Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 December 2020**
Subject:	**Chairman's Announcements - Supplement 1**

1.	**East Midlands Ambulance Services NHS Trust** The Committee had been due to receive an item from the East Midlands Ambulance Service NHS Trust (EMAS) at its last meeting on 11 November 2020, but this was deferred because of pressures on EMAS. EMAS is again unable to provide any officers to present at this meeting, but has in the meantime prepared a briefing paper on its response to Covid-19. I anticipate the Committee will wish to discuss this briefing paper and will have questions. I plan to discuss this as part of the work programme item, where we will compile a list of questions to be forwarded to EMAS.

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

16 DECEMBER 2020

BRIEFING PAPER FROM EAST MIDLANDS AMBULANCE SERVICE

1. Initial Stages of Covid-19 - Quarter 4 2019/2020

As a generic response to the situation in China reported in the early part of 2020, the East Midlands Ambulance Service NHS Trust (EMAS) mobilised its Emerging Infectious Disease Group. The purpose of this group (which was previously utilised for incidents such as Ebola or H1N1) is to ensure the trust is sufficiently prepared should an infectious disease incident require future special response or planning arrangements by our responding staff. Secondary to this, it provides a means of tracking and briefing our senior staff on the emerging intelligence picture related to an emergent disease.

2. Activation of Covid-19 as a Live Incident

Concurrently with the rest of the NHS and other responding agencies, the management of Covid-19 moved from one of surveillance through the emerging infectious disease group to a “live” incident, utilising our tried and tested emergency management plans and command routes. As a result, at a county and regional level we were represented on multi-agency strategic meetings as well as having input through the National Ambulance Co-ordination Centre (NACC). As a result of the NACC activation, a national demand protocol was also implemented by all of the ambulance services in England. This was in addition to and not in replacement of each individual ambulance services demand management plans. Since the incident escalated we have maintained a Covid-19 strategic cell in our trust headquarters as well as a Lincolnshire Tactical Cell, supporting Covid-19 response within Lincolnshire. This tactical cell is the primary point of contact for both internal and external liaison

3. National Co-ordination and Mutual Aid

As a result of the UK wide impact, the NACC took over control of mutual aid distribution for national ambulance requests for assistance as well as offers of support. This national view allowed for a super-strategic viewpoint on which areas were best placed to receive mutual aid to support demand. On a number of occasions throughout the Covid-19 response Lincolnshire has received mutual aid injected into our response structure via the intelligence held by the NACC.

4. Changing Clinical Response during the Initial Phase

As a novel infection – during the initial phase of the UK Covid-19 response, a number of bespoke ambulance interventions and specialist response elements were undertaken, for example:

- ambulance support to medical repatriations into East Midlands / Yorkshire airports from Asia;
- specialist responders (hazardous area response team) being utilised to move Covid-19 positive patients either to, or between, hospitals; and
- specialist containment, infection control and clinical management of potential or confirmed Covid-19 patients.

The purpose of these bespoke and highly specialist responses was to mitigate the risk of UK transmission of Covid-19 as, at this time, it was not widely circulating in the community. The extraordinary steps taken were part of a national strategy to limit or stop disease outbreak within the UK. As the disease spread and became a UK transmittable disease, the approach with those patients shifted from one of a specialist response by specialist responders, to utilising traditional ambulance clinicians utilising the correct techniques and equipment. Sadly as it has taken hold across the UK, Covid-19 has now become a 'business as usual' means of response and clinical care by our workforce.

5. Support to Clinical Response

To support safe clinical services to potential Covid-19 patients, a specific Covid-19 response desk was established in our control room. The purpose of this desk was to both gain intelligence from incidents as they entered on the 999 system, as well as providing specialist support and guidance to our staff. Alongside this, a doctor-led, clinical support desk was set up to offer another tier of support to our frontline staff in the safe management and effective community discharge of patients. This has remained in place from the early stages of Covid-19 and is key in our conveyance avoidance to protect acute in-patient hospital capacity for those most in need.

6. Personal Protective Equipment (PPE)

In common with all health and social care providers we have experienced challenge with regards to our PPE. Although most items of PPE were not new items e.g. facemasks, the volume used was a significant and rapid escalation beyond normal stocking and delivery schedules. To support our operational delivery we moved from a system of station based stocking to one supplemented by mobile re-stocking and cleaning while handing over at hospital. While this is a resource intensive means of re-stocking it ensures rapid availability of a clean and stocked vehicle to meet demand. We used staff feedback at the start of the pandemic to inform our decision making, particularly around PPE, where we responded to staff concerns by introducing the use of Level 2 PPE for all 999, urgent and patient transport responses, whether the patient was Covid-19-19 related or not, prior to that decision

being made nationally to do the same. At the peak our logistics team were issuing 16,000 masks a day and 6,000 aprons across EMAS via an additional 14 PPE specific vehicles.

7. Antibody Testing, Flu and Covid-19 Vaccination

Within Lincolnshire division of EMAS, we are spread across multiple sites due to the rural makeup of the county. This can present a challenge in terms of staff engagement for testing and vaccinating, we have therefore had to adapt to a blended approach to delivery, combining, mobile, static and home visit clinics to achieve our testing and vaccinating program. Along with the rest of the NHS we undertook a rapid blood sampling program to test for antibodies as part of the national strategy to combat Covid-19. We successfully managed to test 90% of our staff for antibodies contributing to the national picture. As a key protective measure for both staff and patients we have strongly reinforced the need to take up flu vaccination amongst our staff – in Lincolnshire division we have successfully vaccinated over 91% of our frontline staff. The success of flu vaccination will be utilised as a springboard into the Covid-19 vaccination roll out through 2021.

8. Staff Resourcing Challenge Due to Covid-19

While the impact of Covid-19 is multi-faceted across our emergency ambulance delivery, the single biggest impact has been the effect directly and indirectly on our workforce. The items below highlight some of the challenges and adjustments that have occurred over 2020:

- Medical Stand Down of Staff due to Covid-19 and Isolation Rules - For frontline staff there have been resource gaps: at times 10% of our workforce has been in a state of medical stand down due to isolation. From April to November 2020, we have had staff medically stood down in Lincolnshire for approximately 27,000 hours of working time. (Staff who are able to work from home have been able to do so.)

- Student Training - Training has been delivered to students in a Covid-19 safe manner, to ensure suitable flow of new entrants into the organisation. While we have reduced some education elements for our existing staff, there still remains a requirement to bring new staff into the workforce.

- Social Distancing - Where frontline staff, by necessity, have to be physically close to patients and colleagues, they have balanced the need to maintain social distancing with patient needs in these circumstances.

- Redeployment of Staff – Following a risk assessment, clinically vulnerable staff have been redeployed into roles that can still benefit the service.

- Routine Workforce Activities - Routine elements of workforce activity, such as education sessions or appraisals, have been limited during periods of high demand.

- Work / Life Balance – EMAs has considered the work / life balance of staff.

- Buying Back Annual Leave - Staff have been offered the opportunity to have their annual leave bought back, to provide greater workforce numbers.

- Enhancements – Staffing has been enhanced for periods of high demand

Despite these challenges, thanks to the enhanced support from our internal workforce, and external partners, we have overall maintained safe levels of resources pan-EMAS.

9. Support from Other Agencies and Non-Traditional Workforce Routes

As mentioned previously we have been in receipt of support through national mutual aid arrangements during times of high demand. However locally we have been engaging with our traditional partners to ensure a sufficient supply or response capability to the people of Lincolnshire. We have also utilised non-traditional routes to enhance workforce capability. This includes:

- enhanced responder support, for example LIVES [Lincolnshire Integrated Voluntary Emergency Service], and RAF responders;
- use of fire service staff to supplement our urgent care ambulances;
- pro-active bank recruitment of retired or recent leavers;
- utilisation of the early registration scheme for student paramedics; and
- support staff undertaking non-standard roles, PPE distribution.

10. Covid-19 Safe Work Environments

Following the initial first wave of Covid-19, we endeavoured to move from an emergency arrangement in terms of working environment to one of a sustainable Covid-19 safe workspace. In a basic sense this involved simple changes for our frontline workforce e.g. wearing of masks when seated in the cab together or limiting the number of people in a mess room at meal times. However for our corporate staff, and significantly within our control rooms, it has involved substantial changes to estate and working practice. From a corporate viewpoint, like many industries, many staff are working from home in a support capacity. However due to operational and technological restrictions our control room staff are required to be co-located. This has been achieved by expanding into areas vacated by the corporate staff as well as installation of Perspex bubbles around workstations as well as one-way systems and entry checks when arriving for duty. In addition a number of our clinical control room staff are working from home to support resilience and physical capacity in the control room. The key element in maintaining a Covid-19 safe work environment is a safe environment to conduct clinical care e.g. our ambulances. To assist with the enhanced cleaning support – additional cleaning teams have been set up outside emergency departments. These teams provide a cleaning service while the staff handover the patient in hospital, helping to reduce time at hospital. Since commencement these teams have conducted 26,000 “pit stop” cleans across the region.

11. Working with Others – LRF

Throughout the emergency we have been very closely engaged with partners via the Lincolnshire Resilience Forum (LRF). This has allowed for sharing of key information and intelligence to better inform our own internal strategic planning. It has also allowed for near instantaneous support during periods of critical demand and challenge across the health care system.

12. Working with Health Partners

A key aspect in keeping the NHS functioning, is protection of acute hospital provision. The primary role the ambulance service can play in that process is to ensure that only patients genuinely requiring hospital based care are conveyed there. Through our ongoing work with Lincolnshire Community Health Services and others we have maintained this as a key focus throughout Covid-19 and are using the Covid-19 experience as a means of ensuring a safe level of community discharge and referral into the future. This has been additionally supported by our working with other provider schemes such as the Community Emergency Medical Service (CEMS) provided by LIVES to the people of Lincolnshire.

13. Activity Levels

During April to June 2020 we saw approximately a 10% reduction in incidents across NHS Lincolnshire compared to the same period in 2019. During Jul-Sep 2020 that had fallen to a approximately 4.5% reduction and through the autumn our response numbers have effectively returned to pre-Covid-19 levels. The substantial difference now that activity has returned, is in the disposition and onward care outcomes. In Lincolnshire during Nov 2019 we were conveying 62% or our incidents to an emergency department, whereas by Nov 2020 that figure has reduced to 50%, protecting acute hospital care for those most in need. Alongside the return to pre-Covid-19 levels of activity, we have seen an increase in hospital handover delays at all of our acute sites. This particular problem being exacerbated by the need to keep emergency departments split into Covid-19 and non- Covid-19 working areas as well as the more complicated means of discharging patient's dependant on their Covid-19 status. While we are working closely with our NHS colleagues on improving this position, a key internal factor towards improvement is ensuring patients receive care in the most appropriate setting, which often is a community or non-emergency department venue.

14. Covid-19 Second Wave

The Covid-19 second wave that we are currently experiencing has been a smooth transition as well as a challenge following a brief recovery phase in the summer. The experiences gained through the first wave has clearly led to a number of preparatory and planning actions that has allowed the trust to seamlessly switch to "response mode" as demand and activity has risen over the past months. The effects of the second wave in terms of staffing impact, wider NHS impact and parallel NHS winter activity are presenting a greater challenge, albeit alongside greater confidence in our response and clinical capabilities.

15. Plans for Future Covid-19 Working

Our future planning is one which focuses on taking the benefits from Covid-19 working into normal operations:

- greater multi-agency working to provide urgent and emergency response to the people of Lincolnshire;
- enhanced use of technology for efficient and productive remote working;
- implementing efficiencies and new ways of working into business as usual;
- ensuring care is delivered to our patients at the right time, in the right place;
- making permanent our estates and environmental adjustments to ensure safe workspaces;
- focusing on ensuring our emergency operations centres and ambulance stations are compliant with long term Covid-19 safe workplace national guidance;
- improving our urgent care collaboration with health and social care partners;
- continuing our Covid-19 safe education plans, to ensure the next generation of staff are in place to protect our workforce capability;
- vaccinating our workforce against Covid-19;
- supporting the multi-agency Covid-19 vaccination plan through use of ambulance volunteer responders; and
- supporting our staff wellbeing in the new normal.

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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