



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

AGENDA

- 1 Welcome & Declarations of Conflict of Interest *[Click on links to navigate:](#)*
- 2 Minutes of the previous meeting of the Trust Board held on 7 May 2020 TB27/05/2020/01
For Approval
- 3 Matters Arising
- 4 Chair's Update
For Noting
- 5 Chief Executive's Update
For Noting
- 6 Draft Corporate Plan 2020-21 TB27/05/2020/02
For Approval
- 7 Rebuilding HSC Services TB27/05/2020/03
For Noting (to follow)
- 8 Date & venue of next meeting: **Thursday 18 June 2020. Arrangements to be confirmed**
- 9 Any Other Business



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

A meeting of Trust Board to be held at 2.00pm on
Wednesday 27 May 2020 via Zoom (*due to Covid-19*)

TB/27/05/2020/01



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

PRESENT:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr A Cardwell	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
	Mr R Sowney	Interim Director of Operations (left the meeting at 11.10am)

IN ATTENDANCE:	Mr B McNeill	Clinical Response Model (CRM) Programme Director
	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Ms S Sellars	Board Apprentice
	Mrs C Mooney	Board Secretary

1 Welcome, Introduction & Apologies

The Chair welcomed Ms Maxine Paterson to her first Trust Board meeting and reminded members that she had joined the Trust at the beginning of April as the Director of Performance, Planning & Corporate Services. The Chair also welcomed back Ms Roisin O'Hara as Programme Director – Strategic Workforce Planning.

The Chair confirmed that there were no conflicts of interest in any items to be discussed.

2 Previous Minutes (TB07/05/2020/01)

The minutes of the previous meeting held on 5 March 2020 were **APPROVED** on a proposal from Mr Cardwell and seconded by Mr Abraham subject to the following amendment requested by Mr Sowney:

Page 14, 3rd paragraph should read ‘...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 therefore the very type of person likely to be affected by such incidents they might witness.’

3 Matters Arising

There were no Matters Arising.

4 Chair's Update

The Chair said that she wished to use her update to formally record her thanks to all staff within NIAS who had responded and who continued to respond to the Covid-19 pandemic. She added that this had, on many occasions, required staff to work in new ways and said that staff had responded to such challenges.

The Chair paid particular tribute to members of the Executive Team who had made a significant contribution over the last number of weeks. She said that it was clear from her involvement in NIAS Gold calls that the appropriate structures had been in place to manage the challenges that the pandemic had presented.

The Chair drew members' attention to proposed changes in Standing Orders in relation to the Trust's ability to hold its meetings in public and stressed the importance of balancing the scrutiny aspect alongside the necessity to ensure transparency of proceedings. She explained that, while it was not possible on this occasion to admit members of the public, she would be happy to revisit this moving forward and pointed out that the minutes of the meeting would be posted on the Trust website in due course.

The Chair indicated that the agenda and papers had been posted on the website and members of the public had been provided with an opportunity to submit any questions relating to any of the agenda item. However no questions had been received.

Approval to the amendments to the Standing Orders were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Ashford.

5 **Chief Executive's Update**

Mr Bloomfield thanked the Chair for her remarks and said he deeply appreciated the significant contributions made by all Trust staff.

Referring to the March Trust Board meeting, Mr Bloomfield said that he had made reference in his update at that time to the coronavirus pandemic, stating that it would become 'a priority issue for the Trust over the coming months with other work being impacted.' He said that subsequent to this, working life had changed dramatically and any work which was not Covid-19 related had ceased.

Mr Bloomfield said that lockdown had resulted in significant changes to the way in which individuals worked with all business being carried out via teleconference or Zoom.

He echoed the Chair's earlier comments in relation to the contributions of Director colleagues and said that he had been proud and extremely appreciative of their input over the last number of months.

Mr Bloomfield reminded the meeting that the pandemic had come at the end of a challenging year for the Trust which had included staffing shortfalls during the summer months; the implementation of the Clinical Response Model; a period of industrial action and winter pressures at the start of the year. He said that the sense of commitment and flexibility shown by staff throughout the organisation had been commendable.

Continuing Mr Bloomfield said that he would like to pay particular tribute to Operational staff who come into direct contact with Covid-19 on a daily basis and some of whom had made huge personal sacrifices by moving out of family homes. He said that these sacrifices had been highlighted on the national BBC news recently.

Mr Bloomfield indicated that this commitment and good planning had meant that the service had managed well during the peak of the pandemic. He said that the general public and numerous companies had shown their appreciation for staff by making donations to local stations and added that these donations had contributed to the good morale amongst staff.

Mr Bloomfield indicated that one of the frustrations resulting from the pandemic had been the impact on other work, in particular the inability to progress the transformation plan outlined in the Trust's Strategic Plan which had been launched on 5 March 2020. Mr Bloomfield said that it had also not been possible to continue with planned staff engagement sessions and said that he had been keen to maintain momentum on this.

However, he said, attention was now being turned to recovery and he indicated that he hoped to seek members' approval to the draft Corporate Plan at the Trust Board meeting scheduled for 27 May.

Mr Bloomfield advised that the first virtual staff engagement session would be held later that afternoon and indicated that staff had set the agenda for that by submitting questions in advance of the session. He added that, if successful, further sessions would be planned.

Concluding his update, Mr Bloomfield said that he would like to express his thanks to Board members for their support and encouragement over the last few weeks.

Non Executive Directors echoed Mr Bloomfield's comments in relation to the sacrifices made by staff. Mr Haslett in particular welcomed the recent coverage on both national and local news and said that, on occasions, ambulance services appeared not to receive as much recognition as much as other elements of the wider NHS.

Mr Sowney thanked Mr Bloomfield for his leadership during these challenging times.

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

6 **NIAS Covid-19 Response Assurance Report (TB07/05/2020/02)**

Introducing this agenda item, the Chair said that she had been pleased to receive this report and had been particularly pleased at the level of detail within it. Thanking those individuals who had contributed to its content, the Chair clarified that, while not seeking approval of the Report, she would seek members' support for the approach taken to date.

At the Chair's invitation, Ms Paterson explained that the aim of the paper was to provide Board members with assurance on NIAS' preparedness and response to the COVID-19 pandemic. She advised that the paper highlighted some of the challenges posed by the pandemic and demonstrated how the Trust had 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.

Ms Paterson pointed out that the document remained 'live' and would evolve over time. She added that it would also allow the Trust to determine what had worked and what could be improved upon so lessons could be incorporated into future responses for surge or business continuity planning as well as transitioning through the recovery period. Ms Paterson advised that each directorate had contributed to the document and she said that she would appreciate any feedback Board members may have.

The Chair said that she had found the document helpful, in particular the timeline which clearly showed how quickly the Trust had been able to put the appropriate structures into place.

Mr Abraham welcomed the report and thanked all those who had contributed to it. He drew members' attention to page 37 which made reference to a 'retained stockpile of PPE' and sought further clarification in relation to this in terms of increasing the stockpile and ensuring its rotation. Mr Abraham also sought further detail on the National Ambulance Resilience Unit (NARU) as well as the NI Civil Contingencies Group.

Responding to Mr Abraham on the Civil Contingencies Group, Mr Bloomfield explained that this Group co-ordinated and ensured the effectiveness of the pandemic response across all Government

departments and he added that he had represented NIAS at meetings. He further explained that its membership during the Covid response comprised Permanent Secretaries of all Government departments, PSNI Chief Constable, NIFRS Chief Officer and is chaired by the Head of the Civil Service. Mr Bloomfield said that, while the Group's initial focus had been very much health based, this had recently shifted to wider public service issues.

Dr Ruddell explained that the PPE stockpile provides for an initial response to situations that required special protection measures, but is increased in a situation where a response becomes protracted. He cited the example of Ebola and said that PPE had been used by staff when treating patients with Ebola. Dr Ruddell advised that the specialist HART teams also required quick access to specialist equipment on occasions. He added that the regional PPE stockpiles are released to backfill and stock other health care partners as their own running stocks are used up.

Dr Ruddell pointed out that, in the event of a full pandemic, the initial stockpile of PPE retained by NIAS would not be sufficient to cater for all staff in the longer term.

In response to Mr Abraham's query around NARU, Dr Ruddell explained that NARU is the National Ambulance Resilience Unit which provides guidance and ensures that NHS ambulance services are effectively trained and fully equipped to provide the best frontline health care during the most complex incidents such as chemical/biological attacks or in hazardous environments.

Referring to the challenges posed by Covid-19, Ms Charlton said that the biggest challenge was not necessarily the supply chain associated with PPE but staff concerns that the PPE had been tested rigorously. She said that, while assurances had been received from the DoH in relation to the effectiveness of PPE that had passed its expiry date, this could potentially cause anxiety to staff. Ms Charlton said that this pointed towards the importance of ensuring a rotation of any retained stockpile. She said that Mr Nicholson represented the Trust on the PPE cell and, through his involvement, the Trust was sighted on the detail of the pandemic stockpile and this detail was shared internally within the Trust.

Mr Ashford commended the paper, in particular the summary of critical services which he said enabled members to see at a glance what had ceased and the reasons behind such decisions.

Mr Ashford sought further detail around the return to non-emergency work.

Mr McNeill explained that, at the outset of the pandemic, plans had been put in place to transfer Patient Care Services (PCS) to the management of emergency control staff at HQ in order to create additional capacity. He said, it was clear that not all PCS staff were being fully utilised and a decision had been taken a few weeks previously to move a number of crews back to PCS. Mr McNeill said that this had allowed the Trust to reduce the use of a number of voluntary organisations who had been providing backfill. However, Mr McNeill said, the Trust was in the position of being able to transfer PCS staff back to emergency control if required. He indicated that staff and staff side colleagues were supportive of this approach.

Mr Sowney said that monitoring had demonstrated how fluid the situation was on a daily basis and that, over the last 6-8 weeks, the Trust had been able to react to the changing circumstances. He commended Mr McNeill who had led on this work. Mr Sowney said that this approach would be adopted moving forward.

Mr Ashford thanked Mr McNeill for his explanation and commended the Trust for ensuring it had the capacity to enable such a transfer of staff.

Mr Dennison welcomed the report and said that it provided considerable assurance. He referred in particular to the section on financial planning for 2020-21 which stated that there would be an impact on 2019-20 plans and that this would have to be taken into consideration within the 2020-21 plans. He sought further detail on the extent of the impact and how this might cause difficulties given the fact that the Trust's strategic plan had just recently been launched.

The Chair referred to an e-mail from Mr Nicholson which he had shared with members and the Senior Management Team and in which he had made reference to the process of identifying areas of

spend for Covid-19. She advised that it was likely that the actual spend would not be clarified for a further 2-3 months.

Responding to Mr Dennison's question regarding the impact on the Strategic Plan, Mr Nicholson explained that the ACA course which had been planned for February/March had been factored into plans for 2019-20. He indicated that up to 24 students would have qualified in April but it had been cancelled as part of the Trust measures and response to Covid-19. Mr Nicholson said that it would now be necessary to factor this into the 2020-21 Education and Learning Development Plan and the associated business case costs around that. He indicated that there were other examples such as the impact on the capital programme for the year in terms of availability of supply and capacity to deliver within the 2019-20 year and said that this would need to be included within the 2020-21 year.

Mr Cardwell commented that, at the March Board meeting, Mr Nicholson had alluded to the increased risk of fraud during the pandemic and he said that the Comptroller and Auditor General has also referred to this in the video recently shared by the Chair. Mr Cardwell sought assurances on a number of areas, for example, in times when PPE was in such high demand, that the quality of the PPE provided was of sufficiently high standard; further detail on the vehicle maintenance programme in view of the suspension of MOTs and the purchase of hi-vis vests for deployment to PSNI/NIFRS.

In response, Mr Nicholson explained that a number of processes had been put in place to ensure the correct quality of PPE. He said that the vast majority of PPE was purchased through BSO and there was extensive management as part of the Medicines Optimisation and Improvement programme to assess quality. Mr Nicholson assured members that, while there had been a number of issues around PPE, through the range of measures in place, the correct PPE was available at the right place at the right time.

In relation to the vehicle maintenance programme, Mr McNeill advised that vehicles had been and continued to be serviced by a small team of in-house mechanics and through an external contract. He added that emergency call on a 24/7 basis was also available and said that all concerned had worked extremely hard during Covid-19. Mr McNeill indicated that the companies associated with

contracts for specialist equipment, for example, stretchers and tail-lifts, had provided outstanding service and continued to do so.

Mr Bloomfield explained that one of the measures planned by the Trust, but which had not been required to date, was to request support from the PSNI/NIFRS to drive vehicles. He said that agreement had been reached by both organisations to provide officers who were qualified to drive blue-light vehicles and some further training had also been provided by the Trust. Mr Bloomfield said that, in such circumstances, basic hi-vis jackets without any logos had been ordered.

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

Ms Sellars alluded to the references to childcare within the document scheme, in particular to the sentence 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.’ She asked if all staff had been able to access childcare and how the Trust supported them in doing so.

Ms Sellars highlighted complaints and the fact that an interim complaints process had been put in place. She mentioned that complaints management had been highlighted in the past as an issue for the Trust in terms of the backlog to be dealt with and sought further detail on how this area was monitored while, at the same time, ensuring that the backlog did not increase.

Responding, Ms Lemon explained that the DoH had put in place the arrangements around childcare and said that it had not been intended to replace existing childcare arrangements but was a recognition of the further challenges that Covid-19 had brought about. Ms Lemon advised that staff were working with Early Years teams in Trusts to determine if staff could be supported in identifying the childcare support they needed and support in terms of financial impact. She pointed out that the DoH had been clear from the outset that its focus was around ensuring support for any additional costs experienced as a result of Covid-19 and she added that work continued in this regard at a regional level.

In terms of modifications to the process, Ms Lemon cited the example of Employee Relations and said that, at the outset of the pandemic, a number of hearings involving panels had been due to take place. She added that, while it had been necessary to set these aside in the interim, responsibilities in terms of employment law around staff raising grievances continued. Ms Lemon said that HR staff were working with Trade Union colleagues to determine how best to address a number of these issues in the current circumstances. She said that Trade Unions acknowledged that, while the Trust would endeavour to progress as much as possible, it was not on a 'business as normal' basis. Ms Lemon acknowledged that delays in progressing cases had the potential to impact on staff mental health and she added that the Trust was keen to explore how best to address this.

Continuing, Ms Lemon said that a national agreement had been put in place between Trade Unions and health care organisations to provide a framework in the context of Covid-19. She indicated that regional discussions were taking place in order to ensure a framework that would allow for issues of sufficient significance and seriousness and for which any delay would have a significant impact to be progressed in a modified way.

In response to Ms Sellars' query around complaints management, Ms Charlton advised that the interim protocol had been shared and helpful communication from the HSCB, PCC and Ombudsman about the management of complaints during the pandemic had also been received. She explained that the HSCB had advised that those complaints relating to service availability would not be investigated and the complainants advised accordingly.

Ms Charlton indicated that the Trust had written to complainants to advise that there would be delays in responding during this time. However she pointed out that a process had been put in place whereby a Rapid Review group would meet on a weekly basis to review complaints received and to ensure that any learning from clinical complaints, for example, was highlighted and disseminated as necessary.

Ms Charlton advised that the Rapid Review group also considered SAls received. She explained that Dr Ruddell and Mr Sowney attended the Rapid Review group and said that their input was very much appreciated.

Mr Haslett welcomed the report. He sought clarification on the numbers of staff working from home and said that the report had mentioned the fact that IT had put in place arrangements to allow calls to be taken from home. Mr Haslett also referred to the number of staff in temporary accommodation but sought assurance in relation to the safety of those staff who returned home each evening. He also sought detail on the number of staff who had tested positive for Covid-19 and how many individuals had been tested.

Responding, Mr Sowney referred to the daily dashboard showing the detail of Covid-19 abstractions; vulnerable and severely vulnerable staff and how many staff were shielding. He confirmed that, as of 7 May, 77 frontline A&E and PCS staff had been affected by Covid-19 related issues. He explained that a proportion of this number would be at home self-isolating because they were symptomatic; isolating because other family members were symptomatic or because they had been categorised as vulnerable/severely vulnerable.

Mr Sowney said that, from an operational perspective, when the pandemic began, the Trust was significantly affected with almost 200 staff off work as a result of Covid-19 related issues. He pointed out that this had not included normal sickness levels and that, at one point in time, approximately one third of operational staff had been abstracted.

Referring to Mr Haslett's question about those staff who return home each evening and the protection measures put in place, Mr Bloomfield explained that, due to the nature of their work, operational staff were the least likely to work from home and he added that homeworking tended to apply to those staff in corporate support functions. He acknowledged that exact numbers of staff working from home were not available as this was a rapidly changing position. Mr Bloomfield indicated that, when lockdown arrangements were put in place, the Trust had encouraged staff to work from home as much as possible. However cognisance had to be taken of the requirement to ensure social distancing when work started to return to normal and staff started to return to the workplace. Mr Bloomfield said that work was ongoing in this regard.

The Chair highlighted a number of efforts which had been put in place to help staff work at home.

Mr Nicholson described the huge effort made by IT in this regard and he conveyed his gratitude to Mr Paddy Dornan and the IT team in delivering the required infrastructure to enable a significant number of staff to work from home. Mr Nicholson said that it was also important to commend staff on the speed with which they adapted to new ways of working to ensure services continued. He added that this was done on a 7-day a week basis. Mr Nicholson particularly mentioned the Information department and said that Information staff continued to provide high level reports on a regular basis across a range of areas.

Ms Lemon highlighted that, while homeworking was encouraged as much as possible, it was not possible in certain circumstances across a number of critical functions, for example, payroll processing. However she said that this was worked through at directorate level.

With regard to testing of staff, Ms Charlton confirmed that this was done in line with PHE and PHA guidance. She advised that, to date, over 186 staff had been tested with 28 being confirmed as positive and added that, from available information, approximately two thirds of those 28 staff had already returned to work. Ms Charlton acknowledged the anxiety caused by Covid-19 to staff and their families and said it was important to have HR and health and wellbeing support available for staff, particularly those staff members who lived alone.

Mr Haslett thanked Directors for their responses and said he was reassured.

Ms Charlton said that members would be aware of communications around the potential testing of staff in care home settings who were not displaying Covid-19 symptoms. She confirmed that the Trust only tested those staff who were displaying symptoms and advised that no processes were in place in acute hospital Trusts either.

Mr Bloomfield emphasised that the testing arrangements put in place by the Trust had been successful and he commended Ms Charlton for her lead in this work. He said that feedback from staff had been positive and the fact that the Trust had also put in place

arrangements for family members to be tested had gone some way to reducing anxiety of staff.

Concluding the discussion, the Chair thanked all concerned in the development of the paper. Members **NOTED** their support for the approach adopted.

7 Supporting the Health and Wellbeing of our Workforce during Covid-19 (TB07/05/2020/03)

Introducing this agenda item, the Chair described this as a particularly important issue as members were clearly concerned about the health and wellbeing of staff during Covid-19.

Ms Lemon advised that, at the outset, when describing Trust critical functions, the Senior Management Team had agreed that staff health and wellbeing was a critical function and that there was a need to support that. She explained that two members of HR staff had been released to undertake this work and link in with the regional approach being taken.

Continuing, Ms Lemon said it was important to ensure that the peer support systems continued and to also look proactively at how best to maintain contact with staff, particularly any staff impacted by Covid-19 specifically. She referred to the presentation made at the March Board meeting in relation to peer support and said that members would be aware of what format the provision of such services would take. Ms Lemon pointed out that trauma calls as well as impacts from previous incidents continued to present and it was important to consider these in addition to providing support to staff during the current pandemic.

Ms Lemon advised that the Trust had linked with regional work being taken forward led by Dr Tony Stevens in relation to the development of a regional framework for psychological support. Ms Lemon added that NIAS staff now had access to psychological support in all Trusts. She said that helplines had been put in place and over 500 proactive calls had been received. Ms Lemon clarified that some individuals may have contacted the helpline on more than one occasion.

Ms Lemon acknowledged the challenges around health and wellbeing. She said that members would be aware from previous

discussions of the range of processes which had been put in place to support the testing of staff and family members and which linked to a wider framework of support relating to the communication of results and related Occupational Health support where that was appropriate.

Ms Lemon referred to the arrangements in place for those with underlying health conditions and who had the potential to be particularly impacted by Covid-19. She advised that the Trust worked with other HSC organisations to ensure a system of risk assessment for such staff, supported by Occupational Health services and added that this enabled a systematic approach to ensuring the assessment of staff for work or redeployment to other duties.

Turning to home working, Ms Lemon acknowledged that the Trust had worked to support as many staff as possible working from home or remotely where appropriate. She said that it was clear that home working also had the potential to impact on the health and wellbeing of staff in terms of reduced social interaction. She referred to related guidance and support materials which had been produced and shared with staff.

Ms Lemon indicated that there had been regional and national reports about increases in domestic violence and said that work was ongoing in terms of ensuring staff knew where to obtain help, guidance and support.

She indicated that the initiatives undertaken by the Trust had been taken forward with the support of with Trade Union colleagues. Ms Lemon indicated that it was now intended to survey staff to gain feedback and ideas as well as identifying any gaps in support and to hear ideas from staff on any additional measures not considered so far that might be helpful.

The Chair said that it was encouraging to note that the Trust was keen to seek the views of staff in terms of what support they needed.

Mr Ashford welcomed the report and said it contained useful information. He noted that sickness levels had reduced and referred to annual leave to be taken by staff and asked whether this could become an issue.

Ms Lemon explained that, as the situation evolved, staff may not be keen to take annual leave as they were unable to travel. She said that there was a need to encourage staff to take leave both in terms of their personal health and wellbeing but also to ensure that staff did not accrue significant amounts of leave. She added that, on a regional basis, the DoH had brought in legislation to enable staff to carry over annual leave and believed that this would alleviate pressure to some degree. Ms Lemon said that she would be seeking Trade Unions' assistance in encouraging staff to take annual leave.

Mr Dennison thanked Ms Lemon for her update and asked if any progress had been made in relation to staff banding and pay.

Ms Lemon agreed that these issues impacted on the health and wellbeing and morale of staff. In relation to pay, Ms Lemon advised that, following Ministerial approval to make an offer to Trade Unions, Mr Bloomfield had issued this in mid-March. She said that the Unions had advised that they were planning to undertake consultative ballots with staff on the offer and had asked for a number of points of clarification and changes in the wording used. Ms Lemon said that work was ongoing to finalise this issue and she undertook to keep members apprised.

Concluding her report, Ms Lemon thanked Ms Gardner and her team for the work around supporting those staff who were immunosuppressed.

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

8 **Covid-19 Risk Register (TB07/05/2020/04)**

Dr Ruddell explained that, as part of the Trust response to the Covid-19 pandemic, a Risk Register solely to identify risks arising during the pandemic had been established. He advised that the Register was reviewed by NIAS Gold on a regular basis and was also considered at Senior Management Team meetings.

He said that he hoped the Register provided members with assurance in the manner in which Directors were scoping and

considering the issues identified. He emphasised that the Register remained a live document.

Mr Haslett said that he had read with interest the risk around the potential for an increase in litigation and added that he had also seen reference to this in the national media. He said that he found it difficult to understand why anyone would wish to sue an ambulance service or a health care organisation for Covid-19.

Mr Abraham sought further detail in relation to the risk identified around financial control and asked whether this had come about as a result of focus being placed on Covid-19 and therefore insufficient attention being paid elsewhere or whether it was a financial risk related to Covid-19 specifically.

Responding, Mr Nicholson advised that the risk related to a Covid-19 specific financial control risk that cut across a range of areas, largely around normal business. He explained that, early in the year, the Trust would have normally undertaken extensive planning and engagement with support from the HSCB to identify financial plans for the coming year. However, much of that work had since been stalled as a result of the pandemic. Mr Nicholson advised that the Trust had changed a number of processes around invoices to allow operational managers focus on providing a frontline response to Covid-19. He said that such changes overall would have implications.

In response to Mr Haslett's point re increases in litigation, Dr Ruddell explained that this did not necessarily focus on Covid-19 cases but also to the unintended consequences. He cited the example of delayed cancer diagnosis or treatment during the pandemic and also the greater risks in primary care of remotely assessing patients rather than doing so through face-to-face consultations. Dr Ruddell added that there was also the potential for staff to make claims against employers for lack of provision of PPE for example.

Mr Bloomfield indicated that the financial control risk was not focussed so much on the processes in place. He indicated that, in the context of the last few months, the approach taken by health care organisations across the UK was to do whatever was necessary to ensure optimum levels of care to patients and protect staff. Mr Bloomfield cited the example of Trusts having to pay more

for PPE than it would have in normal circumstances and having to work outside established processes.

Continuing, Mr Bloomfield said that this way of working had exposed a financial risk. He acknowledged that, while there was no guarantee that funding would be provided to cover all such costs, the DoH and commissioner had given a commitment to try to meet all Covid related spend. Mr Bloomfield said that there had been a clear message from the Department that funding was not to have been taken into consideration when trying to provide the best possible response to the pandemic and he acknowledged that this had exposed the Trust to a certain level of financial risk and believed that it was worth highlighting this point in discussions.

Mr Abraham assured Directors of the support of Non Executive Directors and pointed out that his question was intended to seek clarification on moving forward.

Mr Dennison said that his experience had been that, to date, only small elements of funding had been provided and added that he had adopted a similar approach in his place of work in terms of doing whatever was necessary to protect staff. He referred to the Committee to consider financial issues and suggested that it would be useful for him and Mr Nicholson to meet in the first instance to allow him as Committee Chair understand the challenges facing the Trust.

The Chair said that she was aware that Mr Nicholson was currently involved in preparing the Annual Report and Final Accounts but asked Mrs Mooney to make the necessary arrangements for Mr Dennison and Mr Nicholson to meet.

Members **NOTED** the content of the Register.

9 **Performance Report (TB07/05/2020/05)**

At the Chair's invitation, Ms Paterson explained that the Performance Report supplemented the Assurance Report discussed earlier and articulated what the Trust had achieved in relation to performance. She pointed out that the report was limited to core activities and was an extended version of the sitrep report provided by the Director of Operations to NIAS Gold. Ms Paterson added that the performance indicators used were those

recommended by the National Ambulance Service Medical Directors (NASMeD) and National Directors of Operations Group (NDOG).

Continuing Ms Paterson explained that the format of the report would evolve over time and believed that it contributed to the strategic review on how performance information could be provided into the future.

The Chair acknowledged that the report was a work in progress and she invited feedback from members on what they would like to see included within the report and whether such a report should be considered at the Board meeting or by a Committee.

Mr Haslett suggested that some of the information provided may be better discussed at Committee level. However, he said that he had been pleased to note that, despite the challenging times, the Trust had managed to perform well against Categories 1-4 and added that he had found this reassuring in such challenging times.

The Chair, agreeing with Mr Haslett's comment, welcomed the recent Trust performance. She said that there was a number of reasons for this and suggested that the Board may wish to consider these moving forward.

Mr Bloomfield referred to the clear link between the charts in early April which showed a number of Covid-19 abstractions and an increase in clinical support desk activity, ie dealing with more calls. He suggested that it would be important to undertake further analysis and share this with members in due course.

Ms Paterson commended the contribution made by the Information Team in presenting the information and welcomed feedback from members.

Members **NOTED** the Performance Report.

10 **Finance Report (TB07/07/2020/06)**

Mr Nicholson referred to the earlier report on the NIAS response to Covid-19 and to the paper which had recently been shared with members setting out a number of high level estimates for additional costs incurred as a result of Covid-19. He pointed out that there

had been significant costs to NIAS across a number of areas including maintaining and enhancing ambulance cover; cleaning of ambulances and premises; PPE and catering and accommodation for staff. Mr Nicholson indicated that all of the expenditure advised to members had been vital in order to support staff and the service at this challenging time and said he would welcome the Board's endorsement of the expenditure which he acknowledged was high level. Mr Nicholson added that the figures would be refined over the coming months as costs materialised and there was an opportunity to complete rigorous financial analysis and reporting which would routinely take place.

He reminded the meeting that finance staff were in the midst of preparing the annual accounts when the pandemic commenced but said that this work continued. However he assured members that the Trust would continue to work with DoH and HSCB to meet the obligations for financial reporting and the requirement for specific additional funding in 2020-21.

The Chair acknowledged the significant amount of work involved in finalising the annual accounts for 2019-20 at this time. She further acknowledged a degree of concern from Non Executive Directors in relation to the availability of funding to cover the additional expenditure incurred by the Trust. The Chair was of the view that the high level figures provided by Mr Nicholson in relation to Covid-19 expenditure gave Board members a baseline on which to consider the more detailed figures which would follow in due course.

The Chair referred to the HFMA and the Good Governance Institute website which encouraged Boards to have an understanding of the work which had to be set aside and offsetting this against Covid-19. She said that this would be revisited moving forward and that the Senior Management Team would consider such issues in the context of work to be progressed around recovery.

Mr Haslett sought further details on the procurement route for Covid-19 related supplies and materials and asked if this had been done through the BSO, a Single Action Tender or by the Trust itself.

Responding, Mr Nicholson confirmed that the vast majority, particularly around the supply of PPE, had been procured through BSO PaLs, using existing structures around Single Action Tenders, ensuring the correct specification, testing and quality assurance

processes had been followed. He acknowledged that the Trust had carried out a number of minor local procurements as it had sought to source as much PPE as possible.

Mr Nicholson drew members' attention to the financial report contained within the Board papers and explained that the report incorporated the draft financial position for 2019-20 including a small surplus of £19k for the year ended 31 March 2020. He advised that the capital position had concluded with just over £300k of slip on projects, specifically in relation to Radio Replacement and the REACH Project. Mr Nicholson explained that these issues had related to the delivery of equipment and the capacity to complete work due to Covid-19 restrictions and he added that the Trust had commenced the process to identify resources to complete these schemes in 2020-21.

Continuing, Mr Nicholson reported that, while the performance against the prompt payment target for the year had improved against previous years, the overall target of 95% of invoices had been narrowly missed with performance at 94.4%.

Mr Nicholson pointed out that the financial position reported to members today remained draft and was subject to the satisfactory completion of Final Accounts, review by External Audit and subsequent approval by Trust Board.

Mr Nicholson said he wished to take this opportunity to commend Mr Paddy Dornan and the IT Team for support, particularly around Site 5 and remote working, and Ms Alison Vitty and the Information Team for the quality and frequency of reporting. He added that this had all been done over extended working days and weeks.

Mr Abraham enquired as to the process around underspends.

In response, Mr Nicholson clarified that the underspend was specifically around capital projects and he added this year's accounts would show an underspend. He explained that, in previous years, there would have been an opportunity to engage with DoH colleagues in relation to the DoH recouping the underspend. Mr Nicholson advised that projects had been significantly impacted across the HSC and this had resulted in underspends across the sector. He indicated that it would be necessary in 2020-21 to identify a source of funding to allow the

projects to be completed and said that work was ongoing with the DoH and HSCB to do so.

Mr Haslett referred to the capital underspend and suggested that, had the pandemic occurred earlier, the underspend would have been significantly greater. He said that it would be important moving forward to ensure a better 'curve' on expenditure rather than the traditional 'J' curve.

Mr Nicholson acknowledged his disappointment at having to incur the underspend and said that he would have much preferred to have all projects completed. He reminded the meeting that the capital programme had been in excess of £8 million and to have incurred an underspend of £317k had been a positive outturn.

Members **NOTED** the financial report.

11 **Sponsorship and Governance Arrangements and Annual Report and Accounts 2019-20 (TB07/05/2020/07)**

Mr Nicholson drew members' attention to the correspondence from the DoH advising of a significant change to normal business arrangements around sponsorship and governance arrangements. He explained that there was no longer a requirement for an early submission of a draft Governance Statement.

Mr Nicholson indicated that, while the letter should be considered in its entirety, members should note the paragraph which stated that the DoH was 'looking, more than ever, to Non-Executive teams to step into this space and exercise support and constructive challenge to Executive colleagues.'

Mr Nicholson advised that the correspondence also included a summary of the revised key dates for the completion of the final accounts 2019-20. He said that there was a range of changes and the exact content required in the Annual Report still remained under consideration. However, while the Trust had been working to the initial timetable and a draft financial position had been reached, the initial date for the submission of draft Annual Report and Accounts of today, 7 May 2020, would not be met.

Mr Nicholson said that it was vital that the Trust completed this work for the 2019-20 financial year as soon as possible, not only to

ensure that it could be completed in a timely manner, but to allow the focus of attention to turn completely to the new financial year and the exceptional challenges that 2020-21 would bring.

The Chair sought clarification on whether External Audit would have sufficient time to complete its work to allow the Annual Report/Final Accounts to be finalised.

Mr Nicholson acknowledged that this had been recognised as an issue in terms of the availability of staff and potentially carrying out audits on a remote basis for both NIAS staff and staff from within the Audit Office. However he said both organisations were working to address this and arrangements would be tested when the draft set of Final Accounts/Annual Report was submitted for consideration.

The Chair asked Mr Nicholson to convey her thanks and those of Board members to all those involved in the preparation of the Annual Report/Final Accounts in such challenging circumstances.

Responding to a question from Mr Dennison in relation to recording the generous gifts and donations from the public and organisations, Mr Nicholson advised that specific guidelines were in place to do through the Gifts and Hospitality Register.

Mr Nicholson advised that Station Officers had been asked to give consideration as to how best to identify the gifts/donations received and he suggested that the Gifts and Hospitality Register could be brought to a future meeting of the Assurance Committee for consideration.

Mr Nicholson said that it would be important to adopt a pragmatic approach and added that he hoped to be able to capture the totality of all gifts/donations received.

In response to a question from Mr Cardwell re the donation by BP of free fuel, Mr Nicholson advised that BP had offered free fuel to all UK ambulance services and emergency services across the UK. He added that this generous offer had been extended until the end of May.

12 **Audit Committee minutes: 26 March 2020 and 15 October 2019 (TB07/05/2020/08)**

Members **NOTED** the Audit Committee minutes of 26 March 2020 and 15 October 2019.

13 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 27 May 2020. Arrangements to be confirmed.

14 **Any Other Business**

The Chair said that she wished to place on record her thanks to Ms Sellars who had volunteered to assist Mr McPoland with Trust communications and added that her contribution was much appreciated.

Ms Lemon acknowledged the work carried out by Mr McPoland in terms of Trust communications and said that this area had required significant effort and input over the last number of weeks.

SIGNED: _____

DATE: _____

TB/27/05/2020/02



TRUST BOARD
PRESENTATION OF PAPER

Date of Board:	27 May 2020
Title of paper:	Draft Corporate Plan 2020/21
Brief summary:	Presentation of Draft Corporate Plan 2020/21 for approval
Recommendation:	For Approval <input checked="" type="checkbox"/> For Noting <input type="checkbox"/>
Previous forum:	Senior Management Team 19 May 2020
Prepared and presented by:	Sarah Williamson, Transformation Manager Maxine Paterson, Director of Performance, Planning & Corporate Services
Date:	20 May 2020



NIAS Corporate Plan 2020/21

Caring today,
planning for tomorrow -
**Our Strategy
to Transform:
2020-2026**

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

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

Strategic Context

This Corporate plan aligns our priorities and objectives to the following guiding strategies:

Health and Wellbeing 2026: Delivering Together: On 26 October 2016, the Minister of Health launched a 10-year approach to transforming health and social care, “Health and Wellbeing 2026: Delivering Together”. This plan was the Minister’s response to the Expert Panel’s report “Systems, Not Structures: Changing Health and Social Care” which was published on the same date. “Delivering Together” presents a vision of transformed Health and Social Care services, based on a population health model that puts patients at the centre of services through co-production. It set an ambitious plan to see a future in which:

- people are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing;
- when they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion;
- staff are empowered and supported to do what they do best; and services are efficient and sustainable for the future.

The **Programme for Government**. The Department of Health has established a programme of reform with the objective to transform health and social care services. Its aim is to produce better health and wellbeing outcomes for all our people and thereby contributing to the realisation of the Minister’s ambition as set out in the Programme for Government (PfG) for everyone to lead long, healthy and active lives.

Organisational Context

NIAS faces a range of significant challenges and major issues over the period covered by this plan. These include the need to deliver safe, high quality care, improved response times and service modernisation in the context of the continued challenging financial environment. The Trust’s frontline challenges are similar to those faced by Ambulance Services across the rest of the UK and these have been well documented in the National Audit Office Review (2017) of English Ambulance Services and by Association of Ambulance Service Chief Executive (AACE) strategies. These include:

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

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

This Corporate Plan 2020/21 describes how we intend to address these challenges, building on the progress made to date, and sets out our ambition to deliver the best and most appropriate care to patients in Northern Ireland who require ambulance services, putting them at the heart of everything we do.

The Corporate Plan has been informed by an engagement process with our staff and key stakeholders to shape the development of our new strategy: **Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026**. Our **Strategy to Transform** provides a comprehensive picture of our organisation – who we are, what we do, our role in the Health and Social Care system and some of the challenges we are working to overcome. Importantly it describes our long-term goals within our vision for 2026 and how and why we need to transform our services to achieve these.

Some elements of our strategy are already well underway, but over the course of the next six years we are aiming for a step change in some priority areas that will determine the way we care for patients, and how we perform within the health and social care system. We will manage these changes through a comprehensive transformation programme, delivering annual phased activity and monitoring progress through a transparent process of governance.

The Corporate Plan does not reflect everything that we do and NIAS staff are involved in many other areas of normal business that are not included but are no less important. Rather it highlights the key priorities for the year ahead that will contribute to the implementation of our Strategy to 2026.

NIAS has seen undergone significant transformation during the last few years and this continues to evolve with exciting challenges ahead. Caring for our staff is central to everything we achieve and the Trust recognises their contribution to any success. We will continue to develop a culture where staff feel valued and engaged and are inspired to deliver better outcomes. Engaging with service users and listening to their experience of our services will be an important part of how we implement this plan.

Our Vision is:

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

Our Goals:

Our four organisational goals described in our Strategic plan are that:

Our goals



Our patients will feel professionally cared for; always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care

Our communities will continue to value and trust us

There are several key transformation work streams supporting the implementation of the NIAS Strategy, and the Corporate Plan is grouped in line with these work streams. We will measure the outcomes of each of our key objectives to enable us to:

- Continuously enhance the way we are **delivering care**. This includes developing new roles, continuing to expand our care pathways, achieving seamless integration with the wider system, and improving our offer of non-emergency transport provision.
- Seek to increase the size of **our workforce** considerably, both frontline and the essential corporate services that support them.
- We will also continue to develop the steps we are taking to engage with staff, improve their health and wellbeing, and enhance their career and personal development.
- Improve our **organisational health**, by embarking on a programme that will seek to positively change the culture we work in, engaging and empowering our staff by embedding collective and compassionate leadership at all levels.
- Develop a new **quality and safety** strategy which will clearly define how we support staff to provide the best and most appropriate care possible. Working with colleagues in the rest of the health system, this will include measurement of the outcomes of the care we provide and patient experiences of our services, so we can continuously learn and improve.
- Focus on our **digital enablers**, upgrading out-of-date systems, increasing interoperability with the health and social care systems and embracing new technologies through a comprehensive programme of digital innovation.
- Reconfigure **our infrastructure** to facilitate our new clinical model, developing our estate and our fleet in line with our growing workforce and emerging technological advances.
- Improve our **communications & engagement** with our staff, patients, partner providers and our communities, ensuring their continuing involvement in shaping how we achieve our vision.

Our key actions are divided into those workstreams as follows:

WORKSTREAM	KEY OBJECTIVES	LEAD DIRECTOR	Key Milestones	TIMEFRAME FOR COMPLETION
1.0 Delivering Care	1.1 We will develop a supporting business case to secure funding in order to improve our service to patients through increased workforce and supporting infrastructure.	Programme Director for CRM	Full business case for CRM related workforce to be submitted.	January 2021
	1.2 We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources.	Director of Operations	Delivery of CAT1 implementation plan actions relating to dispatch, call stack management, and staff roles.	August 2020
			Recruitment of CSD Supervisors	December 2020
	1.3 We will commence a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users.	Director of Operations	Obtain approval to commence PCS Review Project	June 2020
			Conclude PCS review and make proposals for improvement.	December 2020
	1.4 We will continue to embed our Appropriate Care Pathways developing safe alternatives to ED in order to reduce demand on frontline services increasing the levels of Hear and Treat and See and Treat practice.	Medical Director	Implement a range of protocols for nursing homes to increase use of alternative care pathways	March 2021
			Demonstrable increase in Hear and Treat (1.5%) and See and Treat (1.5%) against 19-20 baseline.	March 2021
2.0 Our Workforce	2.1 We will develop a comprehensive workforce plan for the whole organisation designed to support our strategy and to ensure our quality of service meets the performance trajectory requirements in terms of time and quality.	Programme Director of Strategic Workforce	Completion of workforce plan with Operational and CRM workforce requirements prioritised.	January 2021
	2.2 We will develop a Recruitment and Selection Strategy, which will include the appropriate approach to support the delivery of a skilled and effective workforce.	Director of HR	Develop Strategy and Action Plan	December 2020
	2.3 We will deliver a Clinical Education Plan with educational opportunities across a range of levels, qualifications, topics and specialties for	Medical Director	Review the Training School structures to support the development of an education academy for NIAS	September 2020

WORKSTREAM	KEY OBJECTIVES	LEAD DIRECTOR	Key Milestones	TIMEFRAME FOR COMPLETION
	the clinical workforce that aligns with the HCPC requirements for BSc-level paramedic education		Train up to 48 additional Paramedics, 96 AAPs and 48 ACAs with appropriate investment	March 2021
	2.4 We will continue to work with HSCB and Primary Care to develop a model for training Specialist Paramedics to work on a rotational basis in Primary Care.	Medical Director	Receive feedback and signoff on business case.	June 2020
			Proceed to recruitment.	March 2021
	2.5 We will undertake a review of our Operations Structure to provide more effective support for staff, including on a 24/7 basis.	Director of Operations	Assess current approach to delivering operational structure review and deliver final recommendations.	September 2020
	2.6 We will develop a comprehensive Health and Wellbeing Strategy with a range of objectives and measurable outcomes to support the wellbeing of staff.	Director of HR	Develop Strategy and Action Plan	October 2020
	2.7 We will establish a new framework to ensure a best practice approach to the management of sickness absence.	Director of HR	Develop Attendance Management Framework	September 2020
3.0 Organisational Health	3.1 We will implement a COVID-19 Recovery and Learning Process to ensure effective transition to delivery of care and working arrangements, which respond to Government, Public Health and other relevant guidance.	Director of Planning, Performance & Corporate Services	Develop plan for reinstatement of activities	June 2020
			Collate learning obtained to feed corporate review of services and improvement opportunities.	July 2020
		Director of Safety, Quality & Improvement	Evaluation of learning advising key recommendations to inform improvement plan.	October 2020
	3.2 We will review the existing Directorate structures and responsibilities to ensure the	Chief Executive	We will establish an Organisational Development function.	June 2020

WORKSTREAM	KEY OBJECTIVES	LEAD DIRECTOR	Key Milestones	TIMEFRAME FOR COMPLETION
	most effective governance and management arrangements to support the delivery of services.	Programme Director of Strategic Workforce	Implement restructuring	January 2021
	3.3 We will establish a Programme Management Framework in order to enhance our capacity to oversee implementation of our 6 year Strategy.	Director of Planning, Performance & Corporate Services	Develop strategy for framework for corporate oversight	Sept 2020
	3.4 We will initiate a new Organisational Culture Programme to take focused action to develop a culture of collective and compassionate leadership.	Director of HR	Deliver Programme outline Plan	July 2020
	3.5 We will review our Human Resources model with a view to establishing a revised model to meet organisational and workforce needs.	Director of HR	AACE Review undertaken and report produced	July 2020
	3.6 We will evidence compliance with internal audit recommendations.	Director of Finance	Complete follow up review in line with schedule.	September 2020
			Formally review audit compliance	March 2020
4.0 Quality Improvement	4.1 We will develop a new Quality and Safety strategy that focuses on continual improvement, measuring and evidencing the quality of our services for our patients.	Director of Safety, Quality & Improvement	Engage with staff and service users to inform the development of strategy for Quality, Safety and Improvement	October 2020
			Deliver Strategy for Trust Board for approval	November 2020
			Achieve quality improvement targets at level 1 and 2 as outlined in Attributes Framework	March 2021
	4.2 We will implement a Programme of transformation and improvement for our Emergency Ambulance Control Room.	Director of Operations	Implementation of Demand Management Plan	September 2020

WORKSTREAM	KEY OBJECTIVES	LEAD DIRECTOR	Key Milestones	TIMEFRAME FOR COMPLETION
			Introduction of new modules to enhance HCP bookings and Inter Hospital Transfer (IFT)	September 2020
			Deliver 90% shift coverage to meet demand patterns and facilitate staff well-being.	December 2020
			Commence Replacement of Telephony System	December 2020
			Replacement of Integrated Command and Control System, CAD and Radio system	March 2021
	4.3 We will demonstrate an improvement in our measurement against Ambulance Quality Indicators to better evidence the safety and quality of our patient care.	Medical Director	Review current AQI processes and engaging with front-line staff	November 2020
			Test new processes in preparation for ePCR rollout	November 2020
			Test revised accountability processes for AQIs with local engagement	January 2021
	4.4 We will implement an Improvement plan to develop in our processes in Safeguarding, in partnership, with social care services across HSC.	Director of Safety, Quality & Improvement	Deliver assurance framework incorporating national best practice for monitoring and reporting key clinical metrics	March 2021
		Director of Safety, Quality & Improvement	Produce Safeguarding Policies and Procedures	June 2020
			Appoint Safeguarding Lead	October 2020
			Implementation of system to monitor, audit, investigate, report and provide assurance reporting on adherence to safeguarding referral process.	December 2020

WORKSTREAM	KEY OBJECTIVES	LEAD DIRECTOR	Key Milestones	TIMEFRAME FOR COMPLETION
	4.5 Develop an organisational performance management framework to measure improvement and provide corporate governance and assurance.	Director Performance, Planning & Corporate Services.	Perform landscape review and audit of information.	September 2020
			Determine information requirements for performance reporting	October 2020
			Develop overarching strategy and approach to performance management.	October 2020
			Deliver performance dashboard for corporate performance.	December 2020
5.0 Digital Enablers	5.1 We will continue the implementation of the REACH programme building connectivity across HSC in the mobile environment.	Medical Director	Roll out new DTR radios c1000 personal issue devices to front line staff	October 2020
			Complete all phases of EPCR roll-out	March 2021
	5.2 We will establish arrangements to improve business intelligence through data warehousing, business intelligence tools and best practice.	Director Performance, Planning & Corporate Services.	Agreement to proceed DHCNI /BSO	July 2020
			Proof of Concept to Support Business Intelligence Tool completed	September 2020
			Requirements scoped and agreed; Business case submitted to Digital Health team	December 2020
	5.3 We will consolidate and refresh our technology infrastructure to maintain service and improve resilience.	Director Performance, Planning & Corporate Services.	CAD Hardware replacement including Disaster recovery in the regional data centres	October 2020
			Telephony business case approved by DOH, procurement completed.	March 2021
			Complete active directory configuration to access federated services.	March 2021
			Deliver benefits realisation of Site 5	March 2021
6. Our infrastructure		Director of C.R.M.	Delivery of Fleet replacement business case	March 2021

WORKSTREAM	KEY OBJECTIVES	LEAD DIRECTOR	Key Milestones	TIMEFRAME FOR COMPLETION
	6.1 We will develop a suite of supporting infrastructure strategies for Estates and Fleet in year one to address pressing issues.		Fleet Strategy will be drafted.	January 2021
			Estates Strategy to be finalised following engagement process.	March 2021
	6.2 We will open a new training and administration facility for Emergency Ambulance Control.	Director of Operations	Delivery of delivery of training and administration function from new facility.	December 2020
	6.3 We will enhance Cyber Security to ensure we improve preparedness, resilience and response capability.	Director of Planning, Performance & Corporate Services	Develop Information Security Governance Framework	October 2020
			Review ICT Delivery Model	December 2020
			Develop framework for Policies, Standards and Procedures	March 2021
	6.4 We will engage with the DOH-led approach to exit from EU	Medical Director	Implement DoH recommendations	March 2021
7. Communication and Engagement	7.1 We will develop a new Communications Strategy.	Director of Planning, Performance & Corporate Services	Benchmarking exercise of ambulance and HSC Trust Communication Strategies with particular focus on use of digital and online channels	July 2020
			Staff and Stakeholder engagement process to inform Communications Strategy	August 2020
			Draft Communications Strategy for Trust Board Approval	December 2020
	7.2 We will review existing processes around the Knowledge and Skills Framework and implement a new approach to staff appraisal and personal development reviews.	Programme Director of Strategic Workforce	Establish a project team and review NIAS Appraisal process	September 2020
			Benchmark Ambulance Sector Appraisal and Clinical Appraisal systems	December 2020
			Develop and agree NIAS Appraisal system and roll out in line with agreed timeframe	March 2021

WORKSTREAM	KEY OBJECTIVES	LEAD DIRECTOR	Key Milestones	TIMEFRAME FOR COMPLETION
	7.3 We will develop the range of ways Service users can give us feedback and be involved in service development	Director of Safety, Quality & Improvement	Introduce Trust wide Online User Feedback tool Care Opinion	July 2020
			Introduce reporting on PCE through relevant committees and Trust Board as appropriate	December 2020

