NI AMBULANCE SERVICE- HSC SERVICES DELIVERY PLAN: JULY – AUGUST 2021

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

The Trust experience during COVID-19

Since March 2020 COVID-19 has had a detrimental impact across HSC when many services had to suspend / reduce normal service including many elective procedures. In NIAS, during the first surge, call demand dropped, but there were a significant number of staff unavailable to respond due to the need for staff self-isolation and clinical vulnerability. In June 2020, NIAS initiated a Recovery Co-ordination Group to oversee the rebuilding of services and our transition to normal business. The Trust was able to maintain much of this progress during the second surge of COVID-19, which began in September 2020. However, in the third surge, which began in late December 2020, NIAS had to take significant actions based on the Trusts' business continuity arrangements and respond to 'extreme' pressure by fully implementing the Resource Escalation Plan, to ensure that patient and staff safety was sustained.

NIAS staff went to great lengths to ensure many services continued to be sustained during the COVID-19 surges. This was particularly notable in the last and most challenging surge. This plan outlines the actions proposed to maintain access to services in July and August 2021 for those services that experienced a significant impact as a result of the pandemic..

Key Principles adopted when developing the Delivery plan

The Trust has set out in this document, a high level overview of the services that we plan to maintain during July and August 2021, building on the foundations of the previous quarterly plans. The Trust remains committed to delivering safe, effective and compassionate care for our clients and patients and the focus will be on treating the most urgent cases first. As a result some patients may continue to wait longer than we would like.

NIAS will continue to work together with our partners across Northern Ireland to implement the recovery of Non–COVID-19 Health and Social Care Services and will contribute to the regional work streams and areas of focus to support the HSC in delivering for our population based on our agreed regional approach:

- **To ensure Equity of Access for the treatment of patients across Northern Ireland**
- **To minimise transmission of COVID-19; and**
- **To protect access to the most urgent services for our population.**

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. In terms of assessment of the NIAS Trust Delivery plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

Some of the key Challenges in implementing our plans:

- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to COVID-19 locally and the need to rebuild services for prioritised clinical groups, on an equitable basis, for the Northern Ireland population; taking account of specific Trust differences, including for example the capacity of non-emergency ambulances;

- Assessing **workforce** pressures, including the ability to safely and appropriately staff the delivery plans. We must ensure our staff are supported and feel valued by ensuring those who have been working constantly or who have been redeployed are given time to recover. Over the last year staff have been working tirelessly and have not been able to take sufficient periods of annual leave, therefore it is important to give them the opportunity to avail of this. The impact on staff resources required to support the vaccination programme, resources required to manage local cluster outbreaks and the testing and swabbing to maintain patient and staff safety, in respect of spread of infection, has been challenging. We have also have to factor in flexible working necessary to support childcare and caring commitments;

- **Building on new ways of working and innovations to provide safe and effective care**. Recognising that there has been a vast amount of innovation successfully implemented, including widespread use of virtual platforms for management of the pressures, building on this will involve working closely with our primary care and community partners and our clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology;

- Continuing to **maintain effective COVID-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff across sites, optimise efficient utilisation of Personal and Protective Equipment (PPE) and ensure adequate catering and rest provisions for our staff;

- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites. This presents significant challenges and will include a reduction in site capacity and productivity;

- Sustaining **models for 'swabbing' and 'testing'** of our staff as part of our ongoing response to COVID-19;

- Sustaining a **reliable supply of critical PPE and medicines** to enable us to safely increase our services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels;

- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to delivery plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but can effectively and safely deliver health and social care services;

- Providing continued support to **those in need within our population** including those who were 'shielding', vulnerable people, and people at risk of harm;

- Rebuilding and delivering services safely in some areas requires **capital and revenue funding** to be made available;

- **Any future surge in COVID-19 transmission** could result in a temporary adjustment to our services to cope with demand**.** Possibly the most significant consideration is the approval and administration of COVID-19 vaccine programme. Whilst excellent progress has been made in the roll-out of the vaccination programme, people living in Northern Ireland must remain cautious and adhere to the public health guidelines. This is a complex and long-term undertaking and it will be some time before the vaccination programme is rolled out to the majority of the population.

The people of Northern Ireland have made significant sacrifices over the course of the last year and the collective effort to make the lockdowns effective has been substantial. The outcome of those sacrifices in a lowering of infection rates is now being seen. We all need to play our part in sustaining this reduction in transmission to preserve life and support our health service.

The plan has been developed in conjunction with the relevant members of the NIAS Silver Command Cell and our staff representative groups which includes a wide range of stakeholders. A number of these staff members have liaison roles with the voluntary and private ambulance providers; some represent NIAS on regional and national fora ensuring NIAS' delivery plans are in line with the plans of other Trusts, and in line with the emerging evidence base and best practice from across the UK.

NIAS will also contribute to areas of regional focus to support the HSC in the re-configuration of services that meet the needs of the population.

We will also continue to engage with key partners to ensure that plans are representative of and include the valuable input of those who use our services.

	Service area	What are we planning to do to deliver services from July – August 2021?
Corporate	❖ Communications	❖ Continue to deliver messages to the public and service users to keep them informed
	❖ HR Functions	❖ Continue to deliver usual HR activity.
	❖ Regional planning input	❖ Continue to deliver strategic information to the HSC to support longer term modelling and future planning
	❖ Staff Peer support	❖ Continue to develop a range of front-line peer support mechanisms and pilot story-telling and other staff support mechanisms.
	❖ Sharing learning from COVID-19 with others	❖ Continue to share learning with staff ❖ Continue to work in partnership to share learning from COVID-19 with ROI and UK ambulance partners.
	❖ Digital patient record roll out.	❖ Continue to progress with the roll out of mobile devices for staff and introduction of electronic patient records
Operations	❖ Front-line ambulance service delivery	❖ Daily Huddle meetings Monday – Friday will continue to carefully monitor demand versus planned ambulance resources. Silver Command may be stood down during this period as a Recovery/Delivery process is re-initiated.
	❖ Front-line Support	❖ Continue a co-ordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances.
	❖ Involvement in regional Urgent and Emergency Care Reconfiguration	❖ Area Managers and Clinical Leads are represented on Local Implementation Groups of No More Silos Network. NIAS have led on proposing specifications of Ambulance Triage and Handover areas.

Service area		What are we planning to do to deliver services from July – August 2021?
	❖ Management support to front-line staff ❖ Redeployment of vulnerable front-line staff.	❖ Both Station Officer and Supervisor positions have been recruited to ensure all posts are filled. In line with national and regionally agreed guidance and protocols, continue to support vulnerable staff to return to patient-facing or non-patient facing roles to enable their continued contribution to NIAS.
Control	❖ Management of demand	❖ Reflect the principles of the updated national guidance for managing demand in the NIAS plans.
	❖ Paramedic Clinical Support Desk	❖ Complete recruitment and training of additional CSD clinicians – to include nurses as well as paramedics.
	❖ Use of contingency Emergency Ambulance Control	❖ Whilst social distancing is required, the second EAC site will continue to be used as a contingency Control Room. There are no plans to return this building for Control Training at present.
Patient Care Services	❖ PCS	❖ PCS had been re-deployed to support Emergency Ambulance Services. Plans are underway to return PCS to outpatient journeys and hospital transfers on a phased approach.
	❖ Voluntary Car Service	❖ Continue our intention to progress as many VCS back to active duty as possible. A range prefer to wait until the situation eases.
	❖ Activity of Voluntary and Private Ambulance services	❖ Continue a coordinated and phased return of PCS resources to NEAC Control in conjunction with the monitoring of A&E support required and a focus to reduce reliance on and use of IAS.
Clinical	❖ Clinical Training	❖ Plans continue, with delivery of programmes in line with COVID-19 mitigation measures. A new Paramedic FdSc cohort commencing towards end of March will continue throughout this period. An AAP cohort that commenced in February will also continue to be delivered throughout the period. A familiarisation course for already qualified Paramedics recruited to NIAS is scheduled to be delivered in April.
	❖ Community First Responder Schemes	❖ Continue to work on the reintroduction of the local schemes through provision and training related to PPE and other issues with intention to return to service during the period indicated.
	❖ Joint plans with PSNI and NIFRS	❖ NIAS will continue to meet with PSNI regularly and maintain a state of readiness to provide partner agency support should it be required.
	❖ Complex Case Team	❖ The team continue to work to support Complex callers to NIAS.
	❖ Helicopter Emergency Medical Service (HEMS)	❖ HEMS attending non-trauma calls with pilot in place to review each call. Social distancing in place at MLK and EAC airdesk.

Regional DOH Input to Trust Delivery Plans - July 2021 to August 2021

NIAS will continue to play its part in contributing to safe and effective delivery of services.

Tackling Health Inequalities

1. The 'Health Inequalities Annual Report 2020' (https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with communities themselves to address the factors which impact on health and wellbeing locally and regionally.

2. Making Life Better (https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce the impact of potential future pandemics.

Critical Care De-escalation

3. Critical care beds are all open and operational throughout Northern Ireland at their commissioned bed levels. Belfast Trust continue to manage a different bed configuration across its units, than that commissioned, to enable urgent elective care on BCH site and non-elective care on the Royal site. This is not without challenges however work is ongoing between the Trust, HSC, PHA and CCaNNI to fully understand the implications of this and minimise impact on the wider critical care system. Similarly, work is ongoing to aim to minimize delayed discharges from ICU, which has been a growing issue recently due to wider Trust pressures.

Regional Management of Unscheduled Care

4. The challenge of managing unscheduled care pressures has been exacerbated in the past year by the tremendous system effort to cope in the face of significant surges in hospitalisation due to COVID-19 infection. The system collaborated closely and effectively in particular through the Critical Care and Respiratory Operational Hub and the lessons from that approach are now being considered in the regional management of Unscheduled Care.

5. Unscheduled care is a broad service area encapsulating adults and paediatrics, emergency and urgent care, major trauma, critical care, neonatal care and hospital flow, including discharge. Consideration needs to be given to this breadth and the various processes currently in place to manage these. As demand increases and our hospitals start to move towards pre COVID attendances and admissions, it is important to fully understand the impact that COVID will continue to have on our physical space and the need to manage patient flows in a safe environment.

6. The Health and Social Care Board is currently working collaboratively with the Public Health Agency, NIAS and the five provider Trusts to improve waiting times at our Emergency Departments, enhance flows through the system and facilitate timely discharge.

Cancer Services

7. Cancer waiting times were unacceptable before the COVID-19 pandemic. Cancer referrals, and screening, diagnostic and treatment services have all been significantly impacted by the pandemic resulting in immeasurable distress for patients. The service needs to act now not just to build services back but to build them back better. The Health and Social Care Board has worked with the Department of Health to produce a Cancer Recovery Plan. This 3 year plan pulls forward a number of early actions associated with recommendations included in the draft Cancer Strategy, which is being co-produced with patients, the wider service and the voluntary sector. The plan will aim to improve cancer waiting times by addressing backlogs that have arisen as a consequence of the COVID-19 pandemic as well as seeking to address capacity gaps that existed pre-COVID. It will do this through an expansion in capacity (both staffing and equipment), the modernisation of care pathways and the adoption of new tests and technologies. All of this will be underpinned by a focus on skills mix and multi-professional education and training.

8. The plan does not specifically address cancer surgery which is being looked at as part of the wider elective plan. It covers the following key areas:
    - Supporting patients
    - Screening

- Awareness & early detection
- Safety netting & patient flow
- Diagnostics to include imaging, endoscopy, colposcopy and pathology
- Prehabilitation & Rehabilitation
- Oncology & Haematology
- Palliative care

Regional Waiting List

9. The focus of the HSC continues to be on delivering all elective services in an environment that is safe for both staff and patients. Whilst it is expected that theatre capacity will continue to be constrained during this period, the HSC will continue to seek to maximise activity. It is likely that theatre access will vary across Northern Ireland potentially resulting in differential waiting times. It is therefore essential that capacity is protected for the highest priority patients and that access to this capacity is provided equitably across Northern Ireland. The Regional Prioritisation Oversight Group (RPOG) will continue to play a key role in ensuring that the clinical prioritisation of cancer and time critical/urgent cases across surgical specialities and Trust boundaries, is consistent and transparent and to ensure the utilisation of all available capacity (in-house and in the Independent Sector) is fully and appropriately maximised.

Orthopaedic Hubs

10. In July 2020, the Minister announced plans for the regional rebuilding of elective orthopaedic services with the publication of the blueprint document 'Rebuilding, Transition and Transformation of Elective Orthopaedic Care delivered by Health and Social Care in Northern Ireland', and the establishment of a regional Orthopaedic Network to take this forward. The blueprint document set out a plan to focus services delivery from 2 hub sites initially (Musgrave Park Hospital and Altnagelvin Area Hospital) with the longer term aim to utilise all orthopaedic units in Northern Ireland. Despite the successful resumption of activity across the region at that time, elective orthopaedic services were subsequently suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Throughout this period, however, the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.

11. Entering the next phase of service rebuilding, it is intended that a recovery plan for orthopaedics will be published in August. The recovery plan will set out priority actions and timescales to bring orthopaedic activity back to commissioned levels, and to increase activity as effectively as possible, maximising the use of all available capacity across the region to increase activity . This will be

taken forward on a phased basis, addressing as a priority those patients with the greatest clinical need, whilst at the same time working to deliver long-term transformational change to the service.

Day Case Elective Care

12. In July 2020 the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated elective care centre for the region. While the nature of the site means that it is most suitable for daycase surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site enabled services to continue be delivered throughout the pandemic on a 'COVID-light' or 'green' pathway. During the pandemic, the centre delivered red flag and other high priority lists on behalf of the region where these could not be accommodated at the hospital of origin due to pandemic pressures. In recent months the centre has begun to provide high volume, low complexity procedures for the region across a range of specialties. The team at the Day Procedure Centre in Lagan Valley is working to maximise the efficiency of service delivery in the space available. There are also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital.

13. While the overall model for Lagan Valley Hospital is still developing, it has already demonstrated the benefits of having dedicated elective care capacity. Alongside the work to develop the model at Lagan Valley, consideration is also being given to expanding this approach to further sites on a managed basis.

No More Silos

14. The funding constraints across all health and social care services in this financial year are placing significant pressure on our ability to continue to implement NMS. There is general recognition that the implementation of NMS is extremely positive work which should continue. It may be necessary to prioritise key elements of the action plan to ensure the maximum benefit within the limited resources available.

15. In transforming urgent and emergency care services, the Department is seeking to ensure that patients are able to receive the right care, in the right place and at the right time. The review seeks to keep emergency departments for emergencies by ensuring that patients who require urgent care have appropriate pathways into the services that they require. These services may be within primary or secondary care.

16. The Department intends to publish its' review of Urgent and Emergency Care during the summer 2021.

Vaccine Programme

17. The COVID-19 vaccination programme was launched on the 20 December 2020 with the vaccination of the JCVI priority group 1 and by the 26 May 2021 the programme had been extended to the last part of the final cohort, JCVI priority group 12. Everyone aged 18 years and over is now eligible to receive a COVID-19 vaccine in NI. There are 7 Trust operated vaccination centres, and in addition Trust special mobile teams, working with the PHA, are being deployed to areas of low vaccine uptake rates.

18. The vaccination programme has helped to protect the most vulnerable in the community most quickly against the severe outcomes of disease. We are now seeing clear evidence that the vaccination programme is contributing to a reduction of the wider health service pressures. The roll out of the programme remains critically dependent on vaccine production, supply and distribution. The pace of the programme slowed slightly as a result of the updated advice from JCVI, which advised that it was preferable for those aged under 40 years of age to receive an alternative to the AstraZeneca vaccine. Due to the limited supply of the Pfizer vaccine, the programme is now expected to complete first doses by the end of July with second doses expected to be completed by early September.

Mental Health

19. Mental health services continue to face considerable pressures as a result of the COVID-19 pandemic. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels including increase in special observations and in the proportion of detained patients. Community mental health service are also reporting increasing referrals for secondary mental health assessment, and subsequent care and treatment. A similar positon is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.

20. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health Pandemic Response Group will provide strategic direction to support this. Additional funding has also been invested in mental health services, with commitments for a new specialist perinatal mental health service and managed care networks for CAMHS and forensic mental health. DOH will also allocate £1.5m recurrent funding from 2021/22 to support the implementation of the new Emotional Health and Wellbeing in Education Framework. The new Mental Health Strategy is expected to be published in the summer. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

Adult Social Care

21. Significant financial and in-kind support has been provided to independent sector providers of adult social care, helping to keep our care homes safe and ensure essential services such as domiciliary care (homecare) continue. In addition to more than £45m of direct financial support provided last financial year the Minister has approved £4m of funding to support enhanced sick pay, additional cleaning and costs associated with facilitating safe visiting in care homes. The ongoing provision of PPE without charge, where providers cannot access their own supplies continues, as does the use of routine asymptomatic testing, and testing in situations where there is a suspected or confirmed COVID-19 outbreak, to help protect care homes and supported living settings. Plans are being progressed to develop an appropriate testing pathway to extend the availability of COVID-19 testing to all asymptomatic domiciliary care staff and personal assistants. The frequency and type of testing to be deployed across this sector is still under consideration. The Department will continue to actively review the frequency of testing in these settings; any requirement to vary testing frequency will be appropriately informed by emerging scientific evidence and other contributory factors, including local community transmission rates and the deployment of the COVID-19 vaccination programme.

22. The Department continues to work with Trusts and the PHA to ensure all options are explored to ensure day centre services, day opportunities and short breaks capacity is maximised – and that we build on new ways of working, such as the greater use of direct payments to support the care of individuals. Support to carers continues to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. To that end, a £4m fund to support organisations working for and with unpaid carers has been established. The pandemic has reinforced the need to secure long term change and reform of adult social care, in line with the priorities set out in Power to the People.

Long COVID

23. The Minister of Health has recently approved proposals for the assessment and treatment of people who continue to experience long-term health effects as a result of COVID-19 infection. The proposals encompass 5 separate strands:
    - Post COVID-19 Syndrome patients referred by primary or secondary care to a one-stop-shop MDT assessment service;
    - Bespoke pulmonary rehabilitation / dysfunctional breathing service for patients with significant respiratory symptoms post COVID-19;
    - Patients discharged from critical care (both COVID-19 and non-COVID-19);
    - Strengthening psychology support to all Trusts; and,
    - Signposting and access to self-management resources.

24. Commissioning the services will take a number of months and it is anticipated that with services will be established by end of October 2021.In the meantime patients displaying long COVID symptoms will continue to be treated via existing services in both primary and secondary care.