

**Caring Today, Planning
for Tomorrow**



NIAS

Rebuilding Services

Phase 1

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

Northern Ireland Ambulance Service Rebuilding Plan Phase 1 June 2020

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

We are now past the first peak of the COVID-19 outbreak in Northern Ireland and it is important that we refocus on rebuilding our health and social care services. As COVID-19 is likely to be with us for some time, we will take a risk-based, phased approach to rebuilding our services. We will ensure we can quickly re-direct resources to manage potential further surges and that we respond to the needs of our patients, the community and other HSC trusts as they adapt and reconfigure their services to manage the pandemic and rebuilding.

Since the emergence of COVID-19, we have managed to maintain our front-line ambulance response, despite significant pressure on our resources, by the re-direction of staff to key functions. Substantial 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. This is also reflected in the efforts of Trust colleagues across the HSC and first responder partner agencies.

Subject to approval by the Minister, the Department have stated their intention to publish a 'Strategic Framework for Rebuilding HSC Services' and has requested each Trust to prepare a plan for their service. The following pages outline NIAS' summary plan for June 2020, showing how we will work together with our partners across Northern Ireland with the following guiding principles;

- Ensure Equity of Access for treatment of patients across Northern Ireland
- Minimise transmission of Covid-19, and
- Protect the most urgent services.

As we work through recovery and rebuilding, protecting our staff is our priority to ensure we deliver our critical service to the public. We need to manage key constraints such as the supply of PPE, social distancing, resources, safety and infection control; and limit the impact these have on our workforce and patient care.

Yet we also will take advantage of the innovation and creativity, such as the greater use of technology, and the extensive learning during this time. We must engage with patients and frontline staff to assess the value and opportunities presented and ensure we optimise the benefits within our corporate and strategic plans.

Our Services	What did we do during Covid-19 pandemic?	What do we plan to do during June 2020?
Corporate	<ul style="list-style-type: none"> Communicated with patients to support them with appropriate use of our services. Recruitment to NIAS was modified during this time. 	<ul style="list-style-type: none"> Communication plan to encourage the public to continue to use our services appropriately and to reassure the public of our continued efforts to deliver safe services. Phased restart of recruitment processes on a priority basis.
Operations	<ul style="list-style-type: none"> Preserved front line ambulance response by maintaining at least 90% staff levels by re-deploying all staff in training for Paramedic or Associated Ambulance Practitioner courses and using the independent sector where appropriate. Adapted ambulance response to support the re-configuration of Trust services to meet increasing numbers of COVID-19 patients. Extended hours of operations for management support to frontline staff. Re-deployment of COVID-19 vulnerable staff to non-patient facing roles so they could continue to support infection prevention control and staff welfare functions. 	<ul style="list-style-type: none"> Re-instate training where appropriate whilst ensuring our emergency response resources are maintained. Review modified destination protocols in line with Hospital Trusts planning for re-instatement of services. Review the impact of the extended support to consider the future support of frontline management. Establish processes based on national and regional guidance to assess risks to frontline staff who have been identified as vulnerable to the impact of Covid-19.

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HEMS	<ul style="list-style-type: none"> Suspended Helicopter Emergency Medical Service (HEMS) to re-deploy staff to support critical care operations within Hospital Services. 	<ul style="list-style-type: none"> Whilst HEMS was re-instated in April 20, we intend to identify opportunities where HEMS can provide added clinical value to our frontline response at this time.
Patient Care Services	<ul style="list-style-type: none"> Patient Care Services re-deployed to support A&E Ambulance Services. Voluntary Car Service suspended. Activity of Voluntary and Private Ambulances increased to manage additional demand in support of A&E Services. 	<ul style="list-style-type: none"> Assess level of Non-Emergency resources required in line with Hospital Trusts' requirements. Prepare voluntary car services to undertake outpatient appointments as Trust services i.e. Cancer, Renal and Day Centres scale up. Re-assess the level of use of Voluntary and Private Ambulances to support A&E Services.
Clinical Support	<ul style="list-style-type: none"> The hours of the Paramedic Clinical Support Desk were enhanced to provide 24/7 clinical oversight. 	<ul style="list-style-type: none"> Evaluate the impact of the enhanced support to establish longer-term need and benefits.
Community	<ul style="list-style-type: none"> Suspension of Community First Responder Schemes. 	<ul style="list-style-type: none"> Review clinical evidence to assess re-instatement of Community First Responder Schemes.
First Responder	<ul style="list-style-type: none"> Piloted joint plans with PSNI to enhance resilience for first responder services. 	<ul style="list-style-type: none"> Assess impact of the collaboration to consider future opportunities.