	11,860	13,501	15,217	17,035	19,326
Expenditure Total		12,452	18,921	25,670	32,546	39,207	45,869	53,203	60,186	67,185	74,413	88,586
Income		147	220	299	436	520	576	609	691	737	836	933
Net Expenditure		12,305	18,701	25,371	32,110	38,687	45,293	52,594	59,495	66,448	73,577	87,653
Net Resource Outturn		12,305	18,701	25,371	32,110	38,687	45,293	52,594	59,495	66,448	73,577	87,653
Revenue Resource Limit (RRL)		12,305	18,701	25,374	32,110	38,687	45,293	52,594	59,495	66,448	73,577	87,672
Surplus/(Deficit) against RRL		0	0	3	0	0	0	0	0	0	0	19

Forward look financial position at the end of March 2021

The outlook for 2020-21 is uncertain. The additional challenges created by the current outbreak of COVID-19 are against a backdrop of planning assumptions indicating that financial resources will be increasingly constrained, both from a capital and revenue perspective. The extensive financial planning routinely conducted between the Trust, HSCB and DoH in order to deliver a balanced financial plan is also impacted by the current circumstances.

Even with this unprecedented uncertainty, it is anticipated that when the overall financial position of the Trust is brought together, the Trust will still carry a significant recurrent and in year deficit into 2020-21. However, the Trust remains committed to working with the DoH and HSCB in seeking to find solutions to deliver financial balance.

Capital Spend

The Trust has received a Capital Resource Limit (CRL) allocation of £8.346m. This allocation has allowed the Trust to continue with planned cyclical fleet replacement. Within this allocation, £4.346m has been earmarked for specific ICT schemes and contingency control room arrangements.

The outbreak of COVID-19 impacted on the Trusts ability to deliver against a number of these schemes. This was as a result of the need to move resources from specific projects, the impact on supplier capacity to deliver projects and wider supply chain issues. Cumulative capital expenditure for the year is estimated at £8.029m, which represents a forecast underspend of £317k. Specifically, the delivery and roll out of equipment for the replacement radio system and for the REACH programme was impacted by supply chain issues and the ability of NIAS to release staff and equipment as part of the roll out of these projects. This draft position is subject to the satisfactory completion of final accounts, review by External Audit, approval by Trust Board and certification by the Northern Ireland Audit Office.

Prompt Payment of Invoices

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

Performance by number of invoices paid for each of these measures is shown below. The 70% target was achieved however the 95% target was narrowly missed, but represented an improvement on the cumulative performance for 2018-19. This draft position is subject to the satisfactory completion of final accounts, review by External Audit, approval by Trust Board and certification by the Northern Ireland Audit Office.

A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary. The Trust will continue with efforts to maintain and improve performance in 2020-21.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Total bills paid	2,324	2,686	2,466	2,344	1,783	2,207	2,659	1,948	2,832	2,068	2,251	3,524	29,092
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,124	2,510	2,254	2,229	1,723	2,033	2,530	1,871	2,715	1,972	2,130	3,377	27,468
% bills paid on time	91.4%	93.4%	91.4%	95.1%	96.6%	92.1%	95.1%	96.0%	95.9%	95.4%	94.6%	95.8%	94.4%
Total bills paid within 10 working days (14 calendar days)	1,509	1,909	1,976	1,790	1,403	1,461	1,978	1,482	1,865	1,476	1,579	2,616	21,044
% bills paid on time	64.9%	71.1%	80.1%	76.4%	78.7%	66.2%	74.4%	76.1%	65.9%	71.4%	70.1%	74.2%	72.3%

Business Services Organisation (BSO) Procurement & Logistics Service (PaLS) Key Performance Indicators (KPI's)

The Business Services Organisation provides a range of services to The Trust, including Procurement and Logistics Services (PaLS), Legal Services, Technology Services and Internal Audit. New reporting arrangements for the Service Level Agreements have identified Key Performance Indicators (KPIs) in respect of Purchasing and Supply. Performance to the end of February 2020 (Month 11) is shown below. Reporting of performance for Month 12 was impacted by the outbreak of COVID-19 and is not available

Key Performance Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Processing Time Per Requisition Days (Target 5 Days)	3.37	3.21	2.97	3.67	4.21	5.35	3.94	4.31	5.33	4.48	4.98	
Percentage of Products Supplied on First Request % (Target 95%)	99.10%	99.90%	99.80%	99.80%	99.20%	100.00%	99.90%	99.62%	99.89%	99.60%	96.30%	
Number of Lines Issued (Stock and Non Stock Line)	1,456	1,285	1,312	795	1,290	1,236	1,822	1,797	1,609	2,074	2,048	
Value of Spend £k (Stock and Non Stock)	675	218	321	296	989	2,817	1,055	1,244	1,149	483	849	

Information Technology Systems - System Availability

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

February 2020 - Telephony failure

An incident occurred on 8th February causing the telephony switch to reboot itself and consequently the 'hold' facility was disabled. Operators could not transfer calls within the control room or place callers on hold. BT Engineers resolved the fault by restarting the call-connect server. Investigations are on-going to establish the root cause of the incident.
During the period of disruption no calls were lost or Ambulance despatch effected and contingency arrangements worked well.

Information Technology Systems - Developments

Any system developments are reported in this section.

Site 5 – Contingency EAC

NIAS has up to 35 control room staff working at any time and space constraints meant its existing EAC room at Knockbracken was not big enough to enable Covid-19 social distancing recommendations. Demonstrating its commitment to protecting staff and continuing to provide an emergency service, the Trust fast tracked the commissioning of a new build contingency EAC room at site 5. An additional 20 call taking/despatch desks were created based on extending ICCS, Telephony and CAD systems to the new building and enabling the EAC staff to be split with no more than 20 staff working safely in each room.

Due to Covid-19 there was a high demand on IT to facilitate home working for staff who were in a position to do so. This work was co-ordinated through IT and Emergency Planning where user requests were prioritised based on their criticality in supporting the NIAS Covid-19 response. Additional Citrix licences and keyfobs were procured and an additional six servers were built to load balance the extra demand for access to systems from home. Where possible Laptops and other mobile devices were redistributed to critical users and the Trust procured an additional 100 Laptops and phones. These new devices have recently been delivered to NIAS and will be configured and deployed over the coming weeks. NIAS IT have been able to meet the increased demand for remote working and will continue to support our users during this difficult period.

The Reach Project

This project is now paused due to the impact of COVID-19.

Radio Replacement Project

This project was delayed due to implementation of CRM and is now paused due to the impact of COVID-19.

ICT Help Desk Performance

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

	January			February			March		
Target to Respond to 95%	*No of Calls*	Within time	Actual	*No of Calls*	Within time	Actual	*No of Calls*	Within time	Actual
Immediate	*8*	8	100%	3	3	100%	10	10	100%
Urgent	*35*	35	100%	41	41	100%	59	59	100%
High	*8*	8	100%	38	38	100%	16	16	100%
Medium	*710*	697	98%	722	700	97%	683	660	97%
Low	*631*	630	100%	553	553	100%	574	574	100%
Total	*1392*			1357			1342		

TB/07/05/2020/07

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	7 May 2020
Title of paper:	Sponsorship and Governance Arrangements and Annual Report & Accounts 2019-20
Brief summary:	This paper provides an update to Trust Board on sponsorship and governance arrangements and the content and timetable for the production and certification of the Annual Report and Accounts 2019-20.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	Senior Management Team
Prepared and presented by:	Paul Nicholson – Interim Director of Finance & ICT
Date:	25 April 2020

Sponsorship and Governance Arrangements and Annual Report & Accounts 2019-20

HSC(F) 05-2020 issued 27 February 2020 outlined the timetable for the production and certification of the Annual Report and Accounts 2019-20. This included key dates for specific elements of draft accounts and subsequent audit and certification. The current situation in relation to Covid-19 has required a change to some of these key dates and also changes to the processes that would have been required under normal business arrangements.

The Department of Health has advised of a significant change to normal business arrangements. This relates to routine sponsorship and governance arrangements and also specifically no longer requiring the submission of an early draft governance statement. This advice is included in Appendix A.

In line with this guidance, where possible the Trust will work to adhere to the original dates for submission and subsequent audit and certification. This includes the original dates for submission of the Draft Annual Report and Accounts (7 May 2020), review by Audit Committee (28 May 2020) and approval by Trust Board (18 June 2020).

A summary of some of the revised key dates is included in Appendix B. The position in terms of processes, dates and content remain dynamic and will require flexibility throughout the process and through the recovery phase from these exceptional circumstances.

Appendix A

From Director, Corporate Management Directorate

To: ALB Chairs

ALB Chief Executives

Castle Buildings

Upper Newtownards Road

BELFAST

BT4 3SQ

Tel: 028 9052 0501

Email: laverne.montgomery@health-ni.gov.uk

Our ref: LM/30/03/2020

Date: 20 April 2020

Dear Colleagues,

COVID-19 – Sponsorship and Governance Activities to Pause

As the Department and ALB colleagues concentrate resources on the COVID-19 response, it is not possible to maintain all normal business arrangements. Necessary reprioritisation of our work must be undertaken to maintain critical services and to best tackle the significant risks to public health and social care in Northern Ireland.

To allow colleagues to fully focus on their COVID-19 response, most routine governance and sponsorship activities will be kept to a minimum until further notice.

I can advise that 2019/20 end-of-year Ground Clearing and Accountability Meetings will not take place.

There will not be a requirement for the Department to be provided with sight of a draft 2019/20 Governance Statement in advance of presentation to NIAO; the Governance Statement should be submitted as part of the draft annual report by Tuesday, 26 May 2020 for Trusts, HSCB, BSO and PHA and by Monday, 1 June 2020 for all other ALBs.

Initial guidance on a revised annual report and accounts timetable issued to Finance Directors from Departmental finance colleagues on Friday, 3 April 2020. It advised that, where possible, original timescales for annual report and accounts submission should continue to be adhered to, however, recognises that due to current circumstance this may not be feasible. Regardless, it remains that the Department no longer requires prior sight of the draft Governance Statement.

Further guidance will issue from Departmental finance colleagues regarding any revisions to the content of the annual report, this will include standard wording for the Governance Statement in relation to Coronavirus (COVID-19) – this is currently under consideration.

Further information on likely requirements in respect of future business planning etc. will issue when available and in line with any subsequent guidance or direction issued by the Department of Finance (DoF).

We will be looking, more than ever, to Non-Executive teams to step into this space and exercise support and constructive challenge to Executive colleagues. We should all maintain a sensible and pragmatic approach to governance throughout this period.

Accounting Officer Responsibilities remain unchanged; I trust that you will understand the practical approach being taken in the circumstances. These arrangements should facilitate everyone to focus resources as required. If you have any queries, please contact your usual Sponsor Branch contact.

Yours sincerely,

LA'VERNE MONTGOMERY

cc: Richard Pengelly

DoH Board Members

DoH Governance Unit

DoH Sponsor Branch Teams

ALB Governance Leads

Press Office

Appendix B

REVISED FINANCIAL ACCOUNTS TIMETABLE 2019-20	**HSCB/BSO/PHA/TRUSTS**
Governance Statement:	
Draft Governance Statement to Department (submission to each HSC body's Sponsor Branch; copied to departmental Governance Unit: ops@health-ni.gov.uk)	**Tues 26 May** *(Thurs 23 Apr)****
Draft Annual Report and Consolidated Accounts (Trust and Charitable Trust Accounts):	
Draft Accounts (including all narrative notes) submitted to NIAO & Dept (NIAO submission to: HSCaccounts@niauditoffice.gov.uk; Dept submission to: financial.accountingunit@health-ni.gov.uk)	**Tues 26 May** (*Thurs 7 May*) *
Annual report (including the Remuneration report)**	**Tues 26 May** *(Thurs 7 May)* *
Audit Process & Approvals:	
Draft NIAO Report to those Charged with Governance sent to Audit Committee (audit complete)***	**Tues 30 June** *(Wed 3 June)* *
Signed accounts submitted to NIAO***	**Tues 7 July***(Mon 22 Jun)* *
FINAL 2019-20 accounts certified by C&AG and audit certificate issued***	**Thurs 9 July** *(Tues 23 Jun)* *
Laying of Accounts	**Wed 15 Jul** *(Wed 1 Jul)* *

*Previous dates provided in italics in brackets for comparative information purposes only.

**Revised requirement unknown at present (remuneration report anticipated to remain).

***These target dates should be agreed individually with the organisation's auditor and may change as the audit progresses. Due to remote working it is recognised that audit completion is expected to take longer than has been the case in normal years.

TB/07/05/2020/08

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	7 May 2020
Title of paper:	Audit Committee minutes
Brief summary:	The approved Audit Committee minutes of 15 October 2019 and 26 March 2020 are before members for information.
Recommendation:	**For Approval** ☐ **For information** ☒
Previous forum:	Audit Committee
Prepared and presented by: **Date:**	P Nicholson Interim Director of Finance & ICT 27 April 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of the Audit Committee held by teleconference on Thursday 26 March 2020 at 10am (due to Covid-19)

PRESENT:	Mr W Abraham	Non-Executive Director (Chair)
	Mr D Ashford	Non-Executive Director
	Mr A Cardwell	Non-Executive Director
IN ATTENDANCE:	Mr P Nicholson	Interim Director of Finance
	Mr A Phillips	Assistant Director of Finance
	Mrs T Steele	Financial Accounts Manager
	Mr B Clerkin	ASM
	Ms C McKeown	BSO Internal Audit
	Mr S Knox	NIAO
	Mrs C Mooney	NIAS Board Secretary
APOLOGIES:	Mr M Bloomfield	Chief Executive
	Ms S Sellars	Board Apprentice

Welcome and Introduction to Meeting

Mr Abraham welcomed everyone to the meeting of the Audit Committee and thanked members for facilitating the meeting by teleconference. He acknowledged the challenging circumstances in which the Trust, and indeed the wider HSC, was operating.

Mr Abraham confirmed that he had been advised by NIAS that legal advice had been sought regarding holding the Committee via teleconference and it had been confirmed that the Committee would be valid.

1/20 Apologies

Apologies were received from Mr M Bloomfield and Ms S Sellars.

2/20 Declaration of Potential Conflict of Interest and Confirmation of Quorum

No conflicts of interest were declared and the meeting was confirmed as quorate.

3/20 Minutes of the previous meeting of Audit Committee

Mr Abraham advised that he had made a number of very minor amendments to the minutes.

The minutes of the previous Audit Committee meeting held on Tuesday 15 October 2019 were approved on a proposal from Mr Ashford and seconded

by Mr Abraham.

4/20 Matters Arising

Mr Nicholson noted several matters which had been noted in the minutes to be followed up. In particular:

Mid Year Assurance Statement (MYAS) - Mr Nicholson advised that the MYAS was being presented to the Committee for completeness only and reminded members that the final version of the MYAS had been agreed by Audit Committee in October 2019. He added that no significant changes had been made at that time.

Agenda for Change (AfC) - He said that members had requested an update on AfC which had been a long-standing issue for the Trust. Mr Nicholson acknowledged that this issue would be subject to detailed scrutiny in the External Audit Strategy.

Mr Nicholson further advised that, since the last meeting of the Committee in October, there had been significant progress in that the Trust had received correspondence from the DoH giving the Trust authority to proceed to close the issue. He explained that, on receipt of this correspondence, the Trust had written to Trade Unions outlining a way forward and added that work was being progressed to reach a resolution as soon as possible.

Patient Care Services (PCS) - Mr Nicholson referred to the request made to provide a briefing on PCS. He reminded members that a presentation had been given on the PCS Improvement Project to the Board member workshop on 24 February 2020.

Recruitment - Mr Nicholson also referred to the request for an update on progress following the internal audit of recruitment and advised that the Trust continued to prioritise this matter. He added that progress had been made and explained that this would be reported upon as part of the routine follow-up on the Internal Audit recommendations at the next Audit Committee meeting.

Continuing, Mr Nicholson said that there had been some discussion at the last Committee meeting in relation to progress on Internal Audit recommendations. He advised that there had been significant progress on these during the year both by Directorates and the Senior Management Team to progress a number of recommendations to a satisfactory conclusion. Mr Nicholson said that Internal Audit would now review the progress made against the recommendations as part of their year-end follow-up. He commended staff on the significant work to address the recommendations and said that this would be reported on in further detail at the May meeting.

Mr Cardwell sought clarification on the PCS Improvement Project and asked if this was ongoing. He also referred to the outstanding Internal Audit recommendations and asked if any were outstanding from 2013/14.

Mr Nicholson explained that the PCS Improvement Project was ongoing but clearly, progress had ceased in the current climate.

Mr Cardwell also referred to the work to be taken forward on a regional basis in relation to fraud.

Mr Abraham noted that Mr Phillips would provide an update on this towards the end of the meeting.

Mr Ashford sought clarification from Ms McKeown that she was content with the approach adopted by the Trust in terms of the final accounts, ie discussion at the May meeting.

Mr Nicholson pointed out that the final accounts process and timetable would undoubtedly be challenging in the current circumstances, adding that the DoH was currently considering this. However, he said that the Trust was proactively and reactively planning to put measures in place to deliver the accounts within the timescale currently identified.

Ms McKeown advised that her team was also working to the timeframes set for final accounts and would also be progressing the conclusion of the follow-up work in time for the next Committee meeting in May. She indicated that, while almost all work had been completed, the ICT audit report was yet to be issued and plans were in place to meet the agreed deadline to issue the report in April.

5/20 Chairman's Business

Mr Abraham reported that work was continuing in relation to the Audit Committee Self-Assessment Checklist and the Audit Committee Annual Report with a view to bringing them to the May meeting for consideration.

6/20 Internal Audit

NIAS Audit Committee Progress Report 2019-20

At the Chair's invitation, Ms McKeown took members through the progress report for 2019-20. She drew members' attention to page 4 of the report which set out the current position and gave details on those audits which had been completed to date as well as those reports issued in draft format.

Ms McKeown advised that Internal Audit was awaiting management comments for the Financial Review and also the Procurement and Contract Management audit reports. The ICT Audit fieldwork was ongoing and the Complaints, Claims and Incidents – Follow-up fieldwork had now been completed and the draft audit report would be issued shortly She reminded the Committee that the latter had been given an 'unacceptable' finding by Internal Audit and said she was pleased to report that excellent progress had been made. Ms McKeown said that a formal report would be presented to the May Committee.

Continuing, Ms McKeown also referred to consultancy work undertaken by Internal Audit looking at the organisational culture and said she was waiting on management comments before finalising.

Ms McKeown referred to the stock-take visits, which would usually take place at the end of each financial year and said that, in the current circumstances, she would not intend to attend but welcomed comments from the Chair and Mr Nicholson on this matter.

Mr Nicholson suggested that this could be covered later in the meeting when he would provide a brief update on the Trust's approach to Covid-19.

Mr Cardwell referred to page 2 of the report, in particular the reference to Key Performance Indicators, and sought further clarification on the statistics provided.

Responding, Ms McKeown acknowledged the ambiguity of the figures and said that the figures represented only those reports, which had been finalised. She added that the Trust would commence the new financial year with a much lower figure.

The Chair thanked Ms McKeown for her report.

7/20 <u>External Audit</u>

External Audit Strategy 2019-20

Mr Clerkin drew members' attention to the External Audit Strategy 2019-20, advising the Committee needed to consider the risks identified in the Strategy and identify if there were any additional risks, which may be relevant. He referred members to page 4 of the Strategy, which identified actions for the Audit Committee to consider.

Continuing, Mr Clerkin referred to page 7, which set out a significant audit risk identified at the planning stage relating to payroll related provisions, accruals and contingent liabilities. He explained that there were three elements to this: a long-standing AfC issue; the 2017 AfC regrading of a pay band issue; and the potential impact of the PSNI ruling. Mr Clerkin said that these were areas, which External Audit would seek an update on during the audit.

Mr Abraham sought an explanation as to how the PSNI ruling would impact upon the Trust.

In response, Mr Clerkin explained that there was potential for holiday pay to accrue in respect of overtime and in theory that could be retrospective for multiple years. He advised that this issue became apparent in May/June 2019 and had been identified as applying potentially across all the public sector.

Mr Nicholson added that the potential impact would be significant and said that it was estimated the ruling could cost approximately £1 million per annum. He also advised that it was likely that this ruling could apply retrospectively and go back multiple years.

Responding to a further question from Mr Abraham as to the process for exploring this further, Mr Nicholson confirmed that it was a regional issue and applied not only to the HSC but to the whole public sector. He confirmed that as part of exploring the issue, there would be assessment of the level of any liability. Mr Nicholson acknowledged that there were a number of ongoing case law that may impact on terms and conditions. He added that reference had been made in the Trust's annual accounts as well as within the External Audit Strategy.

Mr Clerkin drew members' attention to other risk factors on page 8 of the Strategy and identified a few, including the potential impact of change in discount rates. He advised that that the Department of Justice was currently consulting on this and added that clinical negligence provisions could differ substantially if the new rate was implemented.

Mr Clerkin advised that he had had initial discussions with Mr Phillips in relation to the Trust's position regarding the annual accounts. He added that updates were expected from the Department of Finance and the DoH in relation to reporting timelines for annual accounts in light of the Covid-19 situation. Mr Clerkin said that he would be happy to work with the Trust to meet the deadlines when confirmed.

Mr Cardwell asked if the PSNI intended to take their case to the Supreme Court.

Mr Clerkin said that he was unsure as to the current position and advised that the Department of Finance was to issue guidance for organisations on this matter.

Mr Ashford said that there was reference online to the fact that the PSNI had taken the pay issue to the Supreme Court. He referred to the other risk factors which had been identified on page 8 of the Strategy and asked if there had been any progress made in relation to the longstanding issue around BSO Payroll.

Mr Clerkin said that he was aware that there had been some progress in relation to the stability of systems.

Mr Abraham thanked Mr Clerkin for his presentation.

8/20 <u>For Noting</u>

Mr Abraham confirmed that there was no other business for noting.

9/20 Closed Meeting

Mr Abraham referred to the requirement to allow members and External Audit to meet independently of management. However he indicated that he did not believe such a meeting was required at this time.

10/20 Any Other Business

a) Fraud Update

Mr Phillips updated the Committee on how cases had progressed since the last meeting.

Responding to a question from Mr Abraham on why Case No 2827 had been designated as fraud case, Mr Phillips explained that this particular case involved an alleged request for credit card details.

Mr Phillips reminded members that the National Fraud Initiative (NFI) which was coordinated by the National Audit Office, sought to extract, compare and match electronic data from public bodies across the UK, for the purposes of providing assistance in potential fraud investigation.

Mr Phillips confirmed that the 2018 exercise had now been completed to his satisfaction with no issues having been identified.

Mr Phillips updated the Committee on the ongoing work in relation to fraud awareness and also progress on regional fraud issues.

b) Coronavirus Update

Mr Nicholson said that members would be aware of the risks and challenges that this pandemic presented to patients, the public and staff.

He said that the Committee had already touched upon the final accounts process and timetable, which may be subject to change. He added that this was currently being considered by the DoH and he undertook to keep members updated. However, he said that Trust officers were currently working to the existing timetable which was very fluid.

Mr Nicholson referred to the requirement to carry out a physical stock-take and said that this would have to be reviewed. He explained that to have staff in close proximity at this moment would not be helpful. Mr Nicholson said that he proposed to include an estimated stock value in the accounts and added that this would be subject to review by External Audit.

Continuing, Mr Nicholson explained that the current situation would also result in changes to business processes and he cited an example of invoice approval. He indicated that the Trust was considering changes to how/who approved invoices. He said that there was a need to make concerted efforts to ensure business continuity and to ensure the supply chain whilst, at the

same time, recognising that staff who had previously approved invoices, may not now be available and staff released from operational to frontline duties.

Mr Nicholson further explained that changes to business processes also applied to other organisations who provided services to the Trust, for example BSO who may need to implement its own Business Continuity Plan. Mr Nicholson assured members that, while these changes may impact on the Trust, the Trust was working to existing timeframes for payroll which included the 2019-20 pay award.

Mr Nicholson acknowledged that such changes to business processes increased the risk of error and fraud and he said that this had been referred to earlier by Mr Clerkin in his presentation of the External Audit Strategy. He alluded to risks going into the new financial year such as staff, service delivery, financial balance and suppliers and acknowledged the pressures in every element of Trust business.

Thanking Mr Nicholson for his briefing, Mr Abraham conveyed his deep appreciation, and that of his colleague Non Executive Directors, for the efforts being made by everyone involved. He emphasised the desire to keep patients and staff as safe as possible and wished to have on record that the Committee's thoughts and prayers were with staff. Mr Abraham asked that this was communicated to staff.

Mr Ashford echoed the comments made by Mr Abraham and reiterated his emphasis on keeping patients and staff safe.

Mr Cardwell said that he fully endorsed the comments made by Mr Abraham and said that he very much appreciated the work being done by all concerned.

Mr Abraham said that he would like to see some form of recognition for those staff members who had served.

Referring to the stock-take and the need to include estimations within the accounts, Mr Nicholson confirmed to Mr Knox that stock levels were approximately £100,000.

Ms McKeown pointed out that Internal Audit usually considered the forthcoming Internal Audit Plan at this time of year and said that officers had already met with Mr Nicholson and his team to discuss. However, she said that, given the current circumstances, she would encourage NIAS management and the Committee to consider how Internal Audit could assist the Trust in a consultancy basis.

Mr Abraham thanked members for their attendance to allow the Committee to progress its business.

11/20 Date, Time and Venue of Next Meetings

It was noted that the next meeting of the NIAS Audit Committee would take place on Thursday 28 May 2020 at 10am. Members to be advised of arrangements.

Mr Abraham noted that members would be available for any interim meetings, should the Trust determine these necessary.

The Committee also noted the dates identified for future meetings.

Signed: William Abraham

Date: 21 April 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of a meeting of the Audit Committee held on Tuesday, 15th October 2019 at 2:00pm in the Boardroom, Ambulance Headquarters, Site 30 Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG

PRESENT:	Mr W Abraham	Non-Executive Director (Chair)
	Mr D Ashford	Non-Executive Director
	Mr T Haslett, CBE	Non-Executive Director
IN ATTENDANCE:	Mrs N Lappin	Chair
	Mr M Bloomfield	Chief Executive
	Mr P Nicholson	Interim Director of Finance
	Mr R Sowney	Interim Director of Operations
	Mr A Phillips	Assistant Director of Finance
	Mrs T Steele	Financial Accounts Manager
	Mr B Clerkin	ASM
	Mr D Charles	BSO Internal Audit
	Mrs H Hagan	DoH
Minute Taker	Mrs S McMullan	Senior Secretary

Welcome and Introduction to Meeting

Mr Abraham welcomed everyone to the meeting of the Audit Committee and thanked all members for their attendance.

1.0 Apologies

Apologies were received from Rachael Porter, Northern Ireland Audit Office.

2.0 Declaration of Potential Conflict of Interest and Confirmation of Quorum

No conflicts of interest were declared and the meeting was confirmed as quorate.

3.0 Minutes of the previous meeting of Audit Committee

The minutes of the previous Audit Committee meeting held on Tuesday, 18th June 2019 subject to a number of minor amendments were approved.

4.0 Matters Arising

No items were discussed under this agenda item.

5.0 Chairman's Business

Mr Abraham asked for an update on the issue of Agenda for Change regrading

from the previous minutes. Mr Bloomfield had met with the Permanent Secretary shortly after the previous Audit Committee and confirmed agreement to proceed with the process of in reaching agreement on the regrading of Paramedics and Emergency Medical Technicians. A proposal has been sent to Trade Unions and to date the Trust has not received formal confirmation of acceptance from them. Mr Bloomfield stressed the importance of resolving the issue this year. Mr Bloomfield noted that he attended Staff Engagement sessions and that the general view was that staff want to bring this to a conclusion.

Mr Abraham requested an update at the next Audit Committee meeting in January.

6.0 Internal Audit

6.1 Progress Report

Mr Charles presented the Progress Report to the Committee and advised that he had received a request from NIAS management to defer the 2019/20 audit of Information Governance until 2020/21 due to resource issues. Mr Nicholson noted that the Trust is currently waiting on an Assistant Director being appointed for Information Governance and that steps are being made in this area. Mr Charles noted that they were content to postpone this audit until 2020/21 which is an audit area that is reviewed once every three years.

Patient Care Services 2019-20

Mr Charles advised that both he and Catherine McKeown met with Mr Bloomfield to look at the key risk areas in PCS. He added that Mr Bloomfield had requested an audit in this area which had never been audited before. Mr Charles advised that an Unacceptable level of assurance was being provided due to four significant findings (performance management; number of different systems in use; operational management; and planning and scheduling) and went through the findings in detail. Mr Charles advised that management had accepted all of the recommendations.

Mr Bloomfield advised that this audit was requested by himself and that he had no issues with the report. Mr Bloomfield stated that he wants a fundamental review of the area and advised that the Assistant Director of Operations (Control & Comms) will be released to commence this review, with a backfill for that post.
Mr Sowney advised that he agreed and supported Mr Bloomfield's comments.

Mr Abraham commended managements approach to the issue and would welcome a presentation at Trust Board.

Recruitment 2019-20

Mr Charles advised that this audit covered elements of work performed at BSO Recruitment Shared Services and NIAS Retained HR. Mr Charles advised that a Limited level of assurance was being provided due to four significant findings (performance management and reporting; process prior to recruitment requisition for new posts; quality assurance of recruitment requisitions; and

recruitment process once advertised) and went through the findings in detail. Mr Charles advised that management had accepted all of the recommendations.

Mr Abraham noted that these were significant issues. Mr Bloomfield advised that there is a lack of visibility and information and other internal delays within NIAS.

Mr Abraham requested an update at the next Audit Committee meeting in January including action points.

Risk Management 2019-20

Mr Charles advised that a Satisfactory level of assurance was being provided and that no significant findings had been identified. Mr Charles went through the findings in detail. Mr Nicholson commended Mrs Keating (Risk Manager) on her work in this area.

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6.2 Mid-Year Follow-up Review of Outstanding Internal Audit Recommendations 2019-20

Mr Charles advised that the Committee would be familiar with this paper as it is presented twice a year to the Audit Committee (mid-year and year end). Mr Charles highlighted that 55% of the 123 outstanding recommendations were fully implemented adding that providing satisfactory evidence is vital to closing a recommendation. Mr Charles added that there were a number of recommendations outstanding from 2013-14 to 2015-16.

Mr Charles stated that Audit Committee had to approve the closure of accepted recommendations that were no longer relevant.

Mr Bloomfield and Mr Nicholson agreed to review the outstanding recommendations with a view to progressing implementation.

6.3 BSO Shared Service Update

Mr Charles advised that three audits had been performed of BSO Shared Services. Mr Charles confirmed that Satisfactory level of assurance had been provided to the Accounts Payable and Accounts Receivable Shared Services, whilst the Payroll Shared Service was provided a Limited level of assurance. Mr Charles highlighted that since the last audit in March 2019, eight out of the twenty-six Priority 1 and 2 outstanding recommendations were implemented, six remain partially implemented and one not implemented. Mr Charles continued that although things are moving in the right direction there is still room for improvement. Mr Charles advised that a comprehensive audit of the Payroll Shared Service will be performed at year-end.

6.4 Head of Internal Audit Mid-Year Assurance Report

Mr Charles presented the Mid-Year Assurance Report, which verifies the robustness of the Trust's organisation's system of internal governance. Mr Bloomfield requested that prior to submission to the Permanent Secretary, the report highlights that the Trust requested the areas of Recruitment and Patient Care Services to be audited.

6.5 Internal Audit Annual General Report 2017/18 and 2018/19

Mr Charles noted that this report has been previously presented at the last Audit Committee on 18 June 2019. He confirmed there were no further updates or issues in relation to this report.

7.0 External Audit

7.1 External Audit Final Report to those Charged with Governance 2018-19

Mr Clerkin noted that there was a lot of discussion at the last Audit Committee meeting around accruals/provisions in relation to the regrading of paramedics and the regrading of Emergency Medical Technicians. He confirmed that agreement was achieved after the last Audit Committee meeting that these should be treated as accruals.

Mr Clerkin notified the Committee that Mr Denver Lynn has announced his retirement and therefore the contact for the Trust will be changing in the coming months. He continued that planning has now begun in regards to the 2019/20 audit.

8.0 For Approval

8.1 Mid-Year Assurance Statement 2019-20

Mr Nicholson noted that this document should be familiar with Committee members and added that the structure of the document is set by the Department of Health. Ms Hargan advised that it needed to reflect the overall limited assurance provided by Internal Audit last year-end. The Committee discussed the document and subject to a number of minor amendments were approved.

8.2 Audit Committee – Terms of Reference

Mr Phillips advised the Committee that the Terms of Reference were amended to reflect changes made to the Standing Orders in June 2019. The Committee approved the Terms of Reference.

8.3 Standing Financial Instructions

Mr Nicholson noted that this document is read in conjunction with the Standing Orders. He continued that there are numerous changes highlighted and thanked Mr Phillips for the work and effort he has put into this document. Mr Abraham commended an excellent piece of work. The Committee approved the Terms of Reference subject to a minor amendment.

9.0 Closed Meeting

Mr Bloomfield, Mr Nicholson, Mr Sowney, Mr Phillips, Mrs Steele and Mrs McMullan were excused from the meeting for a short period of time to allow Audit Committee members to meet independently with the Internal and External Auditors. On their return, Mr Abraham advised that there were no matters arising or actions required as a result of the closed meeting.

10.0 Any Other Business

10.1 Fraud Update

Mr Phillips distributed a Fraud Update to the Committee and advised that since his last report to the Audit Committee in May 2019 there had been no new cases reported. He continued that there is currently one ongoing case which was previously reported to the Audit Committee.

Mr Phillips advised that the Department of Health surveyed HSC organisations, which identified that further regional work is required in relation to: Counter Fraud Action Plan; Fraud Risk Assessment; Fraud Liaison Officer training; and Fraud Awareness Strategy.

11.0 Date, Time and Venue of Next Meetings

Future dates will be announced as soon as possible.

Signed: William Abraham Date: 26 March 2020