Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 18 June 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
IN ATTENDANCE:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Clinical Response Model (CRM) Programme Director
	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
	Ms J Smylie	Complex Case Lead (for agenda item 6 only)
	Ms C Hallowell	Complex Case Officer (for agenda item 6 only)
	Mr I Russell	Complex Case Officer (for agenda item 6 only)
	Mr A McDonnell	Complex Case Officer (for agenda item 6 only)
	Ms R McNamara	Assistant Director Control & Communications (for agenda item 7 only)
	Ms K Mitchell	EMD Supervisor (for agenda item 7 only)

Ms K Keating	Risk Manager (for agenda item 8 only)
Ms H Sharpe	Emergency Planning Support Officer (for agenda item 8 only)
Ms S Williamson	Programme & Change Manager (for agenda item 8 only)

1 Welcome, Introduction & Apologies

The Chair welcomed members and thanked them for facilitating today's meeting.

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

2 Previous Minutes (TB18/06/2020/01)

The minutes of the previous Trust Board meeting held on 27 May 2020 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Cardwell.

3 Matters Arising

3.1 Terms of Reference – General Resources Committee

The Chair advised that a number of meetings had been held between Committee Chairs and a few Directors. She reported that she had had sight of the first draft of the terms of reference for the General Resources Committee and said she looked forward to seeing further drafts as discussions developed around other aspects of work to be incorporated into the workings of the Committee.

The Chair said that she was aware Directors had also liaised with colleagues external to the Trust to explore similar structures.

The Chair reported that, once Directors' annual leave arrangements had been confirmed, a workshop to look at the overall Trust Committee structure would be arranged.

4 **Chair's Update**

The Chair said that, following the cessation of visits to stations as a result of Covid-19, she had recommenced her programme of visits on 4 June with a visit to Omagh station where she spent the day meeting and talking to staff and thanking them for their continuing contribution during the pandemic.

The Chair referred to guidance being launched by the NIAO on 25 June entitled 'Raising Concerns: A Good Practice Guide for the Northern Ireland Public Sector' and explained that the guide was aimed at helping employees and public sector organisations to understand the value of an open and honest reporting culture.

She also advised that on the same date a HSC wide engagement event was being organised under the auspices of NICON in which the Permanent Secretary and other DoH officials would be participating.

Mr Bloomfield advised that, as the current Chair of NICON, he would be chairing the event and said that NICON was keen to build on this event.

Continuing her update, the Chair said that members will have seen the DoH correspondence in relation to the rebuilding approach being adopted by the DoH. She reported that Trust Chairs had had a positive meeting with the Minister on 17 June via Zoom to discuss the direction of travel and the Minister had agreed to meet with Chairs every six weeks. The Chair said that the Minister was keen to understand what role Non Executive Directors could play in the rebuilding programme. She said that she had taken the opportunity to talk to him about the successful consultation undertaken by the Trust in relation to the CRM implementation and how a number of Non Executive Directors engaged with various stakeholders, particularly political representatives during that consultation. The Chair indicated the Trust's willingness and that of Non Executive Directors to be involved in whatever way necessary, for example meeting with stakeholders to explain the rebuilding programme and how that will benefit patients across Northern Ireland. The Chair undertook to keep members apprised of developments.

Concluding her update, the Chair advised that Trust Chairs had been asked to provide a response to the proposed direction of travel

and said she intended to discuss this further during the confidential session.

5 **Chief Executive's Update**

Mr Bloomfield reported that the Trust was continuing to focus on recovery and was scaling back on the Covid-19 management structures. He cited the example of the Tactical Command, which had previously been operational for 16 hours per day, seven days a week, and was now in shadow from 1 June while NIAS Gold now met once per week. He added that consideration would be given in the coming weeks to standing NIAS Gold down.
He added that increasing numbers of staff who had been redeployed to other duties were now returning to normal roles. Mr Bloomfield acknowledged the ongoing challenges of this while ensuring social distancing requirements were adhered to.

Mr Bloomfield cautioned that the Trust also faced additional operational challenges over the coming months and said that Mr Sowney would elaborate on these later in the meeting.

Continuing, Mr Bloomfield said that at the previous Trust Board meeting, members considered the correspondence from the DoH in relation to its intention to establish a Rebuilding Management Board to oversee the HSC recovery process. He advised that the Management Board had now met twice with terms of reference having been agreed at its first meeting. Mr Bloomfield pointed out that the importance of implementing the CRM had been highlighted at the first meeting as an example of areas needing to be progressed.

Mr Bloomfield reported that the Minister had published the HSC Rebuilding Plan for the month of June and added that Ms Paterson was now leading on the development of the Phase 2 plan for the period July – September in conjunction with other Trusts. He said that it would be important to manage expectations and added that the Phase 2 plan would be a continuation of the incremental approach adopted in the Phase 1 plan. Mr Bloomfield indicated that NIAS was in a slightly different position to other Trusts in that it did not have a range of services to recommence. He said that the Trust had continued to provide the majority of its services during the pandemic. Mr Bloomfield said that Trusts had been asked to submit

their plans by 24 June with the intention of publishing these at the end of June.

Mr Bloomfield said that the Trust had been pleased to welcome the Secretary of State and Minister to HQ on 11 June when they took the opportunity, observing the social distance requirements, to meet with staff directly involved in the Trust response to Covid-19. He said that both the Secretary of State and the Minister had indicated their wish to thank staff personally for their contributions. Mr Bloomfield said that both had taken the opportunity to express their disgust at the increasing number of assaults on NIAS staff and indicated that Mr Sowney would elaborate on this later in the meeting.

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

6 **Complex Cases - Presentation**

The Chair welcomed Ms Joanna Smylie, Mr Aidan McDonnell, Mr Ian Russell and Ms Claire Hallowell to the meeting to present on the Trust approach to managing complex cases.

The Chair congratulated the Team on being awarded the 'Integrating Care across Boundaries' award and the overall HSC Quality Improvement Award at the HSCQI Awards earlier this year and said this tremendous achievement was a clear reflection of the innovative and important work which they had undertaken.

At the Chair's invitation, Dr Ruddell said that, while the Complex Case Team had made a huge difference to Operations by reducing unnecessary attendances, its main success had been to help patients who had called 999 frequently but for whom an emergency ambulance was not the most appropriate response.

He commended Ms Smylie on the approach she adopted in terms of breaking down barriers and developing links with other services. Dr Ruddell said that, with the support of a dedicated team, the Trust had made significant progress in tackling this important area of work. He indicated that the team's presentation would show the positive outcomes achieved for frequent callers and the team's plans for the future.

Ms Smylie advised that the Complex Case team had been operating for almost three years and defined a frequent caller as someone who called 999 five times in one month or twelve times in three months. She said that the team had been very proud to win the 'Integrating Care across Boundaries' award as well as the overall HSCQI Award and added that, through the work of the team, there had been great impact on the callers, NIAS services, colleagues, other Trusts and care providers.

Ms Hallowell explained that it had been nationally recognised that frequent callers had complex unmet needs and had called 999 in times of perceived crisis as they had no-one else to turn to. She said that very often the reason for calling 999 was something that the Trust was unable to deal with and crews could either choose to transport the patient to hospital or leave the patient at home. However the latter course of action was not appropriate. She pointed out that, by reducing calls, the service was freed up for those patients who required assistance in a genuine emergency situation.

Continuing, Ms Hallowell said that the Trust took the opportunity to meet with colleagues from other ambulance services and learned from others' experiences. She said that it had been necessary to obtain patient consent as the team's work had no value unless there was further information about the patient. Ms Hallowell explained that the approach adopted by the team had been to carry out a holistic assessment to identify an individual's needs. She indicated that, because patients tended to have contact with multiple services on a sporadic basis, there was never any resolution to the issues identified and root causes never addressed. However, she said, it was usually the ambulance service patients contacted at times of crisis. Ms Hallowell explained that the team collaborated with other Trusts and other services to ensure better patient outcomes.

Mr Russell said that the team set itself the aim of achieving positive outcomes for frequent callers and reducing the number of calls made by 30% in its first year. He advised that one approach by the team was the development of a dashboard and he said that, in quarter one, the team collaboratively developed a business intelligence system to track individualised usage of the ambulance service. Mr Russell said that this would help the service determine the personalised pathway required by the frequent caller and the potential different interventions. Mr Russell acknowledged that the

dashboard, while still in its infancy, had helped the team to identify the top fifteen callers to the service. He said that, once this had been done, the service had then started to establish links with care providers. Mr Russell said that this allowed the service to assess each individual's holistic needs and provide a wrap-around service from each service as appropriate.

Mr Russell pointed out that, as each patient was individually managed, there had been a shift in the number of calls. He indicated that, from the team having been established in October 2017, there had been a reduction in the number of calls being received following fourteen direct interventions. However he acknowledged that, despite alternative care pathways being put in place, the Trust continued to receive calls. He said that, as a result of work by the team, it had been possible to put in place a system whereby call handlers could provide a more appropriate patient plan. He added that this in turn had contributed towards a reduction in the number of calls requiring an ambulance crew and a reduction in ED attendances.

Through the presentation, Mr Russell cited the example of a frequent caller, the steps taken to provide an alternative care pathway and the results which had come about.

Mr Russell said that it had been possible to provide a better response and more appropriate care for patients through the approach adopted by the Complex Case Team. He referred to 2017 versus 2018 and said that, through the work of the team, there had been a 49% reduction in calls to NIAS; a 62% reduction in the number of ambulance responses and a 45% reduction in ED attendances for this group of patients.

Mr McDonnell used the anonymised example of a frequent caller and indicated that, by working across traditional boundaries, it had been possible to meet with the patient on an individual basis, obtain their consent and as a result design a care pathway to support their needs. He advised that, in 2017, the service had despatched ambulance crews on 78 occasions to this patient with the patient attending ED on 41 occasions. However, he said, that following interventions, this had reduced to 13 ambulance crews and attendances at ED on four occasions.

Mr McDonnell said that, despite the patient having what he perceived as incidents of crisis, by putting a care pathway in place

and details being held within the NIAS system, the patient's needs were met without an increase in ambulances being tasked or the patient being transported to ED.

Mr McDonnell indicated that, as well as making a difference to patients, the work had also contributed to making differences to the lives of the individual's family. He pointed out that NIAS was often excluded from traditional multi-disciplinary team meetings. However, Mr McDonnell was of the view that it had been clearly evidenced by this work that through information sharing and collaborative working and the provision of an appropriate care pathway for the patient, there had been a positive outcome for the patient.

Ms Smylie said that through the approach adopted by the team, it had been possible to evidence a downward trend in terms of the number of 999 calls as well as a reduction in the number of ED attendances and ambulance responses. She described the various ways in which the team was engaged across the region in terms of inter-agency groups and Trusts. Ms Smylie explained that the work of the team was very dependent on the voluntary and community sectors and she referred to the significant networking and attendance by team members at various meetings. She emphasised that attendance at such meetings had proved to be the best way in which to manage people's needs.

Continuing, Ms Smylie advised on the impact Covid-19 had had on the work of the team. She explained that the work of the Complex Case team was paused to allow its members assist the Trust in its response to the pandemic. Ms Smylie said that it had become apparent in the early days of the pandemic that this had had a significant impact on the number of frequent callers and the number of calls received from new service users who became frequent callers. She added that calls had increased due to social isolation, alcohol and mental health issues and believed that, prior to the pandemic, those callers may have had other outlets. However Ms Smylie said that this situation was not unique to NIAS and other ambulance services across the UK had seen similar trends.

Ms Smylie explained that, once work had recommenced around the management of frequent calls, the team had found it necessary to develop new ways of working by identifying what specific Trusts had set up to help with the crisis and engaged with them as well as the voluntary and community sector. Ms Smylie advised that the team

began to call patients, set up zoom MDTs and participated in hubs using conference calling. She said that work was now ongoing to monitor and manage the 430 frequent callers as well as developing further new ways of working.

Concluding her presentation, Ms Smylie outlined the work to be taken forward in 2020.

The Chair thanked the team for their presentation and expressed her surprise at the statistics provided by the team and the positive impact the work of the team had had on those patients described as frequent callers. She said it was very clear from the presentation the impact of Covid-19 on frequent callers but also from the fact that new frequent callers had been identified.

She said that she would like to take the opportunity to thank the team for their hard work and dedication. The Chair said it was clear that the approach of the development of an alternative care pathway had resulted in benefits for patients.

Mr Ashford thanked the team for their presentation and welcomed the joined up and innovative approach taken by the team. He sought further detail on the mental health court initiative and how the team saw this working.

In response, Ms Smylie explained that the Department of Justice had commenced trials on mental health courts with the aim of better managing those individuals who have mental health needs but who have to go through the judicial system to ensure they kept appointments and took prescribed medication if appropriate. She said that it was envisaged that the mental health courts would deal with individuals through the community and would appear in court on a fortnightly basis with their mental health support worker. All such arrangements would be overseen by a judge.

The Chair advised that she also sat on the board of the Courts and Tribunals Service and intended to take the opportunity at a Board meeting the following week to provide the NIAS perspective on this initiative.

Mr Abraham conveyed his congratulations to the team and said he welcomed the fact that the team was not only reducing the number of frequent callers but creating a better outcome for the patient.

Mr Sowney acknowledged that, while reducing the number of calls was important, what, in his view, was more important was the impact on individuals' lives – a fact already alluded to by Mr Abraham. Mr Sowney said it was commendable that the team had not lost sight of this and had continued to seek a positive outcome for patients when other agencies had ceased to do so. He further commended the way in which the team had pulled agencies together in order to ensure patients had a voice.

Mr McNeill thanked Ms Smylie and the team for the presentation and indicated that he had initially been involved in this work with Ms Smylie. He sought further detail on the team's vision for the future in terms of how they saw the project developing and the support required to do so.

Ms Smylie said that she would like to see a Complex Case Officer in each Division to allow the individual to get to know patients, engage and network appropriately throughout the Divisional area. She referred to the temporary nature of the Complex Cases team and indicated that all current team members were temporary and had been released to the team as a means of undertaking alternative duties. Ms Smylie alluded to the name of the team and said that the patients with whom they liaised were vulnerable and needed help and support. She acknowledged that, in the current climate, work was ongoing in terms of office accommodation and the need to take social distancing into account. She pointed out, however that the team currently had no permanent office identified and said she would welcome office space where team members could hold confidential discussions when required.

Ms Charlton said that she would echo the comments which had been made in relation to the impact the service has had on frequent callers, their families and services. She commended the team for the use of Quality Improvement methodology in the presentation of the data which she said had been presented in a clear and effective manner.

Ms Lemon said that the commitment shown by the team was impressive and believed it would be important to be mindful of the demands placed on the organisation as well as the benefits accrued as a result of this work, not only to NIAS, but across all sectors. She suggested that, in terms of identifying funding for the team, some work could be undertaken to explore the possibility of other sources of funding, ie other Government departments.

In response, Ms Smylie advised that she had met with DoH representatives taking forward the urgent and emergency care review to discuss the alternative care pathways put in place by the Trust. She said that, while they had shown interest in this, she was unsure as to the potential for funding. Ms Smylie explained that, moving forward, when a patient presented with a chronic or medical issue, NIAS could continue to manage that patient but would do so in a different way through further engagement with GPs, clinicians etc to determine a more appropriate way to manage patients' needs.

Mr Bloomfield commended the team on their success at the HSCQI Awards. He acknowledged the difficulty around identifying funding for the team and agreed with Ms Lemon's suggestion that consideration should be given to sourcing funding from other Government departments but also from other sources within health. He was of the view that the work of the team had brought about positive outcomes for various aspects of health and social care.

Mr Bloomfield said that members would hear from Mr Sowney later in the meeting with regard to pressures being experienced within EDs around the need to ensure social distancing measures were in place and the need to identify effective ways of reducing attendance at ED.

Continuing, Mr Bloomfield said that he had been involved in a number of demand/capacity initiatives over many years and believed that the work of the Complex Case team was one of the most effective in terms of reducing ED attendances. He stressed that another aspect of the team's work was to ensure better services were provided to those frequent caller patients.

Mr Bloomfield believed that it would be important for the Trust to continue to promote the Complex Case team's work across Trusts to highlight the significant benefits to Trusts.

Mr Bloomfield acknowledged that the work being taken forward was driven by a small team and believed the challenge for the Trust was that, in order to increase the team's staffing complement as envisaged by Ms Smylie, ie a Complex Case officer in each Division, it would be necessary to remove staff from frontline operational duties. He indicated that, while all Directors were supportive of the work of the team, it was important to strike a balance in this respect.

Mr Cardwell echoed his colleagues' comments in terms of his appreciation for the work of the team. He sought detail on how the service identified frequent callers.

Responding, Ms Smylie explained that this would be done through the C3 system whereby Information Governance would trawl postcodes to identify frequent callers. She added that another mechanism was to examine Datix records as staff would identify individuals as potential frequent callers or someone who was vulnerable and required assistance. Ms Smylie said that the team would examine Datix records and the circumstances to determine whether further attention was required. She added that the team would also feed back to the staff involved to make them aware of the action being taken.

Concluding the presentation, the Chair conveyed her thanks to the Information Governance team and said that a significant element of work was underpinned by effective information intelligence. She thanked the team for their attendance and they withdrew from the meeting.

7 Emergency Ambulance Control - Presentation

The Chair welcomed Ms Ruth McNamara, Assistant Director Control and Communications, and Ms Kelly Mitchell, EMD Supervisor, to the meeting to provide an update to members on the work taken forward to improve call answering. She advised members that, while calls answered within five seconds were monitored, work had also been taken forward in relation to those calls not answered within five seconds.

Mr Sowney indicated that Ms McNamara had joined the EAC in January and had previously been Area Manager in the South Eastern Division. He acknowledged that Ms McNamara's plans in respect of this work had been slightly delayed due to industrial action initially and subsequently by Covid-19. Mr Sowney welcomed the update from Ms McNamara and Ms Mitchell on an area which had presented some challenges.

Commencing her presentation, Ms McNamara explained that one of the primary functions of the EAC was to ensure Emergency 999 calls were answered quickly and within agreed time frames. She

advised that the performance standard was that 90% of calls should be answered within 5 seconds. Ms McNamara indicated that, until March 2020, the Trust's call answering performance was well below standard, with between 70-80% of calls being answered in five seconds. She added that approximately 700 calls per month were taking over two minutes to answer.

Ms McNamara advised that normal demand had reduced during Covid-19 and had started to increase towards the end of May.

Ms McNamara said that Ms Mitchell had joined the team in January 2020 in the new role of Emergency Medical Dispatch (EMD) Supervisor.

She explained that an EMD Rules of Engagement session had been held with supervisors as well as undertaking a review of the telephone activity. Ms McNamara indicated that, with assistance from AACE, the Trust had been able to review the telephony activity presenting in EAC via the available incoming lines to gain an understanding of why delays were happening. She reminded the meeting that there were three main areas of activity, namely emergency, urgent and routine. Ms McNamara advised that, on reviewing individual EMD activity, it was found that EMDs spent very little of their time answering 999 calls as a priority and were often tied up on routine calls for an excessive amount of time with 999 calls were subsequently waiting.

In terms of performance, Ms McNamara confirmed that arrangements were in place to monitor and review performance. She explained that these arrangements included a Daily Call Taking Report by EMD Supervisors and skill-set adjustments during the day as and when required.

Ms McNamara reported that, from the daily Call Taking report, it had been identified that the correlation between numbers of EMDs taking 999 calls, rest periods, end of shift and demand surges, were all factors which caused variances in the performance and impacted on the EAC's ability to answer calls within five seconds. She emphasised the need for further efforts to be made to reduce/ eradicate the over two minute delays for patient safety

Ms McNamara referred to the Demand Management Plan which was produced on a two-hourly basis throughout the day and which operated in parallel with the Response Emergency Activation Plan (REAP). She explained that the REAP was reviewed on a weekly basis to determine the level of pressure and, as a result, the Demand Management Plan had the ability to flex up and down as required.

The Chair advised that the Board monitored the number of 999 calls answered within five seconds and acknowledged the importance of the Trust addressing those calls which fell outside the five second target.

Ms Charlton thanked Ms McNamara and Ms Mitchell for their presentation which had clearly shown the variation and the arrangements being put in place to address this. She referred to national quality improvement indicators in place across all UK ambulance services and the importance of presenting data in a way that is clear and transparent. Ms Charlton commented that the Chair and Mr Ashford had engaged with other services around the presentation of data. She referred to a learning exercise in which EAC staff had had an opportunity to listen to audio tapes of a number of 999 calls which had not been responded to within five seconds and, while it may have been a difficult exercise, feedback from staff was that they had found this experience to be extremely powerful in terms of learning. Ms Charlton said that it was critical never to lose sight of the distress being experienced by the caller when their call was not answered.

Ms McNamara agreed that the exercise had been helpful and staff had learned from it.

Agreeing with the points made by Ms Charlton, the Chair said that, while the Board focussed on targets, it was important not to lose sight of the human aspect of each call. She added that this presentation was a timely reminder not to do so.

Mr Ashford commended Ms McNamara and Ms Mitchell on their presentation. He referred to the importance of using the MDT and sought clarification on whether it was push-button or radio. Mr Ashford also enquired whether any steps had been taken to stress the need to crews to use MDT.

Responding, Ms McNamara said that EAC was working closely with Operational colleagues to emphasise the importance of crews utilising MDTs. She explained that the MDT was a relatively new piece of equipment which was easy to use and emphasis had been placed on encouraging staff to use it. Ms McNamara said that, moving forward, it would be helpful for those staff on the road to spend some time in EAC to gain some insight into the work carried out. However, she said, this had not been possible because of Covid-19.

The Chair advised that she had taken the opportunity to visit the Omagh station on 4 June and agreed with Ms McNamara's assertion that it was helpful for staff to observe each other's roles, not least to better understand why certain decisions were made.

Ms Charlton commended Ms McNamara on the improvements which were evident in quarter one in relation to call answering Cat 1 and inter-facility transfers.

The Chair referred to the fact that, despite the unprecedented position with regard to Covid-19, improvements had been made. She invited views from Ms Mitchell on her role and the work undertaken to date.

Ms Mitchell advised that, prior to the appointment of EMD Supervisors, there had been no focus on skill-set management and she added that routine and urgent calls received almost the same priority as 999 calls. She explained that, through managing the skill set, the Trust was now able to manage each of the factors affecting performance.

Ms Mitchell acknowledged that call surges remained a challenge and said that the Trust had been able to take steps to ensure that staffing remained flexible, ie two thirds of call takers were assigned to emergency calls while the remaining one third was designated to routine calls. Ms Mitchell said that she found her role challenging, particularly over the last number of months, but enjoyable.

The Chair thanked Ms Mitchell for her input and acknowledged that staff across the Trust had had to adapt to different ways of working over the last few months and said that members were grateful for their willingness to do so.

Ms Paterson said she appreciated that Ms Mitchell had knowledge as to the reasons as to why certain changes were required and she sought further detail around the processes of encouraging staff involved to contribute to the new ways of working and input to the design of new processes.

Ms Mitchell explained that the fact that the EMD Supervisor role was a new role had assisted greatly. She said that she had very much involved those around her in terms of ensuring their experience and expertise contributed to the work being taken forward. Ms Mitchell said that it was important to have stringent plans in place around personal development and review as well as ensuring information was documented to allow each individual see clearly how they had contributed.

Ms Paterson said that it was encouraging to hear that all staff had contributed to the process.

Dr Ruddell thanked Ms Mitchell for her insight. He said that, in the past, there was a tendency towards a 'them and us' relationship between frontline staff and control staff. However, he said, providing staff with the opportunity of gaining a first-hand insight of each other's roles had had the potential to promote much more co-operative working. Dr Ruddell explained that a number of training courses for NIAS staff offered access to the control room to better understand the processes followed and the pressures experienced by the staff working there. However he indicated that, since the onset of Covid-19, this had not been possible. He added that, in the past, all junior doctors in Northern Ireland had been given a brief insight to the control room for the same purpose and they had been struck by the complexity and the pressures on staff.

Mr Sowney commented that reference was very often made to frontline staff. However he emphasised that those staff in the EAC and NEAC were also frontline. He explained that the first interaction was important, not only for the patient but for the service in terms of its public perception and public confidence in the service.

Mr Sowney reminded the meeting that an average of over 600 calls were received on a daily basis and added that this was twice the amount of patients seen by a large ED. He referred to the concept of clinical floor walkers supporting staff in handling calls.

Mr Sowney invited members to spend some time in EAC once lockdown restrictions had been eased, listening to calls received and the expertise demonstrated by staff in terms of how they manage those calls. He said that, on occasions, it may be 5-6 calls from the same individual and added that such circumstances were hugely challenging.

Mr Nicholson congratulated Ms Mitchell on her appointment as EMD Supervisor and sought further detail on how she had found the morale of staff within the control room.

Responding, Ms Mitchell said that staff had demonstrated a deep sense of camaraderie during Covid-19. She referred to the fact that staff were now spread over two sites and she said that the atmosphere afforded by the space was appreciated by staff. Ms Mitchell indicated that, with the return to normal call levels, staff had noticed an increase in the number of suicidal and domestic violence calls. She pointed out that a number of colleagues, currently on secondment to the EAC, may have to return to their substantive posts and said that this would have an effect on staffing levels and consequently on staff morale at a time when calls being received were traumatic and complex. She commended the peer support offered to staff and said that this was very much appreciated.

The Chair thanked Ms McNamara and Ms Mitchell for their attendance and they withdrew from the meeting.

8 **NIAS Covid-19 Risk Recovery Framework (TB18/06/2020/02)**

By way of introduction, Mr Bloomfield reminded the meeting that Phase 1 of the Rebuilding HSC Services had been submitted to the DoH for inclusion in the overall DoH plan and work was underway to develop the subsequent plan for Phase 2 to cover the period July – September. He invited Ms Paterson to update the Board in greater detail.

Ms Paterson explained that this was only one element of a wider piece of internal work being taken forward by the Trust. She referred to the paper circulated to members and advised that its aim was to provide an overview of the local recovery process and progress to date.

Ms Paterson said that members would already have an understanding of the principles and approach adopted by the Trust to undertake the process and added that the paper sought to highlight the risks and constraints as well as those challenges faced by the Trust at this time.

Continuing, Ms Paterson explained that, over the last six weeks, members of the Recovery Co-ordination Group had invested a significant amount of time considering the components of the plan and identifying the interdependencies which in turn had allowed a dynamic process to evolve. She indicated that, whilst challenges were being resolved, new risks and issues had been identified and it had proved challenging to capture this detail due to the pace of change and new information emerging on a daily basis.

Ms Paterson pointed out that the Group's membership would be expanded to include Trade Union representation and a resource to manage the communication to staff to provide assurance that their safety was paramount in all decisions.

She explained that, for members' benefit, some of the various templates and tools to manage the risk assessment and capture how decisions had been made had been included within the appendices of the paper. Ms Paterson said that, while the current focus was on making the estate, practices and protocols fit for purpose in this new environment, it would be some time before the Trust would be able to secure appropriate additional capacity. She reminded members that this was an issue prior to onset of Covid-19 and had been exacerbated by Covid-19.

Ms Paterson advised members that she had invited three members of the Recovery Co-ordination Group, Ms Heather Sharpe, Emergency Planning Support Officer, Ms Katrina Keating, Risk Manager, and Ms Sarah Williamson, Programme & Change Manager, to highlight their input and insights on the process and challenges.

Commencing, Ms Sharpe advised the meeting that the Recovery Co-ordination Group had adopted a phased approach and the first priority had been to establish a baseline of key services for each Directorate and ascertain the impact the response to the pandemic had on the 'business as usual' functions. She indicated that the focus had been to ensure that all critical functions were protected.

Ms Sharpe said that work was progressed to look at Covid-19 specific functions which had been adopted and developed during the response phase. She cited the example of NIAS staff assisting in nursing home swabbing programmes; provision of accommodation for staff; provision of food for staff and command and control elements.

Ms Sharpe explained that, as the Trust progressed towards recovery and reinstatement of its activities, one should start to see 'business as usual' activities returning and Covid-19 specific services starting to reduce. However she said that it was important that the Trust also planned for future surges. She added that the Trust had developed and was working through a risk based approach to recovery and said that this was how the Trust would determine the order in which recovery would take place.

Continuing, Ms Sharpe indicated that this work was fluid. She pointed out that the working group had developed further with a number of workstreams being established to look at accommodation, in terms of physical accommodation for staff to work in; consideration of staff health and wellbeing and preparation for potential further surges. Ms Sharpe said that the Recovery Co-ordination Group would continue to adapt and evolve to meet service demands and Government best practice as it changed.

Ms Keating referred to the existing Corporate Risk Register and advised that, during Covid-19, a new risk management approach had been adopted with the establishment of a Risk Register specifically dealing with those risks which had been identified as a result of Covid-19. She added that the Risk Register was now being developed to include the recovery phase.

Ms Keating explained that work had been taken forward to establish a baseline of key services from the business impact analysis and assurance documentation. She added that this work had subsequently allowed the identification of key Trust services which were subsequently risk assessed accordingly. Ms Keating added that this had dovetailed with JESIP principles and NIAS approach.

Ms Keating further explained that any key risks flowing from work would then be escalated to the Corporate Risk Register using impact analysis tool and Assurance Framework. Ms Keating said

that it had been possible to develop a useful prioritisation tool which enabled the examination of a number of areas.

Ms Williamson said that work had been undertaken to develop a comprehensive planning approach which would allow the Trust ready itself for potential subsequent waves. She said it would be important to look at how best to sustain the innovative practice which had become apparent during the pandemic as well as learning organisationally from case and decision making. Ms Williamson explained that this would contribute towards the development of an overarching framework. Continuing she said that it would be important to hear from staff and added that the HR Department was currently working on the development of an open platform for staff engagement. Ms Williamson said that this included the potential for focus groups and indicated that some work had already been undertaken with staff to gauge their views on a range of actions taken by the Trust. She pointed out that, within the wider ambulance framework, it would be necessary to undertake a formal debrief process with Gold, Silver and Bronze commands and examine how each decision-making tier worked.

Ms Williamson said that, while it would also be useful to discuss with service users their experience of ambulance services during Covid-19, consideration would need to be given as to how best to do this while adhering to GDPR regulations.

Ms Charlton commented that the learning from experiences during Covid-19 would very much dovetail with the work around recovery being led by Ms Paterson. She emphasised the importance of the work around service user engagement and believed work was required around strengthening service user involvement in the organisation. Ms Charlton was of the view that learning from service users' experiences during Covid-19 provided a great opportunity for the Trust and she also referred to the benefit of learning from other ambulance services.

Ms Paterson acknowledged that it was difficult to convey to members the granularity and level and number of actions involved in the recovery process. She said that she would like to take this opportunity to convey her thanks to all involved for their contributions to date.

The Chair said that it was beneficial for the Trust Board to understand the detail of the work being undertaken in terms of recovery and commented that a danger within organisations might be that responding to Covid-19 could be used as a rationale for not progressing other elements of work.

Ms Lemon thanked the team for their presentation and said that Ms Paterson had alluded to the role of Trade Unions. Explaining that she was also involved in regional discussions around recovery, Ms Lemon said that Trade Unions' involvement in this work was key. She also referred to the work being taken forward in terms of culture and stressed the importance of partnership working. Ms Lemon commented that Trade Union involvement around Covid-19 planning had been helpful and advised that fortnightly meetings had been held.

Continuing, Ms Lemon said that Trade Unions had a particular concern around health and safety and risk assessment and she emphasised the importance of the Trust ensuring there was a risk-based and partnership approach to the work being progressed.

Ms Keating assured members that the Trust was working in partnership with Trade Unions in the development of risk assessments in local areas. She said that she would be happy to provide further information around this if members would find that helpful.

Mr Haslett said that he had found the presentation very helpful and sought further detail around the interdependency of the NIAS plan with those of other Trusts. He queried whether there was a possibility that some elements of the NIAS Plan could be captured by other Trusts.

In response, Ms Paterson explained that other Trusts were working to high level reconfiguration plans and said that they had a much more difficult task in understanding how they would take forward recovery in terms of their respective services. However she added that all Trusts were working closely to understand how best to reconfigure services to meet demand. Ms Paterson advised that, in relation to interdependencies, these were focussed on patient transport services. Citing the example of outpatient services, Ms Paterson said that there had not been the same demand for these services and efforts were now being made to rebalance these. She

further explained that it was now not possible to cohort patients in NIAS vehicles, resulting in additional vehicles being used for more journeys for less patients.

Mr Bloomfield reminded the meeting that the Rebuilding Management Board which met on a weekly basis would oversee the development of the plans. He advised that discussion at a recent meeting had referred to the intention to establish a regional dedicated elective care centre and said that he had emphasised the need for NIAS to be involved in discussions around this to ensure NIAS could provide transportation for patients from over Northern Ireland. Mr Bloomfield said that there was an awareness that NIAS should be factored into other Trusts' plans and that this would be the case through Ms Paterson's involvement.

Mr Ashford said that, while recovery would be a complex and difficult process, he welcomed the structured approach as set out in the presentation. He believed that this represented a good starting point for the Trust in terms of recovery and suggested that it might become necessary to adapt the plan as necessary as work progressed.

The Chair thanked Ms Paterson, Ms Sharpe, Ms Keating and Ms Williamson for their update. Ms Sharpe, Ms Keating and Ms Williamson then withdrew from the meeting.

9 **Directors' Updates**

The Chair explained that she had asked Directors to identify any key issues in this section of the agenda.

Interim Director of Operations

Mr Sowney reported that work was ongoing to ensure NIAS education/courses were re-established and added that the transfer of staff from the frontline back to courses would have an impact on staffing levels. Mr Sowney added that annual leave over the summer months would also create additional pressures. He pointed out that, with the exception of the South Eastern Division, the current cover across the region was good. He alluded to pressures within the South Eastern Division in relation to dropped cover and this, coupled with staff who continued to shield, had resulted in an

impact on staffing. Mr Sowney described the steps being put in place to address these challenges.

Continuing his report, Mr Sowney said that Trust Board members would be aware of recent media reports in relation to the significant increase on staff assaults. He reported that, during May, there had been 44 physical/verbal assaults on staff and that, between 29 May and 7 June, there had been a further 35 incidents. Mr Sowney added that, between 8 - 17 June there had been at least 20 assaults on staff with a further four staff being assaulted overnight. He expressed his deep concern at this development.

Mr Sowney explained that those staff who had been assaulted were provided with immediate support by the on-call officers, particularly if the assault took place out-of-hours. He indicated that a number of staff who had been assaulted had required medical treatment and were offered the opportunity to stand down for the remainder of their shift while other staff had gone on sick leave. Mr Sowney said that the Trust had assured staff that they would be supported through the process if the PSNI decided to progress to prosecution. He said that staff appeared to appreciate the steps taken by the Trust and stressed the importance of supporting staff through what was a difficult and traumatic time. He indicated that a further consequence of staff assaults was the overall impact in terms of loss of operational hours.

Acknowledging the difficulties associated with the need for social distancing, Mr Sowney said that Ms Charlton would refer to this later in her report to the Board. He said that the Trust had sufficient quantities of PPE.

The Chair asked whether the Board could offer any additional support in relation to the worrying increase in assaults on staff.

Mr Sowney indicated that collective messages of support would be very much appreciated. He said that the Trust was using all forms of social media to express its concern at the increase in assaults. Mr Sowney said that he would welcome members using any connections they had in terms of sharing posts on social media to heighten the awareness of the increase in the number of assaults and the impact on staff and on services provided to the public.

Mr Cardwell asked if there was a particular geography in the region with a disproportionate number of assaults.

Responding, Mr Sowney said that it was his understanding that assaults were particularly prevalent in the Greater Belfast area.

The Chair asked members to support the awareness raising of the unacceptable increase in assaults on NIAS staff through whatever channels possible.

Interim Director of Human Resources

Ms Lemon advised that a proposal had now been put to the Trade Unions and added that this would be the subject of a consultative ballot. She reminded the meeting that there were four recognised Trade Unions within NIAS and said that members of two Unions had indicated their acceptance of the proposal.

The Chair thanked Ms Lemon for her update and reminded the meeting that it had taken approximately 16 years to reach this stage.

CRM Programme Director

Mr McNeill briefed members on a meeting he had had with DoH colleagues to discuss potential ways of expediting the business case process around the CRM and also funding for the CRM programme. He reminded the meeting that the Trust had been unsuccessful in its transformation bid for funding. However discussion at the meeting had emphasised the pivotal position NIAS played in the transformation of health services in Northern Ireland and that the CRM programme had to be delivered.

Mr McNeill said that it had been suggested at the meeting that the Trust should submit a further bid to the June Monitoring Round. However he acknowledged that it was clear from the discussions that the DoH remained supportive of the CRM programme and they had stressed the need to identify a way forward.

Mr Bloomfield said that, while he was disappointed at the Trust not being successful in its transformation bid, he had been encouraged by the DoH's determination to secure funding in respect of the CRM programme.

The Chair expressed concern that funding had not been identified for the progression of the CRM programme and said she looked forward to learning how the DoH intended to fund this moving forward.

Interim Director of Finance

Mr Nicholson reported that the Trust had been advised of indicative allocations for 2020-21 and had been asked to submit a balanced financial plan to the HSCB by 30 June. He indicated that, while the plan was currently being developed, the most definitive element related to the Trust being required to achieve recurrent savings of £2.6 million. Mr Nicholson advised that there had been no firm indication of funding to support CRM or training and reminded the meeting that the Trust had submitted bids of £5 million in this regard. He confirmed that additional funding of £0.7 million had been received in respect of demography.

Mr Nicholson referred to the need for funding for a number of initiatives and he cited the example of the Frequent Callers presentation made earlier that morning. He said that the Trust had also incurred significant costs as a result of preparation and response to Covid-19. Mr Nicholson added that the ongoing consequences of Covid-19 such as impact on accommodation, impact on social distancing requirements would all have financial implications for the Trust. He advised that a further issue which had arisen was that the constant washing of uniforms at 60^0C appeared to have reduced the lifespan of uniforms to six months resulting in potential unforeseen costs of approximately £300,000.

Mr Nicholson said it was essential that the Trust produced a balanced financial plan and added that, where unmet pressures had been identified, these had to be addressed by other savings within the Trust. He advised that work would continue to finalise the plan which would brought to the Trust Board for approval.

The Chair said it would be important for the Trust Board to understand whether the cost to replace uniforms would be met from Covid-19 funding or whether the Trust would have to meet the cost.

Director of Quality, Safety & Improvement

Ms Charlton referred to Mr Sowney's earlier comments in relation to social distancing and advised that Directorates and the Recovery Cell were working towards putting in place mitigations around social distancing. She advised that a number of Directors had been involved in national groups and had input to the guidance 'Working Safely during Covid-19 in Ambulance Service Non-clinical areas'.

Ms Charlton explained that the guidance, which had been prepared by AACE, outlined the preventative measures to be put in place by the Trust. She cited the example of encouraging the continuation of frequent handwashing and ensuring, where possible, a two metre distance between individuals. She indicated that the guidance did state that, where it was not possible to implement the two metre rule, the Trust should put the necessary mitigations in place.

She said that the guidance referred to encouraging staff to work in fixed teams and avoid working with numerous individuals throughout the day. Ms Charlton explained that the guidance also suggested that, where it was not possible to ensure a two metre distance, the Trust should offer surgical masks to staff. She added that Health Silver had requested endorsement from Health Gold for the wearing of face masks in this context in Northern Ireland and said that a decision was awaited.

Concluding her update, Ms Charlton explained that a pilot had been established to check temperatures of individuals entering non-clinical areas. She said that this was one of a range of mitigations which the Trust was considering whilst awaiting advice from Health Silver as to whether the guidance was to be endorsed for implementation in Northern Ireland.

The Chair thanked Directors for their updates which were **NOTED** by members.

10 **Date of next meeting**

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

11 **Any Other Business**

The Chair reminded members that the Audit Committee would meet at 10am on Thursday 2 July to consider the Trust Annual Report and Final Accounts, followed by an In Committee Trust Board meeting. She added that the Trust Remuneration Committee would meet on Monday 6 July.

SIGNED: _____

DATE: 27/8/2020