



Northern Ireland Ambulance Service  
Health and Social Care Trust



# Trust plan to address subsequent Covid-19 Pandemic Surge and Operational Winter Resilience 2020/2021

## **Northern Ireland Ambulance Service**

September 2020 v.2

## Contents

1.0	Executive Summary	3
2.0	Introduction	3
3.0	Planning Principles	4
4.0	Challenges	6
5.0	Winter Pressures	11
6.0	Resilience Plan Actions	11
	Theme 1 Operational Resilience	12
	Theme 2 Supporting Timely Discharge	14
	Theme 3 Improving Patient Flow Across Trust Boundaries	15
	Theme 4 Hospital Turnaround	16
	Appendix (i) Summary Resilience Plan	18

## 1.0 Executive Summary

The Northern Ireland Ambulance Service Plan outlines initiatives required to help respond to additional demand pressures arising during Winter 2020/2021 and / or through any subsequent waves of Covid-19 Pandemic.

The plan is structured under the following four areas:

- Operational Resilience
- Supporting Timely Discharge
- Improving Patient Flow Across Trust Boundaries
- Hospital Turnaround

## 2.0 Introduction

The Northern Ireland Ambulance Service (NIAS) experiences significant operational challenges throughout the year due to a range of factors, but primarily the significant increases in demand over recent years which have not been matched with corresponding increases in capacity. This shortfall in capacity was recognised in the Demand and Capacity Review carried out in 2017 which informed the development of the proposed new Clinical Response Model.

The Winter period brings specific challenges and is a particularly busy period for the wider Health and Social Care (HSC) system and NIAS. Increased 999 activity, increased staff absence, handover delays at acute hospitals and reduced services in the wider health economy all affect our ability to respond to patients quickly. Delayed turnarounds at hospital meant that the 30 minute handover standard was only met in 29% of cases in 2019/20. This equates to over 40,701 total operational hours lost, which is an average of 111 operational hours lost per day during 2019/20.

For those reasons outlined above coupled with the impact of COVID-19 on our workforce, overall NIAS staffing levels are below the required level as we enter the winter period, with a subsequent over-reliance on overtime to provide the service. A much-needed

programme to recruit extra staff is on-going, however this in itself presents operational challenges as staff develop and move into posts of a higher grade and thus leave gaps in other parts of the service.

In addition, the COVID-19 pandemic has brought additional pressures with the need to provide adequate Personal Protective Equipment (PPE) for staff, and the impact of social distancing on our services, such as reducing capacity in our Non-Emergency Vehicles which has an impact on our carrying capacity for patients attending Outpatient appointments. There are a range of staff who are not on front-line duties due to underlying conditions and this and the continued spread of the disease with the need for contract tracing are causing further gaps in rotas.

While significant efforts continue on an ongoing basis to provide maximum shift cover across Northern Ireland within available resources, including substantial use of voluntary and private ambulances to supplement capacity, the additional pressures associated with the winter period are not expected to be any less than in previous years given the challenges briefly outlined above. Protecting the 999 response capability must continue to be our primary focus if we are to deliver a safe service as a minimum, over the winter period.

This plan describes the key strategic and operational actions NIAS will take during Winter 2020/21 to maintain safety, quality and performance, and contribute to the wider unscheduled care system. It has been developed taking account of the experience and learning from previous winters and in conjunction with the other HSC Trusts and other partners in healthcare delivery. In addition, the pressure of the COVID-19 pandemic has added new complexity to planning because of the likelihood of a future surge.

### **3.0 Planning Principles**

NIAS has adopted the following principles in preparing this surge plan as outlined in the Regional Covid-19 Pandemic surge planning strategic framework:

- Patient safety remains the overriding priority.



- Safe staffing remains a key priority and Trusts will engage with Trade Union side on safe staffing matters in relation to relevant surge plans.
- Trusts should adopt a flexible approach to ensure that 'business as usual' services can be maintained as far as possible, in line with the Rebuilding HSC services Strategic Framework. This should allow Trusts to adapt swiftly to the prevailing COVID-19 context.
- It is recognised that there will be a fine balance between maintaining elective care services and managing service demand arising from COVID-19 and winter pressures. Addressing COVID-19 and winter pressures will take priority over elective care services, although the regional approaches announced such as day-case elective care centres and orthopaedic hubs will support continuation of elective activity in the event of further COVID-19 surges.
- The HSC system will consider thresholds of hospital COVID-19 care, which may require downturn of elective care services.
- Trusts Surge Plans, whilst focusing on potential further COVID-19 surges, should take account of likely winter pressures.
- Trusts should plan for further COVID-19 surges within the context of the regional initiatives outlined in the Surge Planning Framework.
- Trusts should as far as possible manage COVID-19 pressures within their own capacity first. Should this not be possible, Trusts are required to make use of the regional Emergency Care facility at Belfast City Hospital or the regional 'step down' facility provided at Whiteabbey hospital, as appropriate. Trusts will also consider collectively how they will contribute staff resources to support Nightingale hospitals when necessary.
- The Department, HSCB, PHA and the Trusts will closely monitor COVID-19 infections, hospital admissions and ICU admissions to ensure a planned regional response to further COVID-19 surges. This will support continued service delivery.
- The Department will, if COVID-19 infection rates and other indicators give cause for action, recommend further tightening of social distancing measures to the Executive.

## 4. Challenges

COVID-19 global pandemic has presented the health and social care system with a number of unique challenges which have dramatically changed the way services were delivered for various reasons and has had significant impact on clinical, patient and staff safety.

The key purpose of our response to the COVID-19 pandemic is to work together to reduce the impact on life preserving services by protecting the following key functions which will remain the focus of the organisation during the period of the pandemic.

- Emergency call handling
- Prioritising emergency calls
- Emergency vehicle dispatch
- Emergency vehicle availability (incl. fleet and resourcing)
- Protection of EAC and adequate staffing in both EAC and front line emergency vehicles is paramount
- Staffing in our Resource Management Centre is essential.

Some of the key challenges in implementing our winter resilience plans and COVID-19 surge plans include:

- **Planning** assumptions for a pandemic outbreak are complex as it is difficult to anticipate how significant the impact will be and external influences are largely unpredictable. In keeping with the UK Coronavirus Action Plan NIAS aims to gather as much information and intelligence as possible to ensure that planning assumptions remain measured and focused. Intelligence is provided by our Informatics Department on a daily basis in relation to predicted call volume and the potential impact of 'calming measures'. A **daily statistical report** is regularly compiled which identifies potential COVID-19 related calls as well as highlighting areas of higher demand and potential future pressures and trends. Whilst demand remains unpredictable we focus on our ability and capacity to respond based on the staff we have available and the other available resources such as Voluntary and Private Ambulance capacity.



- **Service delivery pressures arising as a consequence of normal winter ailments including Seasonal flu prevalence as well as any covid-19 outbreak** will be alleviated through the flu vaccination programme and the population 'buy-in' to the measures to limit Covid-19 spread including downloading the Stop Covid-NI contact tracing app.
- Continuing to **maintain effective Covid-19 social distancing** in line with Infection Prevention and Control advice and guidance, to safely manage contingency spaces for Emergency Ambulance Control (for example).
- Assessing **workforce** pressures including the ability to safely and appropriately staff all services taking into consideration the impact of local cluster outbreaks within staff groups. Also factoring the need for staff to take planned annual leave especially as we approach the autumn, winter, Christmas and New Year period, and flexible working necessary to support childcare and caring commitments. We must also continue to ensure our staff are rested, feel supported and valued, and that we managing the workforce resources required for testing and swabbing to maintain patient and staff safety in respect of spread of infection..
- Our **transport infrastructure** has been assessed for its limitation to support the required social distancing. This presents significant challenges particularly for our Patient Care Service and includes a reduction in carrying capacity and productivity which is increasing reliance on Voluntary and Private Ambulance services. Plans for future surges including the Nightingale hospitals will require additional Ambulance capacity to ensure timely transfers to and from such facilities.
- Establishing sustainable **new models for 'swabbing' and 'testing'** of health care workers and patients as part of our ongoing response to Covid-19 is essential to being alert to any potential local clusters of Covid-19 outbreaks.
- Attaining and sustaining a **reliable supply of critical PPE** to enable us to safely cope with seasonal demands plus any covid-19 surges. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels. The Regional PPE group will inform all Trusts if there are challenges with critical supplies the Trust will be advised and adjustments may be required.
- Enhanced Vehicle **Cleaning** has been arranged in all divisions. In some Divisions this means operating cleaning activities over extended hours and/or bringing in extra cleaning staff. Enhanced Station Cleaning and cleaning of other NIAS Estate including EAC and NEAC has been extended under the leadership of the Facilities Manager.
- We are mindful of our commitment to **engagement and partnership working** and this continues as we prepare to implement for seasonal resilience and emergency decisions that may need to be taken rapidly in event of any future Covid-19 surge.
- Providing continued support to **staff** including those who were and may again be 'shielding', vulnerable people, and people at risk of harm; providing Peer Support and other support services will continue to be important.

Rebuilding services safely in some areas is anticipated to require **capital and revenue funding consequences** that will be subject to securing DOH approval. This is also the case of the additional services we need to put in place for the anticipated increase in activity during the winter season and any future Covid-19 surge. The Trust has highlighted costs already incurred in the first COVID-19 surge and expect to be incurred across a range of workforce, accommodation and service developments within the context of any further surge and winter plans. Depending on the scale of disruption over the autumn/winter period, we will continue to assess the need to seek additional funding. In addition, approval timelines for additional resources will impact on deliverability.

### Impact of Regional Rebuild

There are significant changes being considered across Health and Social Care under the auspices of the Department of Health's Regional Rebuild Management Programme. All of these are heavily reliant on Ambulance Capacity. With additional changes to hospital site reconfiguration or service models, it is imperative that NIAS has the required capacity to respond to calls for emergency transfers between sites and Non-Emergency conveyancing to and from different hospitals.

It is also important that these plans build in the required Ambulance capacity to support transfer of patients to and from sites which may need longer journey times or which may necessitate changes in activity from unscheduled to scheduled. This will require the appropriate staffing resources for the NIAS Patient Care Service.

The Urgent and Emergency Care reconfiguration/ No More Silos Network workplan includes a range of significant actions to reduce footfall in Emergency Departments and increase the use of scheduling for those with an urgent issue. The workstreams are outlined below:

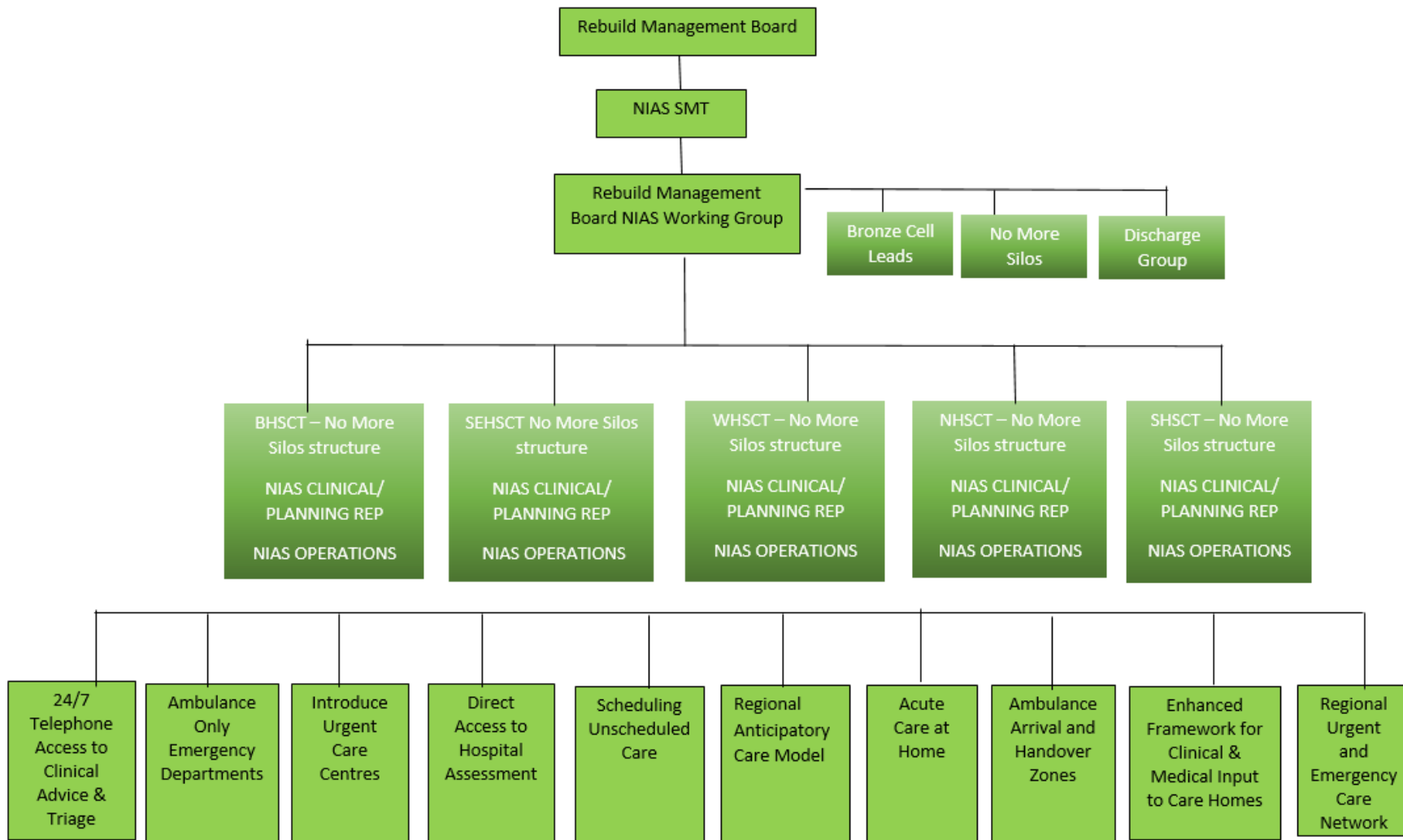




- Introduce Urgent Care Centres
- Keep Emergency Departments for Emergencies
- Rapid Access Assessment and Treatment Services
- 24/7 Telephone Clinical Assessment Service
- Scheduling Unscheduled Care
- Regional Anticipatory Care Model
- Acute Care at Home
- Ambulance Arrival and Handover Zones
- Enhanced Framework for Clinical and Medical Input to Care Homes
- Regional Urgent and Emergency Care Network

These changes will have a significant impact on NIAS. There will be opportunity for NIAS clinicians to refer to some of these new pathways which will be of benefit to patients. Some urgent care may move from unscheduled care to scheduled appointments. Where this means there is a requirement for a Non-Emergency Ambulance, it is important this is quantified and NIAS is working with HSC Trusts to quantify the impact.

In addition, in order to maximise the benefit of these pathways, NIAS will continue to develop the telephone triage Clinical Support Desk in Emergency Ambulance Control in line with available funding. To co-ordinate the NIAS response to the regional Rebuild Programme and the No More Silos network workplan, NIAS Trust Board has agreed the following structure:





## 5. Responding to Winter Pressures

*NIAS anticipates that seasonal increases in demand especially during Winter will have an impact on service delivery. Any surge in people with Covid-19 needing access to care and hospital admission will add even more pressure to the unscheduled & emergency care system.*

In order to respond to this, NIAS has worked with other partners across HSC to create a combined resilience plan to include response to future surges of COVID-19 and winter pressure.

## 6. Resilience plan actions

The NIAS COVID-19 Surge/Winter Resilience Plan 2020/21 focuses on four themes:

- Operational Resilience
- Supporting Timely Discharge
- Improving Patient Flow Across Trust Boundaries
- Hospital Turnaround



## 6.1 Operational Resilience

### Operational Resilience

#### Implementation of Demand Management Plan and Resource Escalation plan

NIAS has improved its management of demand pressures with the implementation of a Resource Escalation Action Plan (REAP) adapted from the National REAP document developed in consultation with all UK Ambulance Trusts and the National Ambulance Resilience Unit. This went 'live' in March 2019. A national approach to demand 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.

Our capacity and ability to respond is considered weekly by NIAS to assess the expected operating level for the next seven days, with the ability to change this level based on information or intelligence between meetings. REAP is the strategic tool used to mobilise organisational action. Depending on which of the four levels that NIAS is operating on, there are a range of actions which may be taken. In addition, NIAS operates a Demand Management Plan or Surge Plan (DMP) to manage day-to-day variation to demand. These plans operate at a tactical level.

The Operations Directorate also host a daily teleconference 'Huddle' in which senior managers from across the service participate. Since the COVID-19 pandemic started, this Huddle includes a link with the Personal Protective Equipment (PPE) team and other relevant COVID-19 response functions when relevant. Alongside this daily sharing of information, new meeting structures have been implemented that enable the full range of matters to be discussed and responded to, at the appropriate levels and appropriate time. This includes meetings with other Trusts and meetings facilitated by the Health and Social Care board (HSCB).

Demand Management and REAP Actions which we may choose to implement include pausing training, redeploying of officers and training staff onto front-line duties and authorising the additional use of independent and voluntary ambulance services.

### Planning of staff leave (Absence)

The NIAS Resource Management Centre (RMC) is responsible for monitoring compliance against commissioned hours for Operations including the Control Centres. All requests for operational staff leave are co-ordinated through the NIAS Resource Management Centre with any shortfalls filled with voluntary and private services where possible. We must manage leave appropriately to ensure staff have much needed rest to build longer-term resilience. We also have to monitor COVID-19 related leave. The Christmas/New Year period will bring particular challenges.

EAC are planning to recruit an additional cohort of emergency call takers and they will be operational in time for January 2021 which will increase resilience during this busy period.

### Maximising the uptake of flu vaccination

NIAS successfully introduced a “Peer Vaccination Programme” over the past few years. NIAS Paramedics can administer the Flu Vaccine to eligible staff at their base locations and a small team of Paramedics provide mobile Flu Vaccine clinics to all eligible staff.

This has improved the levels of staff uptake for the flu vaccination from 35% in 2017/19 to over 50% 2018/19 and 62% in 2019/20. NIAS will build on the approach taken in previous years and support the wider HSC in delivery of their Flu Vaccination plans in line with best practice set out by DOH.

### Extending Clinical Support Desk

The role of the Clinical Support Desk (CSD) within Ambulance Control will be developed to provide appropriate clinical advice to a greater range of 999 calls. The staffing levels of the CSD will increase to enable longer working hours – aiming for 24 hour cover 7 days a week when practical. Work continues on introducing additional Healthcare Professionals such as Mental Health Professionals and Nurses into the CSD to expand the range and types of 999 calls assessed as suitable for referral to the CSD.

*What does this mean for me?*

*We may change our responses to calls coming into Ambulance Control which may mean that you are asked if you are able to transport yourself or your relative to the Emergency Department if clinically safe to do so. We may signpost you to other Healthcare Services which are considered appropriate for your needs.*

## 6.2 Supporting Timely Discharge

Supporting  
Timely  
Discharge

### Coordination of hospital non-emergency transport for discharges

In previous winters we have worked closely with other HSC Trusts to add extra discharge capacity with additional resources and co-ordination with our Patient Care Service (PCS).

PCS provide transport to support the discharge of some high-dependency patients home. This is critical to supporting the wider system and patient flow which releases beds for service users. We have established a specific ambulance control function to oversee coordination of increased inter-hospital transfers and discharges to reflect the importance of these functions during times of system pressure. Whilst we have plans to do the same this winter, if we reach certain levels of Emergency Ambulance demand with a shortfall in our resources, for the reasons explored above, this may affect our ability to be responsive to discharge and inter-hospital transfer requests.

*What does this mean for me?*

*Your discharge from hospital by NIAS may be delayed or you may be carried home by a Voluntary or Private Ambulance.*

### 6.3 Improving Patient Flow Across Boundaries

#### Improving Patient Flow Across Boundaries

##### Equalise Unscheduled Care Pressures across Emergency Departments

NIAS will continue to coordinate smoothing to equalise unscheduled care pressures across the region through continuous monitoring of ED activity and regular contact with hospitals. This may mean NIAS officers monitoring the flow to different hospitals and making temporary decisions to direct ambulances to a different hospital site than usual.

NIAS will also continue to work with partners to put in place any temporary ambulance diverts agreed between Trusts.

##### Engagement with Primary Care and maximising NIAS Appropriate Care Pathways

NIAS has a range of Appropriate Care Pathways offering alternatives to the Emergency Department through treatment in the community or providing an alternative destination to address their clinical need. NIAS is increasing its partnership working across the region with other Healthcare Professionals including Trust based Mental Health Professionals, Occupational Therapists, Out of Hours Providers, GPs and the PSNI with the aim of improving out of hospital interventions for a range of conditions and enhance the interventions available for the existing pathways.

We will continue to maximise the opportunities associated with this work to minimise unnecessary ED attendances and support service users to access the service they need more quickly.

In addition, as outlined above, some of the COVID-19 reconfiguration work may mean longer journey times for NIAS and reliance on ambulances to transfer patients between hospitals in an emergency.

#### *What does this mean for me?*

*If we implement 'smoothing' to help ease demand pressure in one Emergency Department this may mean you are taken to a different hospital than usual. We may utilise our Appropriate Care Pathways to refer you to a specialist service other than the Emergency Department. You will be advised that if you are concerned or if your situation deteriorates that you should call 999 for further assistance.*

## 6.4 Hospital Turnaround Times

### Hospital Turnaround

#### Improving Ambulance Turnaround times

Delayed turnaround times continue to present a significant challenge. This results in much needed ambulance resources being unavailable to respond to urgent calls in the community leading to increased response times with the associated risks.

In order to mitigate against this, during 2020/21, NIAS will continue to work with EDs to develop local solutions to improve hand over times, based on 4 key principles:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.





- Acute Trusts should always seek to accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives at the ED.

### Hospital Ambulance Liaison Officers (HALOs) in Emergency Departments

The function of HALOs in hospital sites is to liaise with ambulance crews and clinical hospital staff/managers to ensure:

- NIAS hand over patients into the care of hospital staff as safely and quickly as possible, then make ready and clear, protecting NIAS capacity to respond to 999 calls and major incidents.
- Work collaboratively with Trust ED Teams in optimising patient flow within the ED departments.

NIAS has made an additional number of HALO posts permanent and already due to pressure increased HALO hours of operation at the Ulster Hospital. We intend to increase HALO hours over the winter months to support staff.

#### *What does this mean for me?*

*This means that we will continue to work with Trusts to ensure that ambulance patients do not wait a long time for handover.*

## **7. Wider health and social care impact**

It is acknowledged that any future waves of COVID-19 pandemic would have a significant impact on the ability to deliver the Trust Rebuilding agenda. The Trust will continue to apply the regionally agreed rebuild planning principles to decision making to:

- Ensure equity of access for the treatment of patients across Northern Ireland;
- Minimise the transmission of Covid-19; and
- Protect the most urgent services.



## Resilience Plan 2020/21

### Resilience Themes

	Operational Resilience	Supporting Timely Discharge	Improving Patient Flow Across Boundaries	Hospital Turnaround
Theme Objective(s)	Maintain timely response and safe care during significant periods of demand	Support Hospital Trusts with discharge activities to maintain patient flow to community	Work with primary and secondary care to equalise pressure across boundaries	Maximise resources to ensure adequate response times to patients are maintained
Priorities	Implement DMP and REAP Management of Resources Flu Programme Extending Clinical Support Desk	Additional Capacity Third Party Ambulance Specialist Co-ordination Resource	Equalise Unscheduled Care Pressures across ED Engage with Primary Care Appropriate Care Pathways	Increase capacity of Hospital Ambulance Liaison Officers
Initiatives	Daily Tactical Assessment (DMP) Weekly Forecast Review (REAP) Command & Control Structure with links to specialist cells i.e. PPE Staff Swabbing Test and Trace Team Staff Safety and Wellbeing Operational Support Unit Co-ordination of Staff Absence/Leave Flu Programme and Peer Vaccination/HSC Support Extension of Clinical Support Desk in resources and hours of cover.	Extend discharge capacity Increase levels of cover and types of resources used to convey service users home or between facilities. Increase use of Voluntary and Private Ambulances as appropriate. Additional control resources used to oversee and co-ordinate activity. If A&E Support is compromised by demand, PCS resource will be re-allocated to support EDs.	Co-ordinate smoothing across Hospital trusts to ensure equalize pressure Continuous surveillance and contact with EDs to ensure appropriate decision making on conveyance destination Apply temporary diverts as required. Intervention in conveyance to ED by signposting patient to appropriate care pathways to meet needs of service user.	Additional number of posts to carry out HALO function.  Increased number of hours across those EDs with significant pressures.  Work in partnership with Hospital trusts and HSCB to manage demand appropriately.

Recruitment

Retention

Staff Wellbeing

Workforce & Communication

Flu Vaccination

Safe Sustainable Rotas



Northern Ireland Ambulance Service  
Health and Social Care Trust

