Northern Ireland Ambulance Service
Health and Social Care Trust

A meeting of Trust Board to be held at 10am on
Thursday 21 January 2021 via Zoom (due to Covid-19)

AGENDA

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

A meeting of Trust Board to be held at 10am on
Thursday 21 January 2021 via Zoom *(due to Covid-19)*

TB/21/01/2021/01

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Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 26 November 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 J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Ms A Quirk	Board Apprentice
	Mrs C Mooney	Board Secretary
	Ms O Morrow	Paramedic (for agenda item 6 only)
	Mr B Newton	Emergency Planning Officer (for agenda item 8 only)
Apologies:	Mr A Cardwell	Non Executive Director
	Dr N Ruddell	Medical Director

1 **Welcome, Introduction & Apologies**

The Chair welcomed those present to the meeting and noted apologies from Mr Cardwell and Dr Ruddell.

The Chair asked members to declare any conflicts of interest at the outset or as the meeting progressed.

2 **Previous Minutes (TB26/11/2020/01)**

The minutes of the previous Trust Board meeting held on 1 October 2020 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Haslett.

3 **Matters Arising (TB26/11/2020/02)**

The Chair noted that all Matters Arising had been actioned from the previous meeting.

4 **Chair's Update**

The Chair referred to the busy period since the October Board meeting and reminded members that the workshop scheduled for 10 December had been cancelled and would be rearranged in the New Year.

She pointed out that the Remuneration Committee, originally scheduled to take place later that afternoon, would also be rescheduled to look at Directors' revised objectives.

The Chair said that she had been very sorry to have received an e-mail from Mr Cardwell in which he had advised of his intention to resign from the Board. The Chair reminded the meeting that Mr Cardwell was in his second term as Non-Executive Director with the Trust and had made a significant contribution in an extremely thoughtful and measured way.

She indicated that, while there would be an opportunity for members to formally mark Mr Cardwell's leaving, she wished to take this opportunity, on behalf of the Trust, to wish Mr Cardwell well for his retirement.

The Chair said that she would speak to the DoH to clarify their intentions on whether they planned to run a full recruitment competition or might consider appointing an interim Non-Executive Director. She pointed out that it would be helpful to appoint a Non-

Executive Director as soon as possible as otherwise there would be an imbalance between Non-Executive and Executive Directors.

Members extended their best wishes to Mr Cardwell and the Chair encouraged colleagues to contact Mr Cardwell directly if they wished to do so.

Members **NOTED** the Chair's report.

5 Chief Executive's Update

At the Chair's invitation, Mr Bloomfield reported that the Trust was very much in the second wave of the pandemic and emphasised the operational challenges presented. He indicated that the focus for the last month had been on supporting service delivery. Mr Bloomfield said that the Trust had seen an increased level of demand and this, coupled with staff self-isolating and Covid-19 outbreaks at stations, had led to a challenging period for the Trust. He said that Ms Charlton and Ms Byrne would say more about this further during their update later in the meeting.

Mr Bloomfield indicated that a major factor contributing to the operational challenges related to increased handover times at EDs. He acknowledged that this was not a new issue and had been discussed at length at previous Board meetings. Mr Bloomfield said that the increased handovers had undoubtedly impacted on the Trust's performance as patients waited longer in the community for a response. He explained that, while performance had been sustained during March to May, there had been significant challenges from June to July with patients having to wait in the back of ambulances for considerable lengths of time. Mr Bloomfield highlighted that this resulted in ambulances not being available to respond to other calls.

Mr Bloomfield welcomed recent correspondence from the Permanent Secretary to all Trusts in which he had made it clear how unacceptable he viewed this, emphasising that it was a 'hospital problem being inappropriately transferred to the ambulance service.' The Permanent Secretary had also stressed that ambulance services were not an extension of hospitals and should not be used in this way. Mr Bloomfield said that it had been helpful to get this level of clarity. He acknowledged the part played by Ms Byrne in her role on the regional No More Silos group where she

had repeatedly raised this issue and had been constructive in reaching this outcome. Mr Bloomfield said that the Trust was working closely with the HSCB to monitor the handovers and he hoped to see progress moving forward.

Continuing, Mr Bloomfield pointed out that the core challenge within Operations remained that of staffing. He said that the Trust currently had approximately 20% of staff not available for work and was reliant on overtime more so now than previously. He indicated that as staffing remained a key issue for the Trust, steps were being taken to prioritising the recruitment and training of staff over the next few months.

He said that he had the pleasure of welcoming twenty Emergency Medical Dispatchers (EMDs) to the Trust in October and November and explained that these staff had undertaken a fast track training programme, allowing them to become operational before Christmas. Mr Bloomfield said that this would provide improved resilience in that function in the Control Room.

Mr Bloomfield said that he had also welcomed 25 Ambulance Care Attendants (ACAs) who would work in Patient Care Services (PCS) which was now supporting the emergency tier, providing the Trust with resilience over the winter months.

Mr Bloomfield reported that the last staff engagement session, held on 22 October, had focussed on support to staff around health and wellbeing and had sought suggestions from staff as to what more the Trust could do in this area. He said that this work was now being progressed.

Continuing, Mr Bloomfield advised that he and Ms Byrne had spent an afternoon visiting EDs to meet with staff as they arrived at EDs to hear their concerns and ideas. He acknowledged the positive views from staff and said that a number of suggestions had been put forward for consideration.

Mr Bloomfield thanked all involved in the complex work which led to the pay agreement being implemented and payments being made.

Concluding his report, Mr Bloomfield referred to correspondence from the Permanent Secretary in which he had confirmed that the DoH was content with the progress made by the Trust in relation to

Infection, Prevention and Control and that the special measure previously put in place by the DoH had been lifted. Mr Bloomfield explained that RQIA would continue their inspections as was their practice with other Trusts to ensure standards were being maintained.

Mr Bloomfield said he wished to thank all involved and he paid particular tribute to Ms Charlton's leadership.

The Chair, agreeing with Mr Bloomfield's comment, said that this had been a tremendous achievement and alluded to the significant improvements which had been made in a relatively short period of time. She said she was conscious that members had been justifiably concerned when the Trust had been put in special measure by the DoH and she thanked all involved in this work.

Mr Abraham described resolution of the pay agreement as a 'significant milestone' and congratulated all involved. He also referred to the lifting of the IPC special measures and said that those who had witnessed the massive systematic transformation of IPC within the Trust had been privileged to see the amount of work which had been undertaken. He stressed that this had not gone without notice.

Alluding to the pay agreement, Ms Lemon acknowledged that, while a significant part of the agreement was the implementation and ensuring payments were made, further work was required in relation to assimilation of job descriptions and she added that this work would now be taken forward over the coming months.

Mr Haslett reminded the meeting that the pay issue had been under negotiation for a number of years and he welcomed its resolution. He paid particular tribute to Ms Charlton for her leadership and also to Mr McNeill who had been instrumental in commencing the work towards the Trust implementing effective IPC standards.

The Chair, acknowledging that such changes did not take place immediately, believed that the change in behaviours and the willingness of staff to comply with the IPC programme was indeed testament to the huge amount of work by Ms Charlton, Mr McNeill and many others.

Mr Ashford echoed those comments already made and congratulated all involved.

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

6 **College of Paramedics 2020 John Hinds Scholarship Award – Ms Orla Morrow, Paramedic, NIAS (TB26/11/2020/03)**

The Chair welcomed Ms Orla Morrow, Paramedic, to the meeting and invited Mr Bloomfield to introduce this agenda item.

Mr Bloomfield explained that Dr John Hinds, who tragically died in July 2015, had been a Consultant Anaesthetist at Craigavon Area Hospital and had been regarded as an inspirational leader by paramedics, EMTs and those with an interest in pre-hospital care across Ireland. He said that Dr Hinds had been instrumental in the establishment of the Helicopter Emergency Medical Service (HEMS). Mr Bloomfield invited Ms Morrow to provide the meeting with further detail.

Ms Morrow explained that, in order to qualify for the scholarship, entrants were required to write a case study, written to protect patient confidentiality, using original text and using all appropriate references and she outlined her case study to members. Ms Morrow said that she had not been long qualified as a paramedic when she had taken the decision to apply for the Scholarship. She explained that, as this year's winner of the Scholarship, she would now take up a fully-funded place on the Anaesthesia Trauma and Critical Care course which was accepted as the most advanced trauma course available world-wide. She added that the course, which was accredited by the Royal College of Surgeons and attended by ambulance personnel, Fire & Rescue, nursing and medical staff from all over the world, would be held over a three-day period and would consider three different trauma scenarios.

On behalf of members, the Chair congratulated Ms Morrow and said that the Trust was very proud of her achievement.

Ms Byrne said that she recently had had the privilege of spending a night shift with Ms Morrow and her crewmate and had been able to see at first hand her passion and dedication in caring for patients.

She said that the award was well deserved and congratulated Ms Morrow.

Ms Lemon agreed with the comments made and, acknowledging that it was not always easy to address a Board meeting, thanked Ms Morrow for her attendance. Ms Lemon said that it was an exciting time for Trust staff when one took account of the developments available. She added that Ms Morrow had demonstrated leadership in putting herself forward for the award and acknowledged that Ms Morrow's award also reflected well on the Trust.

At the Chair's invitation, Mrs Mooney undertook to share with members the extract from the Paramedic Journal reflecting Ms Morrow's case study.

The Chair thanked Ms Morrow for her attendance and she withdrew from the meeting.

7 **Covid-19 Update (TB26/11/2020/04)**

Ms Charlton updated the Board on how The Management of Infection Prevention and Control Incidents and Outbreaks Policy, which had been approved at the October Trust Board meeting, had implemented and disseminated.

She also provided an update on Covid-19 outbreaks within the Trust and the actions taken.

Referring to community prevalence, Ms Charlton said that it remained important for the Trust to be aware of this information in order to remind staff to adhere to public health messages within the community and she acknowledged the linkages between community prevalence and outbreaks within the Trust.

Ms Byrne highlighted the average numbers of staff who were on sick leave or who had been abstracted from frontline duty and were isolating. She explained that the trends indicated that abstractions and sickness were increasing overall and said that this was borne out by the Trust's swabbing data. Ms Byrne added that Operations were utilising private and voluntary resources to support capacity and consideration was being given to using student resources to support crews with a further focus on the co-ordination of the safe and timely return of staff to duties to optimise capacity.

Continuing, Ms Byrne alluded to performance against the 90% compliance target for call answering in EAC within 5 seconds. She advised that there had been a deteriorating trend in performance during August, September and October 2020 and said that this correlated with a month on month increase in the volume of calls answered for that period. Ms Byrne referred to the work being taken forward within the Cat 1 Improvement Group which examined both the mean and 90th centile performance with a particular focus on outliers of performance.

Ms Byrne said that the Chief Executive had referred in his report to the recent recruitment of EMDs and said that this, in addition to ongoing training, would also support further improvement.

Ms Byrne reported that, to date in November, call answering performance was 99.67% against a compliance target of 90% and said that there was a need to understand what was different and what drove that improvement.

Ms Byrne then moved to discuss ED handover delays and alluded to the Chief Executive's earlier references to this issue. She said that the Trust had produced a set of regional minimum core standards for ambulance handover zones to assist in hospital EDs to accept ambulance borne patients to improve performance and was working closely with hospital Trusts, the Health and Social Care Board and DoH to support improvement in performance.

Concluding her report, Ms Byrne referred to the arrangements being put in place to support those staff delayed at ED. She explained that the Trust had introduced a number of welfare vehicles allowing those NIAS staff delayed at EDs some downtime to remove PPE and get refreshment. She said that she had also arranged to meet with Trust colleagues to discuss a number of welfare issues, such as toilet facilities, fluid, nutrition etc, for those patients experiencing long delays in the back of ambulances. Ms Byrne acknowledged that this was a stressful time for staff in terms of wearing PPE for long periods of time for example. She emphasised the importance of peer support and commented that there had been an increase in the number of calls to avail of this service.

The Chair thanked Ms Charlton and Ms Byrne for their update and invited questions/comments from members.

Mr Haslett commented that the reference by Ms Charlton to the correlation in NIAS Covid-19 cases with community prevalence reflected the position regarding the outbreak in Craigavon station and said that he was reassured by this.

Ms Lemon accepted that, while there had been a number of abstractions relating to Covid-19, the Trust had experienced a slight improvement in 'normal' sickness levels. She clarified that the Trust had a number of staff on sick leave as a result of Covid-19 related sickness as well as Covid-19 abstractions relating to staff who had to self-isolate.

Continuing, Ms Lemon referred to the presentation which the Trust Board had received on peer support in March and she reminded the meeting that there were two members of staff on the peer support team. However she indicated that Operations were assisting in identifying other peer support volunteers and making arrangements to have these staff released. Ms Lemon said that the peer support model had previously focussed on trauma and debriefing and she suggested that Covid-19 was now considered as the 'new trauma'. She said that the team carried out daily calls to those staff on sick leave due to Covid-19 and dealt daily with the stress and anxiety of staff around that. Ms Lemon referred to the link with Inspire and the ability for peer support to refer staff to other pathways for more intense psychological support where needed.

Mr Haslett said that he had recently noticed crews in ambulances were wearing masks and enquired if there had been a change in policy.

Ms Byrne clarified that if staff could not be 2m or more apart, then they were required to wear masks and she said that this applied to crews in the cab of vehicles.

Mr Haslett welcomed this and commented that he wished more members of the general public would adopt a similar approach.

Mr Ashford referred to possible circumstances where a Covid-19 positive patient was delayed in the back of an ambulance with crews and asked if this extended exposure increased the risk to crews. He also enquired what steps were being taken in such circumstances.

Ms Byrne said such concerns had been articulated by crews and she added that this had compounded the stress and anxiety being experienced by crews. She indicated that it was hoped that the introduction of welfare hubs would assist in alleviating this. Ms Byrne explained that crews could take turns to step outside the vehicle and remove PPE. She acknowledged that this was far from ideal and said that the Trust would continue with these arrangements until such times as handover times improved significantly and welfare hubs were no longer required.

The Chair thanked Ms Charlton and Ms Byrne for their update which was **NOTED** by the Board.

8 **EU Exit – verbal update (TB26/11/2020/05)**

The Chair welcomed Mr Billy Newton, Emergency Planning Officer, to the meeting and invited him to provide the Board with an update on EU Exit arrangements.

Mr Newton provided a detailed and comprehensive update to the meeting on the Trust's involvement in and representation at meetings relating to EU Exit as well as reporting on arrangements in relation to the supply of medical devices/consumables and pharmaceuticals; staffing and NIAS fleet and data transfer.

The Chair thanked Mr Newton for his report and invited any questions/comments from members.

In response to a question from Mr Ashford around medical devices/consumables, Mr Newton explained that two national groups were examining the supply of these goods to NI. He added that it was likely that any issues would be highlighted within the first three months of operation, allowing sufficient time for these to be addressed.

Ms Paterson commented that Mr Newton's briefing had provided a greater context around the inclusion of EU Exit on the Corporate Risk Register and a greater understanding of the links and the involvement of other organisations in terms of assurance. She said that she would be providing an assurance report to the January Trust Board meeting and would include reference to EU Exit and the additional assurances received.

The Chair agreed that this would be helpful and referred to the significant amount of work ongoing in this regard.

Mr Haslett thanked Mr Newton for his detailed update. He sought clarification from Mr Bloomfield as to whether he had been involved in any Chief Executive level discussions to plan for untoward incidents.

Mr Bloomfield advised that all discussions relating to EU Exit had taken place within the forums described by Mr Newton.

However, Mr Newton explained that there was a plan within the command and control structure for the emergency services to come together if necessary to address common issues.

The Chair referred to the issue of data transfer and whether this might be an issue for the Trust.

In response, Mr Newton explained that, as part of the Trust's contingency measures, it had put in place a total of four buddy arrangements with other ambulance services in Scotland and England whereby those services would answer calls on behalf of NIAS. He added that these arrangements would involve the transfer of data. Mr Newton said that the Trust was also in negotiation with the Irish ambulance service re a similar arrangement and commented that, while the Trust currently shared information with its Irish counterparts through a Memorandum of Understanding, there was no data transfer. He explained that advice from the EU was that the information was essential for life and therefore had no impact because its priority for life took precedence over sharing of data.

The Chair suggested that it might be important to have confirmation of this in writing. She thanked Mr Newton for his detailed report and he withdrew from the meeting.

9 **Committee Business:**

- **Safety, Quality, Patient Experience & Performance Committee Terms of Reference**
- **People, Finance & Organisational Development Committee membership (TB26/11/2020/06)**

The Chair drew members' attention to the proposed Terms of Reference for the Safety, Quality, Patient Experience and Performance Committee and reminded the meeting that their development would be an iterative process over the coming months.

Mr Dennison was of the view that the Terms of Reference appeared to focus on safety and quality and suggested that there should be a greater focus on patient experience. He also commented that having a tightly defined Terms of Reference might restrict the Committee's remit and influence assessment of the Committee's performance.

Ms Charlton agreed that it was important for the Terms of Reference to reflect a strong human focus and ensure that the experience of service users was reflected. She emphasised the importance of a focus on this as opposed to trends, patterns and numbers alone.

Mr Ashford, Chair of the Committee, pointed out that the Terms of Reference were iterative and would be reviewed in six months' time. He referred to the interface between the Trust Committees and said it would be important to ensure that all Committee Terms of Reference complemented each other.

The Terms of Reference were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Abraham.

Moving to the membership of the People, Finance and Organisational Development Committee, the Chair said that consideration would be given to populating the Committee given Mr Cardwell's recent decision to resign.

The membership of the People Committee was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham

10 **Finance Report (TB26/11/2020/07)**

At the Chair's invitation, Mr Nicholson presented the Trust Board Finance Report as at the end of September 2020. He explained that the report covered the revenue and capital financial positions and also performance against the requirement to pay invoices promptly.

In terms of the revenue position, Mr Nicholson advised that the report identified a draft deficit of £0.5 million at Month 6 with an estimated deficit of £1 million at year end. However, he said he was pleased to inform members that, since drafting the report, the Trust had been advised of £0.5 million of additional support towards this pressure from the HSCB and had identified a further £0.5 million of non-recurrent savings that brought the forecast position into financial breakeven for the year.

Mr Nicholson said that members would also be aware that the Financial Plan approved by the Trust Board in August of this year included a significant level of assumed income, particularly in respect of Agenda for Change (AfC), transformation projects and Covid-19 pressures. He said he was delighted to advise the Board that the Trust had received confirmation in respect of AfC and transformation projects and was awaiting final formal confirmation in respect of Covid-19 pressures.

Mr Nicholson indicated that the Trust would continue to work with the HSCB and other stakeholders to progress financial plans to deliver a breakeven position at year end.

Continuing, Mr Nicholson informed the meeting that the current Capital Resource Limit (CRL), ie the maximum amount the Trust was able to spend on capital projects, was £4.974 million. He pointed out that, as had been identified in the report, there was a number of significant risks to the delivery of this full programme of expenditure in the current year. Mr Nicholson indicated that these were currently under review, but it was likely that there would be some projects that would not be delivered in-year and the associated resources would be returned to the DoH.

Mr Nicholson pointed out that the risks were in relation to Fleet and Estate and were in the areas of business case approval, procurement and supplier capacity. He added that Trust officers were working through the detail in terms of the resources to be returned to the DoH.

Referring to the final page of the report, Mr Nicholson reported that, in terms of the prompt payment when the Trust was required to pay invoices within 30 days of the receipt of a valid invoice, the Trust had been successful in paying 96.9% of invoices against at target of 95%. He indicated that non-payment of a small proportion of

invoices could have a significant impact on the overall performance and said that efforts would continue. Mr Nicholson cited the example of the centralisation of approval of invoices and believed that this had contributed towards the improvement in performance.

The Chair welcomed the additional resources received by the Trust and said that the financial position was encouraging. She thanked Mr Nicholson and the finance team for a positive outturn in what were extremely difficult circumstances.

The Finance Report was **NOTED** by the Board.

11 **Performance Report (TB26/11/2020/08)**

Ms Paterson advised that the report captured the main operational performance indicators to support closer examination of NIAS service delivery since April 2020 and in the context of Covid-19.

She said that, earlier in the meeting, Mr Bloomfield had provided members with an overview of some of the issues and the impact on the operational clinical risk, in particular ambulance turnaround times, staffing levels and Covid-19 abstractions. Further context was then added through the presentation given by Ms Charlton and Ms Byrne.

Ms Paterson drew members' attention to the report which set out a number of charts and graphs with analyses and narrative providing further information on the mitigating actions which had been employed. She acknowledged that she had received input from HR for inclusion in the overall report but, due to version control, this unfortunately had not been included in the version shared with members.

Ms Paterson acknowledged that the report was heavily focussed on Operations and believed that it should encompass contributions from other Trust Directorates. She advised that it was her intention that the report would be further enhanced by the inclusion of Directorate qualitative and quantitative information. Ms Paterson indicated that the report would evolve in line with the Board Assurance Framework and said she intended that it would develop significantly over the coming months.

The Chair agreed that the development of the report was very much an iterative process. She referred to the restructuring of Trust Committees and the need to ensure the correct flow of information feeding into the Committee and Trust Board. The Chair commented that she had found the narrative helpful in relation to putting a context to the information presented. She asked Non-Executive and Executive Directors to put forward any suggestions they might have on how the report could be further improved to aid understanding and facilitate questioning.

Ms Lemon agreed with the points made by Ms Paterson in terms of the evolving nature of the report. She acknowledged that, while the Board would receive a high level indication of the corporate targets met, she intended to present these with a greater focus on outcomes to the People, Finance and Organisational Development Committee going forward. Ms Lemon advised that, as the People Committee evolved, consideration would be given to the information to be presented there and to the Trust Board to identify issues, how they had been addressed and what had been achieved.

Following this discussion, the Performance Report was **NOTED** by the Board.

12 **Report from Committee: Safety, Quality, Patient Experience & Performance Committee (TB26/11/2020/09)**

The Chair reminded the meeting of her intention for the work of the Trust Committees to be given greater visibility at Board level. She drew members' attention to the report from the Safety, Quality, Patient Experience and Performance Committee on 17 September and invited Mr Ashford to highlight any salient points.

Mr Ashford said that the development of the report was an iterative process and suggested that it would be helpful to map out the workload of the Committee. He commented that the report reflected the significant discussion at the September meeting and noted that the Committee had also met on 19 November 2020. Mr Ashford thanked all involved in producing papers for the Committee.

Referring to discussion at the October Audit Committee in relation to a point raised by Mrs Mitchell, Adviser to the Audit Committee, Mr Ashford said that it would be important to consider where risk

management was best located and whether the Audit Committee should become an Audit and Risk Management Committee.

The Chair thanked Mr Ashford for the report and said she hoped members of other Trust Committees might wish to seek further information on points within the report.

The Board **NOTED** the report from the Safety, Quality, Patient Experience and Performance Committee.

13 **DoH letter re: Covid-19 – Further Pause to Sponsorship and Governance Activities (TB26/11/2020/10)**

The Board **NOTED** the DoH correspondence dated 14 October 2020 which advised of a further pause to sponsorship and governance activities.

Mr Bloomfield commented that the correspondence was an extension of previous DoH advice dated 20 April 2020 and reflected the business continuity mode in place within the HSC. He drew members' attention to the penultimate paragraph which stated that the Accounting Officer responsibilities remained unchanged and the request for Non-Executives to continue 'to provide both support and constructive challenge to their Executive colleagues as necessary'.

The Chair referred to the Governance Self-Assessment Tool and sought clarification on whether this was included within the pause in activities.

Responding, Mrs Mooney advised it was her understanding that the Self-Assessment Tool should be completed and she undertook to liaise with the Chair in this regard.

14 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 21 January 2021. Arrangements to be confirmed.

16 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 12.30PM.

SIGNED: _____

DATE: _____

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TB/21/01/2021/02

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD – 2 NOVEMBER 2020

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Board Governance Self-Assessment Tool: - liaise with Chair re completion	CM	Postponed until further notice
2	People Committee: consideration to be given to membership following Mr Cardwell's resignation	NL	Ongoing
3	Reschedule cancelled December workshop for New Year	CM	Postponed until further notice
4	Remuneration Cttee to be rescheduled	CM	Will now take place in New Year
5	EU Exit – assurances to be brought to Janary meeting	MP	On agenda
6	Paramedic Journal – Orla Morrow's case study to be shared with members	CM	E-mailed 26/11/20
7	ICT Service Delivery & Review – Board to receive regular updates	MP	Ongoing

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TB/21/01/2021/03

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD
PRESENTATION OF PAPER

Date of Trust Board:	21 January 2021
Title of paper:	**NIAS COVID-19 Response Assurance Report January 2021**
Brief summary:	This paper summarises the response by NIAS to COVID-19 in order to maintain good governance, quality and safety. It builds on the paper prepared for Trust Board in May 2020.
Recommendation:	**For Approval** ☒ **For Noting** ☐
Previous forum:	SMT - 12/01/21
Prepared and presented by:	Heather Sharpe, Emergency Planning Support Officer Sarah Williamson, Transformation Manager Maxine Paterson, Director of Planning, Performance & Corporate Services
Date:	12 January 2021

Northern Ireland Ambulance Service
Health and Social Care Trust

Title:	**NIAS COVID-19 Response Assurance Report**		
Purpose:	To summarise the continuing response by NIAS to COVID-19 in order to maintain good governance, quality and safety.		
Author(s)	Maxine Paterson Sarah Williamson Heather Sharpe		
Ownership:	Chief Executive		
Date of SEMT Approval:	12/01/21	**Date of Trust Board Approval:**	
Operational Date:		**Review Date:**	
Version No:	Version 9.0	**Supersedes:**	8.0
Other Relevant Documents:	NIAS Business Continuity Policy / Strategy and Overarching Strategic Plan NIAS Major Incident plan NIAS Infectious Disease Plan NIAS Resource Escalation Action Plan NIAS Departmental Surge Plans NIAS Risk Management Approach to COVID-19 NIAS Corporate Operational Plan JESIP Principles Northern Ireland Civil Contingencies Framework (Revised 2011) Report on NIAS Learning from COVID-19 (2020)		

Version Control for Drafts:			
Date	**Version**	**Author**	**Comments**
08/04/20	V1.0	SW & HS	Initial draft for review by MP
18/04/20	V2.0	SW	Restructure using new template
27/04/20	V3.0	SW & MP	Draft for circulation to SMT for approval
29/04/20	V4.0	SW & MP	Amendments from SMT & EPO
01/05/20	V5.0	SW & MP	Amendments from SMT & EPO
09/12/20	V6.0	HS & SW	Update on previous version to include changes since May 20
04/01/21	V7.0	HS & SW	Collating feedback from Functional Leads
11/01/21	V8.0	HS & SW & MP	Amendments from SMT and Draft for SMT
12/01/21	V9.0	HS & SW & MP	Approved by SMT and for Trust Board

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1. Introduction

Aim

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

Context

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

This overarching strategic document will build upon the previous COVID-19 Response Assurance Paper, presented to Trust Board on 7th May 2020 and will detail changes and developments in the Northern Ireland Ambulance Service's response to the Coronavirus Pandemic. As in the previous report, this update will include a number of dynamic arrangements and agreements, designed to enable the Trust to prepare for, respond to, and recover from, the impact of this global healthcare emergency[2].

The impact that Coronavirus has on NIAS remains centred around fairly consistent emergency call volume but with a loss of staff resources to respond to that demand due to illness and self isolation. Long waiting times for ambulance responses has caused a significant increase in repeat calls to Emergency Ambulance Control which places the Control team under pressure. In addition, this report takes cognisance of other external variables such as 'winter pressures' that annually put additional demands upon the Trust as they fall within the period of second and third surges in coronavirus infections. The report will also detail how NIAS took steps to prepare for the widespread vaccination of staff as the vaccine became available.

NIAS began to review the Influenza Plan and business continuity arrangements in January 2020 following the initial outbreak of Coronavirus. The Influenza Plan has subsequently been updated and business continuity arrangements have been refined after a period of assessment. A number of table top exercises have been conducted across the Trust to test the effectiveness of communication, the robustness of contingency plans and the efficacy of the Command and Control structures. Surge plans that were created in the early stages of the pandemic have been revised to take advantage of organisational and departmental learning as detailed in the NIAS Learning from COVID-19 report. This report was reviewed by Trust Board in October 2020.

Summary

First wave: Coronavirus was declared a global pandemic on 11th March 2020, with the UK going into lockdown on the 24th March. NIAS set up command and control structures on 11th March to aid in the management of staff and information in these early stages. On 26th March, NIAS began swabbing our own staff and family members for coronavirus. On 1st April, NIAS opened a new Control facility ahead of schedule which facilitated the social distancing of our Emergency Ambulance Control room staff and which increased our resilience around call taking, call prioritising and ambulance dispatch; identified core functions. On 8th April, NIAS

[1] Northern Ireland Civil Contingencies Framework (2011:iv)
[2] World Health Organisation 31st January 2020

Hazardous Area Response Team (HART) began a training programme with the Police Service of Northern Ireland, a multiagency effort designed at increasing our operational and specialist response resilience.

During the first wave, the number of Coronavirus infections within Northern Ireland and the UK rose steadily until reaching a peak in April 2020, after which numbers gradually decreased. On 26th May, Northern Ireland was the first UK region to register zero deaths from coronavirus. On 13th May, NIAS began a strategy to assist in the swabbing of staff and residents within Nursing Homes. During the whole first wave NIAS significantly modified our services to protect our core functions, ensuring that we continued to deliver essentials of life services despite the potential for disruption posed by the pandemic.

From May 2020, in tandem with our ongoing response phase, NIAS began to consider our recovery strategy and a Recovery Co-ordination Group was set up to manage our return to provision of all services. Trust Board received a number of reports from this group. The Trust experienced moderate pressures in the first wave, our reduction in capacity due to staff sickness and isolation protocols was matched by a decrease in Non-Covid demand as evidenced through our call volumes therefore our capability to deliver services was maintained.

Second wave: Increasing numbers of infections began to be reported in September 2020 during which time the Northern Ireland (NI) Executive imposed restrictions in certain geographical areas of concern. NIAS began contact tracing for our own staff on 26th September and reinstated our command and control structures on 30th September. Numbers of infections within the province continued to rise; on 9th October 2020, the UK reported three times more people receiving a positive test than at the peak in April, with Northern Ireland seeing one of the highest rises in infection rates in the UK, a clear indication that Northern Ireland was experiencing a second wave of coronavirus infections. On 14th October 2020, the NI Executive announced a new 'circuit breaker' lockdown effective from Friday 16th October.

Infection rates continued to rise until mid-November and had been beginning to decline as this paper was initiated[3]. During this second wave, NIAS did not experience the same reduction in demand as seen in the first wave and demand continued to escalate coupled with seasonal 'winter pressures' which was clearly evidenced across the Health & Social Care system

Current position: A reduction in coronavirus cases following the second wave was not as evident during the summer of 2020, nor did the numbers of people testing positive reduce to the same levels. Numbers of positive cases decreased for a short period from 11th November to 30th November before beginning to rise again throughout December. A new variant of the virus (VUI-202012/01) has been identified as transmitting more easily than other variants and despite no initial evidence that this is more likely to cause severe disease[4] there is a likelihood that this may adversely impact NIAS in terms of demand and staff abstractions. To date NIAS is experiencing 'extreme' pressures due to staff absence and excessively long handover times at hospitals, which, coupled with the impact of increasing demand on the rest of Health and Social Care is adversely impacting on service delivery. The impact of long waits to have patients handed over at Emergency Departments not only has an adverse impact on ambulance availability as well as staff and patient welfare.

[3] Public Health England (coronavirusdata.gov.uk/details/cases)
[4] Public Health England (available at: https://www.gov.uk/government/news/COVID-19-19-19-sars-cov-2-information-about-the-new-virus-variant)

2. Strategic Objectives

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

It will draw on:

NIAS Business Continuity Policy / Strategy and Overarching Strategic Plan
NIAS Major Incident plan
NIAS Infectious Disease Plan
NIAS Resource Escalation Action Plan
NIAS Departmental Surge Plans
NIAS Risk Management Approach to COVID-19
NIAS Corporate Operational Plan
JESIP Principles
Northern Ireland Civil Contingencies Framework (Revised 2011)
The Report on NIAS Learning from COVID-19 (Sept 2020)

Throughout the first, second and now the third wave of the pandemic, the Senior Management Team (SMT), supported by the Trust's command and control structures have worked cohesively to ensure that resources are effectively deployed and that quality, governance and oversight is not neglected.

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

It outlines:

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

3. Infectious Diseases Plan & Business Continuity Plan

3.1 Infectious Diseases / Surge Plan

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

3.2 Strategic Business Continuity Management Plan

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

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

- Utilise departmental business impact analysis (BIA) for each directorate to enable the Trust to identify areas which could be stood down or where alternative ways of working could be implemented, such as home working.
- Utilise departmental BIAs to provide a framework for measured and appropriate recovery of services.
- Utilise departmental BIAs to provide a prioritisation strategy for the allocation of IT equipment across the Trust, ensuring that those areas, which supported our key services, were given priority.
- Ensure that a Risk led approach was taken throughout surge and recovery and that appropriate mitigations were implemented where necessary.
- Support Business Continuity leads in collating and providing individual departmental Surge Plans to support overarching strategies.
- Exercise key areas to ensure resilience and derive learning to enhance our readiness.

4. Major Incident Structure & Management Arrangements

Trust Board

Initially, in order to appraise the Trust Board of NIAS's response to the COVID-19 pandemic, a weekly communication was implemented to the Non-Executive Directors. This written update commenced on Monday 16 March 2020, with a further update provided on 20 March and weekly thereafter. The written update was suspended towards the summer however both Trust Board and committee meetings continued to meet as per their governance schedule. In response to the requirement to ensure social distancing, the Trust Board responded by modifying meetings through the utilisation of technology. Zoom was quickly installed and enabled on all Trust devices to rapidly achieve a structure in keeping with previous requirements. Due to the current pressures a decision to suspend sub-committees of the Board until further notice has been implemented in January 2021.

Major Incident Structure

In keeping with Government guidance, NIAS are co-ordinating arrangements for our response at a Strategic (Gold), Tactical (Silver) and Operational (Bronze) level as required by the Civil Contingencies Framework, as indicated in our Major Incident Plan (Version 10, June 2018) and as nationally recognised through the Joint Emergency Service Interoperability Principles (JESIP). The structure is defined as follows:

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

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

Operational (Bronze) Officers / managers with an understanding of the risks are able to identify hazards, carryout dynamic risk assessments, identify tasks, apply risk control

measures and record decisions for passing to silver command. They participate in the daily huddle chaired by the Silver commander.

NIAS sought to carry out a review of the effectiveness of our command and control structures as the pandemic developed and as such some modifications were made to the roles and responsibilities to maximise the effectiveness of our response.

NIAS Governance Arrangements/ Command Structure

Gold

The Gold cell provides strategic oversight, support and direction to the Silver Commander, whilst ensuring that the Trust's response remains proportionate, safe and effective. Following the first wave and as we entered into the initial recovery phase (May 2020), NIAS sought to assess the effectiveness of our command and control structures. As the progression of the pandemic developed, NIAS modified our structures to meet strategic and tactical requirements thus ensuring that our systems fit for purpose. Previously the Senior Management Team, chaired by the Chief Executive constituted NIAS Gold. During the 'recovery phase' and following the 'standing down' of NIAS Gold on 31 May 2020, any decisions and actions pertinent to the pandemic that required strategic direction or approval were included as a standing agenda item on the weekly Senior Management Team meetings.

Following the outcomes of an internal 'Lesson Learned' initiative during the recovery phase (May to September), Gold was streamlined to include a Gold Commander (Director of Operations who had recently completed a Multi-Agency Gold Incident Command MAGIC* course), supported by the Trust's Medical Director and the Director of Planning, Performance and Corporate Services (a MAGIC commander). All meetings remain logged in full which will provide a clear and detailed audit trail of discussions held, decisions made and actions taken. This will also be used as a learning tool for future incident planning. The revised Gold Structure was implemented on 30th September, in tandem with the reinstating of NIAS Silver.

*The nationally recognised MAGIC course is designed to provide commanders with a legislative and practical framework for taking strategic level command in civil emergencies and major incidents, in particular where a multi-agency response is required[5].

Silver

At the beginning of the pandemic, a Silver (tactical) command room was set up in NIAS' boardroom, staffed by a Silver Commander, supported by a member of the Emergency Planning team who is qualified as a National Inter-Agency Liaison Officer (NILO), a trained Loggist and a member of the Emergency Ambulance Control team. The room was staffed initially from 7am to 11pm, 7 days a week. This reduced to 8am to 8pm as demand on the room decreased. On 1st June, in keeping with the Trust's recovery strategy, Silver was stood down but kept in a 'shadow format' (i.e. one that could be easily reinstated).

Learning, derived from the first recovery phase, indicated that in absence of a significant surge, the Silver Commander could retain effective command of the Trust's tactical direction with reduced staff and staffing hours, thereby freeing key managers to move towards a new 'business as usual' structure.

On 30th September, as numbers of coronavirus cases within the province began to rise, a modified version of NIAS Silver was reinstated. Currently the Silver room is staffed by Assistant

[5] College of Policing (college.police.uk)

Directors, led by a Silver Commander during weekdays from 8am to 12pm with a 'virtual' silver meeting occurring on a Monday, Wednesday and Friday at 10am.

Daily Huddle

The Operational Directorate senior management team operate a teleconference every day at 09:30 hours. This is known as the Huddle. In attendance (by phone) are the Director of Operations, the 4 Assistant Directors of Operations, Senior Control Room Managers the 5 Area Managers, the Fleet Manager and representatives of the Resource Management Centre. In the first phase of the Coronavirus response, this huddle was extended to include key representatives from the COVID-19 functional cells and from 30th of September; these Functional Leads joined the Silver cell as members.

In normal circumstances, the huddle is a communication tool to facilitate information sharing from the divisional Areas and specialist departments, which then funnels back decisions and corporate messages on a daily basis. When demands upon the service increase, the daily huddle extends to 7 days a week.

On completion of the Daily Huddle, the Silver Commander oversees completion of a template which is emailed to HSCB Health Silver and which contains information garnered from the huddle and from corporate reports containing data on COVID-19 staff abstractions, Swab Testing and comments on any significant issues are also included eg delays at Emergency Departments.

Bronze and functional leads

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

Ordinarily NIAS operational managers work Monday to Friday 09:00 hours – 17:00 hours. Following the COVID-19 outbreak, rotas were put in place and front line supervisors and station officers were abstracted from their normal roles and placed on these rotas, which varied from 16 hours a day in the case of the station officers to 24 hours a day for the supervisors. Similar to Silver, the rotas for operational bronzes were reappraised following the impact of the first wave. Currently operational managers are maintaining their normal working patterns with the potential to revert to enhanced rotas should demands upon the service surge.

In keeping with best practice, commanders at all levels should use the Joint Decision Model (JDM) to help bring together the available information, reconcile objectives and make effective decisions.

Response co-ordination – joint working with other public service organisations

The coronavirus healthcare emergency, by definition,[6] requires functions to be delivered in difficult circumstances and within an environment not normally experienced in the everyday running of the service[7]. This may also require other public service organisations to participate in multi-agency support to NIAS to ensure that our key essentials of life services are maintained. It has been paramount from the outset that clear internal lines of communication, command and control are set up to facilitate a co-ordinated response within NIAS to allow us to work together, utilising nationally recognised principals and guidance. This, in turn, will enhance external communications with other Northern Ireland public service organisations and improve our national response to the Coronavirus pandemic. This has been established in practice as NIAS, utilising the specialist role of our Hazardous Area Response Team (HART), have worked to develop additional resilience for the service through collaboration with colleagues in the Police Service of Northern Ireland. A small team of police officers embedded with our HART unit are providing additional response cover and support for our core and specialist functions. It is anticipated that this co-ordinated response and joint working will be developed in January 2021 as NIAS prepares to work alongside colleagues in the Northern Ireland Fire & Rescue Service to further develop and strengthen our resilience, protecting our core functions from the potential impact of increasing staff abstraction rates.

External and Interagency Liaison

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

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

Current Decision-Making and Reporting Structure

Command and control structures were continually reviewed throughout our response and recovery phases to ensure effective use of resources and to continually improve channels of communication. As a result, a number of enhancements to the structure have been implemented as the Trust responds to internal and external demands and requirements. The current structure which was implemented in September 2020 is captured in the diagram below.

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

NIAS Command & control structure from 30th September 2020

Command and control structure to provide structure and governance in relation to:

- Staffing - abstractions
- Demand – 999 /Urgent/ Discharge / routine
- Rest periods / late finishes
- PCS – A/E support
- DMP / REAP
- Turnaround times
- Cleaning
- Staff accommodation
- OSU

Strategic-Gold Commander
Dir Ops: R Byrne
Supported by Gold Cell
Gold Cell
Dir Med: Dr N Ruddell
Dir PPC: M Paterson

Tactical- Silver Commander
A Dir Ops: B Snoddy
Supported by Silver Cell
Silver Cell
Dir P Nicholson
R McNamara/J Wright/P Dornan/W Newton/
L Gardner/N Sinclair/R Finn

Command and Control Process:

- Daily Huddle
- Huddle Report
- Silver Meeting
- Gold Briefing

***NB** Silver leads attendance when required

R Finn	AD N Sinclair	AD R McNamara/J Wright/Silver	AD W Newton	AD P Dornan	Dir P Nicholson	AD L Gardner
Bronze Cell Contact Tracing LEAD: TBC	Bronze Cell CSD LEAD: L Bashford	Bronze Cell OPS EAC LEAD: S Carson	Bronze Cell OPS RMC LEAD: M Barclay	Bronze Cell EP HART LEAD: J McArthur	Bronze Cell Informatics LEAD: Alison Vitty	Bronze Cell Finance LEAD: A Philips	Bronze Cell HR LEAD: E McCullough / L Ferguson / A-M McStocker
Bronze Cell Staff Testing LEAD: S Maguire	Bronze Cell Training LEAD: F Orr	Bronze Cell OPS NEAC LEAD: R Boyle	Bronze Cell OPS LEAD: Bronze officers	Bronze Cell EP /BCM LEAD: H Sharpe	Bronze Cell ICT LEAD: C Walker	Bronze Cell PPE LEAD: C Clarke	Bronze Cell Information LEAD: J McPoland
Bronze Cell FIT Testing LEAD: Gary Alexander (Nov 20)	Bronze Cell Flu LEAD: L Coulter				Bronze Cell ICT Enabling LEAD: M Johnston	Bronze Cell Stores & Logistics LEAD: T Quinn	
Bronze Cell IPC LEAD: R Finn							
Bronze Cell Envir Cleanliness LEAD: Paul McMillan (Dec 20)							

FUNCTIONAL AREAS

Regional Escalation Action Plan

NIAS has been enhancing its management of demand pressures with the implementation of a Resource Escalation Action Plan (REAP) which was agreed in March 2019. This plan has been adapted from the National REAP document developed in consultation with all NHS Ambulance Trusts in England, Scotland, Wales and the National Ambulance Resilience Unit. It builds upon previous National Ambulance Resilience Unit (NARU) REAP plans (2015 v1.0) and experience of REAP application. The National REAP plan is recommended for use by all English Ambulance Trusts operating the NHS Ambulance Response Programme. Scotland and Wales will have adapted versions aligned to their operating model.

A national approach to REAP planning enables a consistent approach to patient safety, risk, system and resilience understanding at times of pressure. It provides system partners and stakeholders with a clear visual representation of the issues faced and actions being considered. REAP is considered at least weekly by the Ambulance Trust to declare the expected operating level for the next seven days, with the ability between to change this level based on changed information or intelligence. REAP is the strategic tool used to mobilise organisational action.

Formal weekly REAP reviews are undertaken by the Trust Strategic Commanders i.e. Assistant Directors / other relevant Senior On-Call level managers, under the direction of the Director for Operations. A copy of the REAP template is found in Appendix 2.

5. NIAS COVID-19 Performance Information

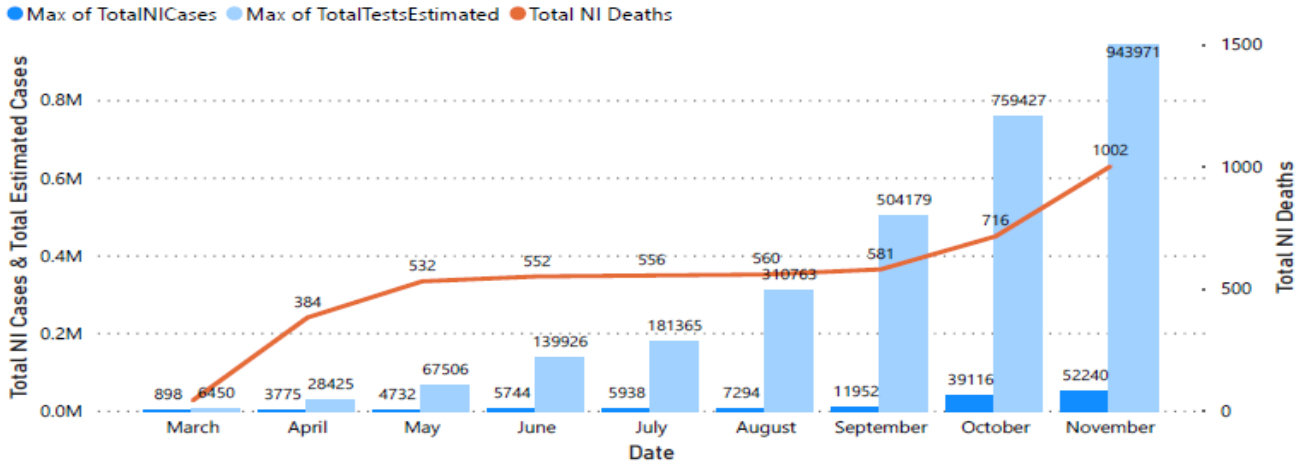
The key operational performance indicators of NIAS service delivery from April 2020 to November 2020 and in the context of COVID-19 are included in this section of the report.

Whilst there remain many challenges, staff continue to work tirelessly to maintain the safe provision of care to patients. It is important to note that the organisation has continued to focus on improvement work commenced prior to the pandemic as we recognise the on-going benefits and impact to our staff and patients.

As we transition from this period through rebuilding and responding to the reconfiguration of hospital services, winter pressures and potentially a third surge we will continue to develop and enhance our qualitative and quantitative data to provide assurance and valuable insight into the operation and quality of care provided to patients.

1a. Northern Ireland COVID-19 Reports (external source of Department of Health) - Data is accurate on date of reporting

Monthly Totals of NI COVID-19 Cases, Estimated Tests and Deaths

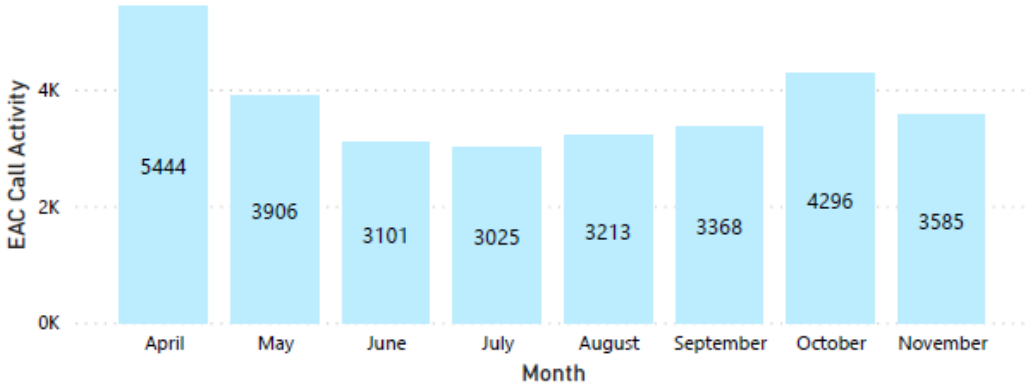


2a. NIAS Suspected COVID-19 Related Activity for Emergency Ambulance Control (EAC) (Calls)

EAC Monthly Cumulative Total (Call Activity)

Month	EAC
April	5,444
May	3,906
June	3,101
July	3,025
August	3,213
September	3,368
October	4,296
November	3,585
Total	**29,938**

EAC Suspected COVID-19 Related Call Activity

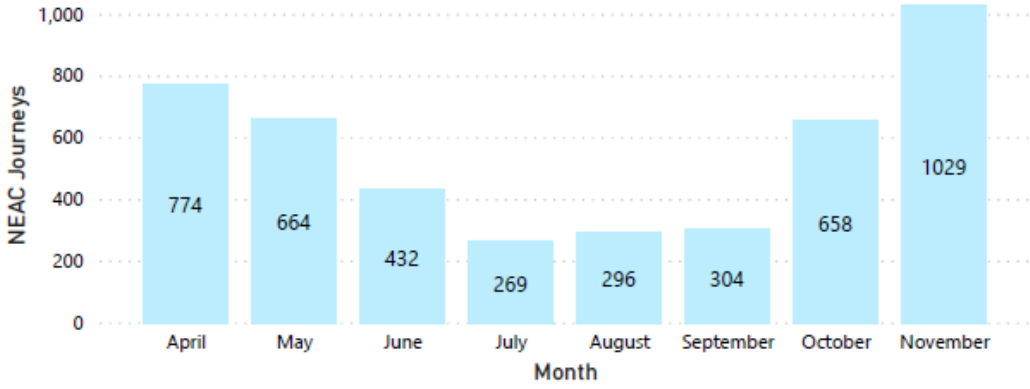


2b. NIAS Suspected COVID-19 Related Activity for Non Emergency Ambulance Control (NEAC) (Journeys)

NEAC Monthly Cumulative Total (Journeys)

Month	NEAC
April	774
May	664
June	432
July	269
August	296
September	304
October	658
November	1,029
Total	**4,426**

NEAC Suspected COVID-19 Related Journeys

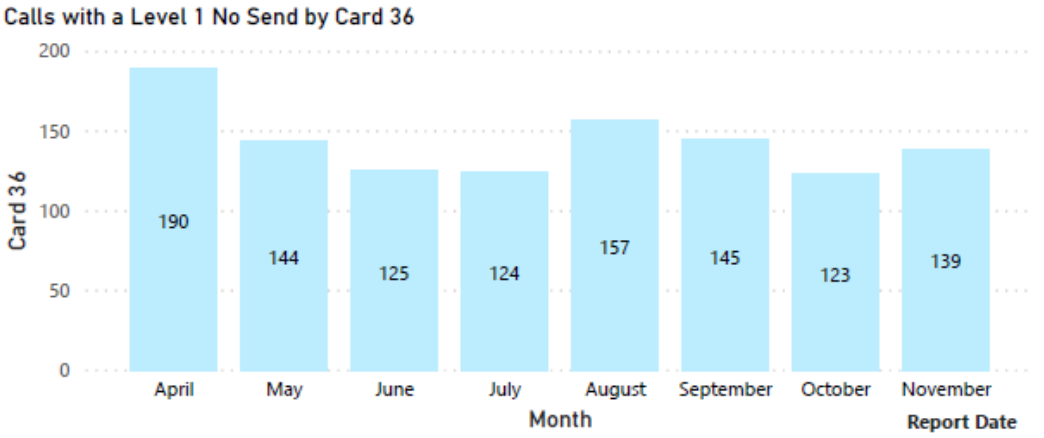


- Charts 2a and 2b refer to “suspected COVID-19 related activity”. This is categorised by calls flagged with potential COVID-19, Coronavirus or Pandemic Flu based on the chief complaint reported at the time of the call
- Both charts demonstrate a reduction in associated activity during the first wave of COVID-19 and an increasing trend in activity noted in October 2020 and significantly into November 2020 with unprecedented increase in Non-Emergency or Urgent journeys associated with COVID-19

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

Calls with a Level 1 No Send by Card 36

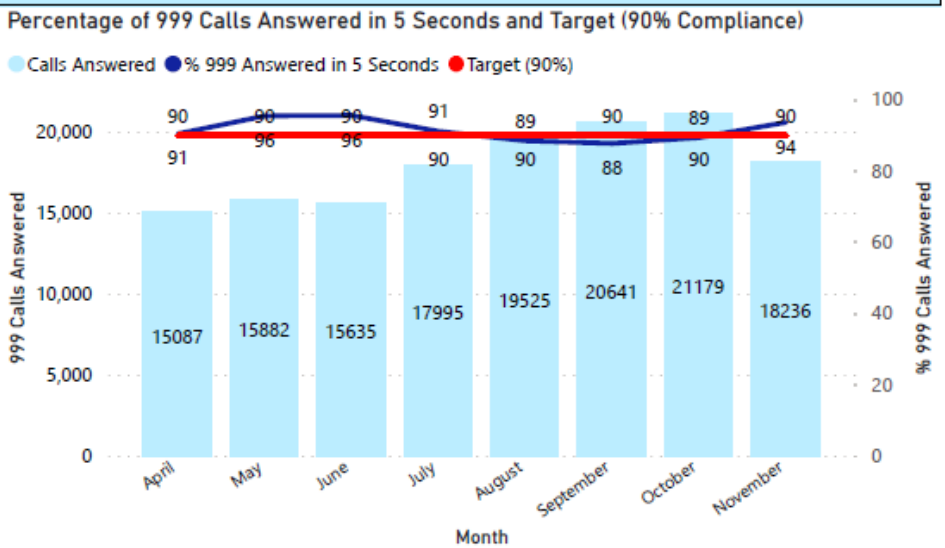
Month	Card 36
April	190
May	144
June	125
July	124
August	157
September	145
October	123
November	139
Total	**1,147**



4a. 999 Primary Line Call Answering Performance (Target (Compliance of 90%)

Calls Answered

Month	Calls Answered	% Answered in 5 secs
April	15,087	90.5
May	15,882	95.5
June	15,635	95.7
July	17,995	91.2
August	19,525	88.6
September	20,641	87.8
October	21,179	89.5
November	18,236	93.7

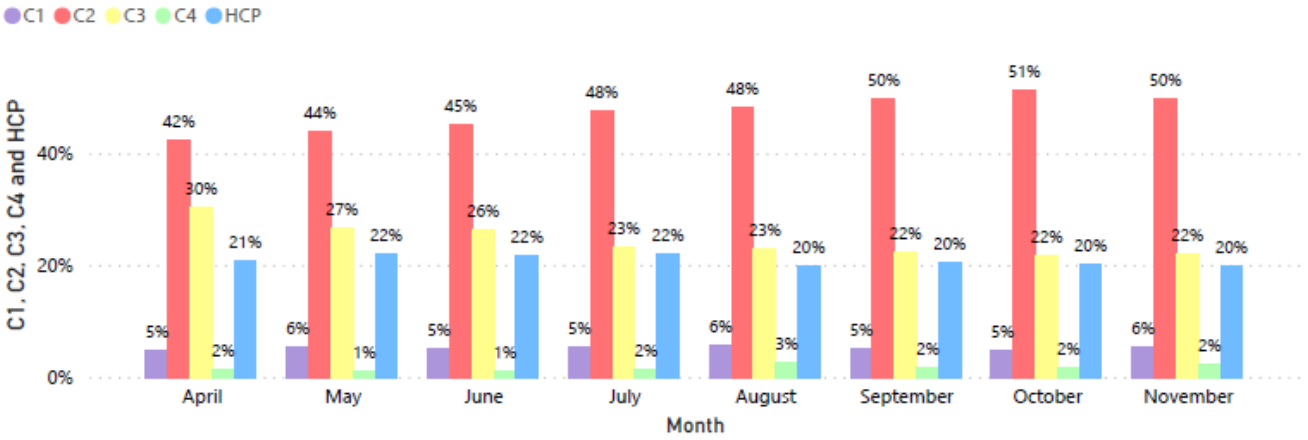


- The chart demonstrates performance against the 90% compliance target for call answering in EAC within 5 seconds
- A deteriorating trend in performance during August, September and October 2020 correlates with a month on month increase in the volume of calls answered for the period
- The CAT 1 Improvement Group look at both the mean and 90th centile performance with a particular focus on outliers of performance
- The level of demand has a direct relationship on our performance metrics.
- Increasing the workforce for call takers with recent recruitment and on-going training of EMDs will also support further improvement
- Call performance throughout November 2020 remained stable.

5a. The Proportion of Calls by Category (face to face) i.e. Acuity

Card 36 implementation date: 03/04/2020

Percentage of C1, C2, C3, C4 and HCP Total Responses



Percentage of Total Responses

Month	C1 %	C2 %	C3 %	C4 %	HCP %
April	4.8%	42.4%	30.3%	1.5%	21.0%
May	5.6%	44.0%	26.9%	1.2%	22.3%
June	5.2%	45.4%	26.4%	1.2%	21.8%
July	5.4%	47.7%	23.4%	1.5%	22.0%
August	5.7%	48.3%	23.1%	2.8%	20.1%
September	5.2%	50.0%	22.5%	1.8%	20.4%
October	4.9%	51.5%	21.7%	1.8%	20.2%
November	5.6%	49.9%	22.1%	2.3%	20.1%

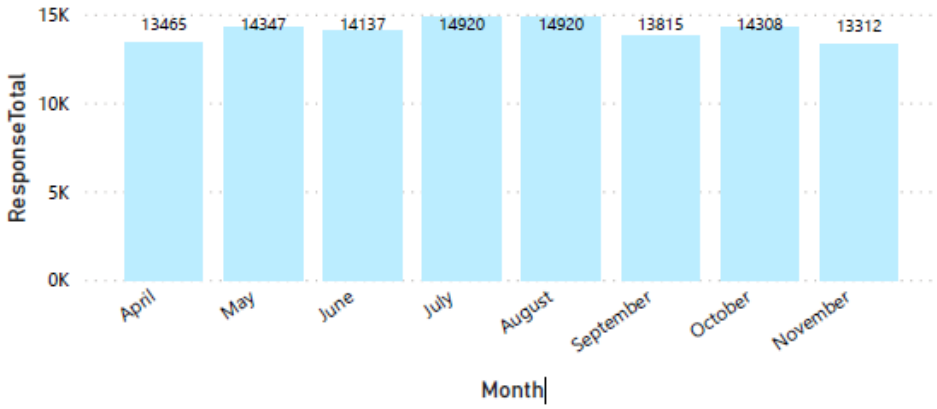
- The chart provides a breakdown of call responses split by the categorisation of call indicating the acuity of patients which determines the allocated indicative response time
- The majority of call categories have remained fairly static across the time period with the exception of Cat 2 calls which has increased by 9% in October 20 compared to April 20
- The increase in the higher acuity Cat 2 calls places additional pressure on our A&E crews.
- NIAS has implemented plans to re-direct PCS crews to support A&E and optimise their use around Urgent calls.

5b. The Total Face to Face Responses

Total Face to Face Responses

Month	ResponseTotal
April	13,465
May	14,347
June	14,137
July	14,920
August	14,920
September	13,815
October	14,308
November	13,312

C1, C2, C3, C4 and HCP Total Responses

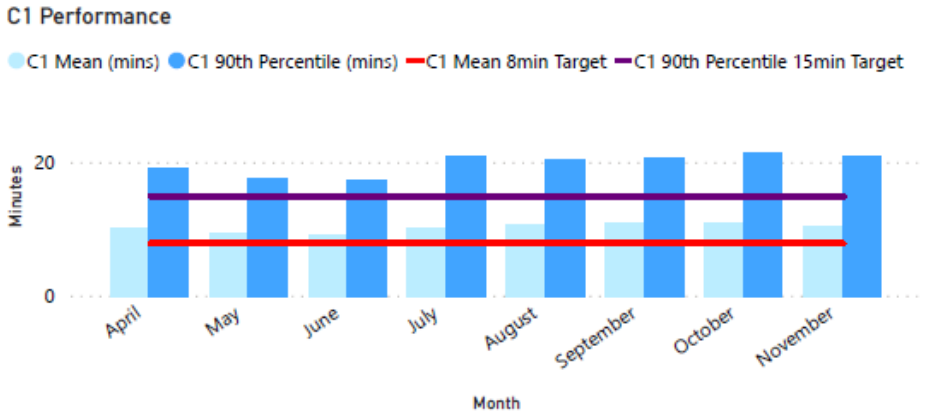


- This demonstrates the total volume of face to face responses across all call categories, including Health Care Professional responses which when combined demonstrate a fairly static position

6. EAC NIAS Emergency Activity Performance

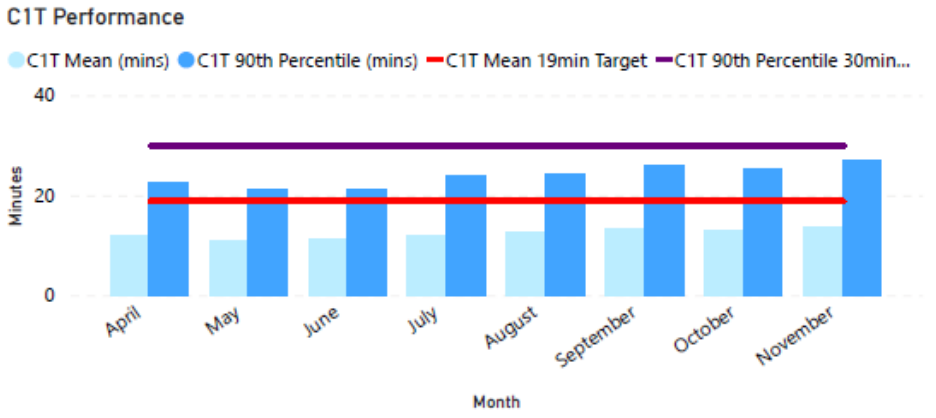
C1 Performance

Month	C1 Mean	C1 90th Percentile
April	00:10:15	00:19:19
May	00:09:25	00:17:33
June	00:09:07	00:17:26
July	00:10:10	00:20:54
August	00:10:48	00:20:30
September	00:10:54	00:20:45
October	00:11:02	00:21:34
November	00:10:34	00:20:58



C1T Performance

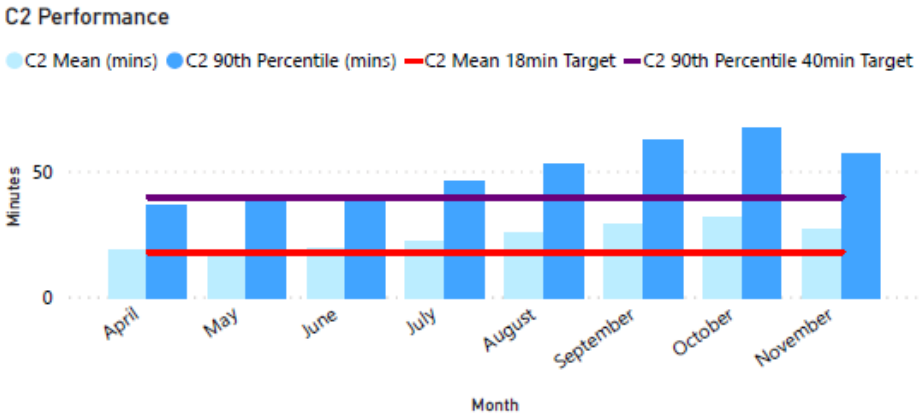
Month	C1T Mean	C1T 90th Percentile
April	00:12:05	00:22:39
May	00:10:58	00:21:22
June	00:11:13	00:21:18
July	00:12:02	00:24:05
August	00:12:35	00:24:23
September	00:13:18	00:26:02
October	00:13:04	00:25:30
November	00:13:38	00:27:06



- The charts represent performance against the CAT 1 8-minute response time based on the 8-minute mean and 90th percentile 15-minute target since April 2020
- The mean and 90th centile response times demonstrate a deteriorating position in November 2020
- The CAT 1 Improvement Group has now been suspended to focus on monitoring key measures to optimise effectiveness
- Detailed review of activity by hour of day to identify further improvement actions is ongoing
- Ensuring we make the most appropriate response is critical to managing demand effectively therefore making the most of our resources and capacity to respond to our most critical patients

C2 Performance

Month	C2 Mean	C2 90th Percentile
April	00:18:48	00:36:40
May	00:19:04	00:38:05
June	00:19:33	00:39:40
July	00:22:14	00:45:57
August	00:25:32	00:53:17
September	00:29:05	01:02:56
October	00:31:38	01:07:39
November	00:27:00	00:57:06



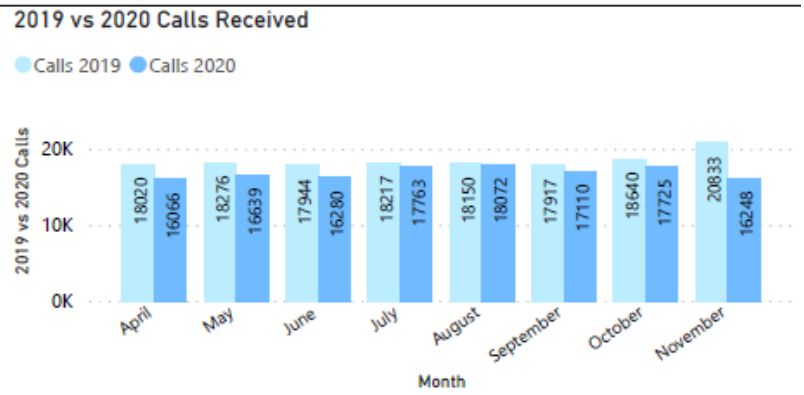
- The charts present performance against the mean 18-minute target for CAT 2 response times and the 90th centile performance
- The deteriorating trend in category 2 in particular is noted. The correlation to increased CAT 2 calls and activity is relevant
- The re-direction of PCS crews to focus on A&E support will assist in increasing the capacity to respond to CAT 2 calls

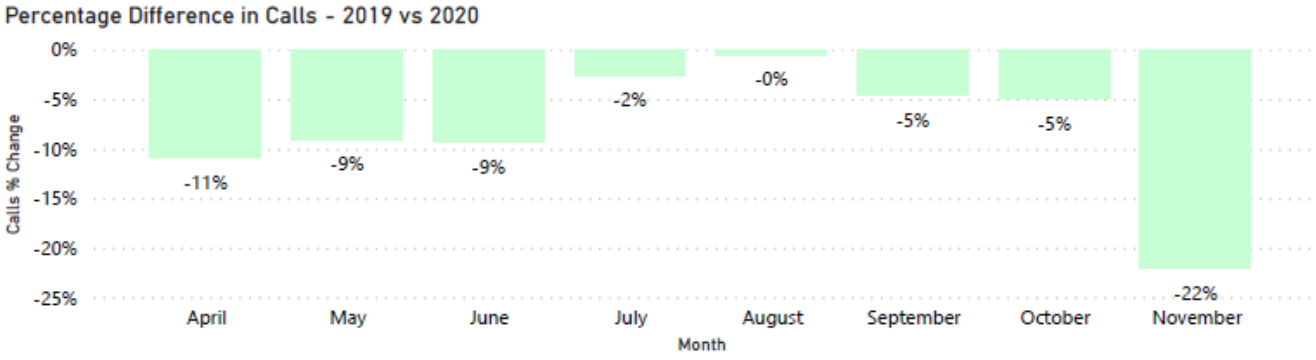
7. 999 Emergency Calls, Responses & Conveyance Rates

Please note that Data is not ARP compliant for comparison purposes (Emergency call numbers are based on the removal of Duplicate Calls, Calls Entered in Error, Test Call, Done by another Service and Calls for Information Only)

Emergency Calls Received

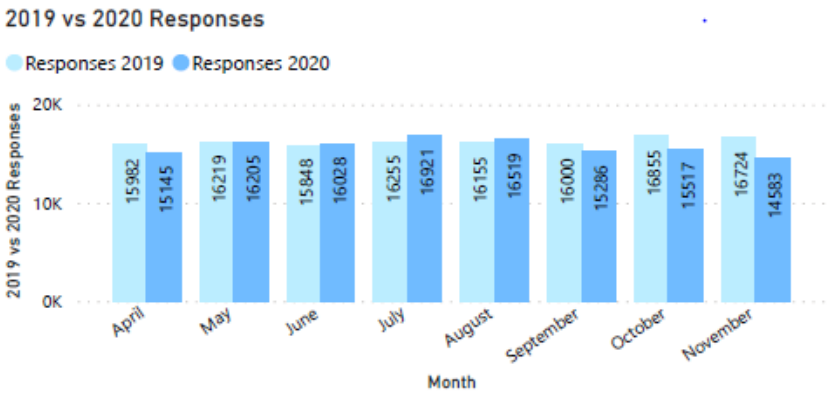
Month	2019	2020	% Change
April	18,020	16,066	-10.84%
May	18,276	16,639	-8.96%
June	17,944	16,280	-9.27%
July	18,217	17,763	-2.49%
August	18,150	18,072	-0.43%
September	17,917	17,110	-4.50%
October	18,640	17,725	-4.91%
November	20,833	16,248	-22.01%

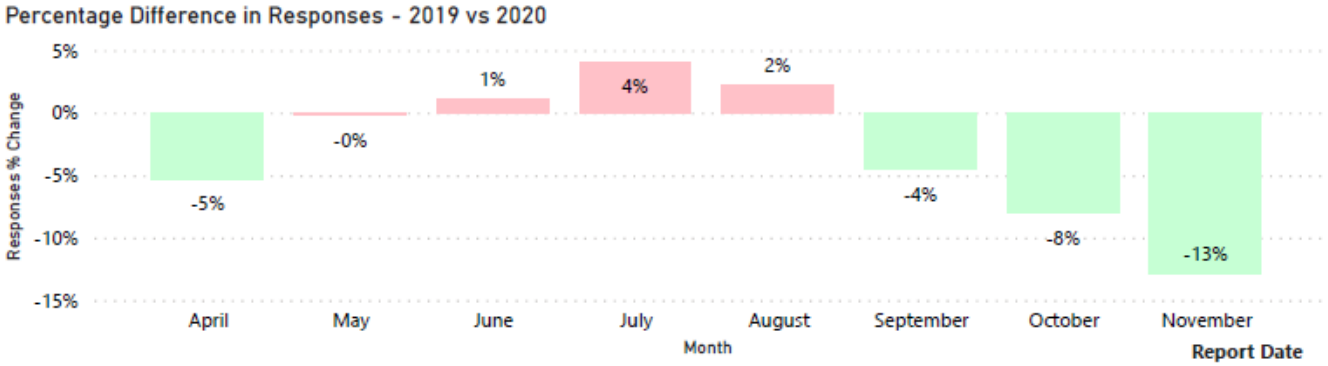




Emergency Responses

Month	2019	2020	% Change
April	15,982	15,145	-5.24%
May	16,219	16,205	-0.09%
June	15,848	16,028	1.14%
July	16,255	16,921	4.10%
August	16,155	16,519	2.25%
September	16,000	15,286	-4.46%
October	16,855	15,517	-7.94%
November	16,724	14,583	-12.80%



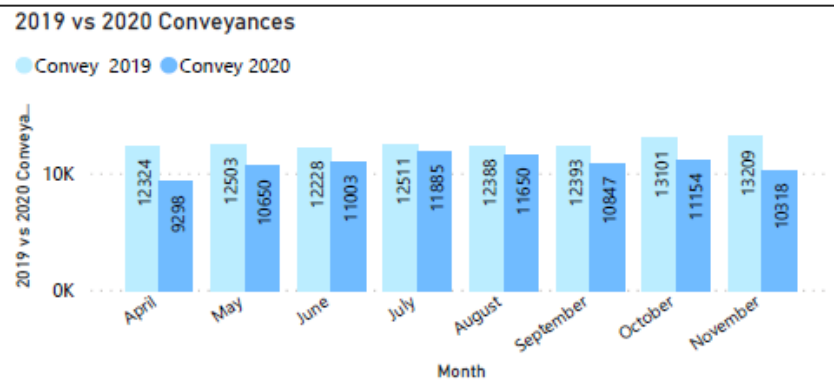


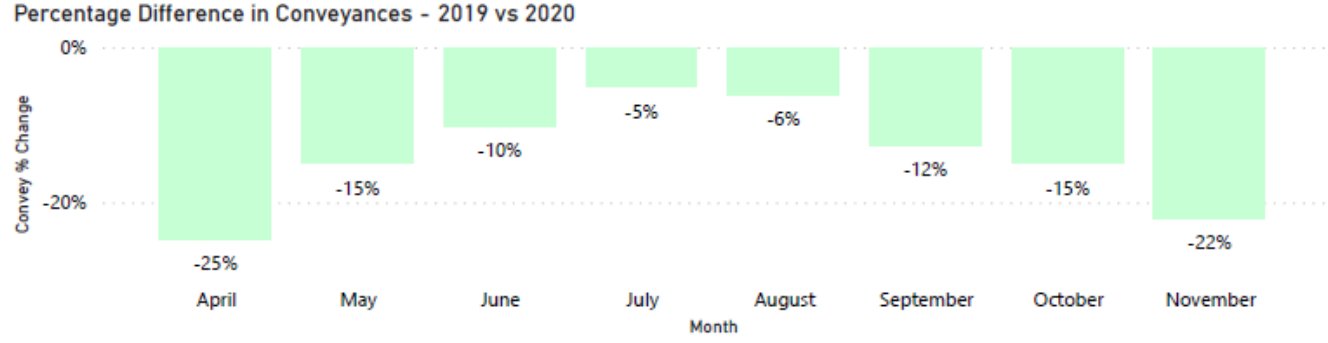
7. Emergency Calls, Responses and Conveyance Rates

Please note that Data is not ARP compliant for comparison purposes (Emergency call numbers are based on the removal of Duplicate Calls, Calls Entered in Error, Test Call, Done by another Service and Calls for Information Only)

Emergency Conveyance

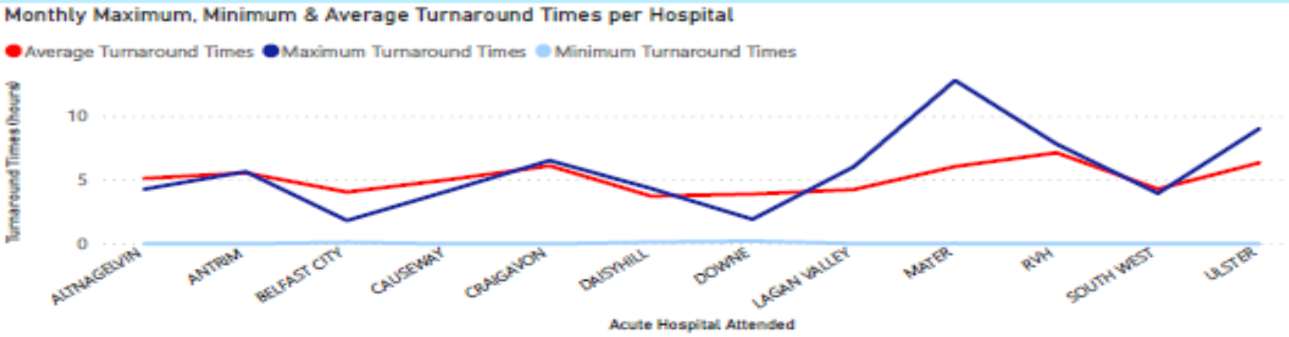
Month	2019	2020	% Change
April	12,324	9,298	-24.55%
May	12,503	10,650	-14.82%
June	12,228	11,003	-10.02%
July	12,511	11,885	-5.00%
August	12,388	11,650	-5.96%
September	12,393	10,847	-12.47%
October	13,101	11,154	-14.86%
November	13,209	10,318	-21.89%





- The charts provide detail on emergency calls received, number of responses, and the conveyance to EDs since April 2020 compared to the same month in 2019
- The year on year comparison of data must be considered in the context of COVID-19
- November 2020 calls and conveyance rates demonstrate an increase in activity building since the first wave of COVID-19
- A reduction in conveyance rates can be attributed in part to patients' reluctance to travel, but also to the alternative care-pathways in place, and the volume of see and treat activity

8a. Monthly Cumulative Maximum, Minimum & Average Ambulance Turnaround Times - KPI 30 minutes by Acute Hospital Sites



Maximum Turnaround Times

Month	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER
April	2:23:36	2:04:58	1:50:31	1:40:57	3:35:45	1:19:39	1:15:33	1:18:48	2:12:34	4:17:00	2:22:00	2:42:45
May	2:39:45	2:26:48	1:39:00	2:09:03	2:47:53	2:53:37	1:56:24	1:40:11	6:42:00	4:23:38	3:58:38	5:09:09
June	2:46:00	2:46:00	0:58:31	1:38:16	4:44:30	0:52:56	1:19:32	3:51:30	12:52:00	4:46:06	1:40:58	4:36:00
July	4:18:20	1:40:00	0:49:00	2:32:31	4:40:00	2:36:00	0:45:00	1:19:00	4:13:19	3:52:00	1:51:05	5:26:16
August	3:04:02	3:59:32	1:15:32	3:14:25	4:20:33	1:32:00	0:45:03	1:43:06	3:03:21	5:24:53	3:00:49	5:36:11
September	3:33:14	3:42:00	1:24:53	2:24:31	4:42:49	1:20:52	0:53:24	1:11:14	6:24:57	7:01:00	2:36:00	6:32:11
October	4:11:12	5:41:22	1:38:14	4:10:37	6:34:00	4:21:39	1:27:00	6:04:22	7:05:00	7:51:46	3:14:41	7:09:14
November	2:53:40	5:38:00	1:33:31	3:31:16	5:48:00	3:05:00	0:59:00	1:15:57	7:01:34	5:59:13	3:17:48	9:03:56

Minimum Turnaround Times

Month	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER
April	0:00:03	0:00:03	0:00:07	0:00:02	0:00:03	0:03:00	0:07:22	0:01:21	0:00:02	0:00:02	0:00:04	0:00:03
May	0:00:04	0:00:03	0:03:14	0:00:02	0:00:04	0:01:47	0:00:04	0:00:05	0:00:04	0:00:02	0:00:03	0:00:06
June	0:00:01	0:00:03	0:07:11	0:00:01	0:00:03	0:05:00	0:05:13	0:00:05	0:00:03	0:00:03	0:00:04	0:00:06
July	0:00:04	0:00:08	0:00:05	0:00:03	0:00:06	0:00:03	0:04:00	0:00:05	0:02:00	0:00:02	0:00:03	0:00:04
August	0:00:04	0:00:04	0:01:16	0:00:02	0:00:04	0:00:06	0:05:28	0:00:06	0:00:05	0:00:02	0:00:02	0:00:02
September	0:00:03	0:00:05	0:01:33	0:00:03	0:00:05	0:08:00	0:08:50	0:00:01	0:00:05	0:00:01	0:00:03	0:00:03
October	0:00:04	0:00:17	0:00:07	0:00:03	0:00:02	0:00:04	0:13:00	0:00:04	0:00:02	0:00:02	0:00:03	0:00:31
November	0:00:03	0:00:03	0:00:06	0:00:03	0:00:08	0:04:13	0:01:13	0:00:02	0:02:20	0:00:02	0:00:03	0:01:00

Average Turnaround Times

Month	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER
April	0:34:33	0:38:19	0:36:11	0:32:09	0:41:22	0:23:20	0:38:27	0:33:36	0:50:03	0:44:33	0:30:55	0:40:54
May	0:34:31	0:35:27	0:33:19	0:33:01	0:39:06	0:23:31	0:32:05	0:33:07	0:36:37	0:50:57	0:29:44	0:36:58
June	0:38:23	0:36:25	0:28:29	0:32:05	0:44:04	0:20:05	0:29:59	0:31:05	0:32:20	0:46:26	0:30:05	0:36:26
July	0:40:18	0:36:32	0:24:14	0:35:10	0:46:19	0:23:48	0:23:14	0:31:31	0:36:07	0:46:23	0:28:49	0:40:55
August	0:42:24	0:42:59	0:25:02	0:39:12	0:48:54	0:25:38	0:24:06	0:31:08	0:36:49	0:52:14	0:32:53	0:49:35
September	0:41:41	0:45:07	0:28:18	0:38:07	0:48:17	0:23:59	0:25:06	0:32:00	0:50:25	1:00:26	0:36:14	0:57:46
October	0:40:23	0:50:59	0:32:14	0:43:11	0:54:06	0:42:53	0:33:57	0:35:18	1:07:50	1:08:22	0:34:34	0:59:25
November	0:37:04	0:49:42	0:37:02	0:50:14	0:46:31	0:42:28	0:28:26	0:28:59	0:55:16	1:01:09	0:35:47	1:01:04

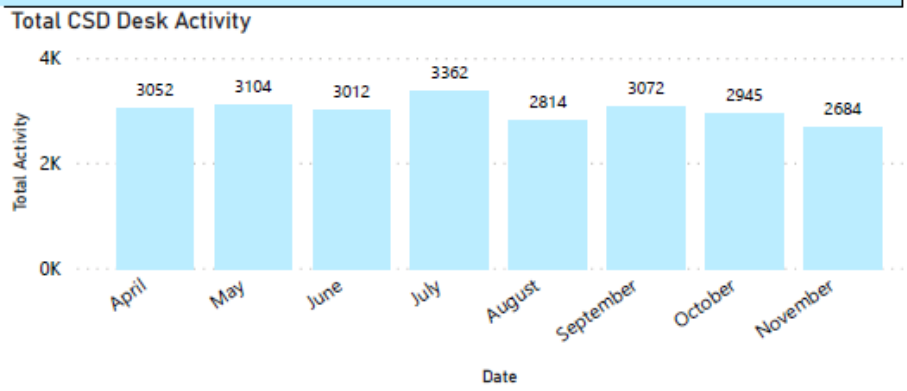
- The charts demonstrate the maximum, minimum and average turnaround times for ambulances at the listed hospitals
- The Trust has made significant contribution to the Department of Health's No More Silos project and has produced a set of regional minimum core standards for ambulance handover zones to assist in hospital EDs to accept ambulance borne patients to improve performance

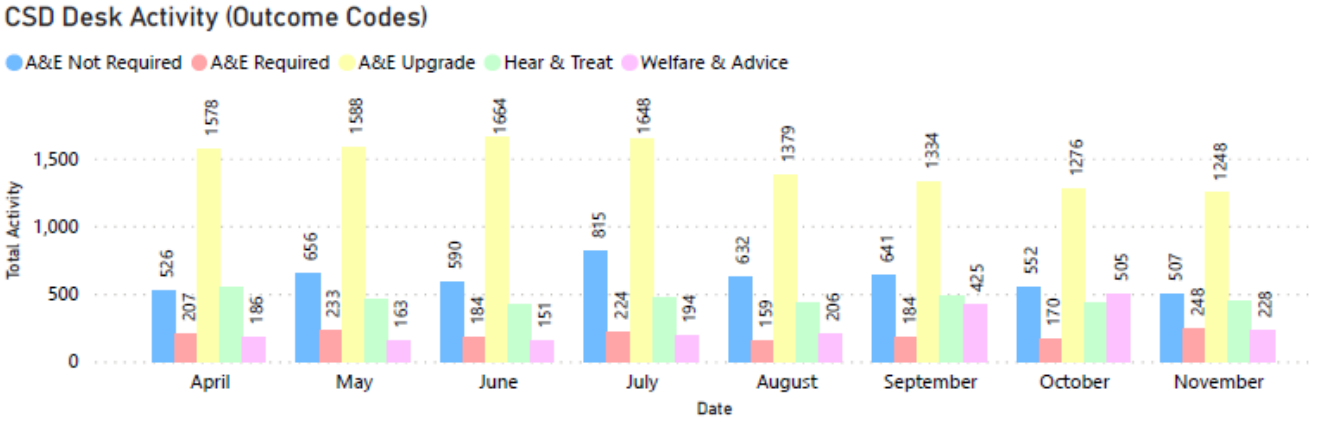
- The charts demonstrate a significant and concerning deterioration in the maximum turnaround times, the majority of which are currently attributed to the handover element of this process
- The Trust is working closely with hospital Trusts, the Health and Social Care Board and Department of Health to support improvement in performance

9. Clinical Support Desk (CSD) - Hear & Treat/See & Treat/See & Convey

Total CSD Desk Activity

Month	Total ACD 999	Total CSD	% CSD Activity
April	15,104	3,052	20.2%
May	15,874	3,105	19.6%
June	15,635	3,012	19.3%
July	17,995	3,362	18.7%
August	19,525	2,814	14.4%
September	19,445	3,072	15.8%
October	21,179	2,945	13.9%
November	18,236	2,684	14.7%





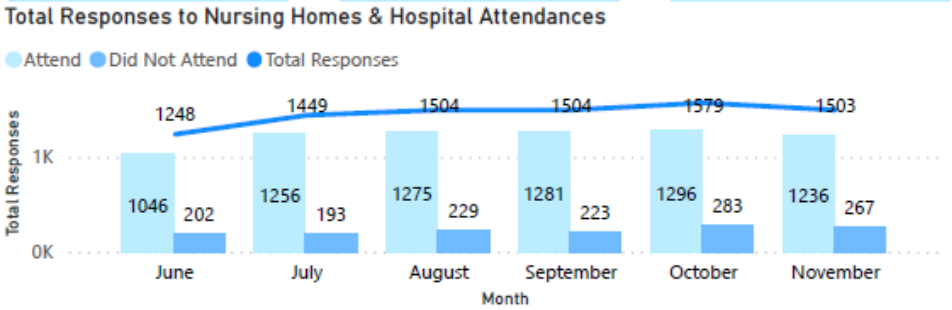
- The tables display the activity and outcome of calls the Clinical Support Desk manages
- The majority of the metrics have remained broadly static across the reported period
- Longer response times are impacting on activity which is why the A&E upgrade numbers continue to be high as CSD provide an important safety function

10. Nursing Home Activity

Responses to Nursing Homes	Attended Hospital from Nursing Homes	Responses to Nursing Homes with Suspected COVID-19	Attended Hospital from Nursing Homes with Suspected COVID-19
8787	7390	2196	1842

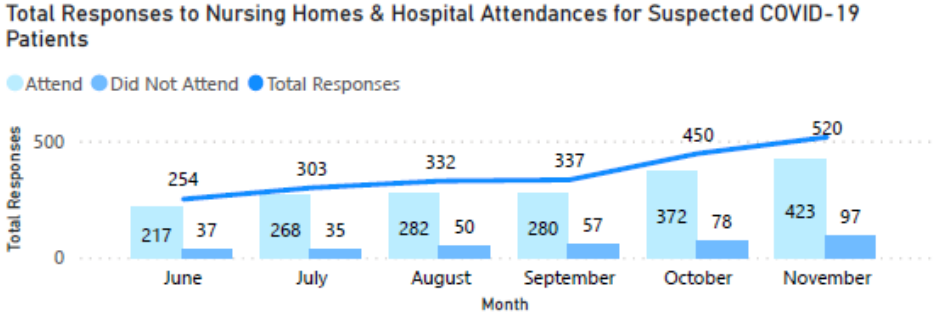
Total Responses to Nursing Homes

Month	Responses
June	1248
July	1449
August	1504
September	1504
October	1579
November	1503



Total Responses to Nursing Homes for Suspected COVID-19

Month	Responses
June	254
July	303
August	332
September	337
October	450
November	520

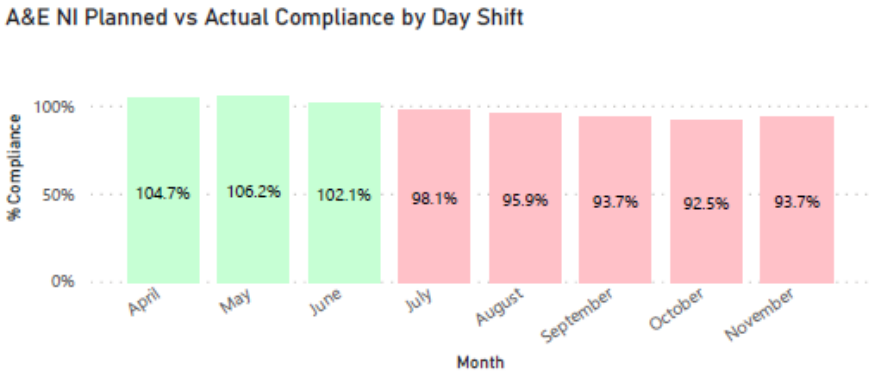


- Suspected COVID-19 related calls continues to increase in prevalence through second surge as reflected on second chart

11. Vehicle Resource Levels

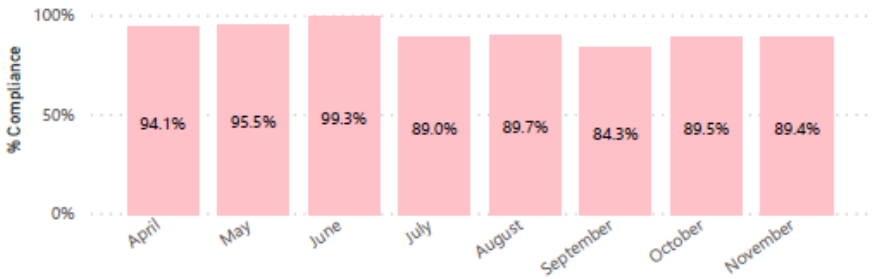
A&E Day Shift Compliance

Month	Planned	Actual	Compliance
April	1,849.0	1,935.0	104.7%
May	1,853.0	1,968.5	106.2%
June	1,854.0	1,893.5	102.1%
July	1,912.0	1,876.5	98.1%
August	1,915.0	1,837.0	95.9%
September	1,671.0	1,565.0	93.7%
October	1,850.0	1,711.0	92.5%
November	1,789.0	1,675.5	93.7%



A&E Night Shift Compliance

Month	Planned	Actual	Compliance
April	1,469.0	1,383.0	94.1%
May	1,471.0	1,404.4	95.5%
June	1,466.0	1,456.0	99.3%
July	1,523.0	1,356.0	89.0%
August	1,517.0	1,361.5	89.7%
September	1,315.0	1,109.0	84.3%
October	1,476.0	1,321.0	89.5%
November	1,418.0	1,267.0	89.4%

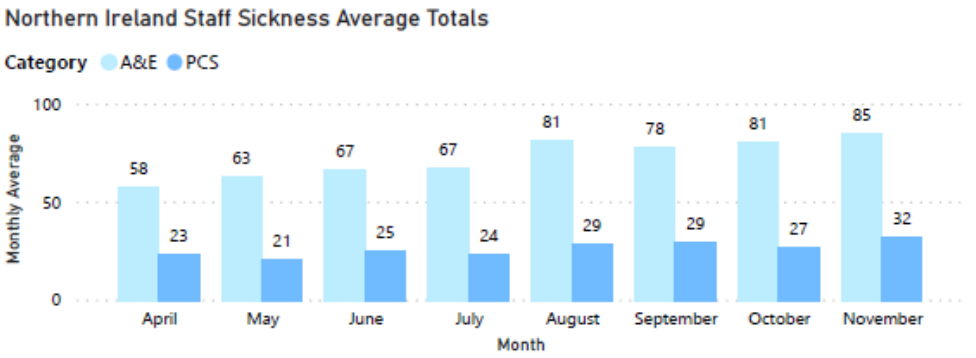


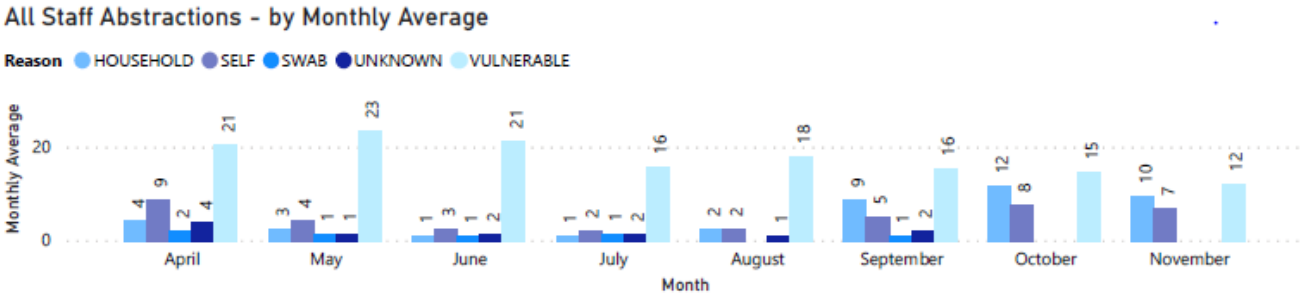
- Our ability to meet demand is dependent on operational capacity and our ability to minimise the time that this is unavailable
- Fleet control of response vehicles to minimise down time remains a priority

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

NI Staff Sickness Average Totals

Month	A&E	PCS
April	58	23
May	63	21
June	67	25
July	67	24
August	81	29
September	78	29
October	81	27
November	85	32





All Staff Abstractions - by Monthly Average

Reason	April	May	June	July	August	September	October	November
HOUSEHOLD	4	3	1	1	2	9	12	10
SELF	9	4	3	2	2	5	8	7
SWAB	2	1	1	1		1		
UNKNOWN	4	1	2	2	1	2		
VULNERABLE	21	23	21	16	18	16	15	12

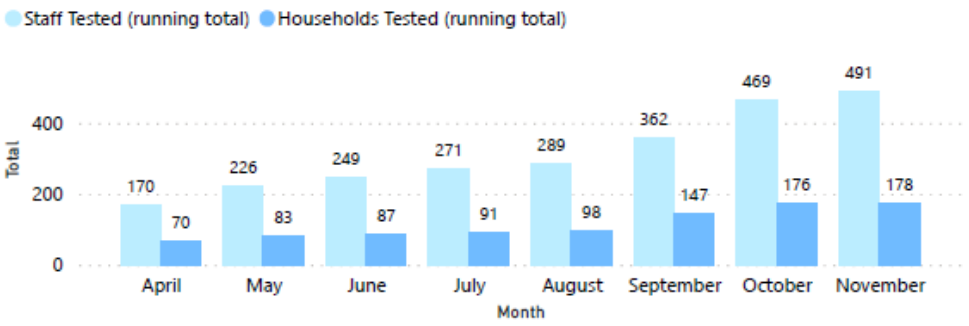
- These tables reflect the average numbers of staff who are on sick leave or have been abstracted from frontline duty and are isolating.
- The trends indicate that abstractions and sickness are increasing overall which is also aligns with our swabbing data on the next table.
- Whilst we continue to invest in our attendance management programme, the issue is being compounded by outbreaks derived internally and externally in the community.
- Operations are utilising private and voluntary resources to support capacity and consideration is being given to utilising student resources to support crews.
- A further resource will be implemented to co-ordinate the safe and timely return of staff to duties to optimise capacity.

14. NIAS COVID-19 Swab Testing

Cumulative Monthly Testing

Month	Household Tested	Staff Tested
April	70	170
May	83	226
June	87	249
July	91	271
August	98	289
September	147	362
October	176	469
November	178	491

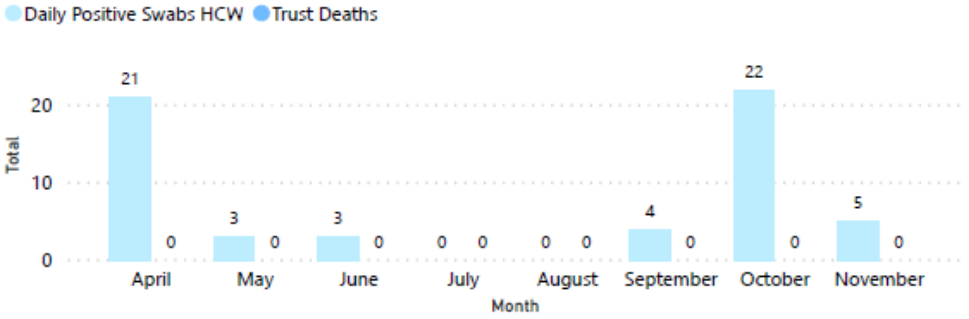
Staff Tested, Households Tested, Daily & Cumulative Positive Swabs HCW



Monthly Testing

Month	Positive Swabs	Trust Deaths
April	21	0
May	3	0
June	3	0
July	0	0
August	0	0
September	4	0
October	22	0
November	5	0

Daily Positive Swab Tests & Trust Deaths



- Our swabbing programme continues to support and protect our staff from infection. As reflected in the local community we have recorded the highest amount of positive tests, in October, since our programme commenced.
- We have recorded several outbreaks recently and are working with the Public Health Agency to ensure we mitigate the impact of each on staff welfare.
- We are focused on enhancing our environmental cleanliness arrangements and hand hygiene audits to manage and limit the impact of outbreaks within stations and office localities.
- Adherence to social distancing with provision of some additional physical space where possible at some stations, and reinforcement of appropriate PPE use where 2 m social distancing cannot be maintained continues

6 NIAS Service Recovery

In May 2020, in line with Departmental guidance and in collaboration with Recovery processes being adopted by other HSC Trusts and the wider Ambulance Service networks across the UK, NIAS developed a Recovery Framework, to be delivered in parallel with our extended response phase, which underpinned our strategy for rebuilding our services.

A Recovery group was then established, tasked with delivering the objectives as set out in the Recovery Framework. The team was representative of all Directorates within the Trust and was entitled the Recovery Co-ordination Group (RCG). The RCG was initially convened on 15 May 2020. This was at a time when NIAS Strategic Gold command had recently taken a decision to stand down the Operational Support Unit (13 May) and just prior to Silver Command going into a shadow state at the end of May.

The aim of the group was to provide a co-ordinated and structured, risk based approach to managing the recovery phase of NIAS's response to the COVID-19 pandemic, whilst ensuring strategic objectives such as providing a single place of contact for Trust staff, consideration of the wider Trust impact, identification of corporate learning and our response to a potential future surge were met.

The RCG approach was based on a set of recovery principles, highlighted in the NIAS COVID-19 Recovery Framework. The principles were designed to ensure that the group remain focused in ensuring activities were recovered in-line with our strategic plan, were consistent across directorates and did not adversely impact on NIAS core functions.

As COVID-19 is likely to be with us for some time, the Framework set out a phased approach for rebuilding our services, ensuring that the Trust remains flexible to respond to potential further surges.

The phases of recovery

Phase 1: Agree success measures
Phase 2: Ensure current information held for assessment is accurate against our agreed business impact analysis. Identify gaps and capture any additional services initiated due to COVID-19
Phase 3: Overall assessment of key services within a target recovery date
Phase 4: Utilise a prioritisation tool to ensure a consistent approach to service recovery, aimed at minimising/mitigating the impact of potential or actual risks to the Trust in the recovery stage.

The current status of our non-operational activity moving from December 2020 into January 2021 is captured below only denoting functions which have been modified or reduced. It denotes status of activity during the first wave and the anticipated status during the third wave however this is changing daily at present as the severe impact of the third wave is planned for.

RED is suspended or paused, AMBER is modified or reduced in some fashion and GREEN is maintained, normally due to statutory or legislative requirements. This Business Continuity plan aims to optimise capacity to support the operational and management front line coupled with COVID-19 specific tasks such as swabbing, fit testing and vaccine programme management.

Function	Activity	First Wave	Third Wave
Community Resus	Initial and Update training of Heartstart Instructors across Community & Education sectors. Providing advice, guidance and support to Heartstart schools and Schemes		
Community Resus	CPR/AED Health Care Professional and public training		
Community Resus	Initial and Update training of Community First Responders (CFR). Providing advice, guidance and support to all CFR Schemes		
Community Resus	Partnership working with external organisations across statutory, business, Community & Voluntary sectors		
Community Resus	Implementation and monitoring of the National Defibrillator Network – The Circuit, advising and providing guidance to those purchasing or have purchased an AED		
Community Resus	Implementation, verification & monitoring of the GoodSAM App		
Complex Case Team	Engage with support hubs to identify the vulnerable in society and provide support in collaboration with other services		
Complex Case Team	Engage with frequent callers and identify fundamental need that is not being met		
Complex Case Team	Identify frequent callers – current and potential		
Complex Case Team	Liaise with other healthcare trusts, GPs, community and voluntary sector and PSNI to put in alternative care pathways		
Quality Improvement	Continuing leadership and operation of Trust Quality Improvement training and projects		
Emergency Planning	Provider of specialist Hazardous Area Response Team response to include USAR, MTA and CBRN < 1 hour as per the model response document		
Emergency Planning	Delivery incident specific DoH Counter measures < 1 hr per SLA		
Emergency Planning	Provide specialist expertise in Major Incident response and event management		
Emergency Planning	Provide feedback to Government on Emergency Planning issues		
Emergency Planning	Business Continuity		
Emergency Planning	Event management		
Estates	Major Projects		
Estates	Planned Preventative Maintenance		
Estates	Reactive response Maintenance to breakdowns etc.		
Estates	Provision of Estates Management Services to NIAS Estate		
Estates	Provision of remedial works required arising from maintenance visits (Reactive and PPM)		
Estates	Minor Works / Project Works		
Finance	Business Case Development		

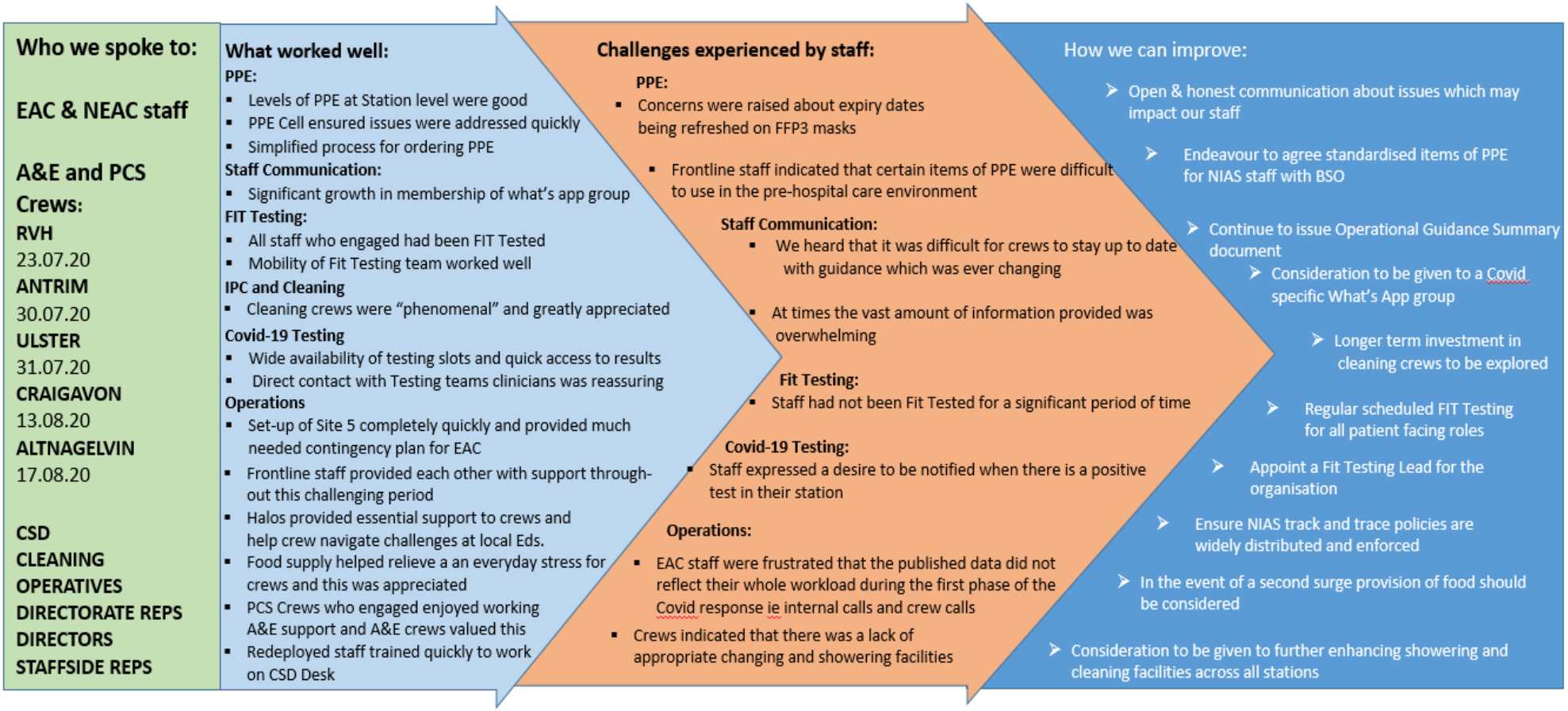
Finance	Financial Accounts - Payroll processing		
Finance	Financial Accounts – Invoice processing		
Finance	Financial Accounts – Travel claim processing		
Finance	Stores – Pharmacy Delivery		
Finance	Stores – Orders from Stations		
Finance	Stores – Fuel ordering		
Finance	Annual Report and Accounts		
Finance	Management Accounts - Monitoring Return		
Finance	Capital Accounts		
Fleet	Apply and manage annual vehicle statutory testing (MOT)		
HR	Education, Learning and Development		
HR	Equality and PPI		
HR	Formal employee relations processes i.e. disciplinary, grievance, harassment, WWT, capability, Industrial Tribunal application		
HR	Issuing of contracts of employment		
HR	Recruitment		
Information	PSNI Requests for Information		
Information	Issuing of performance reports to internal and external stakeholders		
Information	Freedom of Information requests		
Information	Data Protection requests / Access to Health Records i.e. vulnerable adult investigations, child protection issues		
Information	Requests from external agencies i.e. Coroner's Office, Victim Witness, Police Ombudsman, and Department of Health.		
Information	Ad hoc information requests to support business intelligence e.g. performance data, clinical information, patient flow		
Information	PRF processing and extraction of clinical data		
Medical	Clinical support for NIAS front line staff: Medical Director and BASIC Drs.		
Medical	REACH Roll out of new radios		
Medical	REACH New projects /business case developments		
Medical	REACH Programme Implementation (electronic Patient records)		
Risk Management	Programme Management - "In flight" projects, new projects (business case development, procurement activities) supplier contracts		
Training	Delivery of Paramedic Education		

Training	Provision of student practice education support		
Training	Provision of clinical supervision and audit		
Training	Driving assessments for recruitment process		
Training	Delivery of AAP training		
Training	Delivery of PP training		
Training	Clinical input to divisions on TNA, RTW & SAI		
Training	Training of new equipment & clinical updates		
Training	Delivery of ACA courses		
Training	Delivery of qualified staff familiarisation training		

Its important that we plan for recovery even as we invoke business continuity actions to ensure a smooth transition of resources and capacity to support the organisations service delivery.

A report from the NIAS Recovery Co-ordination Group was previously shared with Trust Board. A key element was learning gathered from over 200 staff across the organisation from the organisational response to the first phase of COVID-19 under the leadership of the Director of Safety, Quality and Improvement. It is important that learning is incorporated into our response to the third surge and we improve and enhance our response were possible. The following summary was shared with all staff:

NIAS response to COVID-19 pandemic- Staff learning



7. NIAS Approach to COVID-19, by Function

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

Section 75 of the Northern Ireland Act 1998

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

7.1 Workforce

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

Maintaining safe operational staffing levels with appropriately trained staff to provide safe, effective and compassionate care to patients and clients remains increasingly challenging for NIAS. Staff shortages continue to be exacerbated due to increased staff absence as a result of self-isolation requirements as the rate of community transmission continues to surge.

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

- Covid Regulations and Guidance including travel and self-isolation requirements
- Management of, and support to, staff considered to be Clinically Extremely Vulnerable (CEV) to severe illness and those with underlying health conditions
- Management of Covid-related absence and leave types
- Caring responsibilities in response to Department of Education’s policies
- Social distancing in the workplace
- Terms and Conditions including pensions
- Management of Workforce redeployments
- HSC Vaccination Programme

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

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

Partnership Working

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

Social Distancing/Shielding

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

NIAS has asked staff to ensure they are implementing social distancing across all offices and stations. Staff have been encouraged to work remotely where they are able to do so. Guidance for Managers was issued with signage, one-way systems, and a range of other measures to ensure social distancing where possible.

Crisis Accommodation

A Crisis Accommodation Team was established during the first surge of the COVID-19 pandemic. Criteria were agreed regarding those who were eligible for crisis accommodation and 71 requests for accommodation were fulfilled. This team was stood down on 31st July, 2020. In preparation for the third surge the process for requesting accommodation was enhanced to reduce manual working. This has been implemented in December 2020 and has received and processed 1 new request for accommodation.

Food and Welfare for Staff

South-East

A portacabin has been installed at the front of ED in the Ulster. The crews have a kitchen area, and a toilet they can use. Staff are happy that they have somewhere they can doff PPE. There are meal vouchers for the canteen and McDonalds available as well as drink and snacks. Some staff bring their lunches in the Ambulance and heat / eat them in the portacabin. They feel it is their space as opposed to sharing with the Ulster ED staff.

North

North has two welfare vehicles at Antrim Hospital situated at the ED. They consist of hot water facilities and NIAS provide light refreshments. Staff can also avail of a voucher to purchase a hot meal at the canteen up until 11pm after which they can purchase a meal from a vending machine in the canteen which can be heated in a microwave provided. Staff are reimbursed through subsistence.

West

A welfare vehicle is based at Altnagelvin during HALO operating hours, which provides a safe area for staff to Doff PPE and avail of some downtime and light refreshments. There is also a voucher scheme in place which allows staff to avail of a hot meal at the Altnagelvin Café should they be waiting prolonged periods for handover.

Belfast

Welfare facilities at both Belfast Trust sites are provided during HALO hours. There are welfare vehicles at both the Royal ED and Mater ED, which are available for staff to use as a way of doffing PPE and having a break during prolonged waits. Tea, coffee and water is provided along with a selection of chocolate bars, and we receive sandwiches from the Belfast trust canteens which are free to staff. Meal break vouchers are available for staff, if they are delayed across the rest period windows, and can be used at the Belfast Trust canteens, which provide a service until 18:00. Discussions are ongoing regarding premises at both the Mater and Royal sites to provide a more permanent arrangement, which could be available outside of HALO hours.

South

Craigavon ED: Staff have access to an ambulance vehicle where they can avail of tea/coffee, water, biscuits and snacks. The vehicle is also used as a breakout area. Vouchers are also available to staff who have not had an opportunity for a meal break. These allow them to access hot food at the hospital canteen up to the value of £5.00. Both the welfare vehicle and the voucher scheme are coordinated by the HALO. When the HALO is not on duty, our vehicle-cleaning operatives support the welfare vehicle. However, there is no access for staff to vouchers. Southern Trust have been asked about the potential for a modular building to be made available to us as a welfare point. To date, they have been unable to provide.

Daisyhill ED: Staff have access to an ambulance welfare point located in a modular building adjacent to ED. They can avail of tea/coffee, water, biscuits and snacks. There is also a microwave available. The location is also used as a breakout area but is shared with our vehicle cleaning team. Vouchers are also available to staff who have not had an opportunity for a meal break. These allow them to access hot food at the hospital canteen up to the value of £5.00. They are authorised by any Officer on duty and collected from the hospital reception. However, Daisyhill canteen has limited opening hours. Both the welfare point and the voucher scheme are coordinated by the HALO.

Childcare Support

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

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

As restrictions eased, allowing more childcare facilities to reopen, the pressure around childcare lessened and DOH shifted to supporting childcare providers both to reopen as safely and fully as possible and financially. This was in tandem with widening the definition of essential worker, until childcare facilities were once again open to all. With the end of shielding on 31st July, much of the family support our staff rely on could be reinstated.

No member of staff has contacted the team for childcare support since 30th July and the DOH focus since the end of July has been on supporting childcare providers financially and with guidance for safe operations. The website for sourcing a registered childminder that suits individual needs is still active, as it was prior to the pandemic, and staff can continue to be referred there should need arise.

Childcare not attached to schools has been unaffected by changes in regulations over the past few months. It was recognised very early that many of our staff rely on family support due to both cost of childcare and lack of flexibility with many childcare providers. An options paper was prepared in June 2020 to consider how NIAS could better support families in the future and position ourselves as employers of choice.

At time of writing (January 2021), the situation regarding schools has changed and it may be necessary to re-institute appropriate support to staff.

Clinical Education, Learning and Development

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

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

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

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

The Regional Ambulance Clinical Training Centre (RACTC) drew up a reviewed surge plan for the anticipated COVID-19 second wave. In line with this surge plan, national guidelines on social distancing and other measures to mitigate against the impact of COVID-19 on clinical education, the Training Department implemented a number of actions to adapt and in some cases, suspend training activities. The aim of the surge plan was to optimise training of staff to new frontline roles in order to boost workforce, while working in the context of the mitigating measures.

Adaptations to programmes included:

- Content of courses was moved to online and remote learning where possible.
- Training centre staff encouraged to work remotely where possible.
- A number of students and members of the education team had, at various times to self-isolate. Where possible, their work was re-aligned to remote learning and some additional catch-up sessions also planned.
- Division of cohorts into smaller groups to allow social distancing in classroom scenarios. Although this aided compliance with social distancing, it also meant having to utilise more venue space and provide repeat sessions for groups, thus extending taught time. These also required using external venues for training and recovering some NIAS classroom space that had been in use by other departments.
- Routine Divisional support was suspended and Clinical Support Officers re-allocated to focus on preparing staff for eligibility for Paramedic course and aiding delivery of core courses.
- Familiarisation training for qualified clinical staff joining NIAS continued in order to boost workforce numbers. A course was run in September for six candidates (less than normal due to social distancing requirements) and an extra one was delivered in November for another five
- The FdSc Paramedic programme (cohort 2) for 42 students that had been suspended from April recommenced in September. All hospital placements had been cancelled and measures put in place for alternatives to these placements.
- The two cohorts of AAP courses that had been suspended in April recommenced in June with additional measures in place and completed in July, delivering 38 staff to EMT roles in Operations.
- Another two AAP cohorts for a total of 44 students commenced in August with additional measures in place. These two courses are due to move into the final driving course phase in January and February 2021. COVID-19 impact on driving tests has delayed students gaining C1 driving licences and this may further delay the ability to complete the driving elements within the scheduled timeframe. However, work is ongoing with Department of Infrastructure to resolve this
- An ACA course commenced in November 2020 for 21 candidates. This was adversely impacted when the external venue (Hotel) closed due to hospitality restrictions but after some difficulties, an alternative venue was found.
- Some training staff were redeployed to other areas. For example, one Training Officer was seconded to lead the Swab testing team.
- Extra support of additional tutors from an external provider was enlisted to assist delivery.
- Selection and interviewing process for applicants to the next Paramedic course was amended. Multiple sessions were run at weekends to avoid congestion and reduce footfall in HQ. More sessions were planned to allow space for social distancing and more rooms used. All staff and attendees had to adhere to strict face covering and hygiene measures and specific cleaning of rooms was conducted between sessions. Candidates were given regulated time slots and a one-way system for attending was employed. More than 80 staff attended for this process and additional training staff were used to manage the multi-group approach.

Throughout the response to the pandemic, RATC Managers continued to review the surge plan and anticipate potential for moving into the recovery phase.

7.2 Operations

NIAS Operations continues to provide front-line Ambulance response despite an increase in abstractions due to COVID-19.In addition to optimising ambulance operational cover a key focus at operational level has been on supporting staff to stay safe, well and at work. Significant efforts have been made by staff across the Trust to provide enhanced support and additional hours of cover, which have enabled continued service delivery, and opened opportunities for positive new ways of working.

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

The provision of ambulance services are paramount and despite the depletion of staffing resourcing of the emergency tier across the region was often maintained at 90% in the early stages of the pandemic. However as staff abstractions increase this has been much more challenging, and the current phase of the pandemic has put significant additional pressure on our staff.

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

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

Operational Actions:

- A&E service was supported by a range of measures including:
- Reallocation of RRV to A&E
- Cancellation of Outpatients transport where possible (maintain key areas e.g.cancer and renal appointments)
- Reallocation of PCS to A&E support
- Increased Independent Sector for A&E support
- Demand management and introduction of Card 36
- HALOs extended hours and additional locations (e.g. SWA and Mater)
- Formation of Operational Support Unit and Tactical Command operating 16 hours daily. Only lately reduced to 12 hrs daily as COVID-19 calls did not increase after 6 April

2020. Tactical command was operated by operations, emergency planning, control and admin support.

- Extended hours of operation of Station Officers to support staff. Initially this operated for 24/7 and then 16 hours per day, matching the Tactical Command
- Support for staff and Station officers by dedicating supervisor cover to match the extended hours where cover would allow.
- Extended hours of operation of RMC to support cover arrangements, daily abstraction and COVID-19 abstraction reporting.
- Re-deployment of COVID-19 vulnerable staff to non-patient facing roles so that they have been able to continue to work. These staff have supported logistic, IPC and welfare functions within operations.

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

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

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

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

Further developments to respond to the second and third waves including command structures and enhanced welfare for staff have been described elsewhere in this paper.

HEMS

The Helicopter Emergency Medical Service (HEMS) has continued to operate during the COVID-19 challenges with the exception of a 6-day suspension early in the pandemic, which was quickly appraised and overturned. HEMS, like all departments within NIAS, has had to ensure all COVID-19 restrictions and regulations are abided by. In aviation terms, this has meant aircraft re-configuration to protect the pilot, different ways of working when on scene and full level 3 PPE to protect the crew during aerosol-generated procedures. HEMS continues to be tasked to approximately two calls per day, attending to both trauma and non-trauma patients who require critical care interventions, supporting the regional COVID-19 response. A significant challenge HEMS face is the location of the airdesk when not permitted to be in EAC due to the dual role of the HEMS paramedic and the need to protect EAC. Contingency plans have been in place to operate the airdesk from Maze Long Kesh and with a plan to soon relocate to Site 5, Knockbracken.

Hazardous Area Response Team (HART)

NIAS HART provide the ambulance response to high-risk and complex situations; this includes High Consequence Infectious Diseases (HCID). During the early stages of the COVID-19 pandemic HART responded to all confirmed cases requiring hospital admission or inter-hospital transfer regionally, significantly reducing pressure on operational resources at a time of high uncertainty.

Following the downgrade of COVID-19 from HCID, HART managers responded with NIAS operational crews to all suspected COVID-19 cases to ensure safe working practices were being adhered to, this involved the development of donning and doffing guidance (PPE protocols) which were adopted trust-wide and became the 'NIAS Operational Guidelines for Incidents involving Coronavirus.'

Due to increased operational demand during the second wave, on 9th November, HART implemented a new response model designed to provide additional and on-going support to NIAS operations.

Emergency Ambulance Control

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

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

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

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

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

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

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

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

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

Patient Care Service (PCS)

The COVID-19 pandemic continues to present significant challenges to the operation of our various services, and to our ability to respond to call demand, including for the lower acuity patients carried by our Patient Care Service (PCS) and Voluntary Car Service (VCS).

Concerns for the likelihood of transmission of the infection led to NIAS initially standing the Voluntary Car Service (VCS) down as we were concerned for their ability to socially distance and to ensure compliance with IPC standards. Many of our Voluntary Car Service drivers are themselves vulnerable from medical conditions / age / transplant history.

During the first wave of the pandemic, the wider HSC cancelled a large percentage of routine outpatient work and NIAS diverted some of our Patient Care Service (PCS) ambulances, which would have provided transport for these routine outpatient appointments, over to the renal workload that the VCS normally covers. Many PCS ambulances were also transferred over to assist with Urgent and Emergency Care workload for the A&E service. We increased our use of Independent Sector resources to further supplement this.

Subsequently, following further development of IPC precautions and equipment and from learning that recognised that our own VCS is better suited to regular planned renal transports than non-medical taxi companies, we undertook individual risk assessments and re-established a number of the VCS.

As the first wave of the pandemic eased off, a proportion of NIAS PCS returned to business as usual and then by November 2020, as the second wave of the pandemic began to impact, NIAS took the difficult decision to cease providing transport to low acuity routine outpatient appointments. This has proved more problematic because until recently the wider HSC had not cancelled many outpatient appointments, so there was an onward impact on a range of patients. However, the decision allowed NIAS to transfer another tranche of PCS crews across to the Urgent and Emergency Care workload alongside the A&E ambulance service. This resulted in improved resource levels providing cover for Healthcare Professional (HCP) workload, routine high-dependency transfers and similar demand, coordinated and managed by the Emergency Ambulance Control (EAC) room.

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

Non-Emergency Ambulance Control (NEAC)

During the COVID-19 pandemic, the NEAC team have been involved in attempting to maintain some sort of normality for scheduled non-emergency patients, co-ordinating and managing the work of the IS resources brought in to replace PCS crews who have transferred over to A&E

support work. This workload is more demanding than normal due to the lack of electronic communication systems associated with the IS resources. Also, during this COVID-19 outbreak, patients can often only travel on their own which means a greater number of ambulance journeys is required to achieve the same number of patient journeys.

The Non-Emergency Ambulance Control room have taken steps to provide for social distancing and hygiene factors by moving control desks further apart and adjusting shift cover to best match the space available and the demand curve expected. Stringent attention to temperature testing and restricting access to the building, along with strict hygiene procedures are being taken to minimise the potential for outbreaks.

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

Operational Support Unit

With the ever-changing case definitions and PPE requirements, in the first wave of COVID-19 NIAS created an Operational Support Unit (OSU) to relieve the pressure on EAC and to give staff a single point of contact for support. The Operational Support Unit was comprised of an Infection Prevention Control Lead, Operational Officers in the first instance with inclusion of other managers and Clinical Support Officers to cover the rota. It went live on 12th February; one day after the pandemic was declared and ran over an extended day with up to 30 calls a day from staff, which required follow up, co-ordination with the COVID-19 Testing Team, Crisis Accommodation etc... The Operational Support Unit was stood down on 14th of May because call volume had dropped as the infrastructure for services such as NIAS COVID-19 Testing became available for all to access.

In response to the second wave of COVID-19, it was widely discussed and agreed that since the greatest demand was for isolation advice and access to testing that the Operational Support pathway would continue to be accessed via the Resource Management Centre. RMC staff were also able to provide staff with contact details for NIAS HR and Peer Support. Feedback indicates that this pathway is working effectively.

Infection Prevention Control

During the COVID-19 pandemic, the Trust Infection Prevention Control (IPC) service has been working to provide expert IPC guidance, support and advice for NIAS and to external bodies and agencies. In order to provide this service IPC has worked with various internal and external stakeholders including NIAS Incident Management Team (IMT); NIAS Senior Management Team (SMT); NIAS Gold; NIAS Silver; NIAS Bronze; Northern Ireland Public Health Agency and National Ambulance Association IPC Group.
In addition to working alongside these stakeholders IPC have been inputting into a number of external regional groups which are aligned with the Northern Ireland Regional Health Silver Group, these groups have included the regional PPE subgroup; the regional PPE supply chain cell; the regional IPC group and the regional IPC Lead Nurse Forum. These groups have provided the opportunity to network with other Trusts across the region to ensure a cohesive approach to management of COVID-19 across Northern Ireland. These groups also serve to ensure that NIAS is involved in all regional decision-making and that there is discussion, appreciation and accommodation of the NIAS position in relation to COVID-19.
IPC has been involved within NIAS and the region on various work streams with the primary aim of ensuring that staff and patients are protected from the risk of acquisition of/ transmission of COVID-19. These work streams have been:

- Guideline development – through National IPC Group, through regional IPC cell. This work has contributed to the development of the PHE Ambulance specific IPC guidance and the AACE Document Working Safely in Ambulance Non-Clinical Settings both of which have been adopted across all UK Ambulance Services. This work has contributed to the development of a number of Northern Ireland Specific COVID-19 guidance documents in conjunction with NI Public Health Agency
- Decontamination – organising additional cleaning input for vehicles, stations and non-clinical contexts such as HQ. Advising staff on safe decontamination practices
- Communications, internal and external, MDT messages, WhatsApp messages, newsletters, video casts, interviews, staff updates, email and telephone inquiries, supporting with material for NIAS COVID-19 SharePoint site
- Training/ Education – delivering education sessions to NIAS staff such as Station Officers and COVID-19 champions. Advising on suitability of external training packages from NARU PPE training and supporting with dissemination of same to NIAS staff. Advising on the content of NI training package for primary care pharmacies. Continuation of input in AAP and AHP training programmes. Provision of additional education re COVID-19 secure working to Control room staff, new EMD cohorts
- PPE – Supporting and advising on PPE utilisation across the service and region, supporting with decision making in relation to PPE allocation and distribution across NIAS. Contributing to weekly NIAS PPE group meetings and outworking's. Supporting with messaging around PPE utilisation, answering inquiries regarding PPE utilisation, supporting with decision making around PPE suitability and fitness for purpose of same within both NIAS and the region. Contributing to NI review of PPE commissioned by PHA, ongoing input into PHA led group looking at re-usable PPE.
- Contribution to the development of FFP3 mask by local NI company Denroy through expert opinion and advice
- Supporting with and advising NIAS staff testing facility, ongoing support with queries and management of results, interfacing with NIAS HR, OH services and Regional Virology in relation to this
- Setting up, staffing and running programme of testing for Care Homes alongside Acute Trusts. Short life group (May 2020 to June end 2020). Swabbing team contributed to the testing of 1831 residents and 1001 staff. Team members drawn from across Community First responders, Clinical Staff on non-operational duty where suitable and Clinical Support Officers
- Setting up, training, managing and co-ordinating NIAS contact tracing service. Initially same supported by HART and Emergency planning team (Sept to Nov 2020). Service subsequently (Nov and Dec onward) delivered by team of clinical staff (EMT and Paramedic) who currently are not able to undertake frontline duties. 12 hours per day, 7day per week service
- Roll out of temperature monitoring across all NIAS buildings and stations. Procurement of Genius 2 thermometers for all stations and distribution of same. Procurement of Marsden non-contact thermometers, stands and 6ft banner posters for all HQ, Foyle, EAC, NEAC, RMC and Site 5. Development of temperature monitoring posters and process algorithms, dissemination of same
- Fit testing – Supporting and advising on the role out of additional Fit Testing across NIAS, advising on the procurement of additional porta count machines, supporting with provision of extra staff to undertake fit testing, ensuring that fit testing rotas are shared within the organisation. Ensuring that NIAS is appraised of NI position re availability of PPE and more specifically around FFP3 masks, providing support and direction regarding provision of Fit testing relative to available FFP3s
- Quality, Safety and Improvement Director lead on investigation of and action planning/ remediation related to Regional fit testing incident related to incorrect porta count machine settings

- Operational Support Unit – Actively participating in the set-up, development and ongoing running of unit
- Providing support to external bodies such as St Johns Ambulance and NI Community Pharmacy Association
- Providing ongoing input into NIAS Silver Command Group, NIAS Trade Union Meetings and Operational daily huddles
- Director of Quality, Safety and Improvement (DIPC) responsible for COVID-19 vaccination delivery programme within NIAS, IPC supporting alongside NIAS COVID-19 testing team and NIAS Local HR Advisors
- Input into NIAS recovery and rebuild groups
- Responding flexibly to requests for input, support and or advice.

Fit Testing

A key element in protecting patients and staff as required by the Health and Safety at Work (NI) Order 1978, and the Personal Protective Equipment at Work Regulations (NI) 1993, is the appropriate use, including information, instruction and training, of Personal Protective Equipment (PPE) for aerosol generating procedures (AGP's). NIAS adheres to regional / national / PHA guidance regarding levels of PPE for patient care and treatment in differing contexts. With regards to level 3 PPE, NIAS uses FFP3 masks, and for the small number of staff who fail fit testing, powered hoods are provided. FFP3 masks require initial fit testing as described under the PPE Regulations above for each member of staff to ensure the particular mask in use provides the appropriate level of protection when performing an AGP. A summary of NIAS fit testing strategy is as follows:

• Resources – Originally, the Clinical Training Manager (T) coordinated and advertised Fit Testing Clinics for staff with approximately 30 Fit Test Operators delivering testing across the region and Clinics held in all Divisions. Since Autumn 2020 the Health and Safety Advisor has been leading on Fit Testing for the Trust. A number of clinical staff were identified and redeployed to fit testing duties at the beginning of the pandemic. A further training programme is planned to train additional staff in Fit Testing in January 2021.

• Equipment and consumables – The Trust currently has five Porta count fit testing machines, which adhere to the seven-stage test as per Health and Safety Executive requirements. Arrangements for calibration and maintenance are now in place, led by the Medical Devices Lead. The first of the five Porta counts will be service and calibrated in December 2020. The Risk Management Team purchased stocks of various ancillary items and consumables in December 2020 in order to ensure continuity of service.

• Competency of Fit Testers – Fit testing training has been delivered covering 'competent fit test operator' as per criteria HSE282/28 (February 2020). A review of content of 'Competent Fit Test Operator Training' took place in order to ensure that it covered the Competent Fit Test Operator criteria set out in Health and Safety Executive protocol 282/28 (July 2020). A NIAS Fit Testing SOP was issued in July 2020. Further training will be arranged in January 2021, following the identification of further fit testing resources. The training course takes place over one day and is delivered by an external contractor. All fit testing staff will also require a half-day training session delivered by the Information Department covering information and record keeping.

• Testing – A programme of fit testing is in place. Arrangements are being made to identify and test a small group of members of staff due to illness/shielding/leave/self-isolating etc. Arrangements are ongoing with regards to new staff commencing work with NIAS. These staff are usually tested as part of the course, at the location at which the training is being carried

out. An analysis of bank staff is also underway to ensure all persons reporting for duty are tested. The inclusion of Ambulance Care Attendants is being scoped due to the evolving requirements of the pandemic, and we will continue to assist with fit testing of our Independent Sector providers when possible.

- Responding to PPE supply chain issues – The Director of Finance and the Stores & Procurement Manager regularly liaise with BSO PaLS and the Department of Health in order to inform the Fit Testing Strategy. The Health and Safety Advisor continues to dynamically assess and adapt as supplies of alternative FFP3 masks become available. Currently, all staff that have not been tested on the 1863+ mask are being fit tested as a priority.

- Staff engagement – Trade Union colleagues are regularly involved in the development of risk assessments. There are regular communications to staff regarding health and safety, legal requirements, product availability, PPE updates via newsletters, video messaging regarding the use of masks, WhatsApp communications, Memos from the Medical Director, incident-reporting advice etc.

- Record keeping – All information from the fit testing machines is collated and stored centrally in NIAS Headquarters by the Information Department as recommended by document INDG479 – Guidance on Respiratory Protective Equipment (RPE) Fit Testing. Each fit test machine has its own dedicated laptop, which automatically connects to NIAS WIFI, either on station or via a NIAS vehicle. The software for the fit testing machine is permanently set to HSE 282/28 protocol to reduce user error. All NIAS staff members are also stored on the software, again, to negate user error. Each fit test will include exactly the same information across all divisions to help standardise the collated information. Completed fit tests are automatically downloaded to the central database in NIAS Headquarters without user intervention.

- Assurance & oversight – Under the direction of the Director of Quality, Safety and Improvement, the Risk Management Team is overseeing all arrangements for the fit testing of staff. With regards to governance, fit testing is a permanently agenda item on the weekly NIAS PPE Cell (established March 2020, chaired by the Finance Director).

Testing for COVID-19

In response to the COVID-19, pandemic NIAS were required to establish a facility to provide screening to enable staff that were self-isolating to return to work. Following discussion and assessment, Derriaghy station was selected as an appropriate venue. Derriaghy Station is a single vehicle 24/7 operational ambulance station located close to Lisburn town and on the outskirts of greater Belfast with all the required features for a test facility.

NIAS commenced PCR COVID-19 / SARS2 antigen testing of symptomatic staff and household members on 26th March 2020. Initially the team was working to clear a significant backlog of staff that had been abstracted with COVID-19 like symptoms. The process for reporting symptoms, triaging service users, managing results and referring for additional advice or support was complex and relied on numerous other units and departments feeding into this. Over the period of the current pandemic, the COVID-19 Testing Team (CTT) has reviewed its processes and procedures in an attempt to streamline and improve its model of service delivery. Quality improvement remains a key feature of our team with regular reviews of processes and procedures through regular team meetings.

CTT have established and maintain close working relations with all departments to safely and effectively manage staff and their households through these uncertain times. This has resulted in the development of robust processes and procedures that put the CTT at the centre of

COVID-19 response in advising and supporting staff through COVID-19 and testing. Staff of the CTT have responded and actively engaged in developing knowledge and skills required to support each other in developing their team.

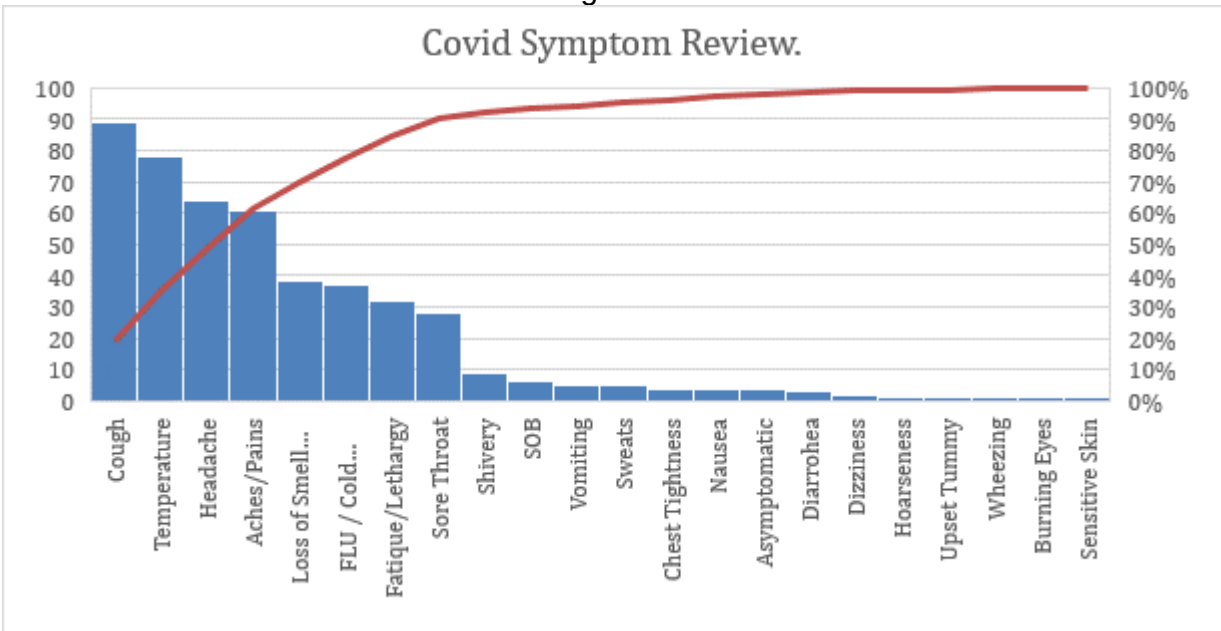
At present CTT provision is:
0800 – 1600 Mon through to Saturday
Out of Hours (OOH), cover extending to 2000 Monday – Saturday and Sunday 1000 – 1400 / 1600 – 2000.

OOH cover has proved beneficial in the acute management of positive swab results from our testing by Kelvin Laboratory at the Royal Victoria Hospital. All COVID-19 related queries from staff are passed from the resource management centre directly to the CTT. Telephone triage, isolation advice and appointments for testing are made within 1 – 2 hours of receipt of this notification, during our hours of operation. Any additional referrals are dealt with at start of business on the following day. CTT will redirect staff to the appropriate department / manager as required.

The CTT has maintained databases to reflect the number of staff testing positive through all testing provision i.e. NIAS and external agencies. The data for COVID-19 testing is presented in Table 1.

Swab data for period 26/03/20 – 14/12/20	**Totals**
Cumulative Total Swabs by NIAS	906
Cumulative Staff members tested by NIAS	559
Cumulative Households only tested by NIAS	190
Cumulative Total of all positive swabs by NIAS	96
Cumulative Total of positive staff swabs by NIAS	73
Total Staff Positives from all testing (NIAS and External)	176

Through ongoing review of presenting symptoms in symptomatic staff and their household members that have tested positive, CTT has been able to identify the most common symptoms associated with COVID-19 as shown in figure 1.



In response to a request from the Chief Medical Officer to provide testing to all nursing and residential care homes throughout the province, NIAS CTT identified, trained and embedded staff members into local trust swabbing teams over a four-week period in May / June 2020.

In addition to COVID-19 antigen testing a programme of COVID-19 Antibody, testing was initiated from 30/ 07/20 – 30/08/20. Testing staff were identified and trained from within the service. Six sites were identified (NIAS HQ, Derriaghy, Enniskillen, Derry, Craigavon and Ballymena) to ensure access for all staff wishing to avail of this testing opportunity. The data collected fed into a seroprevalence research study by Queens University Belfast. Table 2 outlines the capacity and uptake of antibody testing across the region:

Capacity for testing	Online applications	Appointments made	Tests Completed
2088	386	308	290

CTT participated in Operation surfer and were able to demonstrate their resilience to adverse incidents that might occur as a result of any future COVID-19 surge. It is worth noting that the CTT has a small staffing cohort of four. This is supplemented OOH by an additional three officers. Additional support to cover leave and other eventualities is provided ad hoc by staff that have already been trained but who have returned to their substantive roles. A huge debt of gratitude must be given to Operations, RACTC and in particular the Community Resuscitation Team who have supported this initiative and allowed the redeployment of staff in order to sustain this service.

Vaccination

The Northern Ireland COVID-19 staff vaccination programme commenced late December 2020 in line with an early deployment framework informed by the UK Joint Committee on Vaccination and Immunisation (JCVNI) priority groups for vaccination.

The NIAS programme for vaccination has been led by the Director of Quality and Safety in conjunction with the NIAS local HR advisors. Roll out of the programme commenced with the Pfizer BioNtech vaccine to NIAS staff providing an emergency response in the first phase for vaccination in line with JCVI priorities. As vaccine supply increased and as the Oxford Astra Zeneca became available across the NI region for priority groups in primary care, the staff vaccination programme with the Pfizer BioNtech vaccine was then extended to all staff across HSC.

Booking of NIAS staff for vaccination initially was through a manual process undertaken by the local NIAS HR advisors in conjunction with the associated Acute Trusts. An online booking platform is now available in all Trusts except Belfast. Both the Pfizer and Oxford vaccine are two part vaccines. In the initial phase of the roll out the vaccine the interval between the 1st and 2nd vaccination was 21 days, this interval has now been revised to an interval of 10 weeks between the 1st and 2nd vaccination. The NI Chief Medical Officer wrote to all Trusts on the 08/01/21 to explain the scientific and public health rationale for the change in the interval.

Uptake across the organisation has been positive to date and staff have stated that they have been grateful for the opportunity to receive the vaccine. A total of 666 NIAS staff have been booked through the manual booking system. The regional vaccination management system will have developed functionality to provide reports to Trusts regarding staff uptake through the online booking system.
The NIAS information governance team are also currently designing a database to provide an oversight of all NIAS staff vaccinated to include more detailed information such as role and division.

It has been agreed that our Private and Voluntary Ambulance Services as well as our voluntary car drivers and Community First Responders will also be included in the staff vaccination programme – these groups have been informed and have been invited to book via the online booking system as of 11th January.

7.4 Logistics: PPE Distribution, Cleaning, Fleet & Uniform

Personal Protective Equipment (PPE) Distribution

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

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

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

- Weekly stock-take of Station stores.
- Station "Request of Need' emailed to Stores when required.
- Risk based approach to supply and distribution.

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

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

The process is dependent upon close monitoring of the key PPE items at station and central stores level. This is achieved at station level with a weekly stock check completed by supervisors in division and a request based upon 'need' of their station is submitted electronically on a central spreadsheet. Central stores also completes a stock check at the end of the previous day, which is supported with information of expected deliveries. The decision to issue key PPE is then taken by the Stores Manager, supported by the PPE coordinator based upon stock levels, usage and deliveries to maintain an adequate level of supply across all the service. These orders are then delivered with the 'Pharmacy Run' by Stores personnel to the Station and securely stored by the supervisors to distribute as required. At times when the PPE orders exceeds the current delivery option, additional support is provided by the Station Officers to facilitate collection directly from Central Stores in Kennedy Way.

Cleaning

Enhanced vehicle cleaning continues to be provided across all Divisions. Area Managers developed bespoke cleaning models to meet the needs of each Division. The enhanced models include increased numbers of cleaning operatives, increased hours of cover, including

24hr cover in some areas, and provision of vehicle cleaning across new sites e.g. Hospital ED Ambulance Entrances. Cleaning Operatives continue to provide pre-COVID-19 routine cleaning.

In addition to the vehicle, cleaning arrangements outlined for NIAS Vehicles there is now agreement to provide access to NIAS cleaning facilities to Independent Ambulance Service Vehicles. However, NIAS Vehicles will continue to be prioritised.

Each Station continues to receive enhanced cleaning regimes in line with IPC recommendations. For each station, this means 7 day cleaning including:

- 1x routine clean in the morning as per NIAS Stations Cleaning Schedule
- 1x Touch point clean in the afternoon
- The increased levels of cleaning at Station level is provided in a number of ways;
- Extension of cleaning provided by HSC Cleaning Teams to include additional daily and touch point cleans
- Extension of current FM contract to include additional daily and touch point cleans
- Where an HSC Trust cannot provide additional cleaning an extension has been issued to GON Cleaning Service to provide any additions
- A recent piece of work identified where these requirements allowing them to be addressed.

The wider NIAS Estate, including EAC and NEAC are continuing to receive enhanced cleaning, where possible this is provided on a 7 days basis. Furthermore, EAC have commenced regular IPC Audits to ensure cleanliness and safety.

Fleet & Uniform

NIAS Fleet team have operated at full capacity throughout the Second Surge. This has included a number of service critical pieces of work that have had to be accommodated whilst in the second surge. These included the renewal of the Trust's regional vehicle maintenance contract estimated value to be £5 million, the completion and submission of the 5-year fleet replacement business case estimated at £23 million and the roll out of new fuel cards to all Trust vehicles.

The Fleet team continues to communicate daily with ambulances stations and the area management teams in relation to fleet issues. This information is present regionally each day as part of the operational Huddles. The Fleet department provided increased daily support regionally to the area management teams in the first surge. This has continued through the second surge and is now normal business. MOT testing continues to be suspended and it is anticipated that NIAS vehicles will begin to be retested in mid to late March 2021.

Fleet in-house workshop

NIAS in-house workshop continued to function as normal. It has provided additional support to our maintenance contractors and supplied increased volumes of vehicle parts to minimise vehicle downtime due to parts delays or shortages. No additional bulk orders of manufacturers' spare parts has been required, as the initial stock from the first surge has been maintained providing a contingency throughout the second surge and also in preparedness for any further implications of Brexit.

Fuel

Fuel supply continues as normal. The free fuel that BP supplied in the first surge has not been repeated however both external providers and our bunkered fuel sites operate well with no anticipated shortages.

Uniform

The Uniform Team continue to experience high demand for replacement uniforms. This is in additional to an annual uniform roll out completed in Aug – Sept 2020. The table below highlights the increase in demand. This excludes the items for new starts and also allocated as part of the annual roll out. NIAS continues to hold an increased emergency stock locally however, the uniform supply chain has continued throughout the first and second surge without any concerns.

	2019	2020
Jan Mar	332	1042
Apr - Jun	418	668
Jul - Sep	276	307
Oct - Dec	679	463

The Fleet and uniform teams continue to support the Trust's operational response on a daily basis ensuring vehicles and uniform are available.

7.5 Communications, Operational Guidance and Documentation

Communications

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

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

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

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

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

Operational Guidance and Working Safely in Ambulance Non-Clinical Settings

In the early stages of the NIAS response to the growing threat of Coronavirus, the Trust became aware of the difficulty that operational staff were having in keeping up to date with the

ever-changing guidance on personal protective equipment (PPE) and case definitions. To simplify version control, the Trust developed an Operational Guidance document, which contains all relevant information pertinent to the operational COVID-19 response. This colour coded document remains under the review of the Emergency Planning Department and IPC and at 31/12/20 Version 10.1 is extant.

AACE with input from all member IPC Leads developed guidance document for safe working within Ambulance Non-Clinical Settings. This guidance was rolled out across NIAS in conjunction with the NIAS recovery group. An audit tool was developed to support local managers in the implementation of this guidance.

Both the NIAS Operational Guidance and the AACE are now housed on a COVID-19 section of the main page on the Trust NIAS Share point site and are refreshed and updated as required.

Complaints

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

7.6 Infrastructure, Business Intelligence & Information

The NIAS Information Department has been actively using business intelligence and technology to support monitoring the spread and prevalence of coronavirus (COVID-19) in Northern Ireland since 23rd, January 2020, working in close partnership with colleagues in Emergency Planning, Emergency and Non-Emergency Ambulance Control (EAC and NEAC) and the Control Training and Quality Improvement Unit. The Information Department formally started producing reports and issuing to Senior Management in early March 2020. These include the use of monitoring specific chief complaints, despatch codes along with trigger tools and use of free text searching protocols. It should be noted that any NIAS data for suspected COVID-19 activity is based on this approach.

Reports being produced to support suspected COVID-19 activity have included:

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

A review of Routine Reports was undertaken on 11th Nov 2020 and some previously issued COVID-19 reports were suspended. The following continue to be collated routinely to monitor suspected COVID-19 activity, which includes:

- Suspected COVID-19 activity (EAC)
- Card 36 Implementation (3 April 2020)
- Strategic reports to monitor call volumes, responses, conveyance rates
- Hospital Turnaround Reports
- Weekly Nursing Home report (suspected COVID-19)

- Weekly Patient Deceased / Learning from deaths report

The Information Department have also supported other functions including fit testing, flu vaccination and monitoring transportations to units such as the COVID-19 centres across NI and activity to and from Nightingale Hospitals

Representatives from the department also sit on the regional Resource Modelling Group, which works to forecast COVID-19 related demand on all aspects of the HSC system and are working in partnership with colleagues from PHA/HSCB on projects to identify early warning signals in advance of any winter pressures surges.

ICT and Telephony

ICT have responded to COVID-19 in line with the surge plan for IT. To ensure that other supporting functions were able to invoke their own pandemic surge plans, a small team from ICT worked alongside Emergency Planning to prioritise ICT demands. A scheme of work was developed to ensure that our key essential to life functions were prioritised over competing requests. One week after the UK declared a 'lockdown', NIAS ICT and Emergency Planning had processed all requests and facilitated remote working where required for the whole service. In addition, NIAS ICT worked to ensure that our server capacity was capable of dealing with the increase in demand for remote working. To date no issues have been identified.

As part of the planning process for a second COVID-19 surge SMT approved an interim service arrangement for our ICT Service Desk to support the Trust as safely and effectively as possible during winter pressures, including COVID-19 pressures. This change is intended to ensure we can dedicate specialist IT resources to our most critical systems when teams are under pressure.

IT work off a priority task list with daily checkpoint Video Conferencing meetings with the management team. The work carried out during the first surge of COVID-19 to support remote working and make ready site 5 for EAC contingency has largely ensured demand on IT services to support the second surge has not been extensive.

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

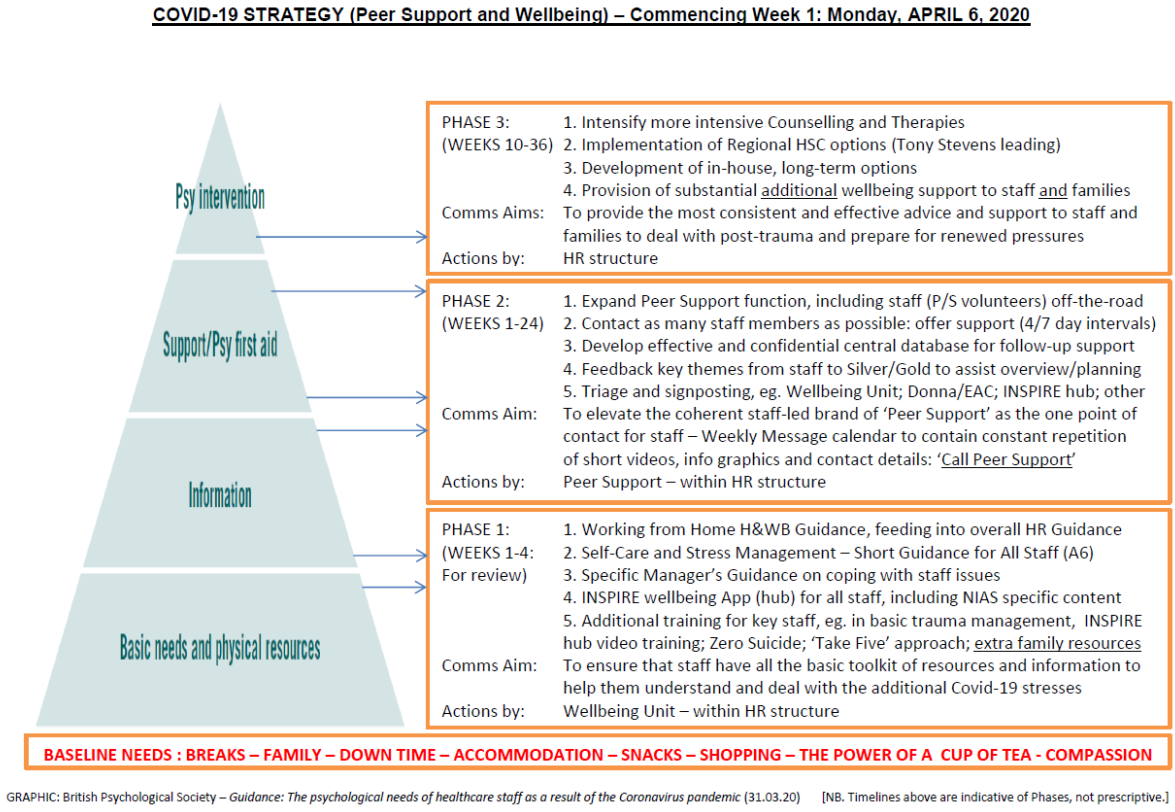
The Assistant Director of ICT is a representative on NIAS Silver Command, supported by an ICT Bronze cell to ensure that other functions are supported by the IT Department in their management of the second surge.

There were lessons learned from the initial COVID-19 response, which highlighted some of the limitations of the NIAS network infrastructure and as such vulnerabilities to the control room. NIAS bid for additional funds to strengthen and reconfigure the network and put in added resilience.

7.7 Staff Wellbeing and Peer Support

The effect and scale of the challenge presented to communities and the workforce as a consequence of COVID-19 has been unprecedented. Since April 2020, the support provided to staff has followed the regional HSC Framework developed and launched by the Minister to ensure a consistent and effective approach. The NIAS COVID-19 Strategy for Wellbeing (figure below) followed the key principles and the psychological response phases in the framework. It

is worth noting that the HSC system has been osculating between anticipating peak, active stage in peak and recovery through the peak. As the system moved through recovery back to peak, the staff in the system may have not yet have had the opportunity to recover. As we go forward to 2021 interventions to support staff health and wellbeing must anticipate that only in the late recovery phase will we be able to see the full impact of the crisis on staff physically and psychologically. Planning how we support staff, in the future through issues such as moral distress and staff burnout would be beneficial now.



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

In recognition of Maslow's hierarchy of needs, there has been an expansion of welfare support across the region. To date welfare hubs have been established at four accident and emergency sites. This provides staff with the opportunity to rehydrate rest and re-energise.

Psychological Interventions

In line with the framework NIAS staff have been able to access psychological helplines in the trust are they work in or live. The helplines were stood down briefly over the summer months and re-established in late October to reflect the growing demand for psychological support. As part of the regional workforce wellbeing work stream NIAS supported the development and distribution of a COVID-19 Staff Wellbeing survey. Across HSC NIAS had the highest response rate (7.0%). The research aimed to improve understanding of how health and social care staff in Northern Ireland have been affected by the COVID-19 outbreak, and to check if the psychological supports provided by the trusts are meeting staff wellbeing needs. NIAS will continue to contribute to and benefit from this work stream.

Wellbeing Calls and Peer Support

Wellbeing calls to staff offering psychological support and information to staff continued from April 2020 until July 2020. In line with a surge of demand for psychological support, this process was re-established in late October 2020. Although the capacity of the group making the calls has reduced substantially since April 2020, the group has made 1018 calls to staff from March 30th to December 4th. Peer support has continued to offer support to this process in addition to

their core purpose, responding to the substantial non-COVID-19 based trauma demands across the organisation.

Enhanced psychological support
Within the framework, this is the provision of psychological interventions for those who require it at a time when they can engage with it. The wellbeing team have continued to promote the Inspire employee assistance service. This has included direct referral pathways from peer support to Inspire with the support of Occupational Health. Staff have also been encouraged to access the Inspire support hub. The Inspire Support Hub aims to broaden access and encourage prevention through: online self-assessment, psychoeducation, digital intervention and escalation into appropriate services as required. Staff have been encouraged to access the hub using the NIAS secured pin and create an account personal to themselves.

Providing accessible and accurate information
The wellbeing team have continued to identify existing and emerging issues facing staff and provided quality assured, accurate information and support across NIAS communication platforms. This has included promotion of the regional mental health and emotional wellbeing campaign - 'Working Together to Promote Mental Wellbeing'. The campaign, launched by the interim Mental Health Champion on World Suicide Prevention Day highlighted the 5 steps to wellbeing. NIAS used each week to promote internal sources of support such as peer support and encouraging staff to complete the psychological first aid training on HSC learning. A cohort of 32 paramedic students was among the staff who completed the training. This was also an opportunity to highlight external sources of support and information such as The Ambulance Staff Charity financial wellbeing offer. As the pandemic unfolded the wellbeing calls team have updated their signposting support and information to include areas of support such as domestic violence and alcohol dependency.

8. Financial Management

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

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

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

Sponsorship and Governance Arrangements & Annual Report and Accounts

The Department of Health had advised of a significant change to normal business arrangements and also changes to key dates in the production, submission and audit of the Annual Report and Accounts 2019-20. The Annual Report and Accounts 2019-20 were completed and signed off in line with these requirements.

Many of the normal sponsorship and governance arrangements began a slow reinstatement during the year, however the Department advised on 14 October 2020 that, as the pandemic continued to develop, routine sponsorship and governance activities for Arms Length Bodies (ALB) would again be paused. These activities included, but were not limited to:

- ALB Mid-Year Ground Clearing and Accountability Meetings will not proceed until further notice:
- ALB Mid-year Assurance Statements (originally due with DoH 30 October 2020) will not be required until further notice;
- ALB Corporate & Business Plans beyond 2020-21. The Department will not require any new or updated draft plans for review until further notice;
- The completion of Sponsor Branch Checklists will not be required until further notice;
- Replacement of Management Statements / Financial Memorandums (MSFMs) with ALB Partnership Agreements. This work will not be progressed until further notice; and
- Department of Finance (DoF) Review of Arm's Length Bodies. The Department and its ALBs are unlikely to be in a position to take forward any further work in support of the DoF review until further notice.

The planning process for the Annual Report and Accounts 2020-21 has begun and the Trust awaits guidance as to the arrangements for production, submission and audit.

Financial Planning 2020-21

The normal Commissioning Plan arrangements have been suspended and the extensive financial planning routinely conducted between the Trust, HSCB and DoH in order to deliver a balanced financial plan has been impacted by the current circumstances. The Trust continues to work with HSCB/DoH colleagues, specifically in relation to the financial impact of the pandemic.

The impact on 2019-20 plans and schemes has continued into 2020-21. There have also been a number of further delays in relation to the production and approval of business cases that has impacted on delivery in 2020-21, most noticeably in respect of fleet replacement. Resources which cannot be utilised during the year will be returned to HSCB/DoH.

Financial Governance

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

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

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

The Finance Directorate has enacted Business Continuity arrangements in order to prioritise activities to support the response to the outbreak. This has involved some changes to normal practice and procedures. The Directorate is also supporting the continued operation of

payments to staff and suppliers. The ability of both the Trust and Business Services Organisation Shared Services to maintain these essential functions during this period has been identified as critical. Senior staff have been assigned to this area and the position is monitored continuously.

It was envisaged that these arrangement could be phased back after the 'first surge', however, operational pressures have been such that they have remained in place throughout the year.

Fraud

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

Further guidance has been issued in respect of financial reporting and management during Covid-19 and also Covid-19 fraud risks. The Trust is taking steps to ensure that the necessary steps have been taken to address this dynamic situation.

Procurement, Supply & Logistics

A number of changes have been made to normal procurement arrangements during the response to COVID-19. These are aimed at expediency in the procurement of essential goods and services.

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

These revised arrangements have remained largely in place throughout the year. While the situation has been dynamic and challenging, the Trust has largely been able to maintain the supply of all supplies and equipment during this time. The Trust continues to work locally and regionally to ensure this remains the case.

Internal Audit

The 2019-20 Internal Audit programme was completed largely as planned.

The 2020-21 Internal Audit Strategy and Plan has been approved. Routine audit work during quarter one was stood down and replaced with advisory work to support HSC organisations during the pandemic. The plan remains under review to ensure it remains flexible and relevant.

9. Risk Management Approach

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

and at time of writing the place for management of specific Covid risks has been reviewed with recommendations to be implemented early January 2021.

Appendix 1 Covid 19 Timeline

17 November 2019	**Likely first COVID -19 case China**
01 December 2019	First human to human cases reported in Wuhan, China
16 December 2019	Cluster of cases of pneumonia in Wuhan China
31 December 2019	New coronavirus identified
08 January 2020	Health Silver established by HSCB
13 January 2020	First cases reported outside China (Thailand)
21 January 2020	Health Silver moved to a daily teleconference
23 January 2020	First COVID positive case reported in United States
	First internal NIAS meeting for COVID -19
27 January 2020	First COVID positive case reported in Europe (Germany)
28 January 2020	Special meeting of CCGNI chaired by Chief Medical Officer
30 January 2020	World Health Organisation declares a Public health Emergency of International concern (PHEIC)
31 January 2020	An Incident Management Team (IMT) was set up and tasked with the sufficient deployment of the Trusts' resources and effective management of NIASs' response to COVID-19. Initially this team was solely responsible for managing the pre-planning, response and recovery from the pandemic.
04 February 2020	First meeting of Port Health Group
11 February 2020	Teleconference with HSCB to dis COVID -19
13 February 2020	Demonstration of Epi-Shuttle
15 February 2020	1st death from COVID-19 outside of Asia (France)
19 February 2020	Health silver set a PPE sub group for NI
20 February 2020	1st Meeting of Full CCGNI
	Daily teleconference for CCGNI commenced
	C3 leads meeting commenced
24 February 2020	HART HCID training
26 February 2020	Letter from CMO (NI)
27 February 2020	Urgent teleconference with BSO to discuss PPE
28 February 2020	First COVID positive case confirmed in NI
01 March 2020	First COVID positive case confirmed in Ireland
04 March 2020	meeting / talk with HALOs to discuss COVID -19
	EAC closed to visitors
06 March 2020	Meeting / talk with Station officers re COVID-19
09 March 2020	Lockdown starts in Italy
11 March 2020	WHO declares COVID-19 a Pandemic
	NIAS IMT agreed to implement a command and control structure to effectively manage NIAS's response.
	EAC surge plan tabletop exercise
12 March 2020	An Operational Support Unit (OSU) was set up on to support staff with advice about COVID-19 symptoms.
13 March 2020	HEMS officer in control moved to HEMS base
	Mental Health Inter-Agency Team stood down
	1st Meeting of NIAS Gold
	Director on call rota introduced
14 March 2020	Card 6 and 26 (Surveillance Tool) was introduced in EAC
15 March 2020	Lockdown starts in USA
16 March 2020	Ops Huddle moved to a single item agenda (COVID-19)

	senior on call rota changed (NR & RS removed)
	Lockdown Starts in Ireland
	IPC audits to be stood down
	NIAS staff can redirected to alternative roles to support service delivery
17 March 2020	PSNI to set up SCC. NIAS to be in attendance
	flexible work for staff agreed
18 March 2020	Voluntary Car Service (VCS) stood down
	SCEP meeting to discuss COVID-19
	NIAS Gold has taken decision to redirect staff to alternative roles to support service delivery
	NIAS to set up a Silver Command room as per MIP
	robust arrangements to be put in place for PPE
19 March 2020	Northern Ireland unfortunately reported its first death from COVID-19
	VAS/ PAS to be utilised to transport COVID positive patients
	NEPG meeting to discuss COVID-19
	NIAS directors to use JDM
	CFR stood down
	NIAS agreed that those staff who wish to avoid potential risk to family or have short time between shifts could request approval to stay at local hotels
20 March 2020	A Silver/Tactical Command room was set up in Board room
	All schools closed
	Decision taken to cease non-essential PCS wef 23 March 2020. Trust will continue to provide essential PCS for renal/cancer patients and for those patients who have important diagnostic requirements
21 March 2020	Lockdown starts in UK
22 March 2020	EAC evacuated due to staff member taking ill on duty
	Training of swab testers
23 March 2020	NIAS began staff & family testing from a COVID test centre located in Derriaghy Station
	The UK went into Lockdown
	HR rep to be OSU
	LC - arrangements to be put in place to allow VAS/PAS to be cleaned at EDs
	NIAS agreed to put in place additional cleaning operative staff. It was noted that these staff would require ID badges
24 March 2020	Daily SCC teleconference commenced
	Derriaghy station set for swab testing
25 March 2020	meeting with PSNI re COVID response
	proposal re Crisis Accommodation agreed by gold
	decision to approach agency to seek Environmental Cleanliness lead for Trust
26 March 2020	First swab tests carried by NIAS
	NARU BCG teleconference
27 March 2020	Site 5 / Contingency Control opened
	Meeting in SCC to discuss NIAS attendance
01 April 2020	NIAS PPE cell weekly meeting commenced

	Site 5 up and running
03 April 2020	Card 36 (Pandemic codeset) introduced in EAC
	HEMS stood down
04 April 2020	VCS used to deliver goods
05 April 2020	PM admitted into hospital
	Queen makes speech to the Nation
06 April 2020	Paramedic and EMT students returned to Operational duties
	All double crewed Non-emergency vehicles transferred from NEAC to EAC
07 April 2020	NILO teleconference
08 April 2020	NI Hub /C3 teleconference
	PSNI training for assistance to NIAS
09 April 2020	HEMS reinstated
14 April 2020	Lockdown lifted in USA
16 April 2020	Start to deliver food to stations
	Lockdown extended for 3 weeks
17 April 2020	EAC tabletop exercise
22 April 2020	Voluntary Car Service (VCS) stood up again (GOLD)
27 April 2020	Silver command room operating hours 8:00 to 20:00
	OSU hours of Operation change to reflect silver command
	Gold to reduce frequency of Gold meetings to 3 times per week
01 May 2020	20 PCS returned to PCS Duties
	Assistant Director Operations appointed Silver Commander
02 May 2020	Lockdown lifted in Italy
04 May 2020	VAS / PAS reduced by 14 per day
05 May 2020	MCV returned to Broadway following control teleconference
	UK death total overtakes Italy's to become highest in Europe
07 May 2020	Silver level tabletop exercise (NIAS Internal)
08 May 2020	Lockdown eased in UK
	Kawaski's disease (related to COVID-19 in children)
10 May 2020	England moved to STAY ALERT
11 May 2020	CCGNI moved to 2 meetings per week
11 May 2020	Health Silver to go to three times a week from today (Mon,Wed and Fri)
12 May 2020	Power failure in HQ due to digger hitting cable at site 5
13 May 2020	OSU stood down with immediate effect
	NIAS to start assisting swab testing in Care Homes
14 May 2020	Goggles recalled
	garden centres to open in NI (NI start of easing lockdown)
	CCGNI moved to 1 meeting per week
	Silver level tabletop exercise (NIAS Internal)
15 May 2020	stores will move to on call cover for the weekends from now on
	NIAS recovery cell first meeting (Chair M Paterson)
	NIAS no longer to provide meals to staff in crisis Accommodation and to no longer provide subsistence from 18/05/20 (decision revised on 18/05/20)
	Health Silver to go to two times a week from today (Mon & Thur)
	Health Gold to move to two meetings a week from Monday (Mon & Thur)

18 May 2020	Lockdown eased in NI (garden centres, recycling centres, golf courses all to open & fishing allowed)
	Anosmia added to case definition
	Lockdown eased in Republic of Ireland
20 May 2020	Tactical command room to close on the 1 June 2020
	NIAS in SCC to be withdrawn from the 1 June 2020
	NIAS Gold command to go down to one meeting per week
21 May 2020	sit-reps to Health Silver to be Monday to Friday only. This week end no sitrep required Sat, Sun or Monday. Health silver teleconference will be Tuesday and Thursday next week followed by Monday and Thursday until further notice
25 May 2020	CAT reduced cover to 9 to 5 (silver command room to be contact up to 20:00hrs)
26 May 2020	Tactical command room to close on the 1 June 2020
	NI becomes the first UK region to register zero deaths
27 May 2020	1863+ mask rollout programme begins in Belfast, East and North in-line with fit testing.
28 May 2020	Accommodation- Staff Notice circulated Tuesday 26/05/20 advised that supplementary allowances for food will cease from Monday 01/06/20. Staff residing in the Seagoe and Holiday Inn Hotels continue to have the option of an evening meal.
29 May 2020	local issue with C3 access (south division)
	Japan sees biggest one day spike raising fear of second wave
31 May 2020	Tactical command room closed
01 June 2020	Silver command room put into shadow format
03 June 2020	Stores and information team to revert to normal Monday to Friday working
04 June 2020	normal services schedules for NIAS vehicles resumes
10 June 2020	Screens to be erected in control to aid social distancing
11 June 2020	SoS and Health Minister visit to NIAS
22 June 2002	NIAS to stop providing accommodation for staff in hotels
25 June 2020	Europe records increase in weekly numbers (first time in three months)
26 June 2020	Health silver EOC closed
	sit rep for Health Silver only required once per week (Wednesday)
28 June 2020	10 million cases world wide
30 June 2020	weekly Covid call with staff side reps stood down
01 July 2020	NIAS moved to REAP 3
06 July 2020	Australia state borders close during lockdown
08 July 2020	more people have died of COVID than died in last Ebola outbreak
	12 million cases world wide
	US passes 3 million mark
10 July 2020	UK relaxes some travel restrictions (not US)
15 July 2020	India starts lockdown
	Ireland delays opening pubs
	Spain discover COVID in minks
20 July 2020	Hospitality in NI reopened
24 July 2020	15 million cases world wide
	US passes 4 million
29 July 2020	India passes 1.5 million cases

30 July 2020	marks 6 months since COVID-19 was declared a PHEIC
	UK extends self-isolation period to ten days
	17 million cases world wide
04 August 2020	French scientists warn of 2nd wave. Germany already in 2nd wave
05 August 2020	Scottish city of Aberdeen has "significant outbreak"
06 August 2020	US passes the 5 million mark
	Africa passes the 1 million cases of COVID-19
	India passes 2 million cases
10 August 2020	Rate of infections in Ireland overtakes the UK
11 August 2020	Russia names vaccine "Spurnik-V"
	20 million cases world wide
19 August 2020	Norway imposes travel restrictions of UK
12 August 2020	weekly SCC (official partners) meeting commenced (Thursdays @16:00)
	NI reduces number of people allowed to meet
21 August 2020	23 million cases world wide
27 August 2020	UK records highest daily new cases
31 August 2020	25.5 million cases world wide
	US passes 6 million cases
01 September 2020	Russia surpasses 1 million cases
02 September 2020	nearly 570,000 health care workers have had COVID
10 September 2020	28 million cases world wide
01 September 2020	rule of 6 implemented in UK and NI
11 September 2020	First incident outbreak control meeting held in NIAS
19 September 2020	30 million cases world wide
21 September 2020	UK case rate doubling every 7 days
	Madrid implements lockdown
	US surpasses 7 million cases
26 September 2020	Contact tracing in NIAS commenced
28 September 2020	meeting to set up command structure (Silver command)
30 September 2020	Silver Terms of Reference agreed
	silver command room reinstated
	silver to meet three times a week
OCTOBER	circuit breaker
21 October 2020	weekly meetings with Staff side reps re-instated
29 October 2020	Frances imposes a 1 month lockdown
30 October 2020	45 million cases world wide
	US surpasses 9 million cases
02 November 2020	1.2 million COVID deaths World wide
06 November 2020	NILO course decision not to send rep due to COVID-19

05 November 2020	England starts second lockdown
	China bans travel from UK
	Denmark to cull entire mink population in attempt to curb spread of mutated COVID-19
	US records 100,000 new cases in a single day
09 November 2020	Welsh "firebreak" ends
	over 50 million cases world wide
	US passes 10 million
11 November 2020	UK passes 50,000 COVID deaths
	Italy passes 1 million cases
	new daily record for US 136,000 new cases
12 November 2020	Medical director issued guidance re assessing travel from Denmark
13 November 2020	NI extends lockdown by 1 week
16 November 2020	partial closures of Belfast International Airport
17 November 2020	France becomes the first country in Europe to reach 2 million cases
23 November 2020	PCS moved to A&E support
24 November 2020	US reports more than 169,000 new cases
	over 60 million cases world wide
30 November 2020	France 's death toll rises by 400
02 December 2020	UK authorised the Pfizer's Vaccine
04 December 2020	Global COVID deaths passes 1.5 million
07 December 2020	UK first mass vaccinations programme started
	Endorsement of Critical payments for weekends / nights/ Christmas
10 December 2020	Enhanced Critical COVID payments implemented for weekend shifts
11 December 2020	70 million Cases world wide
	NI lockdown ended. Infection rate in NI on the increase
14 December 2020	NIAS moved to REAP 4
	Enhanced Critical COVID payment approved for today and Nightshift
	Number of days for contact abstraction down to 10 days
	New guidance AACE COVID Working safely in none clinical areas released
	Additional silver meetings held = 13:00 & 18:00
	MOU with VAS activated for business continuity
15 December 2020	11 hour wait in ambulance Antrim Area Hospital
	Red scripts in Belfast, amber scripts in south
17 December 2020	Additional support available from NAS begins
	75 million cases world wide
	French president tests positive for COVID-19
23 December 2020	New variant COVID 19 first case in NI
30 December 2020	Oxford Vaccine approved for use in UK

Appendix 2: Weekly REAP template

REAP - 04.01.2021 V2.0

Area		Level
Demand	Demand levels as expected for season.	1

Operational Resources (Reduced cover)	Shift	Belfast	SE	N	S	W	Total	3
	Overall 7 day cover = 90% (REAP 3 = Red)							
	Note: Resourcing planned to current commissioned levels and not to ORH 2017/2019 recommendations.							

Abstractions		4
		4

EAC			2

Performance **(MTD)**		Cat 1		Cat 1 T		Cat 2		Cat 3		Cat 4		4
	Mean											
	Note: Resourcing planned to current commissioned levels and not to ORH 2017/2019 recommendations.											

Handover Delays		4

Fleet		1

Considerations		3
Other		2

Overall REAP level & Priority Actions		Owner	4
Action: 1	Increase operational cover required for divisions heightened above.	RMC/ASM	
Action: 2	Ensure associated REAP actions are reviewed, considered and actioned.	ADs	
Action: 3	Request additional IAS crews over standing order	NEAC	
Action: 4	PCS/A&E Support cover to be summarised to NEAC/EAC and JW for 7 days.	ASM'	
Action: 5	EAC to liaise with SAS daily for call answering support.	DCMs	
Action: 6			
Summary	Covid-19 effecting overall response. Significant delays in EDs and reduction in operational crews as highlighted above.		

Strategic Director on call			
Senior on call rota			
EAC Duty Managers			
EAC On Call			

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TB/21/01/2021/04

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	21 January 2021
Title of paper:	Covid-19 Update
Brief summary:	Members will receive a presentation which will cover the following areas: • Update on current Covid-19 outbreaks • Operational aspects, including the impact of Covid-19 abstractions and ambulance handover delays • Challenges facing the Trust • What the Trust is doing to support staff
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	n/a
Prepared and presented by:	Ms L Charlton, Director of Quality, Safety & Improvement Ms R Byrne, Director of Operations Ms M Paterson, Director of Planning, Performance & Corporate Services
Date:	14 January 2021

TB/21/01/2021/05

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	21 January 2021
Title of paper:	Update on EU Exit
Brief summary:	The attached update highlights the key EU Exit issues which potentially impact on NIAS.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	SMT – 12/1/21
Prepared and presented by: **Date:**	Billy Newton, Emergency Planning Officer Dr Nigel Ruddell, Medical Director 14 January 2021

UPDATE ON EU EXIT

JANUARY 2021

The EU-UK trade and Cooperation agreement was agreed on 24 December 2020 and came into effect on 1 January 2021.

The EU has agreed a zero tariff quota deal. It changes the basis of our relationship with our European neighbours from EU law to free trade and friendly cooperation.

Northern Ireland is set apart from the rest of the UK in that it will be required to abide by EU law. This was part of the Northern Ireland Protocol agreed in advance of the overall agreement.

This papers provides a brief update on the key EU Exit issues which potentially impact on NIAS.

EU Exit meetings

- NIAS reps sit on two Department of Health ALB EU groups – generally one for health service and a separate one for workforce. The main one is chaired by the Chief Pharmaceutical Officer (CPO). This group has continued to meet with the last meeting held on the 6 January 2021.
- There have been some issues which were highlighted at the meeting
  - = Lorries held for two days at Dublin port
  - = National companies in the UK not trading in Ireland and Northern Ireland (quoting not financially viable)
  - = Some issues with haulage vehicles turning up at the port without the correct paper work in place regarding freight.
  - = EHIC will be acceptable in the UK and vice versa
  - = Work visa will be required to work in the UK for new workers (non-Irish)
- The group will continue to meet every two weeks

Medical Devices and Pharmaceutical Goods

- Significant focus on medical devices and pharmaceutical goods coming to NI. CPO has been liaising with UK Government and EU.
- Agreement signed on 5/11/20 by UK and EU Commission that allows 12 months' derogation for medical devices and pharmaceutical goods.
- All other contingency plans that were put in place are now held in reserve and will not be implemented unless issues arise.
- In line with normal business continuity planning, NIAS will continue to hold 10 days' running stock

Vehicles/Insurance

- NIAS has contacted all contractors who supply parts, equipment to the vehicles and assurance sought around their contingency plans.
- NIAS have issued an insurance company 'green card' for each vehicle.
- Each vehicle will be required to carry the 'green card' while driving in Ireland.

  Consideration being given to those managers who are not issued with staff vehicles in terms of their own insurance and ensuring they are covered by a 'green card

Command and control

- Daily sitrep to Health Silver before 11am. Instruction from Health Gold that Winter Pressures, Covid-19 and EU Exit to be included on one sitrep.
- Eleven Departmental Operational Centres (DOCs) report to central hub.

Staffing

- NIAS has frontier workers, EU nationals and non-Irish staff. We have analysed this and determined that there are small numbers of frontier workers who either live in the RoI and work in NI or have an address in another EU country. This should not be an issue for the Trust.
- Common travel arrangement from early 1950s allows for free movement of people between Ireland and the UK. Not effected by EU Exit.
- EU non-Irish nationals working for the Trust have been encouraged to apply for EU settlement status which allows them to continue to work in the UK.
- Citizens' rights will be unaffected by this. If those in NI and working by 31/12/20, then their rights will be maintained. Will be an issue for new staff as they will fall under new immigration regulations.
- Future new staff (non-Irish) will require a work visa.
- Paramedics are on list of professionals for accelerated immigration process to get into UK – to assist in dealing with shortage of paramedics in UK in general.
- The department is undertaking further work in relation to cross-border recognition of qualifications in order to clarify the position of paramedics and doctors who may travel into RoI as part of their duties.

Trust Plans

- Trust plans have been updated in light of most recent guidance from DoH.
- These plans are made available to NIAS management via the Sharepoint system.

Conclusion

To date, the implementation of EU exit on 31 December 2020 has had no tangible impact on NIAS operations. The situation with regard to supply chains and staffing issues will remain under review in partnership with DoH.

TB/21/01/2021/06

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NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD FINANCE REPORT

Director of Finance
November 2020 (Month 8)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a draft breakeven position for the month ending 30 November 2020 (Month 8), subject to key risks and assumptions.

Financial position at the end of November 2020 (Month 8)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs			14,828	19,907	23,759	28,801	36,064	40,931				
Other Expenditure			10,590	13,489	17,464	20,183	25,471	29,517				
Expenditure Total			25,418	33,396	41,223	48,984	61,535	70,448				
Income			200	259	318	336	383	443				
Net Expenditure			25,218	33,137	40,905	48,648	61,152	70,005				
Net Resource Outturn			25,218	33,137	40,905	48,648	61,152	70,005				
Revenue Resource Limit (RRL)			24,968	32,804	40,489	48,148	61,152	70,005				
Surplus/(Deficit) against RRL			(250)	(333)	(416)	(500)	0	0	0	0	0	0

Forecast financial position at the end of March 2021

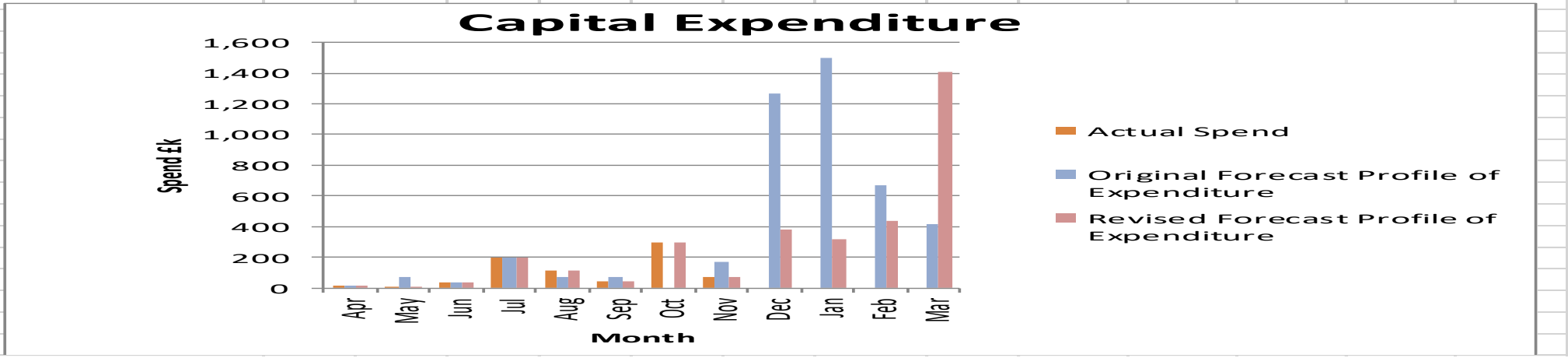
The Trust is also currently forecasting a breakeven position at the end of 2020-21, subject to a number of assumptions particularly in respect of Agenda for Change, investment, Covid-19 costs and efficiency savings. With the exception of Covid-19 costs, these issues have largely been resolved. The Trust is required to identify savings proposals to address a forecast £2.6m savings requirement in 2020-21. Plans totalling only £1.6m from a range of non-recurrent measures were identified at the start of the year. A further £0.5m support has been provided by HSCB and a further £0.5m of non-recurrent measures identified.

The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and seeking to deliver financial balance.

Capital Spend

The Trust has received a Capital Resource Limit (CRL) allocation of £3.330m (previously £4.974m). A number of significant risks to the delivery of the full programme of expenditure were identified at the beginning of the year. These risks were around capacity both within NIAS and beyond in terms of business case approval and deliverability of schemes. These risks have been reviewed and £2.2m of capital resources has been surrendered to DoH. Additional allocations of £0.555m have been received to progress capital schemes to support the response to Covid-19.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fleet & Estate	14	6	38	197	113	39	(82)	2					327
ICT Schemes	0	0	0	0	0	7	382	62					451
Backlog Maintenance	0	0	0	0	0	0	0	10					10
Actual Spend	14	6	38	197	113	46	300	74	0	0	0	0	788
Original Forecast Profile of Expenditure	14	72	38	197	73	73	0	170	1,265	1,500	670	414	4,487
Revised Forecast Profile of Expenditure	14	6	38	197	113	46	300	74	380	319	438	1,407	3,330



Prompt Payment of Invoices

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

Performance by number of invoices paid for each of these measures is shown below. A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	2,396	2,580	3,354	2,648	2,521	2,457	2,923	2,828					**21,707**	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,320	2,480	3,212	2,601	2,446	2,398	2,795	2,717					**20,969**	
% bills paid on time 30 days	**96.8%**	**96.1%**	**95.8%**	**98.2%**	**97.0%**	**97.6%**	**95.6%**	**96.1%**					**96.6%**	**>95%**
Total bills paid within 10 working days (14 calendar days)	2,093	2,165	2,635	2,277	2,257	2,190	2,468	2,334					**18,419**	
% bills paid on time 10 days	**87.4%**	**83.9%**	**78.6%**	**86.0%**	**89.5%**	**89.1%**	**84.4%**	**82.5%**					**84.9%**	**>70%**

Northern Ireland Ambulance Service Health and Social Care Trust

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