



**MINUTES OF THE ASSURANCE COMMITTEE HELD AT 10AM ON
WEDNESDAY 27 MAY 2020 (VIA ZOOM DUE TO COVID-19-19)**

PRESENT: Mr D Ashford - Committee Chair
Mr W Abraham - Non Executive Director
Mr T Haslett - Non Executive Director

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive
Ms L Charlton - Director of Quality, Safety & Improvement
Ms M Lemon - Interim Director of Human Resources
Mr B McNeill - CRM Programme Director
Mr P Nicholson - Interim Director of Finance
Ms R O'Hara - Programme Director – Strategic Workforce Planning
Ms M Paterson - Director of Planning, Performance & Corporate Services
Dr N Ruddell - Medical Director
Mr R Sowney - Interim Director of Operations
Ms K Keating - Risk Manager
Mrs C Mooney - Board Secretary

1 Apologies

No apologies were noted.

The Chair conveyed his thanks to the previous Chair, Mr Trevor Haslett, and to those Directors who had met with him over the last number of weeks in his role as Committee Chair. He pointed out that, in order to facilitate today's meeting, a number of agenda items had been transferred to the meeting scheduled to take place on 11 June.

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

There were no declaration of conflicts of interest.

2.2 **Quorum**

The Chair confirmed the Committee as quorate.

2.3 **Confidentiality of Information**

The Chair emphasised the confidentiality of information.

3 **Previous Minutes (AC27/5/20/01)**

It was noted that the minutes of the previous meeting which had taken place on 15 October 2019 had been approved by electronic circulation.

4 **Matters Arising**

4.1 **Internal Audit Report on Complaints, Litigation, Incidents and Serious Adverse Incidents**

Responding to a question from the Chair, Mr Haslett referred to the positive meeting which had been held with RQIA on these issues and said that there had been significant efforts to ensure progress was made. He reminded the meeting that this area of work now fell within Ms Charlton's remit.

4.2 **Attendance Management**

The Committee noted that good progress had also been made in the area of attendance management.

5 **Committee Terms of Reference (AC27/5/20/02)**

The Chair drew members' attention to the Terms of Reference and said that he and the Board Chair had made some suggested amendments to these.

Mr Abraham suggested that it would be helpful to ensure consistency across other Committee Terms of Reference.

Members agreed to advise of any further changes with a view to approving the Terms of Reference at the June meeting.

6 Corporate Assurance Strategy and Arrangements **(AC27/5/20/03)**

Dr Ruddell advised that this document established a strategy and framework for the delivery of assurance to Trust Board and aimed to:

- define assurance and set out the benefits of assurance mapping exercises.
- identify accountability and responsibility for assurance across NIAS.
- provide a clearly understandable, structured framework that drives a consistent approach to the identification and provision of assurance.

He indicated that Strategy reflected updates on how the Trust carried out its business.

Mr Haslett stated that he believed the Strategy was concise and comprehensive.

Mr Abraham said that he had found it to be a detailed and thoughtful document and suggested that it might be helpful to take some time to consider whether the Trust was living up to the standards outlined within the Strategy and whether there were any areas where improvements could be made. He suggested that a more detailed presentation and discussion at a future Board meeting would be useful.

The Chair welcomed the suggestion of considering the Strategy in more detail.

Mr Bloomfield reminded members that, prior to Covid-19 it had been the intention to hold a Board member workshop at the end of April to consider overall governance structures including sub-

Committees. He agreed that it would be helpful for members to receive a presentation at a future meeting.

The Corporate Assurance Strategy and Arrangements were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Abraham.

7 **National Guidance for Ambulance Trust on Learning from Deaths (AC27/5/20/04)**

Ms Charlton welcomed the opportunity to update members on this guidance. She advised of the background to the national guidance published in July 2019 and said this had been developed to support NHS ambulance Trusts in England improve the way they review and learn from the deaths of patients who had been under their care. MS Charlton referred to formal arrangements currently within HSC acute hospital Trusts to review mortality and morbidity.

Ms Charlton said that the Trust would be keen to adopt the guidance which set out a standardised framework and which clearly set out how the Trust determined which deaths should be considered for a case record review. She pointed out that this would include any patient who died under the care of the Trust. Ms Charlton clarified that it would be important to acknowledge that the guidance recommended that not every death would be reviewed but that between 40-50 deaths per month would be reviewed. However, she said, this number referred to larger Ambulance Trusts in England.

Through her presentation, Ms Charlton described the considerations to be taken into account by the Trust in adopting such a methodology and said that there was a clear structured methodology in terms of the review. She added that the guidance had placed strong emphasis on engagement with bereaved families and carers and added that there was also significant service user involvement to the guidance.

In terms of 'Next Steps', Ms Charlton advised that a Task and Finish Group would now be convened to develop the 'Learning from Deaths' Policy. The Trust would also engage with the DoH Health and Social Care Group in moving forward. She believed that the guidance would provide a clear and systematic way to reviewing

and learning from deaths and would ensure a consistent approach with what was taking place in England.

Ms Charlton explained that the guidance would be introduced on a phased basis and pointed out that there would be resource implications associated with the introduction of the guidance, particularly in the context of Covid-19 and the Trust's focus on recovery.

Mr Haslett referred to the intention to appoint a Family Advocate and believed that, while not directly linked to this guidance, there would be a close association. He asked whether any progress had been made in this regard and confirmed that he would fully endorse the paper before the Committee.

Ms Charlton reminded members that the appointment of a Family Advocate had been taken forward by a regional workstream within the Inquiry into Hyponatraemia-Related Deaths (IHRD). She said that Trusts were currently considering this and added that one Trust had already progressed to the recruitment stage for a Family Liaison Officer.

Ms Charlton pointed out that NIAS had appointed Ms Emma Boylan as SAI Clinical Lead in January and significant progress had been made in this area. She added that the Trust had also contacted the Leadership Centre and secured further support to work on SAIs. She agreed that ensuring family engagement was crucial to the process and the Trust recognised this.

Ms Charlton pointed out that there was a clear delineation between SAIs and learning from deaths and that, through the guidance, the Trust would ensure that it did not miss some learning from deaths if they had not been identified as a SAI at the outset. She said that, as well as learning from other ambulance service colleagues by using the methodology, it would be important, as a Trust, to have a clear understanding of the mortality rates. Ms Charlton reminded the meeting that, as the guidance was mandatory in England, it would be important to engage with the DoH around its introduction.

Mr Bloomfield emphasised the importance of progressing this work within the Trust's safety and quality arrangements and said that the guidance provided a further mechanism for learning. However he said that one of the challenges for the Trust was that it was not always aware of the outcome for patients when they were taken to

hospital. Despite this, he said, it would be important for the Trust to have an understanding of the impact of its actions. Mr Bloomfield said that this was a significant area of work to focus on as Ms Charlton started to develop and build her team. He acknowledged that the guidance was not mandatory in Northern Ireland but believed that it should be introduced when able to do so.

Responding to a comment from the Chair, Mr Bloomfield explained that resources had not been taken away from SAIs but had been added to by the appointment of the SAI Clinical Lead as well as the Associate from the Leadership Centre to provide support. He said that members would recall the work carried out by the Association of Ambulance Chief Executives (AACE) to benchmark corporate services and indicated that this work remained live. He explained that, as recently as last week, Mr McNeill was liaising with DoH colleagues around updating figures within the CRM. He referred to a number of key posts to be put in place to take forward the safety and quality agenda and said it was likely that the Trust would have to identify the necessary funding to put these important posts in place.

Ms Lemon indicated her support for this important work and said that it was very much linked to the work being taken forward around the development of a learning culture. She reminded the Committee that traditionally processes of this nature had focussed on apportioning blame but said it was important that the focus moved to one of learning.

Mr Sowney said that he supported this key area of work. He queried whether the work would stand-alone or would be linked with work being taken forward by other Trusts.

In response, Ms Charlton said that it would be important for the Trust to establish a structure in the first instance. She said that there were challenges for the Trust in terms of information sharing across organisations and understanding the outcome for patients when transferred to Emergency Departments. Ms Charlton acknowledged that colleagues in England continued to experience difficulties in this regard despite the process being mandatory. She reiterated that it would be necessary to introduce the guidance on a phased basis given the available resources.

Dr Ruddell said that the Trust had attempted to engage in a regional process reviewing mortality and morbidity some time ago but found that this was aimed at the acute Trusts with multi-disciplinary teams reviewing cases within a hospital setting. He said that the guidance presented by Ms Charlton was specifically aimed at Ambulance Trusts and would be consistent with the rest of the UK.

The Committee **NOTED** the National Guidance for Ambulance Trusts on Learning from Deaths.

8 SAIs

Ms Charlton commended the work of the Directors in this area. She explained that they were very much engaged in and contributed to the process along with Ms Keating and her team and Ms Boylan. Ms Charlton advised that the previously attributed Internal Audit finding of unacceptable assurance had now been reduced to limited.

She indicated that one of the biggest challenges within the Trust was collating the information required to make a determination on whether the incident met the SAI criteria. Ms Charlton advised that the Trust Rapid Review Group now met on a weekly basis to review SAIs and added that the membership of the Group comprised Dr Ruddell, Mr Sowney, Ms Keating, Ms Boylan and herself.

Through her presentation, Ms Charlton reported that the number of SAIs had increased significantly over the last twelve months. She referred to interventions taken forward by Ms Keating and her team to raise awareness of what might constitute a SAI and whether it met the SAI criteria as well as allowing staff to review the relevant Datix information.

Ms Charlton explained that the Datix Administrator would identify or flag up any recorded incidents which may meet the SAI criteria. She added that such incidents were then considered by the SAI Clinical Lead. She acknowledged that, while no SAIs had been reported in March, a number had been reported in April/May. Ms Charlton alluded to the fact that reviewing SAIs and collating the necessary information was time intensive. She believed that the introduction of the electronic PRF would be beneficial and may assist the Trust in achieving the 72 hour standard.

Continuing, she emphasised the importance of family engagement and acknowledged that, while it could take time to ensure good family engagement, it was critical to the overall process.

Ms Charlton reminded the meeting that the standard was 72 hours between the reported date of the incident and notification to the HSCB and she added that the Trust had a number of SAIs which were outside this timeframe. She acknowledged that, while this time had reduced, she hoped through the Rapid Review Group there would be a further reduction in reporting timescales. Ms Charlton undertook to bring reports to a future Committee meeting to demonstrate improvement against this standard.

Ms Charlton referred to the complexity of a number of SAIs. She advised that all SAIs were reviewed on an individual basis and were at various stages of completion. Ms Charlton indicated that a plan was in place to assess each SAI, close it off and ensure that a final report was submitted to the HSCB.

In terms of 'Next Steps', Ms Charlton alluded to the need to address some of the culture issues within Divisions and the importance of working alongside peers. She believed that a peer-led approach would result in the changes needed to ensure not necessarily a 'no blame' culture but a just culture.

Dr Ruddell said that he very much welcomed the new approach and emphasised the importance of building on the structures already in place. He indicated that the Rapid Review Group allowed individuals to consider SAIs from different perspectives and to offer appropriate challenging views on wider aspects of each case.

Mr Bloomfield acknowledged the significant work which had taken place to improve the Internal Audit findings from unacceptable to limited. He said that, in discussions with the Head of Internal Audit, Ms McKeown had been keen to point out the considerable progress which had been made in this important audit. Mr Bloomfield said that he remained confident that further progress would be made in the coming months.

The Chair thanked Ms Charlton for her update which was **NOTED** by the Committee.

9 **Corporate Risk Register (AC27/5/20/05)**

Mr Bloomfield advised members that there had been a number of changes to the Corporate Risk Register since it was last considered by the Committee. He drew members' attention to the cover paper and highlighted that four new risks had been added to the Register, namely:

- Operational Impact of Covid-19
- Supply of PPE & Consumables Covid-19
- Trust Safeguarding Arrangements
- Clinical Supervision/Clinical Audit

He pointed out that two of these risks were related to Covid-19 and impacted upon operational services. Mr Bloomfield said that he believed services had performed well during the pandemic through a combination of plans which had been put in place to ensure cover.

With regard to the risk around the supply of PPE and consumables, Mr Bloomfield highlighted the fact that this had been an issue for the whole HSC system. However he said that the Trust had managed to respond appropriately to ensure that staff had access to the necessary PPE by arranging the transfer of PPE between stations as and when required.

Mr Bloomfield reminded the Committee that a separate Covid-19 Risk Register had been established and said that this was considered by NIAS Gold on a weekly basis.

Referring to the four new risks which had been added, Mr Bloomfield alluded in particular to the risk associated with safeguarding and said that this was potentially a significant risk for the Trust. He explained that safeguarding had been placed within the remit of the Director of Quality, Safety and Improvement to ensure there was a dedicated resource and expertise. However he said that, until additional capacity was put in place, there was a need to be realistic as to what could be progressed.

Mr Bloomfield advised that there was a risk for de-escalation in relation to Infection, Prevention & Control and said that this had been as a direct result of RQIA lifting the final improvement notice at

the end of March. However he pointed out that the risk would remain on the Directorate Risk Register.

Concluding Mr Bloomfield indicated that the risk around industrial action had been closed.

At the Chair's invitation, Ms Charlton provided an update in relation to safeguarding arrangements. She clarified that, in the context of the RQIA Quality Improvement Plan, this referred to activity which prevents harm from occurring and protects those at risk from harm. Ms Charlton said that the Trust had received a Quality Improvement Plan from RQIA on 22 December 2019 for completion by 3 January 2020. She said that the Trust had engaged with RQIA since then and had agreed an achievement date of June 2020.

Ms Charlton said that the Trust had been successful in engaging the services of an Associate from the Leadership Centre and, while work had commenced to streamline processes and systems, this had to be paused with the advent of Covid-19.

Ms Charlton acknowledged that there was a NIAS Safeguarding Referral Procedure which had been operational for some time and which had been subject to a number of changes and iterations to ensure clarity for staff. She indicated that there was an Operations procedure for the protection of adults and clarified that, while the Quality Improvement Plan referred specifically to adults, the Trust was reviewing all aspects of adult and children safeguarding. Ms Charlton added that the Associate from the Leadership Centre was liaising with other Ambulance Services to determine the processes in place in other services as well as support being available from AACE and the National Ambulance Safeguarding Group.

Continuing, Ms Charlton advised that currently referrals were received by telephone and she said that it would be important to ensure more robust processes were in place to record the referrals received. Ms Charlton added that completion of the REACH programme, which had been delayed due to Covid-19, would assist in this regard.

Ms Charlton advised that RQIA had asked the Trust to consider training. She added that work was ongoing to make safeguarding training mandatory and that this training would be based around the NI Adult Safeguarding Partnership Strategy. She said that it would

be important to determine what level of training was required by staff and for regular reports to be provided to Trust Board. Continuing, Ms Charlton pointed out that every HSC organisation needed a safeguarding champion who would also complete a standardised template report for submission to and consideration by the Trust Board on an annual basis.

Ms Charlton also advised that the Quality Improvement Plan had required the Trust to implement systems to monitor, audit and investigate safeguarding referrals. She reported that, in April/May, the Trust had seen a reduction in the number of referrals which could be due to Covid-19 and added that members should be mindful that the Trust also experienced a reduction in calls and responses during this same period. However she said there was a need to explore this further.

Ms Charlton said that work had been done by the Datix Administrator to put in place systems and processes in place to better understand the information in more detail. However she acknowledged that the information gathered needed further exploration. Ms Charlton indicated that safeguarding was reviewed at a weekly Rapid Review Group meeting.

She advised that, on average, the Trust received approximately 30 referrals per month and that work was ongoing to understand the nature of referrals received by other Ambulance Services.

Ms Charlton pointed out that it would be important to feed back to staff to ensure a better understanding of the threshold for referrals and believed that this would reduce variation across Divisions.

Concluding her update, Ms Charlton advised that a job description had been drafted for a Head of Safeguarding. She acknowledged that, in discussions with national and regional colleagues, NIAS remained the only Ambulance Trust without a safeguarding lead.

The Chair thanked Ms Charlton for her update and invited questions from members on the Corporate Risk Register.

Mr Haslett referred to cyber security and ICT systems and asked Mr Bloomfield if he had concerns in relation to these two areas following recent Internal Audit findings.

In response, Mr Bloomfield acknowledged that he had been concerned in relation to ICT resilience and the Disaster Recovery Plan. He explained that considerable work had been undertaken to ensure Site 5 was operational as soon as possible and this had strengthened resilience significantly in terms of disaster recovery.

Mr Bloomfield referred to the number of Priority 1 and 2 findings in relation to cyber security and believed that these findings had exposed some considerable resources for the Trust which needed to be addressed. He advised that, under the organisational restructuring, the remit of ICT would transfer from Mr Nicholson to Ms Paterson and that both Directors were considering how best to strengthen resilience even further.

Mr Bloomfield reminded the Committee of the cyber security incident which had taken place at the start of the year and said that, while not particularly significant for the Trust, it had served to highlight the inherent risks associated with cyber security. Mr Bloomfield said that he viewed the Internal Audit findings as helpful in identifying where further work was needed and allowed a clear plan of action to be developed.

With regard to safeguarding, Mr Bloomfield reiterated that this presented a significant risk for the Trust. He said that, as had been described by Ms Charlton, the Trust had to place specific focus on this area of work, for example the mandatory training and the input from the Leadership Centre Associate. Mr Bloomfield said that it was likely that NIAS staff would encounter many more vulnerable individuals than other colleagues across the HSC. He highlighted the fact that, on occasions, NIAS staff would also work on a 1:1 basis with vulnerable individuals and he welcomed the attention this area of work was now receiving.

The Chair thanked Ms Charlton and Mr Bloomfield for their update and the Corporate Risk Register was **NOTED** by the Committee.

10 **Board Assurance Framework (AC27/5/20/06)**

Mr Bloomfield drew members' attention to the Board Assurance Framework and noted that this referred to 2019-20. He indicated that the Framework would now be revised to reflect the new objectives contained within the Trust's long-term Strategic Plan,

‘Strategy to Transform 2020-2026’, and the Corporate Plan which would be considered by the Trust Board later that afternoon.

Ms Keating pointed out that the Framework represented the last iteration and would, as Mr Bloomfield had referred to, be revised to reflect the Trust’s new objectives.

Mr Abraham said that he had found it helpful to consider the Board Assurance Framework in light of the corporate assurance document. He pointed out the fact that the cover paper noted that it was ‘the responsibility of members of the Assurance Committee to review and constructively challenge the Board Assurance Framework ...’ Mr Abraham suggested that more clarity was needed in terms of clearly differentiating between the risks to the organisation and the risks that may impact the proposed actions of the organisation. In summary, he pointed out that the two levels of risk were confused in some portions of the documentation.

Mr Abraham also queried whether the Framework should be approved by the Board moving forward. He was of the view that the key objectives contained within the Assurance Framework should be developed by considering the risks to the organisation.

Mr Abraham noted that the Board would consider and approve the Assurance Framework while the Assurance Committee would monitor the risks to the execution of the objectives to address the major risks affecting the organisation. He said there was a need to drill down to the granularity and questioned the validity of those objectives which had ‘no risk’ associated with them as they did not provide effective assurance.

Mr Bloomfield indicated his agreement with Mr Abraham’s comments, ie that there was a lack of clarity between risks impacting the organisation and risks impacting the organisation’s plans to mitigate such risks. He reminded the meeting that the Trust Board would consider the draft Corporate Plan 2020-21 later that afternoon and he suggested it would be helpful to dedicate some time at a workshop to consider the risks. Mrs Mooney undertook to look at a possible date.

11 **Procedure for the Reporting and Management of Adverse Incidents (AC27/5/20/07)**

Dr Ruddell thanked Ms Keating for her significant contribution to this and explained that the procedure aimed to:

- promote and provide a unified regional organisational wide system for the reporting, recording, review and analysis of all adverse incidents;
- improve the safety and quality of care through reporting, analysing and learning from incidents involving service users, staff and visitors (including contractors);
- support staff when mistakes happen and encourage staff to review and reflect on their practice post review of incidents.

Ms Keating explained the procedure had been developed in conjunction with Trust Governance Leads and added that she had been a member of the group which had taken this work forward. She indicated that the NIAS Incident Reporting process had been included to ensure the procedure was applicable to the Trust. Ms Keating drew members' attention to the appendices to the procedure and said that these cemented existing processes.

The Chair commended Ms Keating on the procedure and thought it was very well written. He alluded to paragraph 3.3 which set out the responsibilities of the Medical Director and the reference therein to the ongoing review of structures.

Looking at the procedure for reporting/managing an incident, the Chair referred to the fact that 'Where major (i.e., long-term permanent harm/disability [physical/emotional injuries/trauma]) or tragic harm (i.e., permanent harm/disability [physical/emotional trauma] or incident leading to death) has occurred the relevant Director, with the support and advice of the Risk Management Team, should appoint a team led by a trained facilitator in SEA/root cause analysis...' and he sought clarification on how independence was assured.

Ms Keating explained that this procedure would operate in parallel with the SAI procedure and she stressed, should independence be required, that would take precedence.

The Chair suggested that it might be helpful to revisit this as the current wording did not make this sufficiently clear. Ms Keating undertook to take this forward.

Mr Haslett stated he believed that the procedure was excellent.

Mr Sowney referred to the unrealistic timeframe of 72 hours within which a SAI had to be reported to the HSCB and said that he hoped consideration would be given to extending this timeframe to a one of 72 hours from identification of the SAI.

Ms Charlton reminded the meeting that this was a timeframe laid down by the HSCB and added that a different approach was being adopted in England whereby 'adopter sites' were considering qualitative rather than quantitative performance based outcomes. She said that it would be interesting to see how the procedure which was currently being evaluated was being managed by the adopter sites.

The Committee **NOTED** the Procedure for the Reporting and Management of Adverse Incidents.

12 **Compliments and Complaints – verbal update**

Commencing her update, Ms Charlton advised that, following the 2018-29 unacceptable assurance finding from Internal Audit, Ms O'Hara and her team had made a significant impact in this area of work. She explained that she had recently assumed responsibility for this area of work and acknowledged that further work was required.

Ms Charlton advised that, while the Trust did not receive significant numbers of complaints, the biggest challenge had been the backlog of complaints. She said that she had been mindful that, on many occasions, the same individuals were reviewing complaints as well as SAIs. Ms Charlton said that it was important to consider a proportionate response to complaints as well as engaging with complainants to ensure they received a response which would be satisfactory to them. However she indicated that this work was still in its infancy.

Continuing, Ms Charlton indicated that the advent of Covid-19 had impacted on the Trust's ability to progress complaints. She advised

that there were currently 108 complaints and said that this had increased from 94 over the last number of weeks. Ms Charlton explained that currently complaints were broken down by Division and said that, prior to Covid-19, the intention had been to request Divisions to respond to complaints from other Divisions to ensure a degree of independence. She said it was important to be cognisant of the demands placed on staff during Covid-19 and added that the planned dissemination of complaints had not taken place. However, Ms Charlton said that she planned to introduce this practice moving forward. She stressed that it was also important to give consideration to ensuring the necessary support mechanisms were in place for staff.

Ms Charlton indicated that, in terms of 'Next Steps, it would be important to report on the regional KPIs around complaints. She said that the Trust was currently achieving 91% against the KPI to acknowledge complaints within two working days.

Ms Charlton said that, as well as ensuring staff were advised of compliments received, they should also receive a copy of the compliment as it is important for staff to know how much they are valued by service users.

The Chair thanked Ms Charlton for her update which was **NOTED** by the Committee.

13 **Performance Report: Finance/Operations/Medical/Human Resources & Corporate Services/CRM Programme/Quality & Safety (AC27/5/20/08)**

At the Chair's invitation, Ms Paterson explained that her intention would be to develop a corporate balance scorecard which would drive the Trust's strategic aims, performance categories within each theme and aim and provide a holistic overview of the Trust's performance. She pointed out that, over the coming months, she would be liaising with individual Directorates to understand how the performance report could add value with regard to how and what issues were reported on.

The Chair thanked Ms Paterson for her update and invited Directors to present their individual performance reports.

Finance

Mr Nicholson said that members would note that the Finance and IT Reports had previously been provided to Trust Board on 7 May 2020 and had been included with the Committee papers for completeness and with the addition of Key Activity and Performance Indicators from the Information Department. He added that this covered areas such as FoI, Subject Access, PSNI, Solicitors and DoH.

Operations

Mr Sowney advised that the report showed that Trust performance was improving. However, he said, challenges continued to present at EDs in terms of turnaround times. He indicated that these were becoming more noticeable as the Trust started to focus on recovery from Covid-19.

Mr Sowney explained that EDs were starting to see an increased number of attendances as the general public regained its confidence to attend EDs. He said that Mr Bloomfield had already alluded to work he was leading through the Regional Unscheduled Care Group to consider how arrangements could be put in place within a relatively short timeframe to better manage EDs while being mindful of the requirements around social distancing. Mr Sowney emphasised that the biggest challenge facing the Trust in terms of turnaround times was that of clinical handovers.

Responding to a question from the Chair as to whether turnaround and handover times were an issue in all Trusts, Mr Sowney explained that they had presented challenges at the Ulster and Royal Victoria Hospitals over the last number of weeks. He acknowledged that these challenges had come about as a result of Trusts trying to reconfigure wards post Covid-19 and redeploy staff accordingly.

Mr Sowney indicated that social distancing requirements presented significant challenges to Trusts and added that, over recent days, a worrying trend had developed in that NIAS staff were being asked to hold patients in ambulances because there was no available accommodation in clinical areas.

He advised the Committee of a recent incident in a hospital which resulted in an Early Alert being submitted to the DoH.

Mr Bloomfield reminded the Committee that, in the last few weeks, the general public had been encouraged through messages from the Government and the Chief Medical Officer to attend EDs and phone 999 when necessary because there had been a clear downturn in activity.

Responding to a question from Mr Haslett, Mr Sowney explained that the Trust was putting arrangements in place to enhance Hospital Ambulance Liaison Officers (HALO) presence at the 5-6 large EDs as well as increasing the hours on site.

Mr Bloomfield believed that the Trust's flu vaccination rates should be highlighted. He advised that, out of 1,139 NIAS frontline staff, 711 had been vaccinated by 31 March 2020, resulting in an increase in the uptake rate of 62.4% compared to last year's 50.8% uptake. He added that NIAS was one of three Trusts that had shown an increase on last year's figures and said that in addition to frontline staff, 141 non-operational staff had availed of the vaccination.

Mr Bloomfield added that the Trust, throughout the campaign, had continued to assist other Trusts with their Flu Campaigns working closely with their Occupational Health departments to ensure all staff had access to the flu vaccination, visiting Care Homes and hospital. He commended Ms Laura Coulter, Area Manager, Western Division, for her significant work in this regard.

Mr Bloomfield believed that, moving forward and in the context of a Covid-19 vaccine, the Trust already had robust vaccination arrangements in place in order to protect staff.

Medical

Dr Ruddell advised that there were two issues which he wished to bring to members' attention. The first related to the approach to resuscitation and the controversy within other ambulance services in the UK.

Dr Ruddell explained that changes had been made to the clinical management of cardiac arrest due to the potential risk of transmission of Covid-19 from patients to responders. He indicated that there had been significant debate nationally regarding the

levels of PPE required in different resuscitation scenarios and concerns had been raised by frontline staff due to positions adopted by the UK Resuscitation Council, for example, which was at odds with guidance issued by Public Health England as the statutory body responsible.

Dr Ruddell advised that this rationale was under regular review by NASMeD and had been escalated again to Public Health England and also locally to Health Gold.

He acknowledged that there was a risk that adopting higher levels of PPE could unnecessarily delay the commencement to resuscitation which was clearly associated with reduced survival. However, NIAS, in keeping with the majority of UK Ambulance Services, had adopted a position of advising crews to undertake initial steps of resuscitation wearing Level 2 PPE while subsequent attenders don Level 3 PPE in order to carry out the more advanced interventions (aerosol-generating procedures) which were associated with a higher risk of cross-infection.

He pointed out that, with the exception of the Welsh Ambulance Service Trust, all other Ambulance services across the UK had adhered to the PHE guidelines around PPE required and what actions should be taken by crews when on scene.

Dr Ruddell advised that no changes had been made by NIAS to the decision process around commencing or ceasing resuscitation in light of Covid-19 and NIAS continued to receive DNAR notices from GPs in line with normal processes.

The Chair believed that the Trust had adopted a pragmatic approach with regard to PPE.

Ms Charlton reminded the meeting that there were also human factors involved. She cited an example of NIAS crews attending patients with cardiac arrests where family members were anxious that staff immediately attend the patient without the necessary donning of PPE. She said that members should not underestimate how much concern this had caused for staff, particularly when there appeared to be a variation in advice from professional bodies.

Ms Charlton referred to a helpful statement made by the Association of Ambulance Chief Executives (AACE) emphasising the fact that

crews making risk assessments on scene will be supported by their respective Trusts and added that staff very much appreciated this. She stressed the importance of ensuring staff were aware that the Trust would support them in carrying out a dynamic risk based assessment.

Continuing, Dr Ruddell advised that the second issue he wished to bring to the Committee's attention was that of the AMPDS Card 36 triage protocol which was only used in times of a pandemic.

He explained that, in line with all other UK Ambulance Services, NIAS had introduced the Card 36 protocol to assist with the management of Covid-19 patients. He said that since introduction this has operated at Level 1, meaning that a small number of 999 callers had been advised that no ambulance response would be sent, although these were limited to calls which were unlikely to warrant an emergency ambulance response in the first place. He indicated that, in the context of NIAS, this had meant between 8-10 calls per day.

Dr Ruddell indicated that, if necessary, the protocol could be escalated nationally in the event of a significant surge in 999 activity. He added that this would result in some higher grade calls not receiving an ambulance response but these calls had already been reviewed by NIAS and recommendations made to the national group co-ordinating ambulance responses, with our suggestions being adopted across the UK. No UK Services are currently seeking escalation of the protocol due to activity being within manageable limits.

Dr Ruddell advised that the effects of the Card 36 Protocol were monitored on a daily basis and the number of calls resulting in a 'no send' were typically in single figures. He added that any calls which were downgraded and then required re-escalation or resulted in a complaint or untoward incident were also individually reviewed.

The Committee was advised that NIAS was one of the few organisations which routinely reviewed the triage priority afforded to every coded call when a new AMPDS codeset was released.

Dr Ruddell explained that, through this process, NIAS identified significant anomalies in the new codeset and had been able to advise on the correction of these nationally prior to formal adoption.

He added that further minor changes had been recommended nationally with specific reference to the 36C05A code being used as part of the assessment of Covid-19 patients. Dr Ruddell indicated that the Trust's governance team had reviewed the cases handled via this code and was content that there had been no adverse impact on patients and that the overall risk was low.

Dr Ruddell expressed his gratitude to Dr David McManus, former Trust Medical Director, who had returned to the Trust to work specifically on Card 36 and other control room processes.

Responding to a question from the Chair as to when Card 36 might be de-escalated, Dr Ruddell explained that the national position was reviewed on a weekly basis by NASMeD and subsequently by NIAS Gold at its weekly meeting. He reminded members that Card 36 had been introduced to assist with the management of Covid-19 patients and had operated at Level 1 since its introduction.

Human Resources/Corporate Services

Ms Lemon drew members' attention to the report which set out an update on absence figures up to 31 March 2020.

She advised that clearly over the last number of weeks, the attendance management approach had focussed on Covid-19 related issues.

Ms Lemon explained that additional capacity had been secured within Occupational Health through the utilisation of the additional Independent Occupational Health Providers (as engaged on a pilot basis via the Good Attendance Programme) to assist with Covid-19 related processes, including assessment of staff with underlying health conditions via telephone consultations; provision of reports with clinical advice and guidance pertaining to swab test results where applicable.

She pointed out that, through engagement with Independent Occupational Health Providers, turnaround times had been significantly reduced from 15 working days, from referral to report, to one to two working days. She explained that this had provided timely support to the extremely urgent nature of everything Covid-19 related and supported staff returning to work as appropriate.

Ms Lemon advised that the Regional HSC HR Cell, supporting Health Silver, had provided the framework for advice and guidance on the management of Covid-19 related health issues and supported the introduction of robust processes and procedures in this regard.

She pointed out that Senior HR Advisors (Good Attendance) based within Divisions and EAC/NEAC continued to work closely with local managers to support the management of sickness absence and Covid-19 specific issues, including the identification of quickest intervention for Occupational Health pathway where required as well as acting as a point of liaison between staff member, service and Occupational Health provider in order to ensure consistency and expedite cases/resolve any issues or barriers if encountered.

CRM Programme

Mr McNeill advised that he had received some commentary from the DoH in relation to the CRM SOC and he was preparing a response on the issues raised.

Quality, Safety & Improvement

Ms Charlton advised that she had no further issues to highlight to Committee members.

Planning, Performance & Corporate Services

Ms Paterson said that members would be aware of her intention to develop a more composite performance report. She added that, if approved by the Trust Board, she would commence reporting against the objectives contained within the Corporate Plan.

Mr Bloomfield said that members would be aware of the intention to replace individual Directorate reports with an overall performance report and said that this work would be progressed over the coming months.

Programme Director – Strategic Workforce Planning

Mr Bloomfield said that it would be important to acknowledge the significant amount of work which had been taken forward by Ms

O'Hara and her team in relation to the provision of emergency accommodation and food boxes for staff during the pandemic.

Ms O'Hara commented that Covid-19 had clearly impacted significantly on planned work. However she said that members would receive updates in relation to the work being progressed around organisational restructuring.

14 **Date of next meeting**

The next meeting of the Assurance Committee will take place on Thursday 11 June 2020 at 10am via Zoom (arrangements to be confirmed).

15 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.25PM.



SIGNED: _____

DATE: _____ **11 June 2020** _____

ACTIONS - ASSURANCE COMMITTEE – 27 MAY 2020

		INDIVIDUAL ACTIONING	UPDATE
1	Committee Terms of Reference – to be considered by members with a view to seeking approval at the June meeting	Cttee members	Final version to be approved by Cttee at its meeting on 11/6/20
2	Corporate Assurance Strategy & Arrangements – presentation to be made to a future Board meeting/workshop	Risk Manager	
3	Procedure for the Reporting and Management of Adverse Incidents – wording used around the ‘red incident (Extreme Risk)’ to clarify arrangements around ensuring Director independence to be revisited	Risk Manager	
4	SAIs – report to demonstrate improvement against the 72-hour standard to be brought to future Committee meeting	Ms Charlton	
5	Board Assurance Framework – workshop to be organised to focus on discussion around development of risks	Ms Keating/ Mrs Mooney	
6	Minutes of working groups – consideration to be given to inclusion of minutes from working groups	Cttee Chair	