

**Caring Today, Planning
for Tomorrow**



NIAS

Rebuilding Services

Phase 2

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

NI AMBULANCE SERVICE REBUILDING HSC SERVICES PLAN PHASE 2- JULY TO SEPTEMBER 2020

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

The Minister of Health, Robin Swann, launched his 'Strategic Framework for Rebuilding Health and Social Care Services' in the Assembly on 9 June 2020.

Using the underpinning strategic framework, the Northern Ireland Ambulance Service Trust published our phase 1 plan on 10 June 2020. The plan examined the steps, which we at NIAS, would take to enable us to assess the first phase of rebuilding our services while charting a way forward, initially, to the end of June.

The Department of Health has subsequently lead on the development of a phase 2 plan, covering the period from 1 July 2020 to 30 September 2020. In support of this, NIAS has set out a high-level overview of the services that we plan to maintain and, where required, reinstate, as part of the Covid-19 response during July, August and September 2020.

Working together with our partners across Northern Ireland to implement the recovery of Non-Covid-19 Health and Social Care Services, we continue to plan using an agreed regional approach,

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

As we continue to move out of the first phase, we do so in the knowledge that the emergence of any future waves of the virus will require us to respond quickly to meet the needs of our patients. We are confident that, based on our experiences over the past number of months, we will be able to adapt our services to respond to the changing needs of our patients.

Our staff have been the main reason that we effectively managed the Covid-19 response during the past three months. They will have a key role in managing the NIAS response to future waves of the virus and protecting them remains our priority. It is important that we recognise that many staff have worked tirelessly for months without rest and we must ensure that over the summer months they are able to take a suitable break to protect their health and ensure the resilience of our service during the latter half of the year.

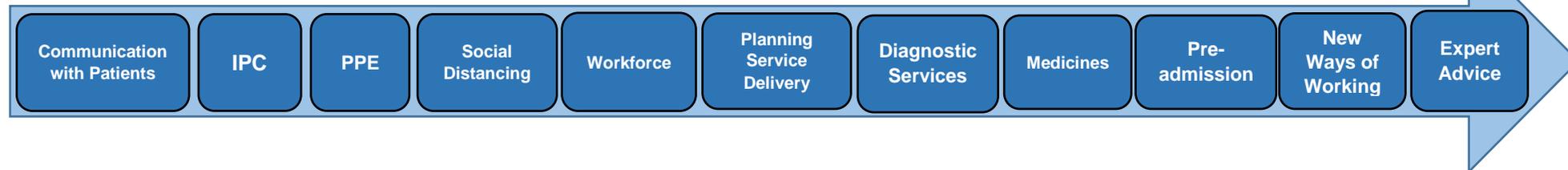
In this rebuilding phase, we will reinforce those measures that enhance the ability of our staff to respond to patients at their time of need, consequently we must ensure rigorous social distancing, cleaning and infection control as protection to the spread of the virus.

The Minister has indicated that services will not and cannot resume as before. Better ways of delivering services will require innovation, sustained investment and, crucially, society-wide support. NIAS will be part of that rebuilding process, seeking to improve with new ways of working that will bring tangible benefits to our patients, staff and HSC partners.

Rebuilding our services requires consideration of a number of factors:

- Ensuring rebuild plans focus on mitigating the highest level of risks to patients and staff;
- Considering safety and risk in respect of ensuring both an effective ongoing response to Covid-19, and the need to rebuild services on an equitable basis for the Northern Ireland population;
- Ongoing internal discussion and agreements to rebuilding plans, delivering on our commitment to co-production and engagement with our HSC partners and other relevant stakeholders to bring informed involvement in key decision-making;
- NIAS' local risks and challenges that include significant infrastructure issues;
- First Responder partner agency plans i.e. NIFRS and PSNI; and
- Issues and evidence that affects the Trust, which include new guidance, policies, legislation and governance arrangements.

We are assessing our plans against the Department of Health's framework and checklists before and during implementation and will integrate the following;



As we work through recovery and rebuilding, protecting our staff is our priority to ensure we deliver our critical service to the public. We need to manage key constraints and limit the impact these have on our workforce and patient care;

- Health and Safety requirements, including maintenance of social distancing guidelines and the availability of PPE;
- Workforce availability and flexibility across 7 day service including requirement for staff leave and continued shielding of staff;
- Rebuilding normal service capacity whilst retaining Covid-19 readiness; and
- Physical space to meet safety requirements and the impact on the delivery of our service.

We will adopt an incremental, staged approach to ensure these risks are managed appropriately. As we work to deliver services for those most in need, our absolute priority will be to keep our patients and staff safe.

What will this look like for patients?

- The way services are delivered may look and feel different. Examples of what patients and service users may be able to expect are outlined below and elements of this may form part of our public messaging during Phase 2:
- Members of the public who need an ambulance response should phone 999 as usual;
- We recognise that some of our service users may still be still shielding and/or may be concerned about travelling to hospital. We will continue to encourage patients who need to travel to hospital by ambulance to do so;
- Staff will be wearing masks and other protective covering to keep both patients and themselves safe;
- We will use our ambulances in a way that ensures social distancing guidelines are observed. This will mean a reduction in our capacity for non-emergency journeys;
- We may ask patients to wear a mask; and
- The configuration of Emergency Departments in other Trusts may mean patients are taken to a different Emergency Department than they might usually attend.

The following table outlines the NIAS' Phase 2 Rebuilding Plan, incorporating the period July to September 2020.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
Corporate	<ul style="list-style-type: none"> ❖ Communicated with patients to support them with appropriate use of our services. ❖ Recruitment to NIAS was modified during this time. ❖ Supported the HSC with information to direct resources to most vulnerable patients. ❖ Implemented range of front-line peer support mechanisms. ❖ Engaged with ROI and UK Ambulance partners to ensure implementation of national best practice and the sharing of information to support effective response. 	<ul style="list-style-type: none"> ❖ We have developed a communication plan to encourage the public to continue to use our services appropriately and to reassure the public of our continued efforts to deliver safe services. ❖ We restarted recruitment processes on a priority basis. ❖ Commenced targeted engagement with front-line staff to ensure the incorporation of relevant learning into our delivery model in collaboration with Trade Unions. 	<ul style="list-style-type: none"> ❖ Continue to deliver messages to the public and service users to keep them informed. ❖ Continue to scale up recruitment processes based on corporate and strategic plans, subject to funding. ❖ Assess the long-term benefits of information analysis commenced during COVID-19 response and its impact to service configuration across the HSC e.g. Nursing Home data. ❖ Assess options to sustain peer support for staff to maintain resilience and well-being in the longer term. ❖ Implement the learning and feedback from staff across the organisations to sustain innovative practices begun during COVID-19 response. ❖ Engage with partners to ensure the adoption of national ambulance service guidance, standards and protocols are adopted to maintain consistent safe and effective care.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
Operations	<ul style="list-style-type: none"> ❖ Suspended all programmes associated with REACH to re-deploy resources to operational support structures. 	<ul style="list-style-type: none"> ❖ We re-instated training where appropriate whilst ensuring the maintenance of our emergency response resources. 	<ul style="list-style-type: none"> ❖ Ensure any relevant learning is incorporated into implementation of the new Electronic Patient Record, which will significantly transform clinical practice and NIAS' partnership with the wider HSC.
	<ul style="list-style-type: none"> ❖ Preserved front-line ambulance response by maintaining at least 90% staffing levels by re-deploying all staff in training for Paramedic or Associated Ambulance Practitioner courses and making appropriate use of independent and voluntary sector where appropriate. 	<ul style="list-style-type: none"> ❖ We re-instated training where appropriate whilst ensuring the maintenance of our emergency response resources. 	<ul style="list-style-type: none"> ❖ We will complete training for existing students and start two new trainee AAP cohorts to build our workforce capacity. We will work closely with the Ulster University to recommence FdSc paramedic education.
	<ul style="list-style-type: none"> ❖ Adapted ambulance response to support the re-configuration of Trust services to meet increasing numbers of COVID-19 patients. 	<ul style="list-style-type: none"> ❖ Modified destination protocols have been reviewed and adapted to meet Hospital Trusts planning for re-instatement of services. 	<ul style="list-style-type: none"> ❖ Continue to liaise with HSC Trusts regarding impact of longer journey times and associated service changes on NIAS and ensure any resource requirements and/or risks are identified.
	<ul style="list-style-type: none"> ❖ Extended hours of operations for management support to frontline staff. 	<ul style="list-style-type: none"> ❖ We stood down extended managerial support however we monitored activity through twice daily huddles Monday – Friday to assess need to re-establish this support. 	<ul style="list-style-type: none"> ❖ The need for additional managerial support will be carefully monitored.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
Control	<ul style="list-style-type: none"> ❖ Re-deployment of Covid-19 vulnerable staff to non-patient facing roles so they could continue to support infection prevention control and staff welfare functions. ❖ Implemented new triage protocols to support resource escalation response. ❖ Increased usage of Hear and Treat/See and Treat response to service users. ❖ Enhanced business continuity infrastructure by implementing contingency control site. 	<ul style="list-style-type: none"> ❖ We established processes based on national and regional guidance to assess risks to frontline staff who have been identified as vulnerable to the impact of Covid-19. 	<ul style="list-style-type: none"> ❖ We will develop processes to support these staff and their managers in line with the emerging guidance in order to support their safety and enable their contribution to NIAS as appropriate. ❖ Evaluating the outcome and benefits of new protocols for telephone triage and thresholds for ambulance dispatch. ❖ Investigate how to sustain enhanced Clinical Triage via phone by a larger group of NIAS clinicians. ❖ Review benefits of development of multi-site Emergency Ambulance Control provision and implement extended resilience plan.
Patient Care Services	<ul style="list-style-type: none"> ❖ Patient Care Services re-deployed to support Emergency Ambulance Services. ❖ Voluntary Car Service suspended. 	<ul style="list-style-type: none"> ❖ We assessed the level of Non-Emergency resources required in line with Hospital Trusts' requirements. ❖ We began to reinstate Voluntary Car Services to undertake outpatient appointments as Trust services i.e. Cancer, Renal and Day Centres scale up with appropriate risk assessment and guidelines in place. 	<ul style="list-style-type: none"> ❖ We will commence the transferring of resources back to Non-Emergency Transport duties on phased basis in line with demand. ❖ We will continue to carry out risk assessments with Volunteer Drivers to ensure they can return to duties safely, protecting themselves and service users.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
Clinical	<ul style="list-style-type: none"> ❖ Activity of Voluntary and Private Ambulance services increased to manage additional demand in support of NIAS Emergency Services. ❖ Suspension of Community First Responder Schemes. ❖ Piloted joint plans with PSNI to enhance resilience for first responder services. ❖ Stood down Complex Case team for re-deployment in response phase. ❖ Suspended Helicopter Emergency Medical Service (HEMS) to re-deploy staff to support critical care operations within Hospital Services. 	<ul style="list-style-type: none"> ❖ We re-assessed the level of use of Voluntary and Private Ambulances to support A&E Services and began the process of transferring PCS vehicles to Non-Emergency work. ❖ We reviewed clinical evidence to assess re-instatement of Community First Responder Schemes and determined it should not be re-instated yet. ❖ Assess impact of the collaboration to consider future opportunities. ❖ Whilst HEMS was reinstated in April 20, during May and June we delivered a wider response by the HEMS team to non-trauma calls where critical care interventions were required. 	<ul style="list-style-type: none"> ❖ This will be kept under review as demand for non-emergency patient journeys increases in line with hospital and outpatient services is re-configured. ❖ In line with appropriate guidelines we will continue to risk, assess the potential to re-instate this service with the appropriate guidelines and relevant equipment (e.g., PPE). ❖ Agree framework for collaboration and partnership working to embed learning and knowledge sharing. ❖ Reinstated team to support service users in accessing the most appropriate care in the community and unlock additional resource capacity. ❖ We intend to embed the extended role of the HEMs team going forward. Risk assessment will commence regarding reinstatement of the airdesk into Emergency Ambulance Control.

In order to deliver the proposed plan, it is important we recognise the funding implications and stress the necessary on-going and additional funding required to achieve our objectives i.e. the Clinical Triage infrastructure and re-instatement of Complex Case support. We have not included detail regarding the finances required to deliver this plan however, it is important to reflect the cost implications of its delivery.

NIAS 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. This plan is currently undergoing screening to ensure careful consideration is given to equality and rurality implications to identify potential adverse impact.

The plan has been developed in conjunction with the multidisciplinary NIAS Recovery Co-ordination Group that includes Trade Union representatives and a wide range of staff and 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' recovery 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 in the following areas;

- Cancer services:
- Acute Care at home and Care homes
- Planning for further Covid-19 surges
- Rebuilding primary care services & repurposing of Covid-19 centres
- Mental Health and Social Stress
- Screening Services
- Urgent and Emergency Care
- Service Delivery Innovation

Looking Ahead

Similar to phase one, during July, August and September 2020, we will continue to build on new ways of working and provide safe and effective care. This will include;

- continued risk assessment in order to develop and evolve our ways of working in our 'new normal' including flexible and remote working where appropriate and maintaining staff and patient safety; and
- continued engagement with our frontline staff and many who led on new initiatives as part of Covid-19 Response to reflect on the many 'lessons learned.' Further work on this will be crucial to inform our plans going forward. Learning from and sharing new and innovative practices will inform our longer-term operational, strategic and financial planning as well as the wider regional priorities.

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.