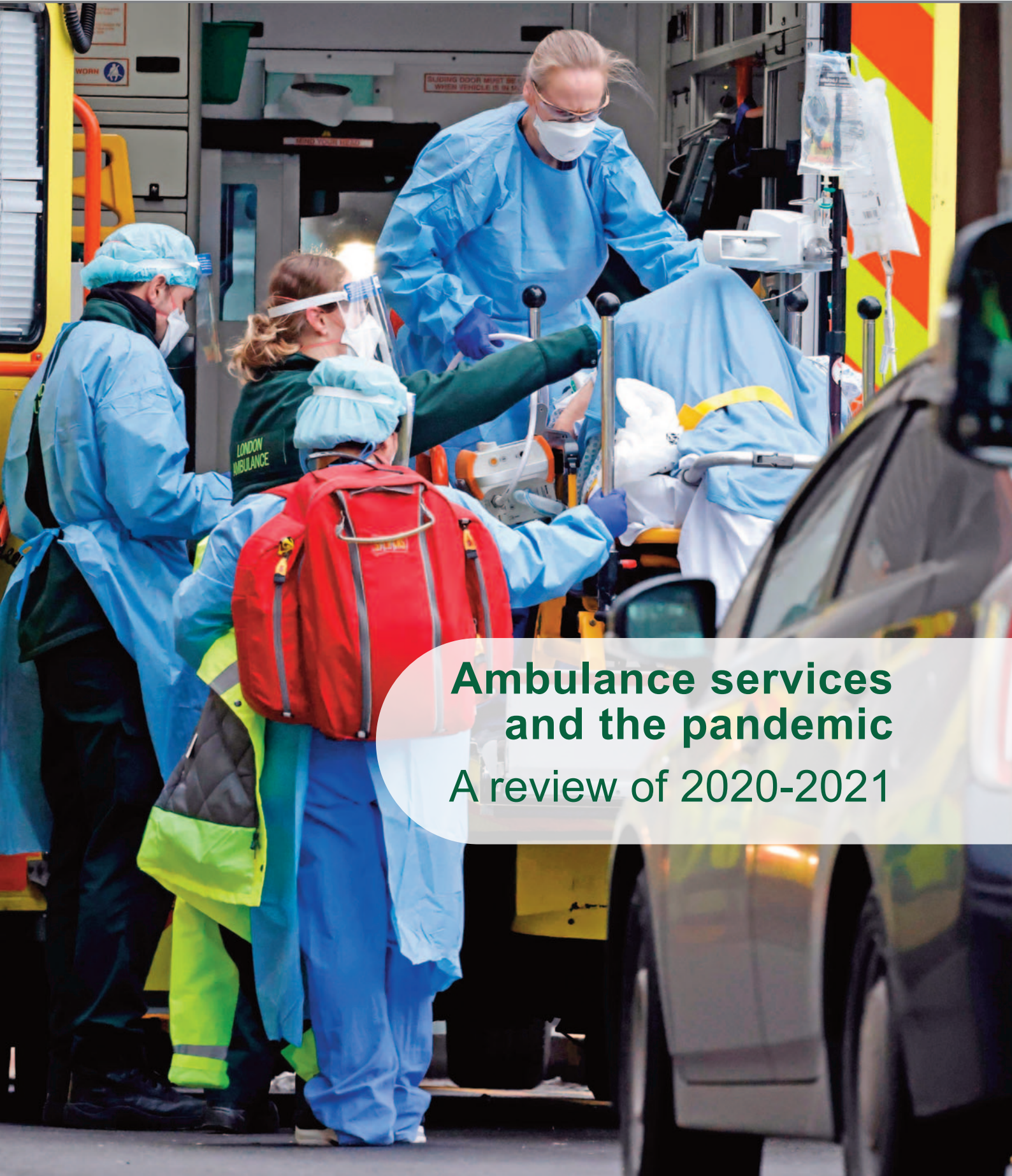




ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



Ambulance services and the pandemic

A review of 2020-2021

DECEMBER 2021

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www.ace.org.uk





Ambulance trusts are operating under incredible pressure and we owe a huge debt of gratitude to the staff who have maintained services and cared for patients – operating at the sharp end of the pandemic.

Daren Mochrie QAM

Chair of the Association of Ambulance Chief Executives (AACE)

Improving the UK ambulance sector

The Association of Ambulance Chief Executives (AACE) is a membership organisation that strives to improve the clinical, operational and strategic development of the UK NHS ambulance sector. Comprised of all NHS ambulance services in the UK our members look to AACE for support in a range of activities, and in coordinating implementation of national policies in a consistent way.

A significant role for AACE is in facilitating the identification of best practice and sharing across our member services, learning from experiences both in UK and internationally. Our vision is to champion and deliver ongoing improvement in the delivery of ambulance services to benefit our patients, our people and the wider health and social care system. To this end, our strategic priorities are to support the UK NHS ambulance sector to become providers of choice - for our patients; employers of choice - for our people; and partners of choice - in our local integrated care systems.

In recognition of the unusual nature of the year 2020-2021, with the emergence of the COVID-19 pandemic, we have taken a different approach in the production of our formal annual report. We have decided, instead, to share more personal experiences from a wide range of ambulance staff, and from colleagues in some of our partner organisations who supported the ambulance sector during this challenging time.



AACE Strategic Priorities

Supporting the UK NHS ambulance sector to become...

Providers of choice:

Aspiration: the public view ambulance services as a reliable, high-quality service provider when they have an urgent or emergency healthcare need.

Employers of choice:

Aspiration: people view ambulance services as organisations that they would be proud and wish to work for.

Partners of choice:

Aspiration: systems view the ambulance service as a key partner or leader in the collaborative delivery of urgent and emergency care.

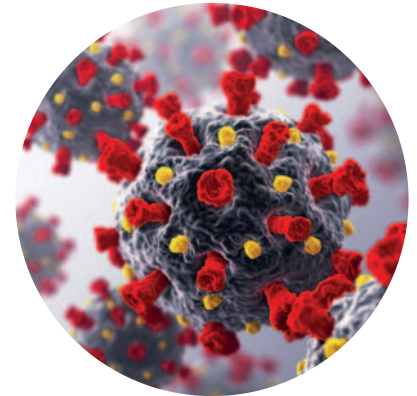
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The COVID-19 Pandemic

The first two detected cases of COVID-19 in the UK were reported on 31st January 2020, with the first UK death caused by the virus confirmed on 5th March. Six days later the World Health Organisation declared a pandemic with more than 118,000 cases present in over 110 countries around the world.



By the time the new financial year of 2020-2021 began, on 1st April, there were more than 10,000 patients in UK hospitals confirmed to have the virus and more than 1,700 COVID-19 deaths recorded.

By the end of the financial year, 31st March 2021, the UK had been through two periods of lockdown restrictions, we were averaging around 4,500 new cases a day and the death toll had reached a total of 126,764. By that time, 1 person in every 5 that had contracted COVID-19, was experiencing Long COVID 5 weeks after their initial infection, and 1 in 7 was still having symptoms after 12 weeks.

The year 2020-2021 will remain etched in peoples' minds across the world for many years to come, as every country and every individual faced the emergence of this unknown and deadly coronavirus rapidly spreading the globe. For health and social care workers in particular, the year will hold a significant mix of memories and emotions – fear, anxiety, guilt, frustration and fatigue, as well as pride, determination, camaraderie and a real sense of vocation and purpose.

Beyond 2020-2021 the pandemic continues to affect the whole world as scientists work

hard to understand and combat it, with ground-breaking vaccines and antiviral drugs being developed. Governments worldwide attempt to contain the spread of the virus through public health campaigns and varyingly successful infection prevention and control measures, whilst trying not to cripple their economies; and healthcare services continue to treat those afflicted with it and care for those who succumb to it.

Many of the reflections in this review talk about the lessons learned from the pandemic, and while many lessons have been implemented, the learning will continue for many years to come.





A tribute to our ambulance workforce

Our NHS ambulance workforce has been at the forefront of the pandemic response from day one - every single member of staff stepping up to work in intensely challenging circumstances, to ensure our services continued to be delivered and our patients were able to receive care and treatment when they needed it most.

Our frontline staff found themselves walking into a very different kind of 'unknown' with every call they attended; facing very real risks that could threaten their own lives and potentially those of their loved ones.

The ability of frontline staff to undertake their clinical duties is only possible because of the supporting roles and corporate services that keep our organisations functioning and in fact many of our corporate services staff took on additional roles to support our pandemic response. Similarly many of our staff took the step of moving out of their homes into temporary accommodation in order to protect their families, placing themselves in voluntary isolation in those scary, initial weeks and months, whilst they continued to work and care for others as the virus swept through their communities.

Wherever they were, and whatever their role, our people galvanised themselves and bravely got on with what they

needed to do to keep people safe and save every life that could be saved. Every single member of staff should be proud of their contribution to the pandemic response. Working with a previously unencountered risk, and with unprecedented pressures that seem to grow and change in nature from one day to the next, this has inevitably taken its toll, both personally and professionally.

In our review of the first year of the pandemic, we wanted to recognise the personal impacts on our staff, and to reflect upon the very real contributions and sacrifices that were made by ambulance service employees and volunteers in their various roles across the UK.

On behalf of the Association of Ambulance Chief Executives, I would like to thank all ambulance staff for their continuing professionalism, dedication, true sense of vocation and, most importantly, their compassion for patients and each other.



Daren Mochrie QAM

Chief Executive,
NWAS and Chair of AACE



In our review of the first year of the pandemic, we wanted to recognise the personal impacts on our staff, and to reflect upon the very real contributions and sacrifices that were made by ambulance service employees and volunteers in their various roles across the UK.



The role of AACE in the pandemic response

As the COVID-19 pandemic hit the UK, all NHS ambulance services had to take rapid and significant steps to manage the changing demands placed on the 999 service, NHS 111 and Patient Transport Services.

Ambulance operating models had to transform to allow for the specific responses needed for patients with known or suspected COVID-19. Personal Protective Equipment (PPE) had to be sourced in unprecedented quantities, and all employees had to keep up with changing infection prevention and control guidance as the specifics of the virus gradually became known.

Digital solutions that had been in development, or perhaps not even considered possible until this point, were rapidly implemented. Workforce numbers were temporarily augmented, to try and cope with the surge in demand and also cover for an increase in staff absence due to illness and isolation requirements. Retired clinicians came back to work, and thousands of volunteers were trained up to provide support. Colleagues from our partner emergency services and military also played a significant role in bolstering capacity.

Thankfully, some operational processes and clinical pathways that had previously seemed frustratingly unattainable, due to organisational barriers and governance systems in

the NHS, suddenly became achievable – all at great speed.

Many of the changes that were implemented had already been identified as objectives in ambulance trusts' strategies for delivering against the NHS Long Term Plan published in January 2019. Most of them comprise solutions that are not just about ambulance operations, but are part of co-designed, integrated models working with partner providers across the NHS, for example joined up working across 999 and 111 with clinical assessment services filled with expertise from different clinical specialties.

The small team of experienced subject matter experts that make up the central AACE team came to the fore in providing vital support and coordination to all of our member ambulance services. AACE worked extremely closely with the NHSE central ambulance team to test and develop new initiatives and approaches to managing the pandemic and acted as a vital conduit between them and our national groups. We also facilitated bringing together our ambulance chief executives from England and the devolved nations



Martin Flaherty OBE, QAM
Managing Director of AACE



Colleagues from our partner emergency services and military also played a significant role in bolstering capacity.

and our national director groups, meeting on a weekly basis. This ensured consistency in our approach to implementation of guidance or Government policies, problem solving, facilitating mutual aid and, sometimes, just being a listening ear and shoulder to lean on – the strength of AACE as a collective body therefore became a critical factor in maintaining service delivery.

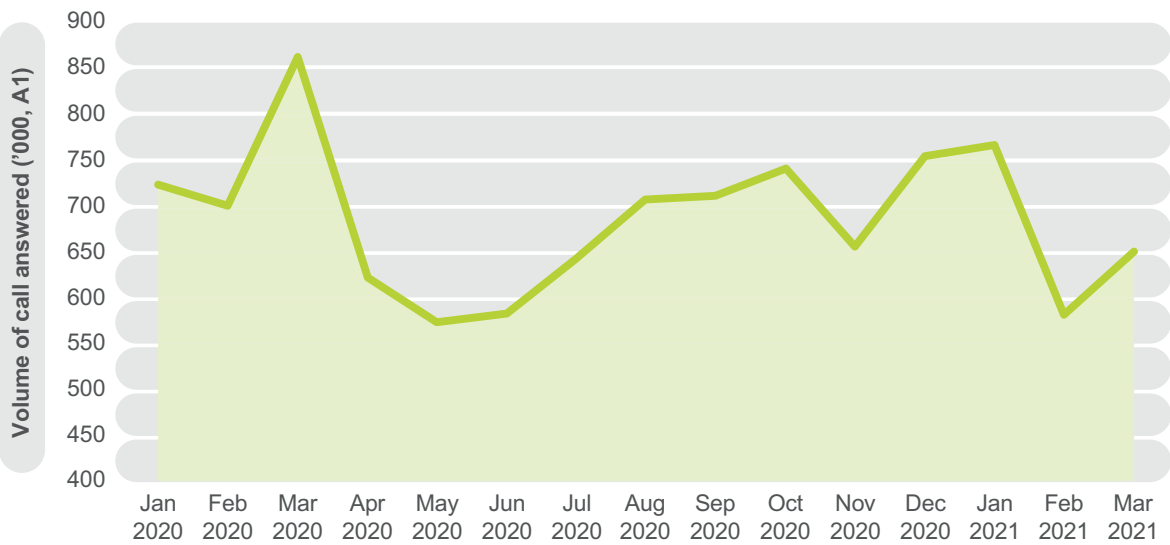
There is no doubt however, that the COVID-19 pandemic has been one of the biggest challenges to face the NHS in its history. Our ambulance services have been at the forefront throughout and will continue to transform and adapt, and do all they are able, as organisations and as individuals, to care for and treat our patients, keeping them safe, and saving lives.



Some facts and figures from the year

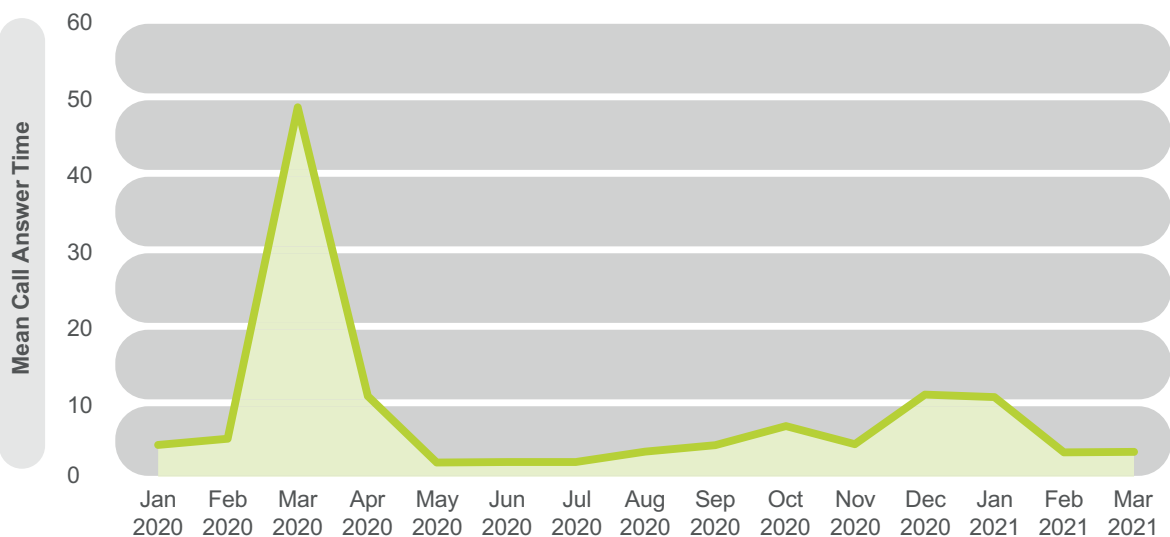
The arrival of COVID-19 on UK shores in early 2020 had a significant impact on the ambulance service. In March 2020, the volume of 111 calls was nearly double that of January and 999 calls answered reached its highest level since AQI data collection started in 2017.

Chart 1. The arrival of the pandemic saw a steep increase in 999 calls answered



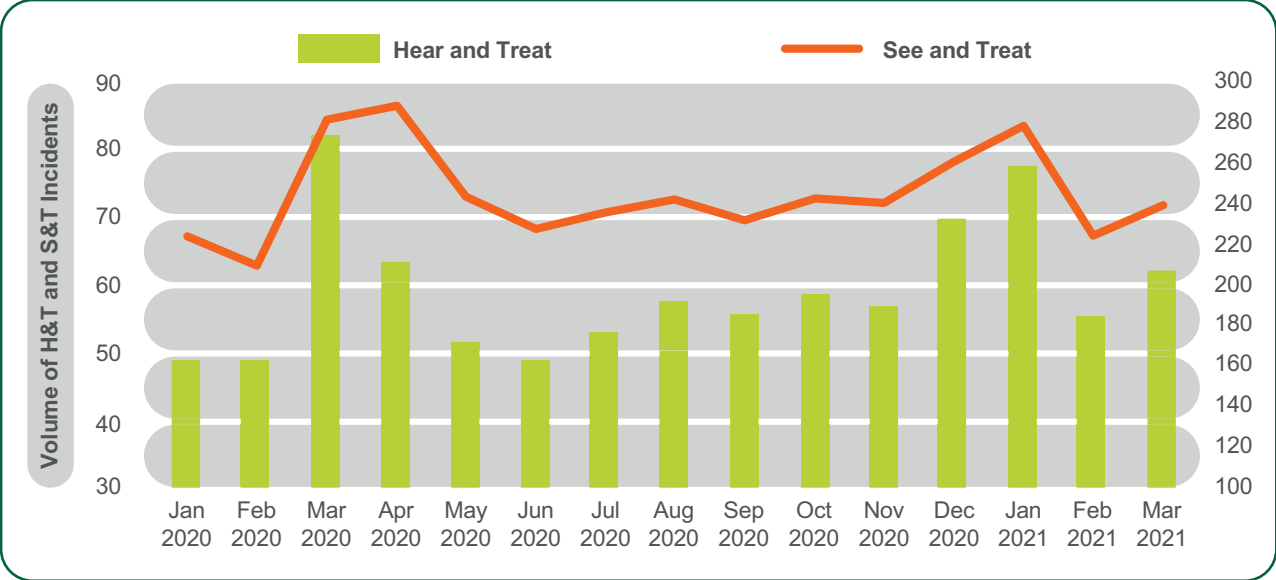
As a result, 999 call answer time – which had previously averaged around 10 seconds – increased to 49 seconds. Response times for all incidents increased in March.

Chart 2. Mean call answer time increased to just under a minute



Incidents with hear-and-treat and see-and-treat outcomes both increased sharply – while conveyance both to ED and elsewhere decreased.

Chart 3. Volume of Hear and Treat and See and Treat responses peaked at the start of the pandemic.



The first lockdown (beginning 26th March) saw a decrease in C1 and C2 incidents (life-threatening and emergency cases) but an increase in C3 and C4 (urgent and less-urgent cases). Once the country opened up again in August these trends reversed, and the volume of most serious incidents have increased steadily since then.

Chart 4. C1 and C2 incidents dropped sharply at the start of lockdown where as C3 and C4 incidents increased.

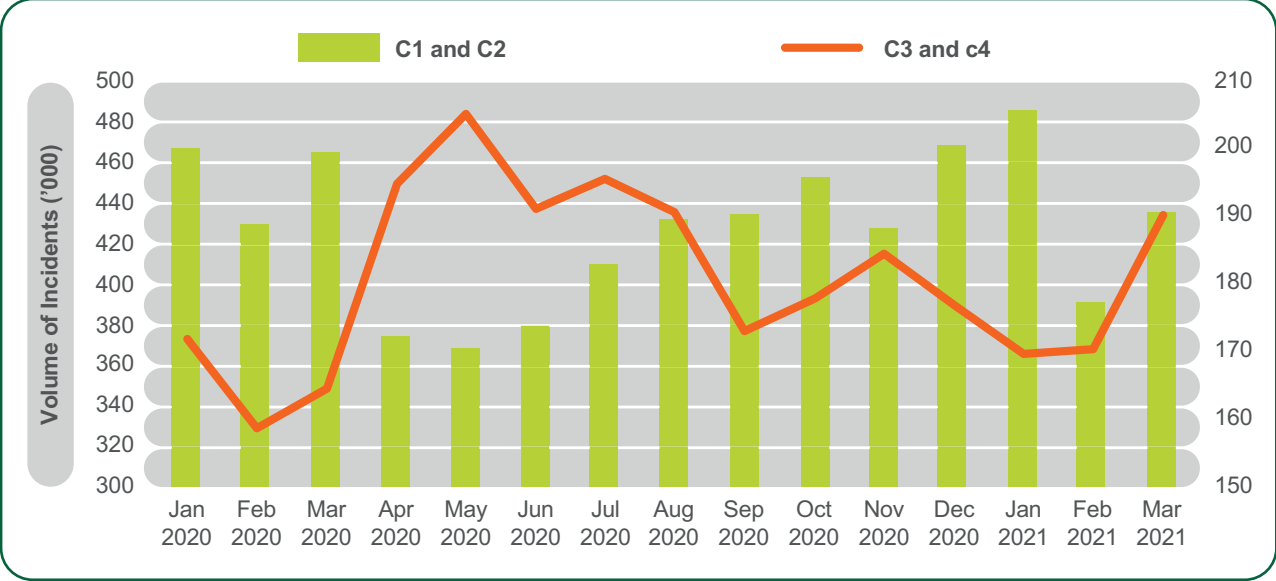
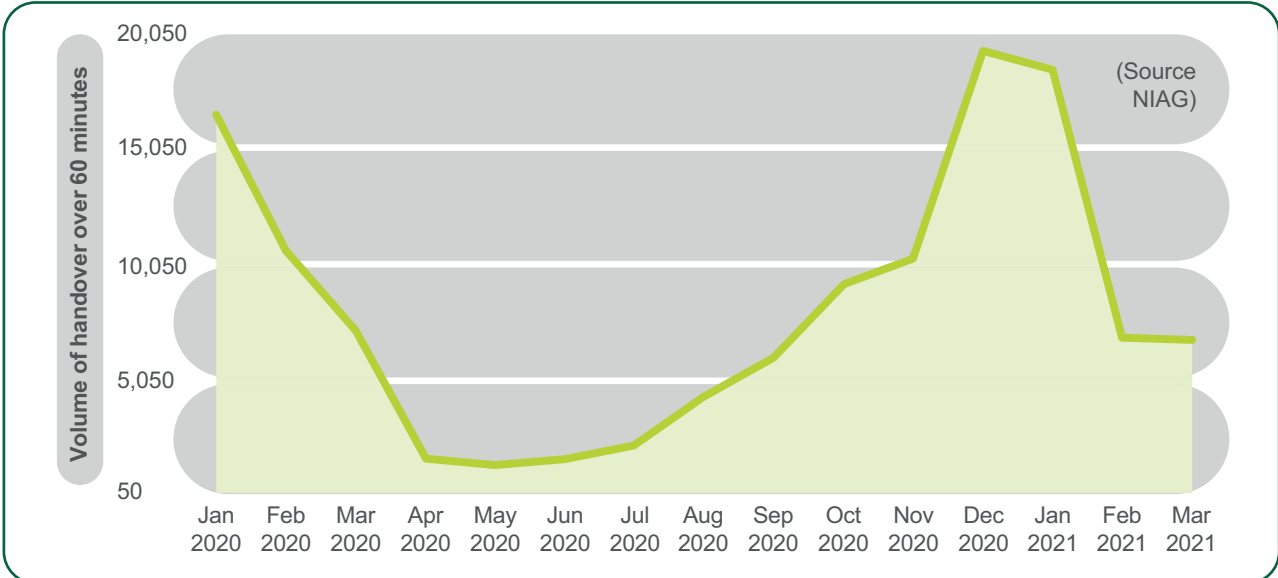


Chart 5. Handover delays exceeding 60 minutes have increased since the start of the pandemic



A significant consequence of this has been the impact on hospital handover delays – especially those exceeding 60 minutes. These dropped to around 6,000 per month at the start of the first lockdown, but had tripled to 20,000 per month by the end of the year, and have continued to increase, reaching over 37,000 in October 2021.





National COVID Response Service

As the Director of Patient Care and Chief Nurse for SCAS, I inherited the executive management of the National Pandemic Command and Control contract from the outgoing Chief Operating Officer in 2018. This important, but small portfolio, with a team of four staff to manage the contract in dormancy, was soon to change my professional and personal world.

When it became apparent there was a likely pandemic, Public Health England triggered the contract and asked me and my Director of Operations to prepare to mobilise our “live” team. This was in January 2020 and I, and all around me, thought this would pan out over 6-12 months with a 3 month wrap back into dormancy. We have been operating in “live mode” at break-neck speed for nearly two years now and it looks highly probable we will be still going like this well in to 2022.

In the first instance, we used the National Pandemic Flu contracts and frameworks to set up 9 national services assisting NHS111 and the NHSE Vaccination programme, recruiting a new army of people the size of our ambulance trust to deliver these services. The services we had to introduce included a telephone and online clinical assessment for patients with COVID symptoms. This was complimented by a medical

assessment and advice service, staffed by thousands of GPs who came back from retirement or gave up extra hours to assess patients remotely. These services supported NHS111 and primary care, who were seeing thousands more calls than they usually did during early waves of pandemic. We also set up services that assisted patients with dental issues or medicine queries whilst they could not access face to face services.

More recently we set up the Vaccine Booking and Help line, assisting over 10% of the population to book their vaccinations if they were unable to use the online booking system; and the COVID Pass helpline, assisting patients in accessing their COVID pass in order to travel or get into restricted venues.

To enable all this, I moved over from my ‘day job’ to that of executive Senior Responsible



Professor Helen Young

SRO for NHS 111 COVID Response Services / Executive Director of Patient Care and Service Transformation / Chief Nurse - South Central Ambulance NHS Trust



The back of my kitchen became my office, and the breakfast bar, my workspace. I was working 12-15 hours a day, 7 days a week and not noticing the minutes and hours fly by.

Officer (SRO) for COVID Response Services. I naively thought I could do my day job and the SRO role by splitting time across both. How wrong could I be, as the SRO role and the work that flowed through our services became all consuming. Thankfully, my deputy, Jane Campbell kindly acted up into my role to keep our Patient Care Directorate on the road.

The back of my kitchen became my office, and the breakfast bar, my workspace. I was working 12-15 hours a day, 7 days a week and not noticing the minutes and hours fly by.

We worked at pace to get Heads of Services and managers in place to mobilise the thousands of contact centre staff, whilst scaling up the infrastructure to enable the service to go live. The well-practiced plan was clear and the SCAS staff rose to the occasion until we could back-fill them. What was not clear was how we would adapt flu pandemic services and contracts to meet this novel virus which seemed hell bent on destroying all we knew.

I was incredibly lucky to have a talented, flexible and very professional team who took every issue and problem I threw at them and turned it into a series of delivery models which I thought was nothing short of a miracle at times! We certainly tested every assumption about what was possible to deliver clinically and non-clinically from a remote

workforce, and to this day my team are based all over the UK and still running live services and wrapping others into dormancy in case they are needed this winter or in the future.

We saw staff come and go and some even come back to us, but one thing we did not foresee was how long we would be working in 'major incident' mode and the toll that would take on us and our families. Wanting to do the best often left the team and me exhausted but still wanting to carry on and do our bit. Our families stood by us bringing tea, food and general moral support. Our dogs and cats provided amusement, cuddles and generally got very good at cameo spots on our Teams meetings.

Our HR and welfare team worked tirelessly to check we were all ok and reach out to us wherever we were working. I think on reflection though, the care and support my team showed for each other was the main reason we have come this far. The human spirit is, for the most part, kind and

resilient but when I, or any of the team were flagging, it was seen by those around us and they stepped forward to offer support or help carry the heavy workload.

Of course, there were good days and bad days, but the good days outweighed the bad ones by a long way. We knew we were making a difference and helping fight and defeat this virus. We were one tiny cog in the big NHS COVID machine, but I think we believed what we were doing would help and protect the patients we serve. Some of these patients were our own family and friends, as COVID ripped through our communities.

As, I hope, we near the end of this dreadful pandemic I look back with pride at what we achieved, with regret we couldn't do more in the early days as we faced a novel and never-before-seen virus, but with the most incredible gratitude to the team I worked with for all they gave to the public of the UK.

We have learnt so much, worried ourselves to sleep some nights thinking about what else we can do or how we could do something differently, but overall, we have made a small contribution to winning the battle against COVID so others after us will go on to do it even better by standing on our shoulders.





AACE Operational Support and Call Handling Mutual Aid

I was in the car with my family driving to Bristol Airport to embark on a long-planned 'trip of a lifetime' to New Zealand when we heard on the radio that all outgoing flights from the UK had been grounded due to COVID-19. My first call was to Martin Flaherty - the AACE MD - to let him know that the trip was off. He sympathised and asked: 'I know you've got time off booked but do you reckon you could help out if things get busy?' Things did get very busy... very quickly. And while the speed and intensity of the work came as something of a surprise, there was nothing really to suggest that assisting with the operational response to COVID-19 would continue to be an all-consuming challenge 18 months later.

For the duration of the COVID-19 response I was metaphorically joined at the hip to my colleague Dan Gore. Together we addressed the challenge of supporting ambulance trusts' Heads of Emergency Operations Centres, Directors of Operations and Medical Directors in developing and shaping operational and clinical policy in a continually evolving environment. An environment that shifted on a weekly – sometimes daily – basis, either due to the spread of this largely unknown disease or due to the rapid evolution of shifting national policy. Much of our time was spent helping leadership teams, operating under intense pressure, interpret guidance and implement it practically and consistently at pace.

We acted as their link into NHSEI and other stakeholders to ensure that policies met operational and clinical needs and endeavoured to ensure that changes vital to meet the unprecedented challenges of the pandemic were shepherded through tight approvals processes at pace in a seemingly constant cycle of persuasion, making the argument, finding the evidence, and pressing for action.

By far the most significant challenge during the pandemic has been managing mutual support between ambulance trusts. As staff in Emergency Operations Centres fell ill with COVID-19 and trusts suddenly lost significant numbers of staff due to illness and self-isolation, it quickly became clear that the 'every day' mutual aid



Mike Boyne

Operational Development and Support to NDOG



Dan Gore

Operational Support



When we got the call on New Year's Eve evening that London Ambulance Service needed our help to coordinate mutual aid for them, we were there. And we stayed there – 14 hours every day until their position recovered two weeks later – at which point we were there 14 hours every day for Scotland... then Yorkshire until the end of the month.

arrangements designed to handle low levels of call handling support between ambulance trusts were simply not up to the challenge of Emergency Operations Centres losing 20% or even 30% of staff.

Within two days Dan and I developed a new mutual aid plan including national co-ordination arrangements involving AACE, the NACC and BT. Over the course of the autumn and winter as infections swept through different regions - impacting on different ambulance trusts in turn – Dan and I effectively ran mini operations centres from our respective spare rooms. Long days were spent co-ordinating conference calls, finding ambulance trusts with the capacity to accept incoming workload on behalf of affected

trusts, and working with those trusts to identify what more could be done to assist. When we got the call on New Year's Eve evening that London Ambulance Service needed our help to coordinate mutual aid for them, we were there. And we stayed there – 14 hours every day until their position recovered two weeks later – at which point we were here 14 hours every day for Scotland...then Yorkshire until the end of the month.

In my 21 years working in and with the ambulance sector this was without doubt the most stretching in terms of the scale of the challenge, the continually changing situation, the constant intellectual effort in finding new things to do... finding something else in the toolbox... mitigations that we never would have thought

conceivable. And of course, the challenge in terms of the personal resilience to maintain the pace was unrelenting.

14 years after I hung up my Assistant Director of Operations epaulettes and handed in my pager at the London Ambulance Service, 2021 was the year that I felt like I'd returned to operations. It was emotionally, physically and intellectually exhausting. But it was also exhilarating and immensely rewarding; there is no doubt at all that the arrangements we put in place to support trusts saved lives. And though the consequences of the pandemic have been harrowing, I know that Dan and I are incredibly thankful that we were in a position to be able to offer practical, real-world help and that, in our own small way, we made a difference.





Infection Prevention and Control (IPC)

At the start of 2020 I had been chair of the National Ambulance Service Infection Prevention Control Group for about four months and leading the national ambulance service IPC response for about three. Initially, until my secondment into AACE full-time in November 2020, this was in addition to my day job as Head of IPC for EEAST, and so 'overwhelmed' was a bit of an understatement as to how I was feeling. I had been invited to join the UK IPC cell - the subject matter expert group led by NHS England and Improvement, that develops and advises on the IPC recommendations for COVID guidance. This was a great opportunity for the ambulance sector as it enabled us to develop specific guidance that was relevant for our working environment and context.

We had recently gone into the first lockdown and as the daily cases continued to rise, guidance was changing again and again, as we learnt more. There was a lot of anxiety about PPE. I was generally working 12-15hr days, 7 days a week. I was exhausted and mentally drained and felt I had the weight of the world on my shoulders, but oddly enjoying the challenge and being able to make a difference. Although, I was predominantly working from home I was barley seeing my wife and kids. My family found this difficult, but they understood the role I was doing and knew it was important. I know I would not have got through the pandemic without the love, support and most importantly, understanding of my family. Even when we did manage to get some time

together and I'd switch off my laptop and phone, my personal phone would ring for some urgent issue.

People were dying, we were losing colleagues, friends and loved ones; so people were anxious and scared, we all were. The thing that kept me going was that I was able to make a difference. Yes, I was working long hours and exhausted, but I was working from the relative safety of my home. I wasn't out on the frontline with the added worries of whether the IPC measures were effective, or 'does this mask really offer enough protection?' The difference I was able to make was in reassuring staff of what we were doing to ensure the measures we put in place were the right ones. This was why



Dave Cunningham

Specialist Infection Prevention and Control (IPC) Adviser



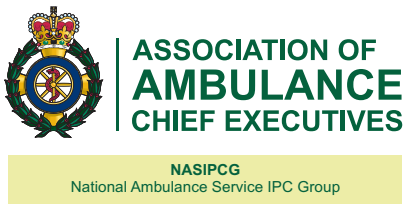
People were dying, we were losing colleagues, friends and loved ones; so people were anxious and scared, we all were.

I had to put the time in to make sure any new information or evidence was considered and incorporated into the guidance, and important messages got out to staff on the frontline as soon as possible.

I got to speak to so many staff from across the trusts, the majority of whom, I like to think, I was able to help and provide reassurance to. Personally, I found the flow of information really frustrating and there was a real barrier in information reaching the frontline...it has never ceased to amaze me how the stuff you really need people to know just doesn't seem to get to them, but a juicy

bit of gossip or misinformation rumour can spread round multiple trusts in a matter of hours!

When I look back over the pandemic and think it was only January 2020 it all really began, yet it feels so long ago. Yes, there have been several bumps along the way, but we have also achieved so much in such a short time. I see it as a positive experience - I have made new friends, built wider networks, and gained a wealth of experience and knowledge.



The Hierarchy of Controls

The Hierarchy of Controls
September 2021

The latest update to the National PPE IPC guidance for the management of COVID-19 was launched at the beginning of June 2021. There are no changes to the type or level of PPE required in this update but there is an increased focus upon the implementation of the 'Hierarchy of Controls'.

The hierarchy of controls are a set of controls, presented in order, to control a given risk. In this situation the risk is COVID-19, but the risk can be anything. The controls in the hierarchy are always the same with the most effective risk reduction control (elimination) appearing first in the hierarchy.

Control and What does this mean?

- 1. ELIMINATION**
Redesign the job or substitute a substance so that the hazard is removed or eliminated.
- 2. SUBSTITUTION**
Replace the process with a less hazardous one.
- 3. ENGINEERING CONTROLS**
Controlling aspects of the environment such as water supply or ventilation etc.
- 4. ADMINISTRATIVE CONTROLS**
These are all about identifying and implementing policies and procedures. For example developing policies and procedures, signage to indicate maximum room occupancy.
- 5. PERSONAL PROTECTIVE EQUIPMENT (PPE)**
Use of PPE should only be considered when the risk can't be adequately controlled by other measures.

SYSTEMATIC PROCESS
The controls should always be worked through systematically with the best control, PPE, only being utilised where the other controls cannot reduce the risk sufficiently. If PPE is required all other controls should also be utilised to ensure reduction of the risk to the lowest level possible. PPE should never be seen as the only control measure. Sometimes the Hierarchy of risk reduction controls are presented as an inverted colour coded triangle as below:

ELIMINATION
SUBSTITUTION
ENGINEERING CONTROLS
ADMINISTRATIVE CONTROLS
PPE

SYSTEMATIC PROCESS
You can practically apply the hierarchy of controls to your work in an ambulance setting by doing the following:

- ELIMINATION: Mitigations include:**
 - Triage and assess patients before arrival where possible i.e. scheduled care
 - Twice weekly lateral flow, Vaccination of staff
 - Self isolation of staff where necessary
- SUBSTITUTION**
 - This is not generally possible for emergency healthcare to achieve as treatment needs to be carried out, the emphasis needs to be on the other controls however this could be achieved through increasing remote care and assessment, treatment and advice through 111, secure hear and text etc.
- ENGINEERING CONTROLS: Mitigations include:**
 - Ventilation - keep engines running and left to extract
 - Review layout of offices and control to ensure social distancing can be applied
 - Use protective screens in offices and contact centres
 - Limit number of patients in PPS vehicles: 1 metre apart as a minimum with risk mitigation
 - stagger rota and shifts if possible
- ADMINISTRATIVE CONTROLS: Mitigations include:**
 - Dynamic risk assessment of all incidents
 - Policies and procedures to follow, signage, posters, hand hygiene / hand hygiene training
 - PPE training - Donning and Doffing
 - Remote working, social distancing, good communications
 - Twice weekly lateral flow testing
- PERSONAL PROTECTIVE EQUIPMENT (PPE)**
 - Ensure right PPE is worn at all times: Level 2 for all patients, Level 3 for ACPs
 - FitCM for all patients
 - Surgical masks to be worn when walking around buildings
 - Monitoring of PPE

If you require any further information about the hierarchy of controls or how you can utilise them in your work please contact the IPC team or your manager to discuss.

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www.nasipcg.org.uk

The latest ambulance trust IPC Guidance can be found on the AACE website:
<https://aace.org.uk/resources/resource-category/infection-prevention-control/>



Significant impact on my work and personal life

In March 2020, I learned a new skill at work – conference dismantlement. My colleague, Steve Irving, who leads on the arrangements for AACE’s Ambulance Leadership Forum (ALF) and I, found ourselves having to cancel the conference that had been months in the planning, less than one week ahead of the event. The news about COVID-19 reaching our shores had been building rapidly over the previous days, so it was not a surprise that we found ourselves here, but it was surreal all the same. Months of hard work took just twelve hours to undo.

I remember, in the very early days of the pandemic, I was checking the news a lot, frightening myself with the headlines that screamed doom and impending tragedy. I experienced anxiety and panic attacks while at work over the course of about a week and the cancellation of ALF was a blessing in disguise in that it gave me something important to focus on, apart from the nightmare that was approaching. I have never been blessed with well-balanced mental health and, for a few days, it was a vicious cycle: eat, sleep, panic, repeat... eat, sleep, panic, repeat... Gawd bless you, ALF, for pulling me out of that brain pickle.

Over the coming months, the pandemic introduced an opportunity to enhance my newly-acquired dismantling skills – closing down the AACE office! Within days of cancelling ALF, came the instruction from our Managing Director to work

from home until further notice. Twenty months later, we’re still working from home having terminated the lease on our office in London Bridge in December. To be honest, working from home suits my depressed personality type, no longer having to walk into an office and pretend I’m ok when, most days, I’m not really ok. Today, with the wonders of technology, I’m able to share my best, depressed face on MS Teams instead.

During lockdown, AACE stepped up the organisation’s broad level of support to ambulance trust CEOs and director groups in various ways. I am proud to have been part of AACE’s effort to support the ambulance trusts at what was (and still is) a very difficult time for frontline and control room staff.

The pandemic had a significant impact on my work and personal life. So many lives have been lost to COVID-19,



Samantha Williams

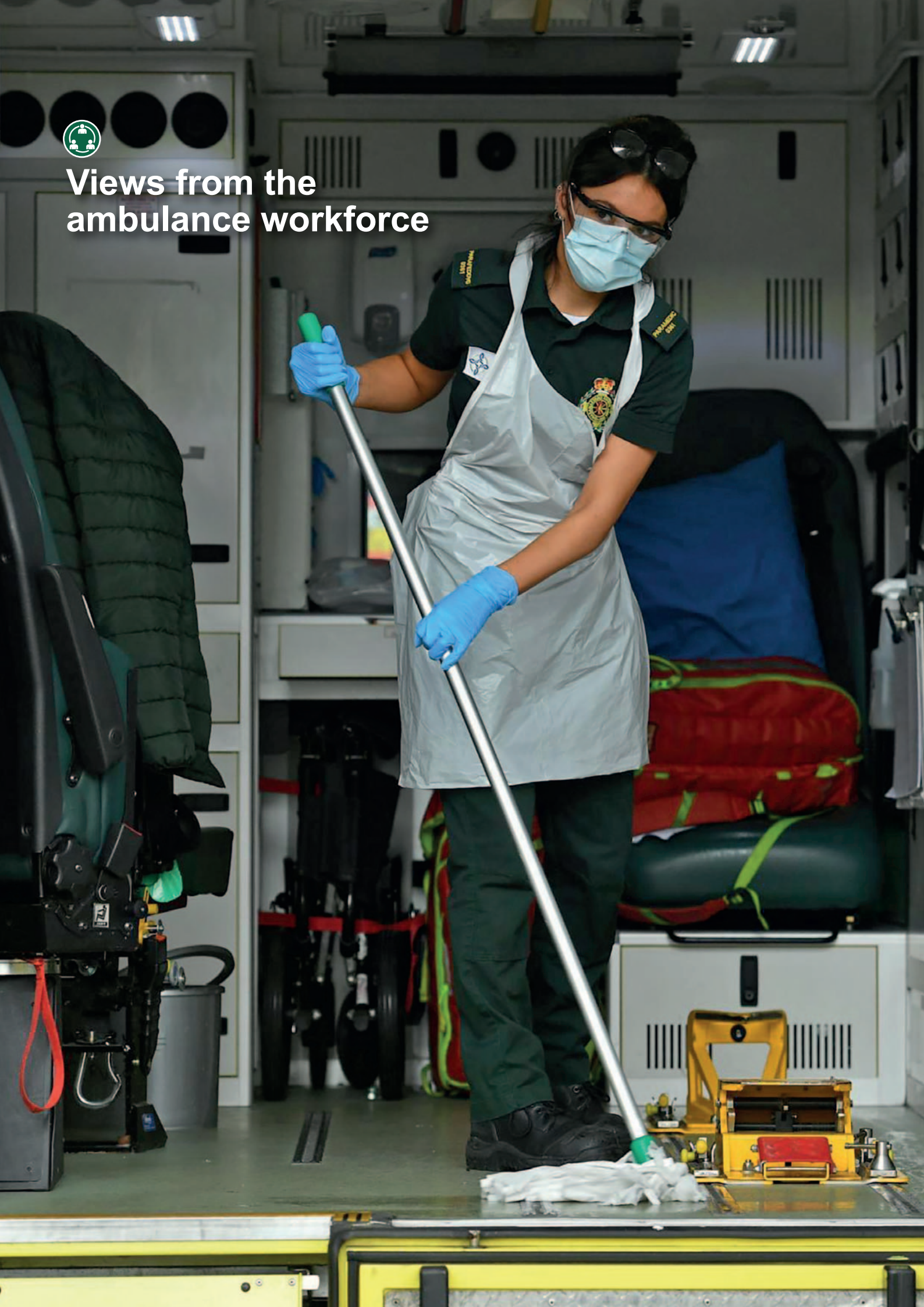
PA to Managing Director,
AACE

including my mum who was among the first 1,500 to die, and who passed away just three months after my dad. But I am grateful for the time the pandemic afforded me, my partner, and our young son, to spend quality time together.

It has all felt like a bit like an apocalyptic movie - the end of days, a virus sweeping the world turning us all into ‘zombies’. That’s probably not altogether untrue. But, I remember the solidarity and connection we felt with others when we went out for daily exercise during the lockdowns - a smile, a nod, a greeting... oh, and plenty of space! Today, sadly, that sense of unity and goodwill towards others seems to have gone and we are once again the heads-down, unsmiling strangers we were before the pandemic. On a positive note - at least this grouch doesn’t have to crack a smile at random people anymore!



Views from the ambulance workforce





Views from the ambulance workforce

The thing that I have learned the most from the coronavirus pandemic is that no challenge is too big when you have the right team around you. Hand on heart, I can say it has been absolutely humbling to be part of the team effort facing what has been a great unknown for our generation.

When the coronavirus pandemic started I, like everyone, had an eye on the news reports around this great unknown. Things were rapidly evolving and none of us knew what would happen next – how it would impact on us both professionally and personally.

One of the biggest challenges was around PPE. The guidance was evolving daily as we began to understand more about the novel coronavirus, how it acted and how it was spread.

Having to wear level 3 PPE is challenging – it is extremely hot and claustrophobic to work in. This new normal created additional barriers and it was fairly exhausting spending your day in masks and aprons, gloves and suits.

One low-level challenge with PPE was going to elderly patients, as communication was so much more difficult than before. The inability to see your mouth/lip movements creates all sorts of communication issues which had to be

overcome, and this was experienced with other patient groups as well.

In the early phases of lockdown, the roads were so quiet that you could drive to a job without seeing anyone on the roads, which was strangely unsettling and a bit like a film set. Out of work we had the same challenges that the wider population was facing - but these were on top of completing 12-hour shifts. When people began hoarding and bulk buying it was depressing going to the shops after work, just to buy the basics, to find the shelves were empty.

The upside to this pandemic, if any, has been how the ambulance team and wider NHS came together to tackle the challenges pitted against us. This team ethic and collaboration between different sectors of the NHS is something that we need to carry forward to the many challenges both ambulance services and the wider NHS face in the future.



Gary Ball

Leading Operations Manager and Senior Paramedic, EEAST



One of the biggest challenges was around PPE. The guidance was evolving daily as we began to understand more about the novel coronavirus, how it acted and how it was spread.

When we went into lockdown, we were a month away from launching our expanded make ready service in Stevenage and only had vehicle cleaning operators based at the site at the time.

It was a frightening time for all as we watched cases rise, as there were no set guidelines in place on how to deal with COVID-19. We were having lots of communication with colleagues from Infection Prevention and Control on the procedures that needed to be put in place with vehicles and consumables.

Undoubtedly a positive that came out of this was that we became stronger as a team. This stood us in good stead when we did launch the make ready service at Stevenage a month later than planned in May.

Everyone rose to the challenge of learning new skills of packing all the consumables and bags and making sure all the equipment was on the vehicles.

We were having to adapt to new procedures being put in place as we learned more about COVID-19 and how it was spread, so we could get vehicles safely back on the road as quick as possible.

In the early stages of the pandemic many of our team were anxious about catching COVID-19 when working on an ambulance that had transported a patient who may

have had the infection. There was also the challenge we faced when our team started going off sick with COVID-19, after contracting it in the community or at home.

As a team, I am extremely proud of the way we were able to quickly adapt to all the changes and cope with the sickness absences to make sure the service kept going as colleagues and patients needed us.

I think a big part of that was the unity we formed. I remember a make ready operative saying to me, in the early stages of the pandemic, that we were like soldiers and that we had to stand in line and keep going. I hope this doesn't sound over the top, but that is how many felt at the time.

As a team, we had to keep coming to work, and my husband also works at EEAST, so I think this has possibly come at a cost to my two teenage sons who were home-schooling. They probably did not get the same attention that parents on furlough or home working could provide, but they, too, have learned to adapt.

Overall, I think the experience of working through the



Claire Nehame

Make Ready Group Lead for Herts and West Essex, EEAST



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pandemic as a team has made us stronger and more resilient and improved our communication. The pandemic is far from over, but we feel confident in everything we need to do and more together as a team.



Views from the ambulance workforce

Steve Farnsworth has been General Manager of Fleet Services and Logistics at EMAS since 2006, and while he has faced some challenging winters in the NHS over the years, never before had he and his team been tested to the absolute limits as they were in the first few months of COVID-19.

He said: “I’m an avid watcher of the news and although I saw what was happening in China, it looked like they had a grip on it; so, before March it never crossed my mind that it would reach the scale it did, and so quickly.”

However, equipment supply chains suddenly became really busy as the pandemic began to hit the UK and soon Steve and his management team were working 16-18 hour days, 7 days a week, to source, receive and distribute vital Personal Protective Equipment (PPE) to frontline colleagues.

“The most important thing for me was keeping our colleagues – who are really our friends and family – safe. And that meant making sure we didn’t run out of PPE.

“We were really in the thick of it. It was tense and hectic, but it was also very focused and really rewarding making sure our colleagues would be safe. Seeing news of staff in other trusts who had passed

away from COVID really brought home the importance of what we were doing.

“We introduced PPE2V – PPE to vehicles. This was a real shift in tradition from having boxes on stations to delivering PPE directly to ambulances and we worked on a ‘just in time’ basis so that everyone had the PPE that they needed, when they needed it.”

What stands out most for Steve from that time was what he calls ‘the Dunkirk spirit’ as society pulled together in a way he had never seen before.

Steve describes how colleagues from across the organisation, including frontline staff on alternative duties, furloughed Patient Transport Service volunteers, the executive PAs, the chief executive and some of the other executives, formed production lines in the Alfreton workshop packing PPE, or drove across the country to deliver PPE to our crews.



Steve Farnsworth
Fleet & Logistics Manager,
EMAS



What stands out most for Steve from that time was what he calls ‘the Dunkirk spirit’ as society pulled together in a way he had never seen before.

He was also blown away by donations of vehicles from companies across the UK, even those we don’t normally trade with, to help with PPE distribution.

Steve explains he learned a lot over that first year of the pandemic – that he has some ‘real stars’ in his team, that a managed service approach to PPE and consumables works best, and that the organisation really does have staff safety as its first priority.

Deborah Powell has worked for the NHS since 1983 and initially expected that the impact of COVID-19 would be similar to that of a bad flu season, with the greatest impact on the vulnerable and elderly.

“There had been lots in the news about Coronavirus, but it was only when we saw the impact it was having in Italy that it started to feel more real.

“Our team started having conversations about whether we would be able to work from home if needed, and then on 17th March 2020 we were sent home with our laptops under our arms. We really thought it would all be over by September; but then September came and went and here we are months and months later, and we now officially ‘work from home’.”

Deb and her team faced the same challenges being experienced by unexpected homeworkers across the country – some of them had desks and quiet places to work while others didn’t, some of them were juggling childcare and home-schooling, and others struggling with the impact of sudden isolation.

Deb said: “It was hard going to start with, and getting used to Microsoft Teams etiquette was a steep learning curve, but slowly we adapted. We appreciated the anxiety our frontline colleagues were facing and so were happy to

muddle along at home to continue supporting them.

“In the longer term we have had to learn how to separate work and home, and how to mentally switch off as we no longer have that travel time home. I converted my summer house into my office so I can shut the door and walk away at the end of the day.”

Productivity in the team rose because without the need to travel they could hold more case meetings in a day and it was easier to arrange for colleagues in other professions such as GPs, police, and social care to attend the virtual meetings.

The team also saw an interesting shift in the behaviour of frequent callers in the early days of the pandemic – some stopped calling, while others’ anxiety about their health increased and so did their calls. Figures are now showing an increase in frequent callers with substance misuse issues, as well as those with long-term health conditions, potentially because of a reduction in face-to-face support over the months of restrictions due to the pandemic.



Deborah Powell

Frequent Caller Lead, EMAS



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For Deb and her team, the pandemic has been a stark reminder of the importance and value of enabling services teams.

“As the saying goes – it takes all of us to put man on the moon. Just because we’re not wearing a green uniform and driving yellow trucks, we are still playing an important part in making the patient experience as good as it can be. We need to keep remembering that and creating team spirit even as we remain separated.”



Views from the ambulance workforce

In 2019 Public Health Guernsey facilitated a multi-agency Pandemic Influenza tabletop exercise to validate an update to the island's emergency plan. Two months later, the Director of Public Health called a strategic meeting to discuss a possible Influenza crisis. I thought it was a continuation of our previous tabletop exercise! However, it soon became apparent that we were dealing with a genuine public health threat.

There was an atmosphere of calmness, excitement, and inseparability - Guernsey was ready to go to battle. We felt prepared for what was coming our way. The main challenges were adopting a consistent approach to PPE use, and indeed, the procurement of masks and aprons was highly challenging. In response to the lockdown, our ambulance crews were split across several sites to minimise the mixing of teams and to help ensure social distancing. We had periods where significant numbers of operational staff were isolating, coupled with a large, and on occasions, a 100% increase in demand for services, which certainly tested the resilience and wellbeing of the teams. However, the staff morale was kept high by the outpouring of community support shown towards us. Daily donations of food, vitamin supplements, handmade COVID bear mascots are just a small example of the gestures we received.

Personally, the prolonged period of strategic decision making was relentless; month and months, with each decision affecting the workforce, the wider community, and my own family in various ways, sometimes positively and sometimes not – that was challenging. The collaboration with other blue light services and stakeholders has been extremely positive and has allowed all of us to learn from each other. I am hugely grateful and indebted to the St John charity and broader community volunteers who have responded to calls day and night to deep clean ambulances and provide other supportive duties. This has meant that despite being a small service, with no neighbouring counties to call upon for support, we have demonstrated a high level of resilience. It is one of several factors that have meant Guernsey's Emergency Ambulance Service has coped well. However, a lesson learnt



Mark Mapp

Chief Ambulance Officer,
GEAS

has highlighted the difficulties in mutual aid agreements with other ambulance services, mainly caused by a difference in border regulations.

Over the past 12 months, our partnership with the local health & social care services (HSC) has gone from strength to strength. In the spirit of supporting the HSC target operating model and 'Partnership of Purpose', paramedics have been undertaking other aspects of healthcare during the COVID-19 response.

Ambulance clinicians have thus played critical roles in other parts of HSC and such work streams will feed into the future transformation of emergency and urgent care services.



Views from the ambulance workforce

I vividly remember standing with my colleagues in the Emergency Operations Centre watching the Prime Minister's announcement that we were to go into the first lockdown. I had a sense of both trepidation and relief that the lockdown would protect the country, and wondered how that would impact on our staff, patients and our families. At that point, the NHS111 service had seen unprecedented demand. The pressure on the staff in that team was evident, they had to rapidly update systems and pathways and provide care and reassurance to patients about a disease that was both scary and unknown. They did all this with resilience and good humour.

Myself and all my colleagues in our leadership team have had a genuine fear for the wellbeing of all our staff; everyone in the NHS, and especially in ambulance services with our volunteers and partners, have been at the forefront of the fight against COVID and understand the risks. It has been humbling how they have dealt with this. They have been supported by their families and the public, who have been generous to the service and who have used our resources wisely, so we have been able to respond to the sickest patients first.

COVID has brought about rapid necessary change and we have adopted new technologies, new skills and new ways of working that will be carried forward into the

post COVID service. It has taught us a great deal about how to effect change quickly, and also about ourselves as leaders. I feel we have created a strong, resilient, flexible leadership team out of this.

Everyone in the ambulance service trains to respond to a major incident; teams understand their roles and carry them out to a high standard; but, usually after a major incident, they can debrief and go home to their loved ones. One of the hardest things for everyone in the service has been that there has been no escape from the impact of COVID. We care for sick patients at work, worry about the welfare of our colleagues and still have to manage the impact of shielding relatives, home



Kathryn Taylor

Head of Nursing, IoWAS



COVID has brought about rapid necessary change and we have adopted new technologies, new skills and new ways of working that will be carried forward into the post COVID service.

schooling or the lack of food in the shops. However, everyone in the ambulance service family has come to work, day after day, with a smile and done their jobs.

It's this spirit and resilience that will stay with me long after the worst of COVID is over and when we are allowed to be together with our loved ones and friends again.



Views from the ambulance workforce

Watching the pandemic unfold through the eyes of the world media brought about feelings of trepidation and a sense of inevitability that CV-19 would soon play a big part of island life in Jersey. Indeed, living on an island that relies heavily on goods being imported for supplies and medicines, fears were heightened that the resilience of these links would be tested during the pandemic. Like many Islanders, I started to order online supplies to keep the family going just in case.

At the beginning of the pandemic, I was deemed to be at risk by my GP due to having Asthma. Being told I was at risk, coupled with the news that a relatively young family member's partner had died of the virus brought home the seriousness of the situation facing us all. As part of the internal measures taken by Jersey Ambulance Service to maintain operational resilience, a decision was made to split the service and effectively operate out of two bases rather than the one HQ. Following a risk assessment, I was asked to relocate with the training manager to the second base and we were tasked with finding and training extra staff who could provide a safe service and increase resilience to our operations. Whether this was redeployment of existing staff, or the training of new volunteers who had offered their services to us, these extra members of the team played a vital role.

Working in an unfamiliar location, with limited equipment was difficult. We had to adapt quickly to produce a training programme that delivered safe and effective training to staff and volunteers to allow them to function in roles that they were not familiar with. We had to cope with technology issues and limited lines of communication with our peers at HQ, while navigating a constant change in government guidelines including social distancing, PPE requirements and the unfamiliar world of non-face to face meetings, but virtual instead.

What I found awe-inspiring throughout the pandemic, and continue to do so, is the sheer professionalism and strength of character shown by all our staff, and those who came to work with us. Notwithstanding their own fears and worries around the virus for themselves and their families, they continued to provide an



James Inglis

Senior Ambulance Officer,
SoJAS



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excellence of service in all respective areas, and they did this despite changes to their rotas, adaptations and location of work, PPE, unfamiliar roles, and changes to their practice. They truly did serve the community of Jersey in its time of need.



Views from the ambulance workforce

Lillie joined London Ambulance Service's volunteer Emergency Responder (ER) scheme in 2018 and quickly moved on to become a Team Leader. Her 'day job' is as an NHS Programme Manager for Urgent and Emergency Care Transformation across South East England, and she sees being an ER as a great way of keeping the patient and clinician experience at the front of her mind.

Lillie began her volunteering journey with St John Ambulance as a teenager. Through this and volunteering at events like Notting Hill Carnival and New Year's Eve she met London Ambulance Service staff and found them to be very friendly and knowledgeable – with interesting stories about their work. This – and shadowing a London's Air Ambulance trauma car shift – inspired her to apply to become an ER.

ERs are LAS trained volunteers who attend some of the most serious 999 emergency calls in service uniform and in blue-light response cars. During the coronavirus pandemic, they have played a huge role in helping London Ambulance Service give Londoners the care they need.

As a volunteer Team Leader, Lillie looks after all ER activity at one of the LAS stations and manages all of the volunteers that are assigned to that station.

During the pandemic, she increased the number of shifts volunteered on the response car. During this time, she also upskilled and was one of a number of ERs who worked alongside a medic on an ambulance. Here, she was able to learn from their expertise, while providing support to LAS and the NHS, in areas where it was most needed.

"I truly enjoy volunteering for London Ambulance Service as I get to meet some really amazing people and can help patients at their time of need.

"I like to feel that I'm helping to support other NHS staff, but I also gain so much personally, such as forming new friendships with colleagues, and developing vital skills such as team-working or problem-solving in time critical situations."



Elisabeth 'Lillie' Grimshaw
Emergency Responder
Volunteer, LAS



I truly enjoy volunteering for London Ambulance Service as I get to meet some really amazing people and can help patients at their time of need.

Hina joined London Ambulance Service in 2019 and less than a year later the coronavirus pandemic hit our capital city. As a trainee Emergency Ambulance Crew, Hina found herself in the thick of the response. “It was quite a full-on year! I never would have expected the start of my career to be working on the frontline battling a global pandemic, but it has been great being able to help out in the fight against this virus.”

Hina’s mother has a health condition which puts her in a higher coronavirus risk group. So, to protect her mum from the dangers of the virus, Hina lived in a hotel in the early stages of the pandemic, whilst working on the frontline. Each year on 5th August, Hina and her mother and sister celebrate the life of their father, who tragically died in 2006 in a road traffic collision. But in 2020, with coronavirus separating them as a family, they were unsure whether they would be able to spend the day together. As the first lockdown started to ease, Hina was able to go home, and the family were reunited at the end of July and thankfully this coincided with the anniversary of her dad’s birthday. On the evening they

were finally able to be together, Hina’s mum made her and her sister a home-cooked meal and they spent the evening catching up and reminiscing as a family – something they hadn’t been able to do in over four months. They made it an extra-special occasion. “I had definitely missed my mum’s wonderful cooking!” remembers Hina.

During the first lockdown, which began on 23rd March 2020, over 160 London Ambulance Service staff moved out of their family homes and into temporary accommodation so they could stay on the frontline helping Londoners while protecting loved ones who may be at additional risk.



Hina Pajwani
Trainee Emergency
Ambulance Crew, LAS



Hina’s mother has a health condition which puts her in a higher coronavirus risk group. So, to protect her mum from the dangers of the virus, Hina lived in a hotel in the early stages of the pandemic, whilst working on the frontline.





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Views from the ambulance workforce

Initially, when I heard word of the events occurring in China, I genuinely thought nothing of it. I took the Irish approach to problems and my initial impressions were ‘Sure, it’ll be grand’. As time went by and preparations were being made, fear and anxiety did begin to creep in, but there was an overwhelming sense of... “this is going to be okay” ... “we are going to work together, and it will be okay”.

The first morning of the national lockdown really brought home how serious this was, even for those of us on the frontline. Society had a sense of ‘this will all be over in day or two and we’ll be back at it’. Little did we know!

My work changed in its entirety as the pandemic grew. I worked in Community Engagement prior to the outbreak and moved to COVID Operations holding many different roles. It was an experience of learning and adapting as we went.

Food supplies and accessing food away from home/station became one of the main daily challenges. Staff were worried about bringing food and clean clothes etc with them when out, so it became an issue at times.

Managing our service’s response to the pandemic gave me an increased understanding of what other departments in Ireland’s Health Service

actually do. It also gave my colleagues and I, great opportunities to showcase the type of work we do in the ambulance service and the additional specialist training/equipment we have at our disposal. Working with Defence Forces, other Health Service departments and members of the community, we all brought different viewpoints and thought processes to any given situation. Even with those differing viewpoints, everyone maintained a high degree of safety as the priority.

Outside of work the main impacts for me were the feeling of isolation when not at work, plus other feelings like anxiety and panic, and fatigue was the big one. On the whole though, I feel like we coped well but there were times when it all felt like the world was closing in. These have been tough times, and everyone has had to dig deep. I also have no doubt everyone learned some new, additional coping strategies.



Mark McCallanan

COVID-19 Response Manager,
NAS



Food supplies and accessing food away from home/station became one of the main daily challenges. Staff were worried about bringing food and clean clothes etc with them when out, so it became an issue at times.

As the pandemic was evolving the fear of the unknown was the most prevalent feeling. The Community Paramedic Service predominantly cares for elderly patients (>75 years old), many of whom have complex medical conditions and/or chronic illness. As the pandemic evolved these patients were, and are still, our most vulnerable cohort.

Prior to the pandemic this cohort of patients, following my assessment would not have feared attending an emergency department for further treatment, which could not be delivered in their home. As the pandemic commenced though, some of these patients had significant fear of attending an emergency department, arising from their perceived risk of contracting the virus in hospital. As a service, we had to develop a greater understanding of those fears and needed to enhance our skills and referral pathways to treat as many patients in their homes as possible, once clinically safe to do so.

My main challenge during the lockdown period of the pandemic was accessing additional services for my patients. One of them, a 79-year-old male patient with an acute onset of abdominal pain, was referred to our 999 system for ambulance conveyance to hospital by the on-call out-of-hours GP who would not do a home visit. Our dispatcher instead referred the patient to me as Community Paramedic. The patient had an extensive medical history including lung cancer and a

lobectomy. He was extremely anxious regarding a potential visit to the emergency department (ED). On examination he had acute urinary retention with a history of the same. I was able to catheterise him and refer him back to his GP for bloods, and antibiotic treatment began quickly via the out-of-hours GP who was now happy for the patient to be treated at home. This patient was so relieved to have been treated at home and not have to be transported to ED, which at the time was experiencing extreme pressure and delays. His reaction gave me a sense of fulfilment and a sense of having had a positive impact on this patient and his very concerned family.

My own family were anxious regarding my work during the pandemic; they were acutely aware that I was seeing and treating some seriously ill patients who either were suspected to have, or had been diagnosed with, COVID-19, and they feared I may carry the virus to my elderly parents.

Fear and anxiety have had an impact on myself, colleagues, and our patients. Some may have bottled these feelings up



Brian Gillespie

Community Paramedic, NAS



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and felt the need to cope with them on their own, and we all need to look out for such colleagues and be there for our fellow health care workers. As the pandemic has gone on longer than most expected, this has impacted on us all.

My learning point during the pandemic has been in recognising the importance of always taking the time to talk with an elderly person when on a call, to reassure them, as it is quite possible they may not have seen anybody else for some time.



Views from the ambulance workforce

Hannah has worked at the North East Ambulance Service as a health advisor for just over two years. When the COVID-19 pandemic hit, like many, she was unsure about what it would mean for her and the service: “No one knew how the pandemic would affect their lives or their loved ones, including us. It was a worrying time.”

As the world seemingly changed overnight, the responsibilities of our 111 and 999 call handlers did not. Much like our frontline ambulance crews, our call-handlers were expected to be there as the first point of call for patients whilst COVID-19 developments came by the hour. “Our work essentially didn’t change. At times, call volumes were much higher, and for a short period of time, much lower. It felt like patients did not want to face the prospect of going to hospital, and many people were not out and about as normal.”

Despite growing concerns in the beginning of last year as COVID-19 became an increasingly worrying virus, Hannah and her colleagues in our Emergency Operations Centre (EOC) continued to come to work whilst many of us were told to stay at home: “The main challenge of coming to work during the pandemic was the fear of exposure to coronavirus and being

surrounded by it. The majority of our calls were about COVID, so there was no escape!”

When asked about how she handled the pandemic herself outside of work, Hannah confided: “During the lockdown, I lived alone so at times I felt very isolated, so I was grateful that I was coming to work every day! However, in coming to work I felt I was putting my family at an increased risk of catching COVID from me. There were times I didn’t see my family for a few weeks, especially when we had the COVID outbreak in the EOC.

I missed seeing my family and friends throughout the pandemic but made the most of FaceTime, and we have made up seeing each other since lockdown has lifted.”

The pandemic has been a challenging eighteen months for the whole world, but when asked what she had learnt from the once-in-a-lifetime



Hannah Shrimpton

Health Advisor for
111 and 999, NEAS



There were times I didn’t see my family for a few weeks, especially when we had the COVID outbreak in the EOC. I missed seeing my family and friends throughout the pandemic but made the most of FaceTime, and we have made up seeing each other since lockdown has lifted.

experience, Hannah replied: “The pandemic has shown us how resilient we are in facing changes, challenges, and the unknown every day. It has shown me just how important my friends and family are to me and how much I value seeing them, and the freedoms we are normally used to!”

Shaun Aiston has worked at North East Ambulance Service for three-and-a-half years as a fleet mechanic and workshop team leader. In March 2020, the COVID-19 pandemic hit and the whole of the UK stopped and watched as the country went into lockdown. Despite the world seemingly coming to a halt, healthcare and support workers across the service remained at work, including Shaun and his fleet mechanic colleagues. He said, “My initial thoughts were to worry, but I was also aware that we were frontline members of staff too, and we needed to keep ambulances on the road.”

When asked how his job has changed over the past eighteen months, Shaun responded enthusiastically: “Work changed in a positive way.

There was a quick reaction with new procedures put in place such as changing clothes before and after every shift, changing working hours, cancelling annual leave, and the cleaning of vehicles before they came into the workshops. All of this was helped by the fact that there were no cases in the workshops initially, so all the staff were able to rally together to come in and work as a team.”

This team spirit could be felt across the whole service, but especially so in our frontline roles. With the North East public’s safety and health in their hands, all facets of our frontline response were faced with a plethora of challenges as new guidance for infection control and operational practice was released daily, and regional COVID cases rose. Despite this however, Shaun

spoke of the positives that have come out of the COVID-19 pandemic. “Although there were challenges, there was an immense sense of pride in coming to work, knowing the impact we were having and the importance of the work.”

Coupled with the team’s high staffing levels, the initial lack of cases on-site allowed the fleet team to manage their workload quite well and keep on top of the mounting work. Much like many of our own patients, our colleagues’ lives were also touched by the same fear of COVID’s unknowns, including Shaun. He adds, “My girlfriend caught COVID and seeing her ill with it was really difficult -that was a very scary time.”

When we asked Shaun what he had learned from the pandemic, he mentioned the new ways of living and working that many NEAS staff have had to adapt to in order to keep themselves, their loved ones, and their colleagues safe, concluding, “The changes



Shaun Aiston
Mechanic, NEAS



Much like many of our own patients, our colleagues’ lives were also touched by the same fear of COVID’s unknowns, including Shaun. He adds, “My girlfriend caught COVID and seeing her ill with it was really difficult -that was a very scary time.

to hygiene procedures such as wearing masks, hand gel, and wiping down surfaces feels like something that will continue, but may also help keep us safe from other infections like the flu as well as COVID.”



Views from the ambulance workforce

As the news of the pandemic began to become more public my thoughts turned to the issues that would arise quickly regarding sourcing and supply of both relevant PPE and routine consumables and equipment used by NIAS.

Consideration needed to be given to how we could both store and move goods as efficiently and safely as possible within the regulations of contact and social distancing. Central Stores had to also consider the number of staff working in a relatively confined area and give consideration to the movement and flow of staff in the department, as well as external suppliers and staff who would be both dropping off and collecting goods.

I, very quickly, became aware that although our working practices wouldn't change, Central Stores would have to house an increased range and quantity of stock, which was primarily PPE based and we were fortunate to avail of additional storage space within close proximity to our own store. NIAS had to also consider the efficient movement of PPE goods leaving stores for operational use at station level, and utilise staff/ vehicles from each of those sites to begin a collection service from stores, to keep

each site stocked with adequate PPE. Stores staff set-up and vehicle capacity would not have been sufficient to meet the increased demand in this area, so Operational intervention was and is still necessary for the movement of goods as required.

The pandemic obviously brought a number of challenges, particularly when the country was in lockdown. In trying to maintain supply lines to our operational stations I had to consider the Health & Safety of Stores staff, including my own health during and subsequent to each of the lockdowns. As a group we wanted to keep a routine going for incoming and outgoing goods to support our Operational activity, we had to consider and plan annual leave where possible, to allow staff a break from on-going pressure. We also had to manage those periods when we had a member of staff going into isolation for 10 days due to contact issues with positive COVID-19 cases or when they were symptomatic. This did



Tom Quinn

Stores and Procurement
Manager, NIAS



The pandemic obviously brought a number of challenges, particularly when the country was in lockdown. In trying to maintain supply lines to our operational stations I had to consider the Health & Safety of Stores staff, including my own health during and subsequent to each of the lockdowns.

cause a problem on a number of occasions. However, we have been very fortunate not to have had encountered any serious illness. I feel that we have coped extremely well with on-going demand for goods, even when down to the basic minimum of staff to get the job done.

As I look back and review how we rose to the challenges presented, it is with a sense of pride that I believe that we were able to facilitate and manage the necessary change very quickly and efficiently, bearing in mind the need to maintain what was business as usual during this period. Stores and supplies are aspects of the Service that the public do not get to see or appreciate. But we know, and our colleagues on the frontline understand, that without a well-oiled machine to keep supplies of bandages and equipment flowing, the frontline crews could not deliver the service they do.

Going forward, we find ourselves in a situation where business as usual looks very different than it did at the end of 2019. We are both flexible and capable of maintaining a stores service in spite of the change in volume and activity for incoming and outgoing goods through Central Stores.

The Pandemic permeated every aspect of all our lives. At work there is always a process or procedure to follow. But in our own personal lives it was, and still is, vitally important that we look after ourselves and our family and friends. Health and our ability to socialise were and have

been the main impacted considerations for us all as a society and will continue to be until the Pandemic has been declared as over.

We have all been impacted in many aspects of our lives. Those who have been lucky enough not to have lost family, friends or indeed their income, can take comfort in that and empathise with those who have been impacted most, whether through loss of family, friends or in their ability to work, earn a living and socialise with those closest to them.



Working through the pandemic has been one of the most challenging, frightening, but yet most rewarding periods of my 26 year career in the Ambulance Service. As news of the potential pandemic that was sweeping across the world was reported on the news channels, I was anxious about what the weeks and months ahead would have in store for me in both my personal and professional life.

I was aware that as an Emergency Medical Technician in NIAS, my colleagues and I would be on the frontline of any response and fight against the virus. For me it was the fear of the unknown or the thought of me bringing the virus home to my family that I found to be the hardest part. This was something that no one had experienced before. I would often sit at home and wonder would I, my family, friends, and colleagues make it through the pandemic.

I remember clearly how the world seemed to change for me and indeed all of us on the 23rd March 2020 when the Prime Minister announced a full lockdown of the country starting at midnight. It just so happened to be my birthday on that date and I remember my sister, niece and nephews passing a card and gifts through my window. Little did I know at that time it would be months before I would see them or speak with them face to face again or how much my home and work life would change beyond recognition.

I had the privilege of being seconded into the position of Station Supervisor at Altnagelvin Ambulance Station a few months prior to the pandemic. One of my responsibilities at the time was to assist with the distribution of PPE to a number of Ambulance Stations. I remember one evening travelling on the roads and being the only vehicle on the road. I was alone and it felt like the world had fallen silent. It was an experience I will never forget.

Despite the many challenges of working during the pandemic there have also been many positives. It has been a character-building experience for me. I have become more resilient and I'm so proud to have worked alongside an amazing team of people with whom I experienced real teamwork. Now more than ever I fully appreciate my good friends and continued support of my amazing family.



Craig Wilson
Emergency Medical
Technician, NIAS



I remember clearly how the world seemed to change for me and indeed all of us on the 23rd March 2020 when the Prime Minister announced a full lockdown of the country starting at midnight. It just so happened to be my birthday on that date and I remember my sister, niece and nephews passing a card and gifts through my window



Views from the ambulance workforce

In response to the COVID-19 pandemic, 150 patient transport service (PTS) colleagues at North West Ambulance service volunteered to work alongside their Paramedic Emergency Service (PES) colleagues on the frontline. Trish Squire, a PTS Ambulance Care Assistant based at Bolton, was one of those who volunteered to make the change from non-emergency transport to attending to the most serious emergencies.

In response to the COVID-19 pandemic, 150 patient transport service (PTS) colleagues at North West Ambulance Service volunteered to work alongside their Paramedic Emergency Service (PES) colleagues on the frontline. Trish Squire, a PTS Ambulance Care Assistant based at Bolton, was one of those who volunteered to make the change from non-emergency transport to attending to the most serious emergencies.

Trish says: "I had always wanted to work on the emergency side of the trust, so thought that volunteering was a good opportunity to work alongside PES, as well as being a great experience. I love working for PTS but when this opportunity came up, I thought, "I'm going to go for it!"

"We had three days training which were really intense, 10-hour days. On PTS we know all about manual lifting, driving

and basic life support training, so I learnt new skills on how to treat trauma or cope in medical situations, and the identification of vehicle equipment."

Trish was teamed up with paramedic Mike Oswick and on the very first day of working together they were called to a cardiac arrest. Working for PTS for almost 20 years, Trish had never witnessed a cardiac arrest professionally or personally before.

"It was really daunting for me but as soon as we got the job Mike put me at ease and told me exactly what to do when we got there. That experience will stay with me forever."

However, it was the last incident of that first day when Trish's communications skills came into their own when they were called to an unwell female. Trish recalls, "I realised straight away that both the patient and her husband were deaf and reliant on lip-reading,



Tricia Squire

Patient Transport Service Operative, NWAS



It was really daunting for me but as soon as we got the job Mike put me at ease and told me exactly what to do when we got there. That experience will stay with me forever.

but we both had all our PPE on so they couldn't see our mouths. So, I signed to ask if they knew sign language and they nodded yes, so I was able to communicate like that."

Mike says: "When Trish started doing basic signing it just blew me away. She was excellent, able to calm them both down and obtain the information we needed. I felt like a spare part, but she really had my back on that job."

Reflecting on her experiences Trish says, "I've loved working for PES as I've learnt so much. I've enjoyed it as much as I thought I would at the start; so much so that I want to progress

now to become an emergency medical technician (EMT)."

During the pandemic the challenges for our patients who lip read have been more

apparent due to the wearing of masks. To help improve communication with our patients the trust has embarked on a pilot programme to teach staff basic sign language.

For the North West Ambulance Service (NWAS) Communications Team, involvement in the COVID-19 pandemic began in January 2020 with the repatriation of British citizens from Wuhan, China, to Arrowe Park Hospital, Liverpool.

"My initial reaction to the pandemic was fairly optimistic. I was hopeful the virus could be controlled and have minimal impact, which proves how little I knew about pandemics! Clearly, we were dealing with something much more significant and as a team, we needed to adapt quickly.

"Internally, our priority was to ensure our entire workforce was well-supported, informed of the latest guidance, and able to ask questions and find answers, so they could do their job safely and effectively. We reviewed our communications channels and created new ones where required.

"Externally, our role was to support public health messaging and sign-posting. We worked with partner organisations to ensure consistency and began to operate within NHS England protocols for media enquiry handling.

"The workload was intense and while others were working from home, or not able to at all, we continued to go into the office throughout the first wave. Later, working from home would bring its own challenges for the team. I must admit, I struggled to adapt initially but we found we could still support each other with regular calls and, as with everything else, we figured it out.

"A particularly difficult time was when, one Saturday in April 2020, we got the news that sadly one of our paramedics had died from COVID-19. A colleague and I followed the necessary steps to inform stakeholders, pay tribute, and handle media enquiries. When I finally stepped away from my laptop, I burst into tears as I thought about the family and friends left behind. We have since sadly lost two more NWAS colleagues to COVID-19.



Sarah Coyle
Deputy Head of Communications, NWAS



It has been the most challenging period of my career, but I've been grateful to have a sense of purpose. Working hard and supporting my team was a welcome distraction, particularly when I had to cancel my wedding and was unable to see family and friends. Overall, I feel lucky to have stayed healthy and have had a job to go to, as many others cannot say the same.

“Another challenge was hearing the concerns of staff and feeling powerless to help. We set up a closed Facebook group for staff so people could ask questions and support each other. Working with senior managers, we tried to respond to every person to reassure them, but at a time of uncertainty and understandable worry, it felt as though no communication we could offer would help ease their concerns. That was hard.

“But we had to focus on other ways to make a difference.

We ran infection prevention and control campaigns, sent thank you letters to families of our key workers, produced videos from leaders, searched for good news stories to cut through all the serious information, and showed the public just how hard Team NWAS was working to keep them safe.

“It has been the most challenging period of my career, but I’ve been grateful to have a sense of purpose. Working hard and supporting my team was a welcome

distraction, particularly when I had to cancel my wedding and was unable to see family and friends. Overall, I feel lucky to have stayed healthy and have had a job to go to, as many others cannot say the same.

“I have always felt proud to work for NWAS and the NHS and this has only increased. The efforts of our teams have been incredible under relentless pressure. I really do get to work with amazing people.”





Views from the ambulance workforce

When we first heard news of the pandemic, and how serious it was, it was very scary, as I was working in an ambulance environment, with crews who were going out to see people who were suffering from COVID. I was worried for my own health and also for the safety of the paramedics who it could get passed onto.

My day-to-day work involves going in and cleaning the Special Operations Response Team's station, and under the pandemic the atmosphere was quite different because there wasn't anyone working upstairs in the building, and it was mostly doing cleaning using chloroquine which we hadn't used before. We needed to ensure the environment was safe for the crews as their lives depended on it. We'd been trained by the Infection Control team, and this knowledge really helped us to do our job.

I thought it was good to keep working during the pandemic for mental health reasons, as I preferred to be working with colleagues rather than sitting at home, and the atmosphere was quite upbeat as we kept each other going and there was a sense of camaraderie. My brother and sister were isolating through most of the

pandemic, and I wasn't able to see them apart from through video calls, but it's just the way things were at the time, and we got on with it.

A really positive moment was getting the chance to meet HRH Prince William and Catherine, Duchess of Cambridge. That was an amazing day and I'll be forever grateful to the Scottish Ambulance Service for making that happen. To get to the point at my age to meet the future king and queen was an amazing opportunity and they really helped to boost morale. They were really nice, and very easy to talk to.

I work in the most amazing place in the world, and despite the challenges of the pandemic there were some positives in working with the colleagues, and meeting William and Kate was definitely a highlight.



Helen Reader
Cleaner, SAS



I thought it was good to keep working during the pandemic for mental health reasons, as I preferred to be working with colleagues rather than sitting at home, and the atmosphere was quite upbeat as we kept each other going and there was a sense of camaraderie.

As the news increased about the spread of the coronavirus, anxiety levels began to increase too. At times I felt scared as a lot of stuff was still unknown and questions were not able to be answered because we were only at the start of the pandemic, and no one really knew anything about this virus.

Working within an ambulance control centre is challenging at the best of times but working during a pandemic meant the way we worked was forever changing. Because of social distancing, we weren't able to sit as close to colleagues as we normally did, which meant we weren't able to interact as easily.

Staffing levels were also impacted. Colleagues were having to isolate or shield which meant there were constant changes with staff on duty, and this meant call handlers were having to answer more calls in a shift. There were also increased call volumes. Most of these were COVID related, but we also had a dramatic increase in calls for patients presenting in mental health crisis.

Call handling processes were changed repeatedly throughout in order to keep up to date with the ever-evolving pandemic. It was hard to keep up with these changes, but it was important we followed them in order to protect both patients and our colleagues.

The pandemic impacted myself and colleagues in various ways, mostly negatively. For me it was isolating or going home at the end of a busy shift and being unable to go and visit friends or family, as I had done before. I also lost colleagues and friends to the virus. Friends and family say it has affected their mental health significantly.

Some of the positives that came out of the pandemic or me was being assured that we were in cleaner environments, and we were also able to create a new way of learning. For example, we were able to access online courses that we weren't able to attend in the past for various reasons, such as too far to travel. This meant we were able to be involved in a lot more and develop new knowledge and skills.

The rollout of the COVID vaccine has been a very positive step forward and has allowed us to ease restrictions. This has been welcomed by many and will allow us to return to some sort of normality.



Thomas Valentine
Ambulance Control Centre
Call Handler, SAS



Staffing levels were also impacted. Colleagues were having to isolate or shield which meant there were constant changes with staff on duty, and this meant call handlers were having to answer more calls in a shift. There were also increased call volumes. Most of these were COVID related, but we also had a dramatic increase in calls for patients presenting in mental health crisis.



Views from the ambulance workforce

I had recently started a new role within SCAS as Urgent Care Pathway Area Lead when news of the pandemic became more prevalent in the UK. I recall feeling anxious but confident that the NHS could manage the situation and we would not see the high infection rates and deaths as seen in other countries. Hopeful that by the summer, the virus would fade out and life would return to normal, I had no idea of the impact the pandemic would have on my work and home life.

In the first lockdown, we did not see the expected peak within the ambulance sector as extra resources were in place and the public were compliant with the government guidance.

This changed during the second wave as operational demand and staff sickness began to increase, resulting in my redeployment back into frontline operations as a Paramedic. This was a big shock for me as I had been working from home and had little exposure to the potential risks. I recall going to work anxious that I might contract the virus, or worse bring it home and infect my family, at times feeling frustrated at the reduction in lockdown compliance by the public.

Working alongside my colleagues, sharing the highs and lows of the pandemic has made me realise the importance of the work we do and the difference we can make to all

patients. Whether it be providing reassurance around the fear of contracting the virus, or holding the hand of a dying patient, we all have our own stories to tell and can learn from each other's own experiences.

Once things had settled, and empowered by what I had experienced during my redeployment, I was determined to develop pathways to support staff in the management of patients at the end of their life, to ensure that we meet the expectations and needs of the patient and their families. Dedicated 24/7 advice and referral lines into a bank of GP's, palliative care teams and medical consultants has given ambulance staff the support required on scene when making difficult clinical decisions and ensuring that those decisions are not made in isolation.

To enable the effective response for all patients,



Steve Daniel

Urgent Care Pathway
Area Lead, SCAS



This was a big shock for me as I had been working from home and had little exposure to the potential risks. I recall going to work anxious that I might contract the virus, or worse bring it home and infect my family, at times feeling frustrated at the reduction in lockdown compliance by the public.

especially those at the end of their life, we continue to work closely with our partner agencies to develop and deliver the right care, first time, every time. This is what is most important to me.

At the start of the COVID-19 pandemic I was certain I'd already contracted it before Christmas 2019 as I had had all the symptoms - sleeping for 15 hours in one day was just not me. I also jested that the good thing about being ill was not being able to taste my wife's cooking...later, we found out that that was one of the main symptoms.

As the pandemic got worse and the risk increased, the ICT department came under more pressure due to staff working from home. The increased use of technology was vital to continuing to deliver our services. As a team we rolled out hundreds of laptops – and everything needed that would enable colleagues to work at home.

I'm a Type 1 Diabetic and was initially very cautious, leading me to work at home during April 2020. That was made a little challenging due to the normal basic face-to-face support we needed to provide for our colleagues. A job that could be done at a desk in five minutes could take half an hour or more when done remotely.

Every now and again I had to go to sites to maintain technology that could only be done in person. I'd walk into a station and colleagues would stand back to give you the two metres safe distance. I soon got used to that. Wearing masks and gloves became second nature and my hands were taking in more alcohol than me.

We introduced a new printing solution across SCAS during COVID, and I had to meet technicians from the printer suppliers. The good thing was that neither of us should be on station any longer than we needed so the installations were quicker. No tea was offered, so no standing around passing the time of day about the game the previous night.

At the end of the working day, my wife and I would come home, use the hand gel, maybe change, and shower before doing anything else. More so because my wife works in a General Practice and she is helping to care for her mother who has late stages of Dementia. So, there were some hard times where restrictions meant contact in our own house was limited. My wife contracted COVID-19 in November of 2020 and thankfully my daughter and I didn't even get a sniffle.

I hope we are in the last stages of this pandemic and people have learnt to live with it, respect it and learn from it. What I did notice is, when you're a stranger in another colleague's location people were understandably cautious



Bob Alee

Information & Communication
Technology Technician, SCAS



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but just by saying hello and asking how you are made a massive difference. It got people talking and within minutes you find that not everyone behind the mask is an outlaw.



Views from the ambulance workforce

My remit within SECAMB oversees risk management, serious incidents incorporating the Duty of Candour, incident reporting and patient experience - compliments, complaints, and PALS; all areas that have been significantly impacted and stretched by the pandemic, albeit in less obvious ways than frontline operations.

When the pandemic hit, I felt a responsibility to streamline patient safety processes where possible to enable the Trust to glean lessons as quickly as possible. I was extremely proud of my Patient Experience Team who, when permission was received from NHSE/I to halt the complaints process decided the correct approach for our patients and their families was to continue as best we could, whilst managing expectations regarding timescales – the team really stepped up to ensure the complaints were responded to and the lessons learned, whilst also ‘moonlighting’ with the COVID Management Team to liaise with patients regarding testing and results.

Undertaking weekly harm reviews of COVID-19 incidents, has since become a daily requirement to review harm arising from other types of incidents due to demand pressures system-wide.

This has been harrowing to say the least. The impact that delays in ambulance response has on both patients and their loved ones, and on the physical and emotional health of our staff, was, and continues to be, extreme and difficult to witness.

Learning to manage my teams from afar whilst recognising that some were struggling with the isolation of working from home, all while keeping my own personal fears in check regarding my clinically extremely vulnerable parents, were my biggest challenges. However, I think my teams and I supported each other equally and so continued to adapt.

Throughout the pandemic I’ve felt almost every emotion possible including frustration, devastation, anxiety, satisfaction and pride. However, my pride in all that my teams and I have achieved absolutely outweighs any negative feelings or anxieties.



Tam Moorcroft
Head of Patient Safety, SECAMB



Undertaking weekly harm reviews of COVID-19 incidents, has since become a daily requirement to review harm arising from other types of incidents due to demand pressures system-wide. This has been harrowing to say the least. The impact that delays in ambulance response has on both patients and their loved ones, and on the physical and emotional health of our staff, was, and continues to be, extreme and difficult to witness.

I have been working in the ambulance sector since 1996, starting as an ambulance technician and working my way through the clinical grades, to reach consultant level. I was appointed to the role of Consultant Paramedic in September 2018, which felt like a huge step. One of my key responsibilities is to consult with staff and experts, to ensure staff are confident to practice and have clear guidelines. My ability to do this was significantly impacted by the pandemic.

Working in healthcare we are used to dealing with uncertainty, which can normally be resolved by searching the evidence-base for solutions, speaking to experts, or gaining views from different operational and corporate teams.

Sommers sums up uncertainty nicely as:

The confusion, conflict, stuckness, unease and or discomfort experienced when facing a predicament in an individual patient who presents a diagnostic, therapeutic, general management, clinician-based relationship, prognostic, ethical dilemma, or some combination of these. (Sommers, 2013)¹

If uncertainty is manageable, we can reduce the associated anxiety that it causes, however uncertainty during the pandemic was unprecedented, across all areas within the service. Problems that would ordinarily be manageable, though the application of evidenced-based solutions, were not. Our call volumes increased along with the complexity of our patients leading to human concern for

those patients, along with concern for the health of our own families. This pandemic affected us all.

Normally, in pre-COVID times, the process for changing practice was slow and controlled. It involved multiple stakeholders, ensuring changes made sense at the point of the patient encounter. This was not an option during the pandemic as the pace of change was too rapid. During the early stages I, along with others, tried to find solutions that reduced variation in practice and ultimately uncertainty.

This often meant rapid and continuous changes, as new evidence evolved. These rapid changes had the potential to cause anxiety and confusion, however our staff were exceptional at managing this ever-changing situation, working in teams, and supporting each other. It has been truly inspirational to watch.

It is essential that we learn from this pandemic. We can then instigate meaningful long-term changes, for our staff, patients, and the wider NHS.



Julie Ormrod

Consultant Paramedic, SECAMB



Our call volumes increased along with the complexity of our patients leading to human concern for those patients, along with concern for the health of our own families. This pandemic affected us all.



Views from the ambulance workforce

At the start of the COVID-19 pandemic, initially I assumed – like most people – that it would just blow over and probably not even reach the UK. Even when the first few cases were reported, I wasn't too concerned as we already knew how it had been spread in Wuhan, so surely a few simple measures would prevent too much harm?

As the numbers started to rise rapidly, I realised we weren't going to get away with it, and I grew concerned that my role (paramedic at the time) was going to get much harder and much more dangerous. Having vulnerable people in my family was very scary, but thankfully none of them have caught COVID to date.

When the pandemic hit the UK, I was a frontline paramedic, and I joined the Trust's Infection Prevention & Control team part-time several months in. Even so, the IPC role has evolved wildly since then – from ensuring our colleagues are appropriately equipped and supplied to protect themselves, to now spending a lot of time trying to ensure that the equipment is being used appropriately so that we can protect ourselves, our patients, and our families. Over time we have also been able to return to our routine assurance work, although we have had to make changes to ensure that our audits consider COVID-safe practice.

The greatest challenge during the lockdown was getting things done that needed either a physical presence or face-to-face meeting. I would apply this to both work and personal tasks, because so much of the infrastructure was unmanned. Something as simple as a stock enquiry that would usually just need someone to look at the shelf was now far more difficult because they were working remotely or on reduced hours, so everything took much longer.

With regard to the positives, I think this situation has highlighted that IPC is critically important – both to maintaining the workforce and public health. Personally, the pandemic presented the opportunity for me to join the IPC team and I hope our work will drive further funding for procurement and development opportunities.

The main impact for my family was that we haven't been able to see each other. I have a very young godson and elderly



Adam Mann

Infection Prevention and Control, Lead Clinician, SWAST

grandparents – one of whom is undergoing chemotherapy – and my mum works in care with vulnerable adults, so there was a long period in which we didn't see anybody. There are four of us in the household, and for various reasons we've had nine isolations – so we're more than ready for this to all be over!

The biggest lesson was learned by my children. They really didn't understand how dangerous this was and were really unhappy when we had to isolate, until Christmas when I caught the Delta variant at work. I was previously fit and well, but COVID very nearly hospitalised me. I think seeing me talk nonsense in between four-hour naps made them rethink things.

The COVID-19 pandemic brought with it a naivety as to how it would impact the NHS system and workforce and a year on, it's clear that it has had one of the biggest impacts we have ever seen.

As the reality began to hit, the continuum of business as usual was one of 'we can do this'. Never before did it feel like such an empowering situation; to bring to the fore initiatives and ideas which would normally take years to bring to fruition. Working as the head of education, the challenge was to ensure maximum utilisation of our frontline workforce, including our student paramedics. There was a palpable movement to support those on the frontline, and the levels of adaptability and support received was truly humbling. As the weeks turned to months, the impact of the suspension of education and training for our people became more and more prevalent, and my life turned into a mitigation of risks which changed on a weekly basis as the risk of the pandemic increased.

This became exhausting, isolating, and brought about feelings of worthlessness. Remote working has its benefits, but there is no end to the day; no-one checking if you can attend a remote meeting, leading them to being back-to-back with no breaks in between and often no lunch; going from one topic to another; no one to see your tears; all whilst working in a household with two young children and my husband – a lead consultant for a busy

intensive care unit. The challenges I was facing seemed insignificant in comparison.

Whilst no one can take away the harsh reality of working on the front line, the challenges to our learning and development team began to take its toll. Feelings of not being valued and voices not being heard regarding the impact that delayed training for our students and existing workforce would have on our organisation's future sustainability became frustrating.

How have I got through this? By supporting others, maintaining tenacity, and motivating my team, holding my friends and family close, and making time to work on the frontline. The tips I have are to ensure a clear start and end to the day, and make sure you look after your health and wellbeing.

Innovation, agile working, enhanced IT infrastructure, remote delivery of education and the increased accessibility this brought to learners through our TEL team and simulation, as well as challenging previously held beliefs, are the main benefits we have seen; benefits which we will look at continuing and achieving in a more efficient way for years to come.



Paula Windsor

Interim Head of Education
& Professional Development,
SWAST



Remote working has its benefits, but there is no end to the day; no-one checking if you can attend a remote meeting, leading them to being back-to-back with no breaks in between and often no lunch; going from one topic to another; no one to see your tears; all whilst working in a household with two young children and my husband – a lead consultant for a busy intensive care unit. The challenges I was facing seemed insignificant in comparison.



Views from the ambulance workforce

Like many people, I was unaware of just how much of an impact the COVID-19 pandemic would have. As the spread of the virus began to build up speed, it became really worrying. We didn't really have anything to go on, other than pictures on the news of overwhelmed hospitals and health services, increasing death rates, health care staff looking like something out of a science fiction movie. The closest comparison was the Ebola scare and that had passed really quickly.

My work changed massively in a short space of time. We began being overwhelmed by the volume of notices and bulletins being issued daily, each one contradicting the other one. We were always conscious of PPE in the normal course of our work, but this complicated even the simplest of jobs. You had to ensure equipment was across the room from patients instead of being to hand as you were used to. Cardiac arrests meant donning white suits, masks, visors, double gloves, all of which took a greater amount of time and made working on a patient really difficult. You sweat gallons, and your face took a beating from the masks. My nose constantly broke out in spots and sores as a result and has not yet fully recovered. The familiar surroundings of your ambulance station changed with social distancing measures and one way entry/exit systems. You no longer felt properly rested between jobs, or able to have

quiet talks with your colleagues about bad jobs. Cleaning between jobs took longer but you were still expected to try and clear within 15 minutes regardless. The volume of clinical waste trebled, with no extra space to cope with it.

The biggest challenge was trying to find an escape on your days off. Non-essential shops were closed so you couldn't go shopping for the things you needed aside from food. Exercise sessions were limited in duration and location. Households were stressed because they weren't getting proper breaks from each other as they would have had previously. The annual overseas holiday break didn't exist anymore, and it seemed as if the world had just stopped with you being one of the few people left carrying on. It tested you mentally.

It certainly brought to life the sessions we had in training



Dermot O'Leary

Paramedic and Duty Operations Manager, WAS



Cardiac arrests meant donning white suits masks, visors, double gloves, all of which took a greater amount of time and made working on a patient really difficult. You sweat gallons, and your face took a beating from the masks. My nose constantly broke out in spots and sores as a result and has not yet fully recovered.

about pandemics and their spread. It also brought out the best in people during the lockdown. My street set up a WhatsApp group so we could look after each other and offer shopping collection and other things. I also think it brought

into sharp focus exactly what the ambulance service is actually about, and the initial drop in the call volume showed that in actual fact, the vast majority of calls that hit the 999 system needn't happen. People managed without dialling 999 then, but somehow they don't seem to manage now.

I was lucky because I was still at work earning. My wife is self-employed and despite the government saying they had support available, we had to manage on my income alone. My son's university education

was totally disrupted, with everything going online and no support with the pressures of the workload. My daughter lost out on her GCSEs/A-levels and had to adapt to online learning, something which doesn't suit her learning style. Our friends became e-mail and Facebook contacts and we missed out on milestones in their lives such as birthdays, weddings, christenings, and everything else we took for granted.

The first year of the pandemic was a bloody tough year for all

sorts of reasons. There's been a great deal of stress brought about by money worries, loss or disruption of routine which helped you cope with the demands on a paramedic. Staff shortages due to colleagues catching COVID at work and huge gaps in rosters as a result. This all combined to serve as a lesson in appreciating what you've got, and that you have the inner strength to keep going no matter how down you felt. Mentally, I am stronger now than I was before.

When I first heard about COVID-19, I naively thought it'd be the same as Ebola, SARS and Swine Flu and that it wouldn't really affect us. But as cases started to increase in the UK, I became extremely concerned. I really wasn't sure what impact this would have on my friends who worked in a healthcare setting or those with businesses. I am involved in a local community centre in Cardiff, and we decided about a week before the government lockdown to close the centre for the safety of the community. This was probably the toughest decision that I had to make in my entire life. I knew then that we were going to be on a rollercoaster and would quickly need to adapt to a 'new normal'.

I joined the Welsh Ambulance Service on the day that lockdown was announced – 23rd March 2020. Though there was a part of me that was apprehensive, I was so grateful to be joining the Trust during a pandemic, where I was able to continue working and make a small difference. A few days after starting my role, I was redeployed to support colleagues within the Trust's

Business Continuity Cell (BCC). Joining a new organisation was difficult enough, but being thrown into the deep end, I knew I had to learn to swim very fast. The most difficult thing I initially found was all of the abbreviations – I did not have a clue and could not follow some conversations at all, but very quickly I became accustomed to the WAST language. Even 18 months on,



Faz Tahir

Diversity Lead, WAS



A few days after starting my role, I was redeployed to support colleagues within the Trust's Business Continuity Cell (BCC). Joining a new organisation was difficult enough, but being thrown into the deep end, I knew I had to learn to swim very fast.

I reflect back at my time in the BCC, I am so glad that I was exposed to so much of the organisation in such a short space of time. I never actually got an official induction to the organisation but somehow through being redeployed, I perhaps got the best induction to WAST that I could have ever received.

Initially it was challenging to stay connected with colleagues due to working from home. But the introduction of Microsoft Teams helped for better connectivity with work colleagues. As time went on, it was challenging to work from the same space every day, as the advice was to avoid going out. I rotated the rooms I would work from and even resorted to working from the garden to get a change of scenery. Thankfully the warm weather allowed me to do so!

I loved how communities came together and supported each other. I met neighbours that I had never met before. Strangers were doing shopping for other strangers. You could really feel the community spirit which was really heart-warming. On a personal level, I found the time to connect with friends all over the world that I hadn't connected with for some time.

A few of my friends lost their parents during the pandemic. Perhaps the hardest thing I had to endure was not being able to attend their funerals or being there to support my friends. Another impact was not seeing friends and family. I am very close to my grandparents and not seeing them as regularly as I would normally was really difficult. In addition, meeting with friends took on a new dimension. For the first time,

I met with friends on Zoom or WhatsApp video which I saw as a blessing. Even 20 years ago, it would have been difficult to keep connected so easily with friends and family.

At an organisational and personal level, many sacrifices have had to be made. We have had to adapt and make changes to what we considered 'normality'. However, I like to see the silver lining in all of this. For example, the notion of home working was easily dismissed before, but the pandemic has shown that remote working does work, and staff can be efficient whilst working from home. This will help to formulate a hybrid approach moving forward, something which would probably have taken many years if the pandemic had not happened.





Views from the ambulance workforce

Irum, 28, had been a 111-call handler for five months when the pandemic started. With the 999 system under significant pressure, she stepped up and undertook 999 call assessor training and quickly found herself taking emergency calls.

“I was very anxious at the beginning because we just didn’t know what was happening. None of us had ever experienced anything like it. I had got to a good place with the call handling in 111 but all of a sudden, I found myself taking emergency calls. My world was turned upside down because the change came so quickly, but we all had to step up because of the way things unfolded with such a huge increase in call numbers.

“It wasn’t just work where it was an anxious time. I’m a carer for my elderly Grandma who I live with, and it was so nerve wracking seeing how the virus was affecting older people and not knowing if we going to work would have an impact on her. It was really difficult not being able to give her a hug for fear of giving her COVID-19. The screens that they put up between the desks, wearing a mask and using the cleaning equipment did help - it made me less anxious because I knew that if I followed the advice and cleaned everything down then there was less

chance of catching the virus and potentially taking it home.

“It was also a particularly difficult time at the beginning because I lost a close friend to the virus. Areema Nasreen was a nurse at Walsall Manor Hospital and was one of the first healthcare workers to lose her life. It was very difficult not to go and see her sisters – I wanted to be there for them but couldn’t do it face-to-face because of the lockdown restrictions. It was a difficult time.

“Not everything in the pandemic has been bad. I get huge satisfaction from knowing I am able to help people in their hour of need, every day and helping to save lives. I am also grateful that I had a job throughout it when many people I knew either lost their job or were furloughed. It affected many of them negatively. I also gained in confidence through the pandemic and have since become a mentor helping new call handlers. I always think back to those early days when



Irum Hanif

Call Assessor / Mentor, WMAS



It wasn’t just work where it was an anxious time. I’m a carer for my elderly Grandma who I live with, and it was so nerve wracking seeing how the virus was affecting older people and not knowing if we going to work would have an impact on her.

I start working with them and remember how scared I was and how I gained in confidence as the call numbers increased.

“It has been a hard time for my family and friends. There is no question that it has changed the way we deal with and look at things. From still not seeing people physically, using video calls, but also appreciating the little things now.

“My brother had an operation in October last year – everything was done on the phone and video calls as we couldn’t go in to see him. I’m grateful to the nurses in the hospital who answered the calls when my brother couldn’t and helped us to see him.

The key thing I will take away from this time is that life is too short to worry too much about it; tomorrow is never promised – you don’t know what will happen, so make the most of today.”



“I remember panicking, coming into work surrounded by people!” It may be over 18 months since the pandemic started but some memories are still as fresh as the day they were created. For Angela Ahir, getting the Trust’s estate ready to deal with COVID-19 was something that brought a whole new complexity to an already busy job.”

“In those first few weeks I was really nervous that I would pick up the virus and take it home. It also created a huge amount of work. We had to put protective screens everywhere in our control rooms, expand the size of the control rooms and it all needed to be done by yesterday. In addition, we worked with the IPC team to get signage for one-way systems in place, and get the contract cleaning company to massively increase their capacity with deep cleans three times a day at all sites - something that continues to this day. We also introduced new forms of cleaning including the Clorox hydrostatic spray that allows us to clean areas that would be almost impossible to do normally.

“I also remember the quiet roads coming into work; only Estates and IT people being in the building. Apart from the operational teams, we are the only ones that have been in the office throughout, with everyone else working from home. Although the journey to work was easy, work itself was tough; we worked so quickly, sometimes it all just became a blur.

“While the pandemic has clearly been horrible, I do take positives

from it. It has helped me to develop my career. When it started, I was the helpdesk co-ordinator, but when the role of contract manager came up, the experience I had gained during those early months gave me the confidence and experience to make me go for it and get the job. Often people only seem to moan about Estates, for example if something isn’t working, but the pandemic has allowed me to see just what an important role we play in the organisation. Our work has kept staff safe, and without our work who knows what the infection rates might have become like? I do feel proud of what we have done, even if people don’t necessarily see what an important role we have played - we really have supported the frontline.

“Although I take positives, I do have to balance that with the challenges that we all faced. Learning to stay away from people including my Mum. Doing things differently so that we could maintain those contacts using the phone and video calling. We even ended up going round to my Mum and standing in the street having a conversation over the wall so that we didn’t get too close.



Angela Ahir

Estates Sustainability Manager
/ Cleaning Contract Manager,
WMAS



We worked with the IPC team to get signage for one-way systems in place, and get the contract cleaning company to massively increase their capacity with deep cleans three times a day at all sites.

It was a very strange time, but we all had to do the best we could. I do remember how quiet it was as I took our dog for a walk; I quite liked it that way and it has made me re-think my life.

“I still don’t like crowded places and I am astounded so many people have just given up using face masks when infection rates are still so high – it does make me nervous. I think the pandemic will have a lasting effect on us all; it has made me appreciate my family so much more. I definitely stay in touch with them a bit more now, which is good.”



Views from the ambulance workforce

When news of the potential pandemic began to increase, I was initially nervous and worried about it as like others, this was something that I had never experienced. Seeing the number of people that were dying due to the virus on the news really concerned me. Although my full-time job is as a lead clinical educator, I still undertake operational shifts on frontline ambulance duty and the thought of doing this during the pandemic worried me. I was also worried for my colleagues that work on the frontline.

When training was cancelled at the beginning of the pandemic, we developed bespoke course programmes to ensure that training was affected as little as possible. We've also had to change how we deliver practical training, reducing class sizes and introducing PPE to keep staff and learners safe.

The pandemic has caused the way we deliver training to change significantly. We quickly had to develop training to deliver online, as well as new courses at short notice to support things like the Nightingale Hospitals and training our volunteers to take on additional duties. We also set up training for temporary registered paramedics to help meet demand in A&E Operations.

My role involves planning the staffing for upcoming courses and managing the day-to-day

running of the sites I oversee. During the pandemic the training plan has been very fluid, and changes have occurred regularly. It has been challenging to meet planning demands and the high demand for training.

There have been times where the past year has been really difficult. Seeing how the pandemic has impacted my colleagues and other friends and family who work in the NHS, both physically and mentally, has been difficult. We also lost colleagues to COVID-19 which was incredibly hard.

However, I am proud of how the team has worked together to ensure that training has been affected as little as possible by the pandemic. We had to adapt quickly to utilise technology to ensure training could still take place and it's really rewarding to see those new staff we trained



Joanna Oakman

Lead Clinical
 Educator/Paramedic, YAS



We quickly had to develop training to deliver online, as well as new courses at short notice to support things like the Nightingale Hospitals and training our volunteers to take on additional duties.

now working in A&E operations or the patient transport service. I also continued to work on the frontline during the pandemic and was pleased to be able to help patients who needed emergency treatment in these difficult circumstances.

The resilience my colleagues have shown has been fantastic, and I am proud to work with such a brilliant team.

I was on shift when the first case of COVID-19 in Yorkshire was discovered. I don't think then we really realised the potential impact it would have on us. I think we thought it would be a similar situation to Swine Flu, that it would make us busy but not bring the entire nation to a halt.

Our workload increased massively to start with as the public began to panic and did not understand what they should do if they thought they had COVID-19, which at the time was such an unknown infection. Alongside people calling us because they were worried, the sheer number of patients dialling 999 with genuinely life-threatening symptoms was astounding and something that I don't think any of us expected.

By the time the pandemic took hold, and the country went into lockdown, I had been sent home to shield as I was classed as extremely clinically vulnerable. This was a massive challenge for me. I am used to working as a team in the busy emergency operations centre environment so finding myself at home and trying to support my colleagues remotely was really hard. My ICT skills have had to improve significantly as I had to learn to use a variety of new software programmes very quickly to make sure I could continue to do my job.

I felt lonely at times and jealous when I knew some of my friends and family were able to go into work normally. I also felt guilty

that I did not have to go out and put myself at risk of being infected like they did. My duty manager and the other team leaders on our team have definitely become more aware of looking after each other's wellbeing.

I do think that the challenge of not being able to meet face-to-face has made us stronger as a management team as we have all learned to communicate more effectively. We are all more aware of looking after each other's health and wellbeing too.

Being back at work, after the shielding period, I thought the workload may calm down. But as the country eventually started to get back to normal unfortunately the call volumes have only increased. It feels as though the public soon forgot about the weekly claps and 'thank-yous' for the NHS, and sadly the abuse from some towards our 999 call handlers began again. The pandemic has reminded me of my own humanity and vulnerabilities, I think we set these aside when we are at work. I have also learned I definitely no longer have any desire to work from home!



Michaela Carter

Emergency Operations Centre
Team Leader, YAS



By the time the pandemic took hold, and the country went into lockdown, I had been sent home to shield as I was classed as extremely clinically vulnerable. This was a massive challenge for me. I am used to working as a team in the busy emergency operations centre environment so finding myself at home and trying to support my colleagues remotely was really hard.

Views from the ambulance workforce

When the pandemic hit London my role within the Macmillan End of Life Care Team at London Ambulance Service NHS Trust shifted to focussing on the delivery of patient care as a Paramedic due to the exponential increase in 999 and 111 calls.

As a team we were supported by the Trust to use our skills and knowledge to focus on providing care to palliative and end of life care patients. This involved upskilling myself and other members of the team to provide clinical triage and advice over the phone to end of life care patients and their families. Taking up this role helped patients avoid long delays for ambulances and enabled care to be delivered in the home by the most appropriate team through collaboration with other health care professionals such as the patients care team, GP, or the local hospice.

Our team also contributed to national work through joint efforts with the National Ambulance End of Life Care Forum, to create guidance that aligned with NICE to address the management of symptoms in the community. This included the management of breathlessness, where guidance was rapidly created, and agreement gained for the use of Morphine for these patients.

The challenges in managing patients at the end of life I experienced was the fear from patients and their families about attending hospital due to the risk of infection. This made it difficult when there was a clinical need for the patient to attend the emergency department. Community services at this time were also under a huge amount of pressure, which at times limited the options for care provision at the patient's home. Providing on call support for clinicians enabled us to navigate these complex situations together and our previous work in securing appropriate care pathways with hospice services proved valuable.

I also saw the impact on our colleagues across the service, who were experiencing exposure to a higher number of deaths. We provided debrief sessions for those that wanted to seek welfare support after a case as well as extending this offer to those experiencing a personal bereavement.

It seemed that the pandemic brought the importance of End



Karina Catley

MacMillan Paramedic Lead, LAS, and member of the AACE End of Life Care Forum



Community services at this time were also under a huge amount of pressure, which at times limited the options for care provision at the patient's home.

of Life Care to the forefront of colleagues' minds, with an encouraging increase in the number of advance care plans, containing patient's wishes and preferences, accessed by ambulance clinicians during this time.

As the pandemic emerged my initial feelings of uncertainty remained, however the sense of comradeship amongst colleagues all pulling together to deliver quality patient care felt reassuring.

National
Ambulance
LGBT Network



Views from the ambulance workforce

Although most people knew we were about to be ‘locked down’ in 2020, none of us knew what it was going to feel like. The sudden loss of liberty was so far outside our terms of reference that the first phase of ‘lockdown’ was clearly shock. On Saturday 18th March my weeks holiday to the sun was cancelled as we stood waiting at the gate to board the plane. By Monday 20th March we were all confined to home and, quite frankly, that’s my new definition of disappointment.

The need to connect people became evident very quickly and the impressive roll out of Teams across the NHS saved the day. People seemed to respond quickly to new ways of working, whether operational or not, and the cogs kept turning. The second phase, which I’ll call ‘fear’, arrived in a matter of weeks. As I tried to get hold of the National Ambulance LGBT+ Network committee members I became increasingly aware the tone of conversations was changing. There are a few of those chats that have left an impression on me. Hearing a highly competent paramedic say, ‘I don’t think I can do this anymore’, made me realise people needed each other and fast. The ever-increasing number of deaths each day on the news, and the loss of our own colleagues, saw many people connect with their own mortality.

We’ve come to think of LGBT+ rights as pretty normalised now, but it’s taken a pandemic to

expose some of the more basic inequalities. A larger proportion of LGBT+ people live alone and not everyone’s family / colleague network is as supportive as we’ve come to think it should be. If people were experiencing being alone, or had vulnerabilities with mental health, then locking them down was only going to make this much worse.

I’m proud to say the National Ambulance LGBT+ Network gathered the things that appeared to support and created a COVID 1-2-3 Strategy that was easy to roll-out nationally and at a local level. The essence of this was...

1. **Change the tone of conversations... make it personal.**
2. **Have support readily available for all... support in every pocket.**
3. **Find new ways of connecting people... share experiences.**



Alistair Gunn

Planning & Development
Manager, YAS and Chair of the
AACE LGBT+ Network



Hearing a highly competent paramedic say, ‘I don’t think I can do this anymore’, made me realise people needed each other and fast. The ever-increasing number of deaths each day on the news, and the loss of our own colleagues, saw many people connect with their own mortality.

Looking candidly back on this I’m aware it looks a bit like one of the rapidly changing Government three-part slogans. It did work however and, importantly, gave a framework for people to follow. At a national level we modelled this and reformatted our monthly 15 Minute Reads. The rainbow star



Image taken prior to the pandemic.

was knocked off the front page and cartoons of people appeared. Some of our Chief Executives joined staff in sharing their feelings about missing Pride events. A weekly 'virtual drink after work' session took place, from which my learning is, never go on camera again whilst polishing off three violet gin and lemonades!

The third phase of 'recovery' seems to have been a very protracted one, and in fact, at the time of writing this we're still very much there. It's in this phase that my own mental health was challenged and I

ended up having some time out. Looking back on the weeks before that I wish people at work could have been more empathic about the impact of the decisions they were making. On top of twelve months existing alone, a sudden unexpected and unwanted change of role wasn't going to end well.

It interests me how different Trusts engaged with their staff networks at different times. Some of the more forward-thinking ones got their chairs involved in support meetings very quickly. It took others a

while to realise there was already networks in place that connected with some of our more vulnerable staff. The real gift, however, is the legacy we can leave once this pandemic is finally over.

Having a strategy ready to follow, communications ready to copy and experiences ready to learn from would be something worth getting in place. I hope we don't need this for a good few years, if ever, but if I haven't laboured the word enough in the last sentence, phase four should be making sure we really are 'ready'.

National
Ambulance
BME Forum



Views from the ambulance workforce

I remember watching the news about Wuhan in December 2019 and not thinking much more of it. It was only in early March 2020 that I thought this could be serious, but never thought we would have to be in lockdown. The world changed from thereon in. The strangest thing was having to wear a mask, panic-buying, and only one person going in to do shopping. We didn't travel anywhere. Makes you reflect on the things we take for granted.

There was a big sense of camaraderie at work. My desk space had to be vacated and was given up so that call handlers could socially distance. The service had to set up a COVID coordination centre and I was part of that. It was good to manage a small team of agency staff to take calls and try and arrange some of the COVID testing which wasn't so accessible initially. I also got the chance to speak to members of the public that had been on a cruise and had to come home and self-isolate. It was only then that I appreciated the full impact of COVID, hearing about their loved ones seriously ill in hospital and they could not visit them. We also set up a corporate cell where staff could be redeployed, or if departments needed help, they would ring the cell. I was amazed at how quickly things became possible.

I know that BME staff networks up and down the country were supporting staff when it came to conversations about risk

assessments and the general worry of increased prevalence of Covid in BME communities. I began to hear about family friends that had passed away. There just seemed to be so much death, and a big impact on the grieving process within families as there were changes to funeral arrangements. This was a big change to a lot of communities where friends and family visit you and bring food so you do not have to cook. The National BME Forum started to meet more frequently and support the members of that group. Taking a bit of a breather became so important. The other big impact on our group was the death of George Floyd in May and the ripples across the world that this left. I always thought I was made of strong stuff and could deal with anything, but even I felt the emotional impact, and it made me 'wobble'.

Working from home has now become the norm for me and I have adjusted to this method. You adapt your etiquette,



Tasnim Ali

Business Manager, A&E Operations, YAS and Chair of the AACE Black and Minority Ethnic (BME) Forum

so for example if I get an email from a person that I have not met I will try and call them on Teams so that I can at least visualise them. I'm working longer hours now, more than ever before, because the computer is around and you think "I'll just do this". My desk is our dining table so we cannot use it for dining, and I miss that.

Saving money on petrol and shopping has been a positive outcome for me.

The world is just more cautious now – wearing masks, limited hugging, shaking hands - it feels antisocial to me, with less travel etc., however, I am determined for it to not get me down, and to be grateful for small mercies.



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

NADLG
National Ambulance Digital Leaders Group

Views from the ambulance directors

There are many changes that the pandemic brought to us. One of the most profound and apparently enduring was the fundamental change to ways of working. Whilst ambulance crews and Emergency Operations Centre colleagues often dealt with patients in the same way, for nearly everyone else COVID meant - working from home, flexibility and a reliance on technology to mean that work could continue. It's been said that should the pandemic have hit only a few year years earlier the UK's corporate bodies – and in this we can include Health and our own ambulance sector - could not have continued working as the technology and connections were just not fast nor prevalent enough and access to the information and systems needed to keep us going wasn't there.

All ambulance services have seen a surge in the use of remote working apps such as Zoom, Skype and Teams. Alongside this remote access to CADs and other clinical software has given us the flexibility and capacity to enable people to work in different places, often and increasingly from home. Thankfully work to connect all our CADs was well advanced and the ability to move incidents between us to help manage demand surges, resources shortages though using the 'ITK' links proved to be a real boon. We now have all CADs connected to each other and that flexibility continues to be needed and used, alongside the ability to push 999 calls around the UK.

Many areas introduced and are now using video consultations, and in different settings; often with patients but also for senior clinical support or indeed to specialists in hospitals. It can be expected that more and more of this will become common-place with the consequence of appropriate triage and also decisions supporting conveyance to ED or otherwise.

The use of others to help during our times of need; from the military, fire & rescue and commercial ambulance service providers meant getting them access to some of the tools and information our crews use. That has seen the rapid introduction of the National Mobilisation Application (NMA).



Tim Bishop

Executive Director of IM&T, SWAST and Chair of the AACE Digital Leaders' Group



We now have all CADs connected to each other and that flexibility continues to be needed and used, alongside the ability to push 999 calls around the UK.

A service designed and delivered by the sector's Ambulance Radio Programme, NMA integrates mobilisation and incident details with a built in sat-nav and update options on smartphones and other devices.

The focus of the technology and information people working across all Trusts and services was prioritised towards maintaining existing services. To be agile in terms of bringing

forward and introducing planned services when needed, and to do so when dealing with millions of 999 calls and incidents though the year; keeping those systems available and secure as part of the UK's Critical National Infrastructure.

All of this has been greatly facilitated by having the National Ambulance Digital Leaders' Group in place. The need to keep things going and manage digital change has been talked through, ideas shared and problems solved.

The group has ensured we were all well-connected, in many uses of the word, when we most needed to be. Through the group we had a common view of the pressures which we individually and collectively faced, and from that we were able to help and support each other through the tough times.

Responding to the pandemic with digital solutions has been significant challenge, but has moved ambulance services forward at pace. Looking to the future we should and plan to

continue to embed the best of the new ways of working, exploiting the use of what we have got as well as maintaining the need for innovative approaches in the use of digital.

In summary 2020-21 was a year to remember for our ability to co-operate, inter-operate, adapt and innovate at pace, giving us a good start to move us forward with using technology and information to provide an even better service to patients and colleagues into the future.





ASSOCIATION OF
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NASMeD
Medical Directors

Views from the ambulance directors

The first 12 months of the pandemic affected everyone.

The first 12 months of the pandemic affected our beloved NHS Ambulance Services and patients like never before, with the ever increasing ask on our workforce and very uncomfortable reality that the expectations of our patients and families might not always be met.

The EMAS Big 3 vision of Respond, Develop and Collaborate constantly going round in my head. How to continue to respond to our patients in the pandemic in a way they want and will benefit from? How to press ahead with clinical developments at a time of extreme pressure and uncertainty, whilst trying to hold down the day-to-day demand? How to provide visible leadership, support and confidence to staff working in new ways, wearing ever present personal protective equipment of various levels, whilst pushing for clinical collaboration with primary and secondary care partners?

Challenges faced by many in the NHS and social care, not just by the ambulance services, but by everyone involved in our caring professions.

The most vivid memory I have of that first 12 months was not knowing when the next challenging change would need supporting, embedding, and

delivering by our leaders to the ever-adaptable workforce. Finding new ways of engaging with staff, not just in person at stations, logistics hubs, hospital bays or workshops, but also in the virtual world of 'Facebook Live', Twitter, Enews staff and volunteer magazine articles and multiple short video messages broadcast to support and reassure.

Hearing the next 'ping' from my phone or computer. Was it a text or WhatsApp group message, an email, Teams Meeting call, or Zoom call comment? New and novel ways of supporting and collaborating. Will it be with organisational staff, regional leaders, or a national update? All accessible in a seemingly never-ending weekly diary of virtual meetings.

Getting the right balance of remote and in-person leadership has been a personal challenge as the Executive Medical Director of a large regional service. When



Dr Leon Roberts MBE

Executive Medical Director, EMAS and member of the AACE Medical Directors (NASMeD) group



The most vivid memory I have of that first 12 months was not knowing when the next challenging change would need supporting, embedding, and delivering by our leaders to the ever-adaptable workforce

responding on the frontline, supporting clinicians with decision making and complex patient discussions on scene, with the relative and comparative risks of treatment options and locations for care. It has not been easy to get a sense of whether this balance has met the expectations of all.



Once again, the EMAS Big 3 vision of Respond, Develop and Collaborate goes around in my head. What can I share with my Ambulance Service Medical Director colleagues at the next weekly virtual meeting? What support can I provide to other Executives colleagues on our almost daily meetings? I remind myself that I am still developing my knowledge of NHS management and leadership around exceptional people.

I am aware of the harsh impact on all the amazing EMAS staff

and volunteers. I am aware of the real impact on my family from spending hours working from home. I am aware of the personal impact this is having on myself and senior colleagues.

If I squeeze in one more evening meeting, one more early morning collaboration, submit one more outstanding care report for a member of staff, will it be enough? Can I ask my small team in the Medical Directorate to take on one more project, issue one more Clinical Bulletin, 'dial-in'

just one more time and short notice to discuss things we must do today, and aspire to do tomorrow?

EMAS did change the way it responded to patients, EMAS did develop and discuss the options and outcomes available to our patients in the pandemic, EMAS did collaborate with so many across the region. Only time will tell if we did the right things. Only time will tell if I did my very best.

The next 12 months will be better, yes?



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

HRDs
Human Resources Directors

Views from the ambulance directors

As a group of People Directors across the UK, our national HRD group has a strong team ethic and desire to collaborate on major workforce matters which affect us all. The strength of a good team includes having clear goals, and as the pandemic hit our goal was clear - we needed to protect, as best as we could, our staff and enable our organisations to continue to respond to the needs of our service users.

Using our collective strengths and experiences we quickly organised ourselves to deliver changing terms and conditions, protection for our most vulnerable staff and support or those find themselves operating in new environments, including those feeling isolated as a result of having to work from home. Bringing in temporary reinforcements to boost our workforce capacity was instigated at speed, with the return of retired clinicians, support from St John Ambulance and other volunteers, and the deployment of some of our 3rd year paramedic students. All of this involved a huge amount of activity and coordination to ensure everyone was able to work safely.

Reaching out and engaging our national Trade Union colleagues, keeping engagement with our workforces central to our thinking, we sought their involvement and input not only

on the 'people' policy matters, but also the changing guidance in relation to IPC measures, PPE, risk assessment and more recently, the COVID-19 vaccine.

For me personally, as the pandemic unfolded, the challenge of working in an ever-changing landscape of plans, guidance and regulation whilst knowing I may lose colleagues, friends and family to this cruel virus at any moment, provided the very reason to keep going and doing the best I could for our teams.

Being a senior leader can be a lonely job sometimes. I am ever grateful for the strength and support of my colleagues, both within my own Trust, and within the team of People leaders across our sector; but most of all I am so proud of each and every member of our ambulance services across UK, who continue to work tirelessly to serve and protect our patients.



Melanie Saunders

Executive Director of Human Resources & Organisational Development, SCAS and Chair of the AAACE Human Resources Directors (HRDs) group



Bringing in temporary reinforcements to boost our workforce capacity was instigated at speed, with the return of retired clinicians, support from St John Ambulance and other volunteers, and the deployment of some of our 3rd year paramedic students.



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

QIGARD
Quality Improvement, Governance and Risk Group

Views from the ambulance directors

When the first reports of a new virus emerged it was difficult to believe that we were about to face a global pandemic the like of which had never been seen before in our lifetime. The early days were spent trying to rationalise our thinking on the likely path of the virus, after all wasn't this just 'a common cold'?

As a former Public Health Nurse, I knew we had been preparing for a flu pandemic for years, but this virus was entirely different. When it became apparent this was a highly transmissible and dangerous virus, a sense of disbelief and concern for our safety, and that of our families and colleagues began to creep in, with a sense of fear for what the future may hold for our home and working lives. However, as the DIPC and the Director of Nursing for SWASFT, I had to show leadership in a time of uncertainty, as many of my colleagues did. Our role was to publicly put aside our fears and to focus on keeping our staff and colleagues as safe as possible, even when we were terrified ourselves. True leadership focuses on compassion, authenticity and courage and this is particularly so in times of adversity. Nursing has excelled, as have all of our clinical colleagues, and as a leader my role was to demonstrate true leadership in abundance.

Having spent a clinical career where physical connection to staff, my team and the patients has been so important, to move to a virtual world where this was not possible, in order to keep people safe, has been really challenging. Being personally connected to people is a basic human need and this was stripped away from us in an instant and has been so hard to come to terms with for so many people. That has had to be balanced in the knowledge that clinicians in our organisations were putting themselves at risk to save lives and to continue to provide compassionate care to our patients. I am in awe every day of our staff across ambulance services and proud to be in a position of leadership where my role is to support people to give great care, keeping them safe and providing support to them where required. Leadership requires humility and recognition of our own fallibility and strengths as a leader, and I am so proud to have



Jennifer Winslade

Executive Director of Quality and Clinical Care, SWASFT and Chair of the AACE Quality Improvement, Governance and Risk Directors (QIGARD) group



True leadership focuses on compassion, authenticity and courage and this is particularly so in times of adversity. Nursing has excelled, as have all of our clinical colleagues, and as a leader my role was to demonstrate true leadership in abundance.

been able to lead a fantastic service during these very challenging times.

During the last 18 months the support and kindness of my QIGARD colleagues has been complete and unquestioned,

and I have been privileged to chair this group through the most challenging times we have ever faced, not simply from the perspective of the pandemic but also the relentless pressure we have all been under. QIGARD came together and have led collectively the response to the pandemic from a safety and an IPC perspective, providing advice and guidance and holding a mirror up where necessary on the potential risks to harm for our patients and staff. A positive from our work to support the response to the pandemic has been the collaborative links we have forged with our AACE sub-groups working collectively for the common good.

Senior roles can often feel incredibly lonely and this has been exacerbated in a space where the on-going implications of the pandemic have meant more working in isolation at home and less human contact with colleagues. This, however, has never felt like a lonely space and, I have felt, and I hope my colleagues feel, the implicit support we provide for each other and the support we have counted on from our AACE colleagues. I have learnt the immeasurable value of those contacts no matter how fleeting, and what a difference a kind word makes when you are exhausted and feel that you cannot carry on, particularly

when your diary is full and there is little time to think.

There have definitely been opportunities to learn through this awful pandemic, with greater examples of collaboration, both internal to the sector and externally; greater awareness of the impact of demand, system pressures in a high-risk working environment for our people and how we can continue to provide the best care possible. Whilst trying to keep going when the workload has been more challenging than ever, and being deeply concerned about the risks our people face every day, and the risks to our patients, the examples of collaboration and focus on 'doing the right thing' has been heartening. This is something which has not only been a huge support to me and my colleagues but also gives us an opportunity to work differently in the future within and across AACE. For me the greatest area of learning has been that people, be that our staff or our patients, must be at the heart of everything we do. This guides us to do the right thing and ultimately makes us more successful as an NHS organisation. It is ok to get things wrong sometimes - we are all human, and human beings make mistakes. The most important thing is that we learn from those mistakes and ensure that we

use that learning to drive forward improvements.

Finally, I feel very strongly we have a golden opportunity in front of us, despite all of the challenges and difficulties we have faced. We can utilise the space we are in, sharing best practice, benchmarking data and learning from each other, in an environment where we trust in each other, and work together to drive improvement in quality and experience for our people and our patients. I have been privileged, as I say, to have had the opportunity to chair QIGARD and without the consistent support of my colleagues I would not have been able to manage chairing the group at a time of unprecedented activity, alongside an extremely demanding day job, and for that I would like to offer them and my AACE colleagues my sincere thanks.



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

DoFs
Directors of Finance

Views from the ambulance directors

Within the North West we were engaged from the outset of the developing pandemic, as our teams were directly involved in the repatriation of UK citizens from Wuhan in China. Friends who did not work in the NHS, thought this was another bout of avian flu, but those working in the service knew that this was not a normal respiratory virus, this was something big, that had the potential to have a significant impact on lives. How right they were.

Back in February 2020, finance teams around the country were continuing with the annual contract discussions and the annual planning round, when in the middle of March, the finance regime, as we know it, was suspended. To reduce the burden and bureaucracy, and to allow the NHS to focus on responding to the growing pandemic, we moved to a regime that reimbursed costs incurred. This was something new to the finance community, though there was no relaxation of financial governance arrangements; financial approval being a potential barrier to action and impediment to swift decision making was relaxed.

The focus of the service became that of protecting our staff and ensuring we could continue to provide a service to our population. The emphasis of my role moved to procurement and the provision of consumables, primarily protective personal

equipment (PPE). The teams worked tirelessly to ensure stocks were maintained. The country went into lockdown, but the service most definitely did not.

The AAACE Directors of Finance group shared all our experiences and learnt from each other. It quickly became apparent that at the outset of the pandemic, the ambulance sector was on the front line of the rising pressure in the NHS, as the calls received into the service steadily started to grow, and we all quickly worked to increase capacity across our service lines.

In some ways, the global pandemic has had a positive impact on the finance function. Flexible working, and working from home, were often frowned upon before the pandemic hit, but the national lockdown, demand for clinical and operational space, and responding to individual needs



Carolyn Wood

Director of Finance, NWAS
and member of the AAACE
Directors of Finance
(DoF) group



To reduce the burden and bureaucracy, and to allow the NHS to focus on responding to the growing pandemic, we moved to a regime that reimbursed costs incurred.

has allowed the function to rethink how it provides a financial service to the wider ambulance service. We have been able to take a step back to really consider how what we do adds value to the service.

With a common goal and by working together, we can overcome significant challenges, helping to meet the needs of our communities.



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

NARU
National Ambulance Resilience Unit

Views from the ambulance directors

The COVID pandemic was the biggest health issue to hit the ambulance service in my 40 years of service and my thoughts are with all those service personnel who lost their lives or who lost loved ones during this time.

I think the biggest impact on me personally from the COVID pandemic in the early days of 2020 was the conflict of professionalism versus the psychological effect of worry about COVID. The professionalism kicked in immediately, ensuring the safety of my managers, staff and those delegates on training courses. Putting in mitigation to ensure business continuity, ensuring consistency across my unit and across the organisation by meeting regularly with colleagues and peers and doing everything possible to help staff, public and patients remain as safe as possible.

Operationally my role was varied. My day-to-day role is leading and having responsibility for NARU and the National Ambulance Coordination Centre (NACC). As the pandemic unfurled, the NACC, which was already 'stood up' for winter pressures, was immediately reconfigured, and supported with extra staff and technology, including utilising many NARU Officers to support data collection and interpretation.

NARU training was also reconfigured and many more safety procedures were introduced to still allow for critical national training. New safe systems of work for our HART paramedics were introduced to ensure HART were still able to respond to the public with reduced numbers of staff. In addition to this and as part of the COVID response, I was given national responsibility for the ambulance input into the design and set up of the temporary Nightingale Hospitals, and our NARU Education staff led for WMAS in the support for NHS Nightingale Hospital Birmingham. The NARU and NACC teams were superb in their response and went well beyond the call of duty and I commend each and every one of those individuals.

All of this however, meant that I was focused on the job at hand, working over 16 hours a day seven days a week. I was, however, glad of the work and responsibility as this took my mind away from thinking about the personal and psychological effect of the worry - the worry



Keith Prior QAM

Director, National Ambulance Resilience Unit (NARU)



The professionalism kicked in immediately, ensuring the safety of my managers, staff and those delegates on training courses.

that I may get infected and take that back to my family, the worry for my teams and their families. Lockdown was in effect but I, like thousands of other ambulance staff, was still out and about, doing the job, interacting with other people, potentially picking up COVID. This was always at the back of your mind but thankfully also meant safety procedures were always at the front of my mind, I and my family have been lucky; I think every day of those in my wider ambulance family who were not so fortunate.



Working with our partners Tri-service Collaboration

Very early on in the pandemic, it became clear that ambulance services were not the only ones on the frontline facing the onslaught of the impact on our communities and the changes imposed on daily living. We very quickly set up regular weekly calls with senior leaders in the National Fire Chiefs Council (NFCC) and the National Police Chiefs Council (NPCC) to share experiences and collaborate in the way we addressed common challenges. Ambulance services in particular were needing significant support from our Blue Light colleagues, and together

we were able to produce generic solutions and materials that could be used across the UK to facilitate their working directly in ambulance services and provide that additional support – whether as drivers of ambulances, or providing essential blue light driver training to new staff and volunteers coming in. These regular meetings continue today, though on a bi-monthly basis as we continue to share, collaborate and support each other in facing ongoing pressures across the nation.

The pandemic posed challenges for all blue light services but none more so than to ambulance trusts.

The fact that we (the National Fire Chiefs Council (NFCC) and AACE) have built strong working relationships both nationally and locally enabled us to work together to address some of the challenges we all faced and indeed some of the pressures felt particularly and understandably within ambulance trusts. Working together we were able to act at pace to deal with some of the most pressing issues, which enabled ambulance trusts to focus on the frontline. It was really pleasing to see fire and rescue services the length and breadth of the country utilising the jointly arrived at consensus statement to meet

the demands faced, with firefighters driving ambulances, face-fitting masks for colleagues, moving patients and proning the ill, to secure better outcomes for the public.

This work, enabled through a series of jointly developed guidance documents to underpin the task requirements, avoided duplication of effort across the country, and more importantly was founded on a strong evidence-base and shared understanding of risk. We moved clear of the bureaucracy that often gets in the way and jointly focused on the public and their wellbeing.

The strength of coming together nationally as the three blue light responders has and continues to reap dividends - sharing ways of working,



Phil Garrigan

Chief Fire Officer, Mersey Fire & Rescue Service – NFCC, COVID-19 Fire Gold

securing consistency but most importantly delivering better outcomes for the communities we all serve.

There is no doubt that the tri-service joint working with AACE, NPCC and NFCC, established during the pandemic will continue to provide benefit.

The seriousness of the looming pandemic first hit home when in February 2020 I was briefed to prepare for 40% of my workforce to be unavailable during the peaks coming our way. Whilst, thankfully, absences never reached that figure, it was a sobering insight into what might lie ahead.

Much changed within policing in the months that followed; whilst frontline police stations remained fully open my headquarters all but emptied. There was the rush to source PPE; new emergency legislation to get briefed-out to officers; the challenge of policing draconian lockdowns with consent, and how to keep an organisation running with so many home-working - and of course camera on or off! With businesses closed, so many staying at home and no night time economy, levels of crime mostly fell with a few notable exceptions, such as domestic abuse. Demands had changed though - we were now undertaking COVID patrols, enforcing COVID breaches and responding to rapidly changing legislation, which even resulted in the issuing of £10k fines for unlawful gatherings. We still found the time to turn out in force on Thursday evenings to salute our NHS heroes though. The Spring also brought the tragic death of George Floyd, further reflection for policing on community relations, Black

Lives Matter and XR protests... before further lockdowns and a long winter.

The pandemic propelled partner organisations even closer together, not only within our local resilience forums, but also nationally. I was meeting regularly (virtually of course) with AACE and Fire colleagues in our tri-service meetings - sharing information and supporting each other through our challenges. To this day we have still not met in person, but we quickly became trusted colleagues. Our discussions included advice over PPE, COVID-19 testing regimes for our services, support from police and fire in driving ambulances, call handling arrangements and numerous other areas in which we exchanged ideas, sought to understand, and offered peer support. I was able to use my contacts within AACE to help inform policing's national pandemic response, joining people up, sharing learning and in turn assisting joint working between our services at a local level across the country.

COVID has affected us all, and for some the impact has been profound. The same is true for our public services, and whilst policing has needed to adjust significantly, I recognise this adjustment has been far more profound for the NHS and the



Charlie Hall QPM

Chief Constable, Hertfordshire Constabulary – NPCC, Civil Contingencies Lead



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ambulance services. I thank them all for what they have done, and take as a real positive the far closer and more productive working relationships that the crisis has enabled us to develop. This can only bode well for the future.

In March 2020 I remember phoning my Director of Event Planning and Delivery who was visiting the Cheltenham Festival where we were providing the onsite medical cover alongside SWAST FT. Little did I know as we ended that call that his would be the last large event we would be at for some time....

I had been asked by NHSE/I to present a plan to provide additional support to the NHS and particularly the ambulance sector. The predictions were that the virus and associated self-isolation was going to put the system under some strain.....

As we sit here in December 2021 I am reviewing our efforts so far.....over 1.2m hours of volunteering by our fantastic St John People made possible by partnerships and relationships at all levels within the NHS but more evident than ever in our relationship with AACE and our friends across the NHS ambulance sector. 1.2m hours that's 137 years in round numbers.

The first few weeks were tough; re-aligning the whole charity behind our NHS support, establishing our first ever Strategic Co-ordination Group, redeploying staff and volunteers from across the charity into roles they never dreamed of undertaking. And all of this in an organisation

where our major revenue streams of event medical cover and first aid training had stopped overnight. We had real help from colleagues setting up PPE supply chains and distribution systems and we trained our people in donning and doffing which was a first for all of them. But these people from all walks of life came back again and again undertaking what I think was one of the most challenging volunteer role in the country at the time... St John Ambulance Crew.

In November 2020 we started training volunteer vaccinators... 26,000 people recruited and trained in a little over three months. That's an organisation almost the size of the RAF. These folks showed that "volunteer does not mean amateur" and that with the right training volunteers can play a major role in healthcare doing tasks which maybe previously were reserved for professionals. As we prepare for the booster programme, I am proud to lead these operational teams who are delivering across the land.

Discussions with government around our role in the NHS Reserve and as an Ambulance Auxiliary have accelerated through the pandemic so far. I am very grateful for all of the assistance that AACE has provided over the last 2 years and I look forward to the future.



Richard Lee MBE
Chief Operating Officer /
Deputy Chief Executive,
St John Ambulance



The first few weeks were tough; re-aligning the whole charity behind our NHS support, establishing our first ever Strategic Co-ordination Group, redeploying staff and volunteers from across the charity into roles they never dreamed of undertaking.

Partnership working on the Isle of Wight

Head of Ambulance for the IoW NHS Trust, Victoria White, has paid tribute to their partners who provided invaluable, unconditional support as the pandemic swept across the island, which allowed their services to continue to be there for the community.

At the start of the pandemic we found ourselves in uncharted territory, planning for an event that we hoped we would never enact. Hampshire and Isle of Wight Fire and Rescue Service offered their support, and we

began ambulance driver training. At that time St. John Ambulance were already providing support to other ambulance services across the country. When Hampshire and IOW Air Ambulance were unable to fly patients who had not been tested for COVID it was due to this challenge that we began working in collaboration with Hovertravel to develop and implement the Island rescue service and what a lifeline that has been for our community in being able to transfer patients off Island.

In January 2021 we had soaring infection rates and in

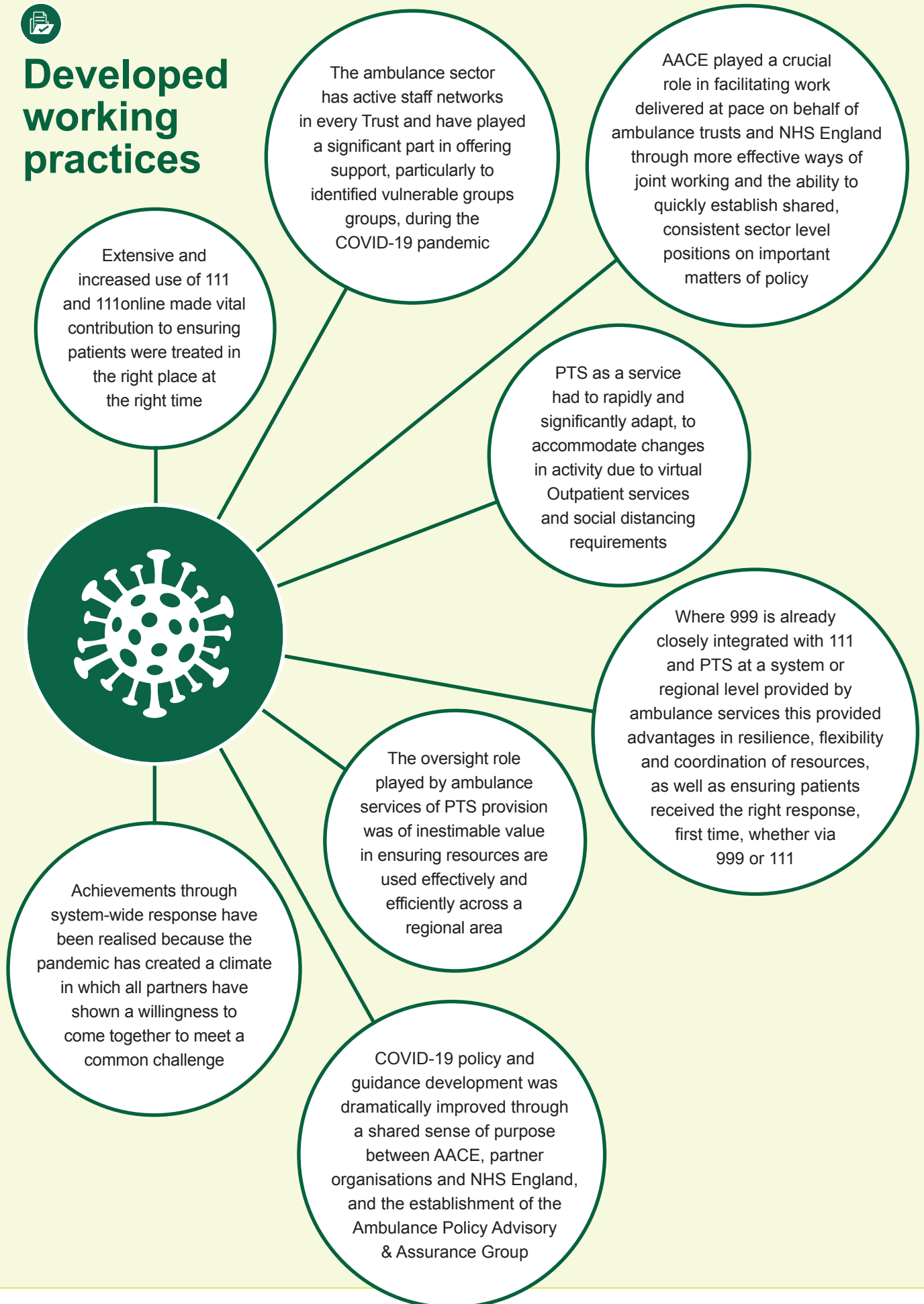
the Ambulance service we had significant sickness, so it was at that point that we requested mutual aid to both St John Ambulance and Hampshire and IOW Fire and Rescue. We also made a request to the Military for mutual aid to support some of our really critical, non-clinical service areas where staff absences were high.

The manner in which our partners and colleagues have conducted themselves and worked together with our staff has been absolutely exemplary and is hugely appreciated by all in the Ambulance service.





Developed working practices





Changes at pace across the country

Across the country changes took place at pace, and in many cases at scale, that enabled the NHS to continue to function and deliver services in the height of the pandemic.

For ambulance services key changes that had significant impact included:

- Changes in behaviour and risk appetite among crews, patients and systems
- Cancellation of elective surgery and routine care, and more people using NHS111 rather than GPs – this meant that ‘released’ clinical resources from those areas were available to provide a range of remote clinical advice to frontline crews - direct from Geriatricians, Paediatricians, GPs, other Allied Health Professionals - via phone or video
- Ability for ambulance clinicians to readily access primary care records (previously resisted in some areas) aided decision-making on scene
- Rapid uptake and availability of video assessment and diagnosis consultations for patients and for staff on scene, with relevant clinical specialists
- Increase in Advanced Paramedic resourcing in Emergency Operation Centres clinical hubs or Clinical Assessment Services, and virtual locations, providing decision-making support to call-takers and crews on scene
- Increased proportion of patients safely assessed as not requiring face-to-face response as result of revised clinical code sets in triage phase
- Rapid development of frailty pathways and virtual wards
- Changing clinical guidance was rapidly disseminated via the JRCALC app for managing symptoms in the community (inc introduction of morphine to manage breathlessness, guidance related to PPE such as choking, nebulisation and use of peak flow meters)
- GPs proactively liaised with Care Homes to ensure anticipatory emergency care and end of life plans were in place
- Support provided to Care Homes in how to manage residents who have fallen – provision of posters and video consultations – reduced the need for ambulance response
- Directory of Services was kept up to date with changes to reflect hospital divers in place
- 24/7 Helplines set up – e.g. for Mental Health, End of Life
- Accelerated processes for setting up new referral pathways to appropriate care

“Ultimately, healthcare providers just got on with tackling the emerging challenges, working together and setting up what was needed, without being hindered by red tape or lengthy funding decisions.”



AACE central team

Daren Mochrie QAM

Chief Executive,
NWAS and Chair of AACE

Martin Flaherty OBE, QAM

Managing Director of AACE

Anna Parry

Deputy Managing Director

Judith McDowell

Finance Manager

Steve Irving

Executive Officer,
ALF Event Manager and
support to JRCALC

Mike Boyne

Operational Development and
Support to NDOG

Hilary Pillin

Strategy Development and
EPRR, and support to QIGARD
and NASAT

Cathryn James QAM

Clinical Support Manager for
AACE / NASMeD / JRCALC

Carl Rees

Head of Communications
and support to NACOM

Dan Gore

Operational Support

Sam Williams

Executive Assistant to MD

Amy Birch

Administrative Assistant

Helen Vine

Senior Project Manager

Deborah Bullock

National Specialist Advisor -
Infection, Prevention & Control

John McNeil

Digital and Social Media

Terry Todd

Graphic Design and Print

Paul Woodrow OBE

Operations and Healthcare

Tracey Garcia

Operations

Caron Hitchen

Human Resources

Tony Crabtree

Human Resources

Joe Garcia MBE

Operational Delivery,
Leadership and Technology
Assurance

Peter Suter

Information Management
and Technology

Barry Thurston

Information Management
and Technology

Tracy Myhill

NHS Leadership,
Organisational Development
and Executive Mentoring

Keith Miller

Education & Training

Steve Hearnshaw

Data Analyst

Alan Rice

Paramedic Practice

AACE Director Groups

Ambulance Chief Executives' Group (ACEG)

National
Directors of
Operations
(NDOG)

Medical
Directors
(NASMeD)

Human
Resources
Directors
(HRDs)

Communication
Leads
(NACOM)

Directors of
Finance
(DoFs)

National Ambulance
Strategy and
Transformation Group
(NASAT)

National
Digital Leaders'
Group
(NADLG)

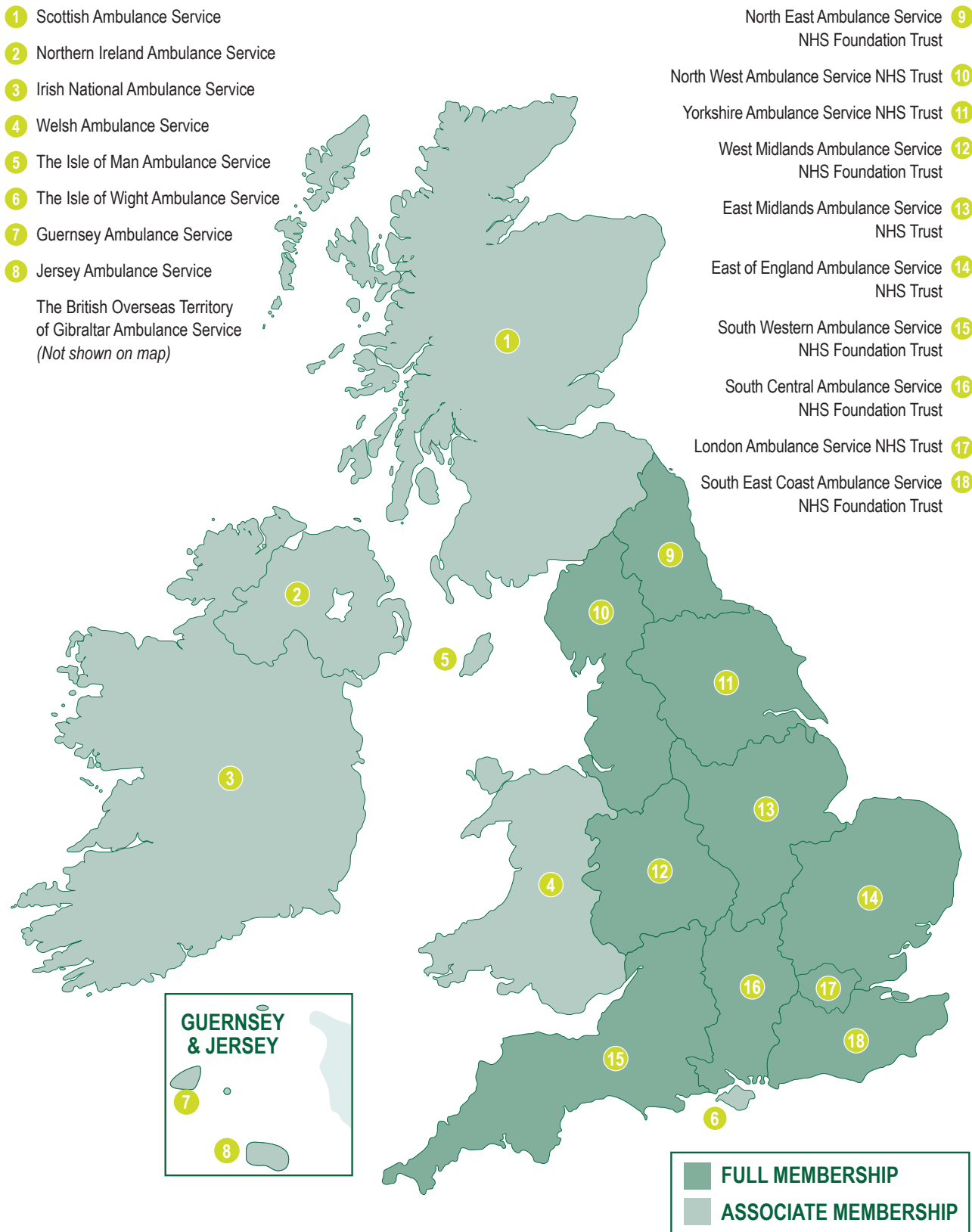
National Ambulance
Diversity and
Inclusion Forum
(NADIF)

Quality, Improvement
Governance
and Risk Group
(QIGARD)

National
Ambulance
Resilience Unit
(NARU)

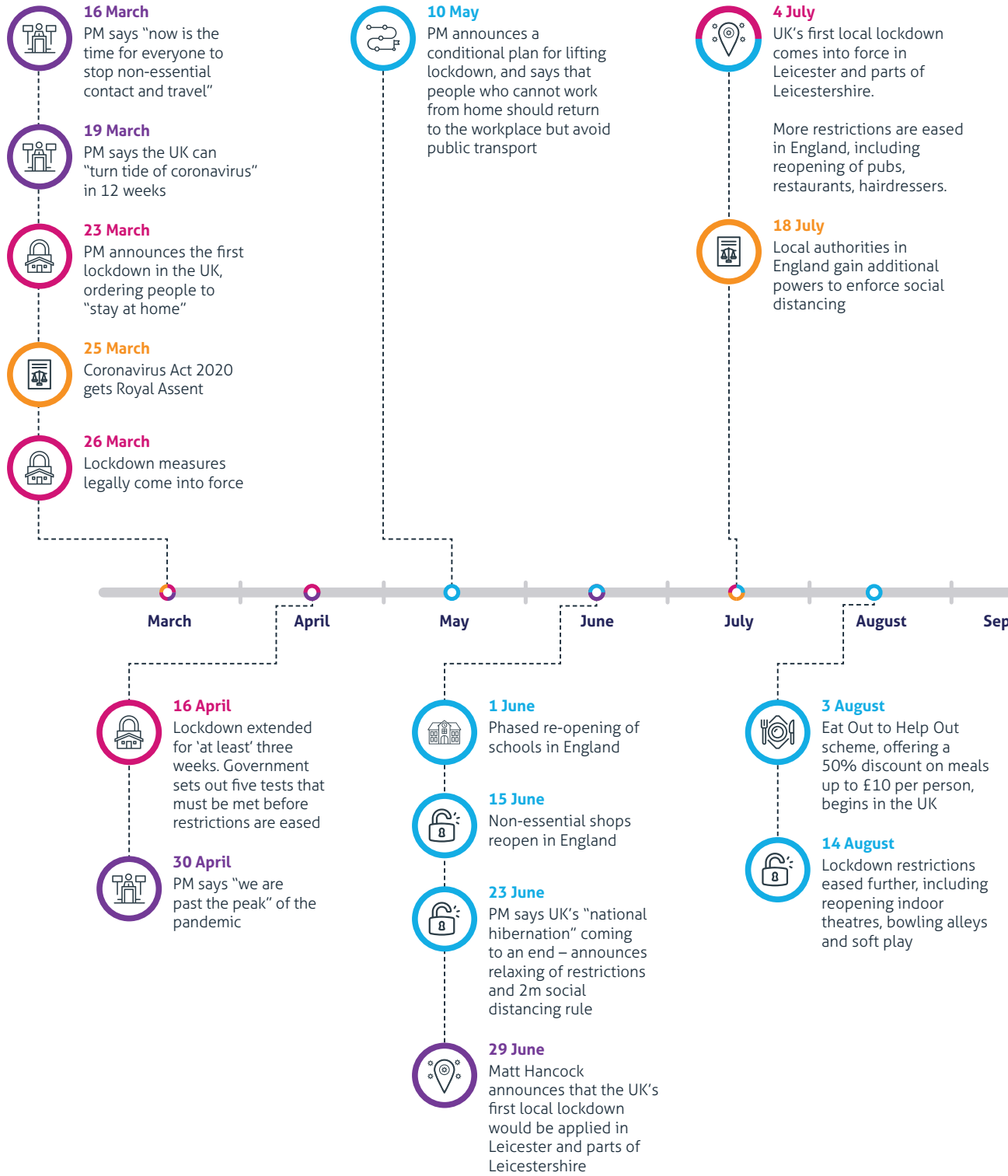


Map of Member Ambulance Services



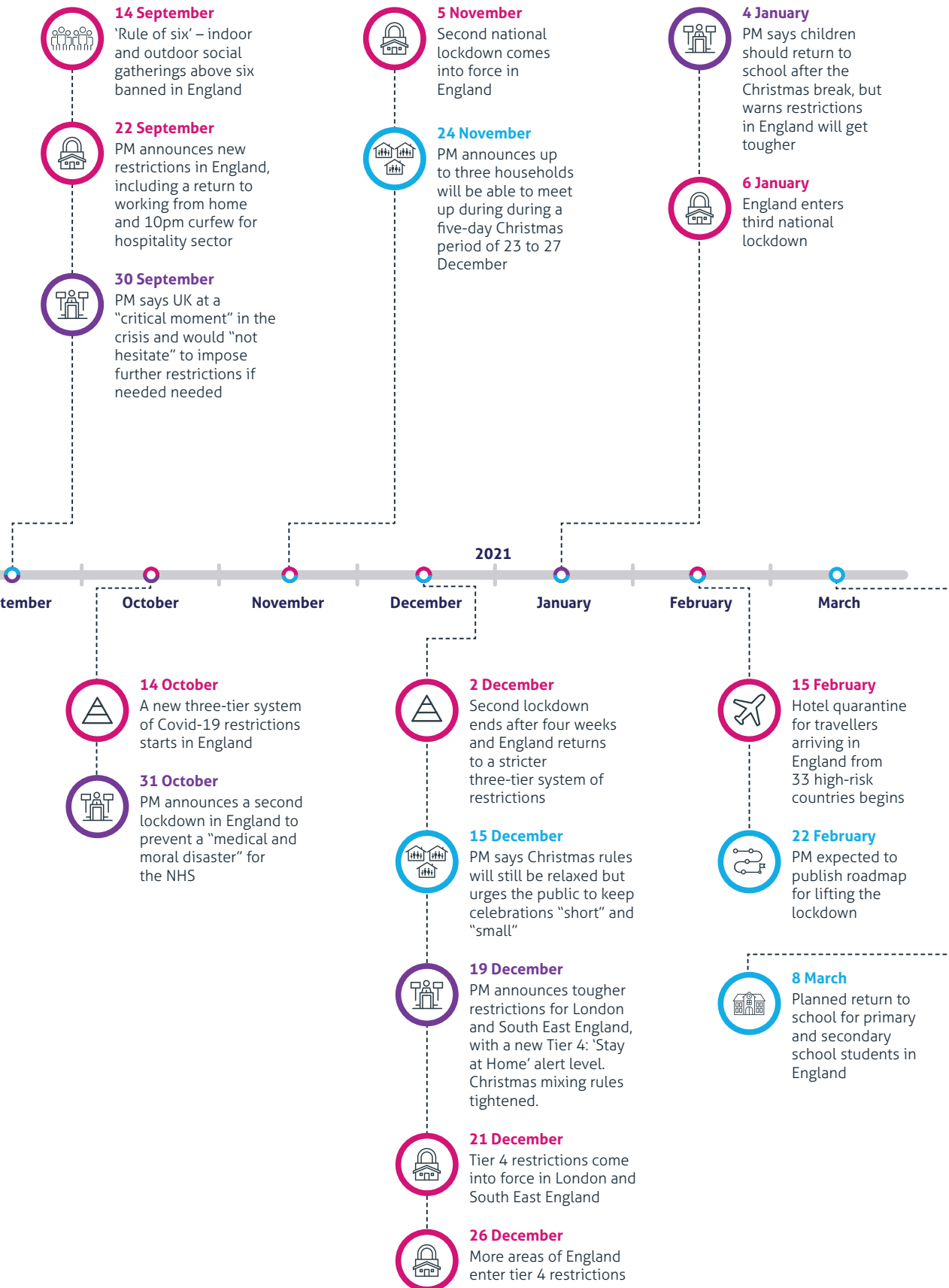


Timeline of UK coronavirus lockdowns, March



■ Lockdown / restrictions introduced
 ■ Lockdown restrictions eased
 ■ PM / government announcements
 ■ Legislation / emergency powers

2020 to March 2021





ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

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