Northern Ireland Ambulance Service
Health and Social Care Trust

Trust plan to address subsequent Covid-19 Pandemic Surge and Operational Winter Resilience 2021/22

Northern Ireland Ambulance Service

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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.

This Service Delivery Plan constitutes what the Northern Ireland Ambulance Service will need to do to respond to additional demand from the pressures of Winter 2021 and a further surge of Covid-19 during the period of October to December 2021. Another surge of COVID-19 will have a wide reaching impact on our ability to deliver many of our services. It is predicted a fourth wave will arrive and like last year, coincide with colder weather and winter pressures.

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 equate to operational hours being lost.

The arrival of COVID-19 has had a detrimental impact on services across the Northern Ireland Ambulance Service and the wider health and social care system. Within NIAS, our focus has been and will continue to ensure the safety of our patients, service users and staff at all times.

The vaccination programme has been effective; by way of illustration, in December 2020, for every 1,000 cases of COVID-19 in NI, around 80 were admitted to hospital whereas recent data has shown that this has dramatically reduced to approximately 22 hospitalisations per 1,000 cases.

We have already seen the impact of variants of Covid-19 most recently over the summer months and since March 2020 and much has been learnt. However, it is important to acknowledge that given the many variables across different mutations, that the impacts of further variants are unknown.

Staffing levels continue to be directly impacted by the Covid-19 pandemic through either testing positive, or being a close work contact, or self-isolating because they are symptomatic or a member of their household has been in contact with a Covid-19 positive case in the community.

For those reasons outlined above, 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.

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 DOH system principles in preparing this surge plan as outlined in the Regional Covid-19 Pandemic Surge Planning Strategic Framework (1 September 2020):

- **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.
- Trust's Service Delivery 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**.
- 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**.

4.0 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 the vaccination programme.
- 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 might 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.
- 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.
- The increased **ambulance turnaround times** at Emergency Departments is having an impact on the response times. This is a significant challenge that NIAS is facing and is being closely monitored.

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.

5.0 Communications Planning

External communications:

- We will share our plans for winter pressures and any further COVID-19 surges showing how everyone will play a key role in protecting public health.
- We encourage you to get the flu vaccine if you are eligible and to comply with public health measures and only attend the hospital when necessary.

Internal Communications:

- We will continue to communicate, engage with and listen to our staff through working in partnership with our Trade Unions and regular staff updates & briefings.

6.0 Winter Pressures

Sub section	Regional context & Planning requirements
Flu Activity	*Regional Context* The Public Health Agency report on Flu surveillance activity. This reporting is carried out to monitor the impact of flu on our population and on the ability of our health and social care services to respond to outbreaks. The following areas are reported on in order to provide an indication of the severity of the flu each year and its subsequent impact on health and social care services. • GP consultations for Flu and Flu like illnesses (FLI) • number of confirmed cases • number of outbreaks • number of hospital admissions • number of ICU/ HDU admissions • number of flu related fatalities The 2019/20 influenza season was characterised by an earlier peak and moderate levels of activity in the community and hospitals compared with 2018/19. However caution is advised as Covid-19 restrictions may explain lower activity during 2019/20. During 2017/18 flu activity in the community and hospitals was higher than previous year, with greater excess mortality during 2017/18. GP 'flu/FLI' consultation rates increased from pre-season levels in, 2019 (November), rising from 6.9 to a peak of 29.2 per 100,000 population. This peak was reached much earlier than in previous seasons. The variation in the time that peak season occurs each year and the higher excess mortality during 2017/18 highlight the importance of being prepared for potential burden of flu on our health and social care services, particularly in the context of pressures caused by Covid-19.

	The flu vaccination programme is delivered each year to help reduce spread and hospitalisation caused by the flu virus. The vaccination of health and social care frontline staff should be a key priority for HSC trusts. Figures reported up to 31 March 2021 show that flu vaccination uptake amongst frontline health care workers employed by HSC Trusts was at 52.4%. This season influenza vaccine uptake was higher in the majority of targeted cohorts compared to 2018/19. Notable exceptions were the nurses/midwives and SCWs. The importance of ensuring high uptake in targeted groups of the national influenza vaccination programme remains. *Planning requirements* At a meeting with the PHA on Tuesday 31st August it was revealed that there has been no decision from the JCVI in relation to co-delivery of the Covid Booster and the seasonal flu vaccine. It is for this reason that the PHA have advised that the CMO is likely to recommend that each Trust rolls out their Flu Vaccine delivery as soon as the vaccine becomes available. It is expected that uptake will suffer as a result of the inefficiency in the delivery of the two vaccines. NIAS expect to experience a lack of Peer Vaccinators, as our pool of available staff is already diverted to alternate duties. The Department has requested all Trusts to record their vaccinations on the new VMS platform, which will add further complexities for NIAS. NIAS will proceed with the Peer Vaccination delivery model as soon as the vaccine, PGD and training slides are released. A Flu Plan is being finalized.

7.0 Covid-19 Surge (4th Wave)

Sub section	Regional context & Planning requirements
Vaccine Programme	*Regional Context* The COVID-19 vaccination programme was launched on the 8 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 mobile teams, working with the PHA, are being deployed to areas of low vaccine uptake rates and areas of high footfall in order to try and ensure the overall uptake rate for NI is maximised. 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 and modelling suggests that a higher uptake rate will have a huge impact on hospitalisation rates. While the programme is now open to all adults aged 18 and over and some children aged 12 years and over with underlying health conditions the uptake rate has slowed particularly among the youngest cohorts. Additional measures such as walk-in sessions, where no appointment is needed or mobile clinics in urban areas with high footfall have been deployed to encourage uptake by those who remain unvaccinated. Trust vaccinations centres are due to cease administering first doses on the 31 July while the final 2nd doses are due to be administered in early September. Final JCVI advice is still required regarding a booster programme but it is expected that a booster dose will be offered to everyone in the JCVI groups 1-9. While the bulk of the programme is expected to be delivered by GPs and Community Pharmacies, Trusts will be asked to vaccinate staff and residents of Care Homes as well as vaccinating all frontline Health and Social Care staff. The programme is expected to begin in September with the aim of it being completed over a 12 week period.

	Planning requirements It is hoped the COVID vaccine booster programme will be delivered alongside the flu programme. It is recognised there are advantages to offering both at the same time in terms of increasing uptake of the flu vaccine. Staff should have the opportunity to book an appointment either on-line or via a booking line to attend a clinic available over a number of days throughout the week at times throughout the day and evening. A Trust-wide communication plan will be developed to deliver key messages and encourage Trust staff to get the vaccine. Staff vaccination figures will be monitored and regularly reviewed and appropriate action taken to target key areas or disciplines of low vaccine update.

8.0 Delivery of Key Regional priorities

Sub section	Regional context & Planning requirements
Mental Health	Mental Health engagement with NIAS (MATT) changed how it functioned during the pandemic, and we are working a “MATT Light” process currently due to the COVID pressures.
NIAS	*Regional Context* 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 and has developed a detailed action plan to address the challenges. NIAS is a key Trust in the provision of emergency care. *Planning requirements*

	Whilst Hospital Provider Trusts have for several years considered in their winter planning assumptions increased ED attendances across a range of measures, including a growth of 5%, 10%, 15% and 20%, this is for all ED attendances (self- presenters and NIAS borne arrivals). NIAS would not anticipate the same growth in demand.
	• NIAS will focus on reducing conveyance rate to EDs through a range of measures including, but not exhaustive:
	  ○ Hear & Treat: CSD recruitment exercise completed and restarted to further develop Hear & Treat
	  ○ See & Treat
	  ○ Further development of Appropriate Care Pathways (ACPs), and engagement with hospital Trusts re this and No More Silos Action plan (e.g. accessing Acute Care at Home, referral to or conveyance to Unscheduled Care Treatment Centres)
	  ○ Arrangements to support the regional function for NIAS to redirect ambulance flows to , as best possible, equalise NIAS flows based on ED pressures
	  ○ Use of VAS & PAS, and re-direction of PCS crews to provide ED support
	• Plans to co-ordinate and smooth ambulance flows across provider Trusts
	  ○ Create an intelligent conveyancing role, covering 24/7 over the winter period until end March 2022, to strategically redirect conveyances to EDs based on their pressures (expected 6 WTE)
	• Proposals to increase Patient Care Service provision to support non-emergency services, whilst protecting Emergency ambulance capacity.
	  ○ NIAS has maximized the number of PCS crews that can be moved to support non-emergency services
	  ○ Given the significant delays on 999 response times, as demonstrated in our CAT1 and CAT2 mean responses, NIAS is not in a position to return PCS staff from A&E support without having a detrimental effect on emergency ambulance capacity.
	  ○ Capacity continues to be supplemented by IAS services by working collaboratively with them.
	• Plans to manage absence levels

	○ With the recent guidance on changes in self-isolation practices, NIAS do not anticipate that it will significantly return numbers of staff as we do not have a mechanism to identify which crews will be attending to clinically vulnerable people.