NI AMBULANCE SERVICE- REBUILDING HSC SERVICES PLAN- APRIL – JUNE 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 during each COVID-19 surge. This plan is intended to outline proposed actions for those services that experienced a significant impact, as a result of the pandemic, and explains the actions being proposed to further increase capacity and/ or access from April 2021.

Key Principles adopted when developing the Rebuild plan

The Trust has set out in this document a high-level overview of actions to rebuild services during April to June 2021. The Trust remains committed to delivering safe and effective care for our clients and patients. As a result, some patients may continue to wait longer than we would like. In accordance with the Regional Rebuilding Management Board, chaired by the Permanent Secretary for Health, the process of rebuild for all Trusts, including NIAS, will be guided by the following five principles:

- **Principle 1:** We de-escalate ICU as a region, informed by demand modelling and staffing availability;
- **Principle 2:** Staff are afforded an opportunity to take annual leave before assuming 'normal' duties;

- **Principle 3:** Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity);
- **Principle 4:** All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim will be, for any given staffing availability, to maximise theatre throughput;
- **Principle 5:** The Nightingale facilities should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible.

In accordance with these principles, 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 Rebuild 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 rebuild 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 rebuild 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 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 current lockdown 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 Gold and Silver Command Cells and our staff representative groups, which include a wide range of partners. 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' rebuilding 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. Further information on these can be found in Appendix 1.

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 rebuild services from April – June 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/Rebuild process is re-initiated.
	❖ Front-line Support	❖ Commence 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.
	❖ Management support to front-line staff	❖ Both Station Officer and Supervisor positions have been recruited to ensure all posts are filled.
	Redeployment of vulnerable front-line staff.	❖ 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	❖ As part of Rebuild process implement a Patient Safety Plan within EAC to assist in managing periods of high demand.
	❖ Paramedic Clinical Support Desk	❖ Complete recruitment and training of additional CSD clinicians – to include nurses as well as paramedics.

	Service area	What are we planning to do to rebuild services from April – June 2021?
	❖ 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 soon.
	❖ 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	❖ Commence a co-ordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances.
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 Rebuild Plans - April 2021 to June 2021

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

Critical Care De-escalation

1. Critical Care Units continue to operate above their baseline bed numbers and this position is currently expected to continue into April and May. The critical care system has been operating at a higher level of beds from the spring last year. This additional pressure for such a prolonged period has been challenging for intensive care staff and the re-deployed staff from other areas in Trusts who have been helping to keep the critical care beds open.

2. It is acknowledged that it will be some time before critical care is able to reduce beds to its baseline funded bed complement of 72 level 3 equivalents. Although there has been a reduction in COVID-19 patients within critical care, from a high of 69% of the patients being cared for to 39%, it is anticipated that there will continue to be between 20- 25 COVID-19 patients in critical care into April and May. Coupled with this, non-Covid demand will increase as elective work resumes.

3. The critical care system will continue to work together across the region to ensure that where and when beds can be de-escalated and staffing allowed to return to their normal positions, after rest and recovery, this is achieved in a managed way, at the local and regional level. Plans are in place to do this safely while supporting mutual aid and ensuring equity across the system.

Cancer Services

4. 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 is currently working with the Department of Health to produce a Cancer Recovery Plan. The 3 year plan builds on the work already commenced through the Cancer Reset Cell and 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.

5. 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

6. As we emerge from the latest wave of the pandemic, the focus of the HSC will be on resetting all elective services in an environment that is safe for both staff and patients. It is expected that theatre capacity will continue to be constrained during this period and 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.

7. Trusts, as part of their rebuild plans April to June 2021, will also need to designate 'green' sites by ensuring complete separation of elective and unscheduled services. At the same time, Trusts will need to put in place 'green' pathways at major acute hospitals to ensure that cancer and complex elective surgery (that can only be provided on these sites) can be kept separate to complex unscheduled surgery. While accepting that there are still risks in the system, all organisations will need to be agile and manage this risk proportionally, giving the best opportunity to maximise theatre throughput and patient care.

Orthopaedic Hubs

8. 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. Services remain suspended, however throughout this period the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.

9. Entering the next phase of service rebuilding, the blueprint will be re-established through the regional Orthopaedic Network. The key aim is to restart regional elective orthopaedic services in a safe and sustainable manner on a dedicated site with a 'Covid light' pathway. 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

10. In July 2020, the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated day procedure centre for the region. While the nature of the site means that it is most suitable for day case surgery and procedures, the complete separation of elective and unscheduled services at the site has enabled services to continue throughout the pandemic on a 'Covid-light' pathway. In recent months, the site has 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. Work is underway with clinicians across the HSC to identify the types of procedure that will be suitable for the regional day procedure centre at Lagan Valley Hospital as elective activity resumes.

11. Prior to the pandemic, there were also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital. Over time, and as more elective capacity becomes available as pressures at hospitals decrease, it is expected that options for other regional day procedure facilities will be explored by the Day Procedure Network.

No More Silos

12. The Department's COVID-19 Urgent and Emergency Care Action Plan, seeks to implement 10 key actions to maintain and improve services is currently being implemented in all Trusts. Local Implementation Groups have been established in all Trust areas and significant progress has been made over the last quarter.

13. Key developments during the period April to June will include: the roll out of the Phone First telephone triage and assessment service to all Trusts, using a single regional number; establishment of urgent care centres attached to EDs across the region, and development of new direct referral pathways to services in primary, secondary and community settings.

Vaccine Programme

14. The vaccination programme is following the prioritisation list recommended by the Joint Committee on Vaccination and Immunisation (JCVI). While the vaccination programme is dependent on the supply of vaccine, rapid progress has been made and by April it is hoped that the first 9 priority groups will be close to being vaccinated. This will allow the programme to proceed to priority groups 10, 11 and 12, which will cover the remaining adult population aged 18 to 49 years of age. A large portion of these groups are likely to be vaccinated during the period of April to June using a combination of the Trust regional vaccination centres, including the large centre located at the SSE Arena in Belfast, GP Practices and Community Pharmacies.

15. The vaccination programme is still in its early stages and to be sure of its success, we will continue to closely monitor its impact on serious illness and hospitalisations. On a positive note, there is emerging evidence of fewer outbreaks in care homes. The long-term success of the programme depends on achieving high uptake rates in all sections of the adult community and therefore every effort will be made to ensure the programme continues to be rolled out rapidly.

Mental Health

16. 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 a threefold increase in special observations and doubling of the proportion of detained patients. Community mental health service are also reporting increasing levels of low level anxiety and depression. A similar positon is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.

17. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health and Emotional Wellbeing Strategic Working Group will provide strategic direction in the recovery work. 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 the subject of a public consultation, which closed on 26 March. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.

Adult Social Care

18. 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. This has included up to £45m in direct financial support for care homes, as well as income guarantees. Careful consideration is being given to what ongoing financial support is provided into 2021/22, while also assessing the longer term impact the pandemic has had on the sector. The ongoing provision of PPE without charge, where providers cannot access their own supplies, will continue into 2021/22 as will the use of routine testing to help protect care homes and supported living settings.

19. The Department will continue to work with Trusts 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 greater use of direct payments to support the care of individuals. Support to carers will continue to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. 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.