Zoom Engagement Session - Summary

22 June 2020

The Chief Executive, Michael Bloomfield hosted the second virtual engagement session on Zoom. On this occasion, thirty-five staff participated in the conversation which covered a wide range of topics. Thank you to all those who logged in.

The issues raised, obviously, affect more than the individuals who initiated the conversations about them and it is only fair that a brief summary is shared with you all.

This summary will group and list the questions submitted and which formed the agenda of the meeting.

Q1a – What is the position for staff who are currently off operational duties due to underlying health conditions? (rumours about redundancy)

Q1b – Given the financial uncertainty, what security will there be for temporary and contractual workers?

The first issue related to what was described as a “rumour” that staff who had been shielded due to underlying health conditions were vulnerable in terms of their employment for complying with what was required of them.

The Chief Executive, Michael Bloomfield, and Interim Director of Human Resources, Michelle Lemon, were both emphatic in stating that such an idea was without foundation and, in terms of what happens next regarding those who have been shielded, Michelle reported that all Trusts are waiting to find out and direction is expected soon in order to provide certainty.

Developing on other positions within the Trust, Michael referred to temporary and contractual workers, reporting that their situation has not changed as a result of Covid and that we are not anticipating any budgetary adjustments which might affect their position. However, he went on to explain that some temporary staff are currently filling vacant permanent posts and that we will be seeking to fill these posts with permanent staff as appropriate.

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Q2a – We are now beginning to emerge from the first wave of the virus. Going forward, what pressures/challenges could NIAS face as a result of Covid 19?

Q2b – What are NIAS plans for the next 6-12 months during the next phase of Covid 19 in the pre-hospital care response e.g. Primary Care changes, ED changes, Care Pathways and increased mental health issues?

Michael opened this particular theme to other Directors who will oversee the next phase. But before doing so he reported that we had moved into a rebuilding phase, with the Minister having launched his strategic document, two days previously. This has been shared with staff alongside our own plans for the recovery phase and are available to view on Sharepoint and on our website. Michael also reported that the Minister had established a new Rebuilding Management Board to oversee the process of which he is a member.

Michael then passed to the Interim Director of Operations, Robert Sowney, to outline the challenges that he anticipated in the next phase. Robert was clear in his belief that the situation was greatly helped by the strong messaging that was delivered to the public and their willingness to accept all advice given to help curb the spread of the virus. The issue now, for us, is that demand is rising back towards pre-Covid levels and going forward we face a number of challenges:

- *Social distance – particularly at hospitals where space within the EDs will be greatly reduced.*

- *Turnaround - The speed of patient flow through the EDs will be critical in helping NIAS cope with timely patient handovers. We will continue to meet with hospital trusts and are asking to be involved in discussions from the outset. Our involvement in these discussions will be aimed at protecting our response capacity and also to assist Trusts in patient flow where possible. Our Chief Executive is leading a process with all Trusts and Primary Care which seeks to identify solutions to ensure that the only the most clinically urgent patients are in ED and that patient flow through the hospital will be quicker*

- *Training team have challenges to get courses up and running to place more, appropriately trained, staff in a frontline role*

- *Pushing out information with a workforce that is spread out.*

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Maxine Paterson, Director of Planning, Performance and Corporate Services, provided an overview of the actions that NIAS has taken to best place us in recovery mode. Maxine reported that a Recovery Co-ordination Group (RCG) had been established to take this work forward and that an update, relating to the work of the group, will be issued, to all staff, shortly.

Maxine highlighted that the Senior Management Team had established that the health and well-being of staff along with health and safety considerations were the key principles upon which the RCG was to progress this work. The aim of the group was to identify learning opportunities that have arisen during phase 1 of the Pandemic and which should be implemented to help improve services.

Following these updates, there were two follow up comments/questions which Michael addressed. The first related to the continued closure of Daisy Hill Hospital (DHH) ED after the return to normal in other hospital sites. The question asked if Michael could comment on when DHH would re-open and if there was an awareness within Southern Trust of the challenges that the continued closure present for NIAS.

Michael responded by indicating that he understand the stated position of Southern Trust is to re-open DHH when appropriate. He elaborated further to brief that all major decisions taken across HSC are taken in a true spirit of collaboration. Decisions have tended, over the past four years, to have taken account of the impact across the system and this will continue, particularly with the establishment of the rebuilding board.

A further observation from the audience was that, anecdotally, Primary Care is seeing an increase of patients returning with minor ailments.

These first two questions had, understandably, eaten into the time available for the session. However, Michael suggested taking as many of the other questions as possible and to provide as concise answers as possible.

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Q3a – Is there an intention to review NIAS PPE and procedures?

Q3b – Is storage for PPE in ambulances deemed satisfactory?

Michael asked Director of Safety, Quality and Improvement, Lynne Charlton to respond to these queries.

Lynne highlighted how, since the beginning of the crisis, NIAS had followed public health advice on the wearing of PPE.

In relation to storage of PPE in ambulances, Lynne reported that the increased requirement and usage of PPE had necessitated temporary storage solutions. As we move through recovery and beyond, PPE storage will be addressed. Chris Clarke, who was present on the call, highlighted the very substantial quantities of PPE which had been used since the beginning of the pandemic.

Q4a – Is there an update available for Covid Antibody testing for staff?

Q4b – Is Penthrox coming?

Q4c – Are there any plans for a Clinical Advisory Committee of operational staff to complement the Medical Directorate?

The answers to the above were provided by Medical Director, Doctor Nigel Ruddell who indicated that there will be access to a blood test to ascertain existence of antibodies within the system. He advised that it was as yet unknown whether the existence of antibodies transfers to immunity against further outbreaks.

Nigel indicated that Penthrox will be available as a pain relief option.

In relation to the potential of a Clinical Advisory Committee, Nigel pointed to a number of groups that are in existence at the minute and onto which some staff are co-opted e.g. the medical equipment group. He reported that the position of Asst Clinical Director, which will be the most senior post for a Paramedic within HSC, has been filled and the person appointed will be joining NIAS in August.

In the interim an audit will be carried to determine the current scope of groups such as the Medical Equipment Group, detailing levels of operational membership. This will be circulated to all staff, when compiled.

Michael restated the Trust's commitment to involving staff in all levels of decision making and improvement work and that he encouraged staff to respond positively to such opportunities.

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Q5a – What are the short, medium and long term plans for RRVs?

Q5b – What are the future plans for RRV desk?

Q5c – Are the number of RRVs below CRM level?

Q5d – Should we be employing more to support transformation e.g. see and treat?

Q5e – Can we address the difficulties in getting leave as there is no-one available to provide cover?

Q5f – What opportunities are there for RRV progression/advanced roles?

A number of these questions required clarification and as the individuals who submitted the questions were not all online, the questions were answered as best as possible by CRM Programme Director, Brian McNeill.

The introduction of our new Clinical Response Model (CRM) requires a greater number of Double Crewed Ambulance hours to meet response and transport targets. This will necessitate a reduction in RRV cover of 150 hours per week which translates into the loss of 10 RRV Paramedics which should be realised through vacancy control. It is important to set this potential reduction against the identified increased levels of Paramedic cover required to fully implement the CRM.

The RRV desk will be incorporated into the normal Emergency Ambulance Control room functions.

Robert Sowney added that he recognises the value of the Rapid Response Paramedic role, particularly in terms of see and treat and believes that the RRV role will continue to be required, even if at reduced levels.

Brian then spoke to the issue of leave application and indicated that such difficulties will form part of ongoing workforce planning discussions.

In terms of career progression, reference was made to the expansion of the PCS role in relation to patient observations. From a Paramedic perspective, NIAS has recognised the value of the community paramedic role and also recognises the potential for career progression to posts similar to Critical Care Paramedics.

Those Paramedics who are employed in the Clinical Support Officer role may see opportunities in the field of research.

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Q6. What is the reason for the change in procedure in allocating overtime? Is it unfair that staff who request first can get more shifts?

Bryan Snoddy, Asst Director of Operations, detailed the reason for changes that had been implemented i.e. to maximise cover and to, as far as possible, ensure that staff get their leave.

He gave an assurance that the process is being monitored with a view to managing it to ensure that no-one can gain advantages over others. This process will look at how messages are sent from RMC to avoid anyone being disadvantaged.

Q7a - Is there any support, financial or non-financial, available to staff who are undertaking their own study? If not, are there any plans to introduce such support?

Q7b – Is it reasonable for staff to be financially disadvantaged by returning to "student" status – either as an AAP or a student Paramedic where shift allowances are removed for the duration of training? This is putting some staff off applying.

Michelle reported that Trust Board has approved the principle of financial assistance for related studies. However, more work needs to be done in terms of how to apply for this assistance, what budget the assistance will come out of etc.

The issue of unsocial hours is one that will continue as it is a terms and conditions issue but the Trust will seek to find a solution, if one is available.

Q8 – Can we highlight the opportunities for mentorship and CSO progression?

This was one of the questions which required further clarification and unfortunately the person who posed the question was not online and therefore the question could not be dealt with fully. However it was partially answered in question 5 and Michael restated the Trust's commitment to providing career development opportunities for all staff.

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Q9 – What are the thoughts/plans on providing gym/fitness areas on station for staff to use before or after their shifts?

Brian McNeill indicated that there are currently no plans to install such areas in existing facilities. However within the estates strategy there will be opportunities for staff to become involved in co-design of fitness facilities.

In the absence of this, AnnMarie McStocker, Health and Wellbeing Manager, reported that prior to Covid, she had been in discussions about reduced gym membership costs for NIAS Staff. She was pleased that 10 councils were willing to participate in such a scheme.

Q10 – Concerns about being on duty for two consecutive nights – only in Belfast – and the impact this has on wellbeing/worklife balance.

Time did not allow this to be addressed as it was previously raised at the first session.

Q11 – How do we balance the need for urgent response while observing manual handling requirements in the event of a very heavy patient?

Time did not allow this to be addressed.