



ERS Medical Response to COVID-19

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ERS Medical



About ERS Medical

ERS Medical operates nationally from 20 sites across the UK. Employing 1000 staff and 500 vehicles.

ERS Medical provides a wide range of specialist patient transport and courier services to the NHS and the wider healthcare sector. Clients include:

- Clinical Commissioning Groups
- Acute Hospital Trusts
- Mental Health Trusts
- Local Authorities
- Care Home Groups
- Private Individuals

In addition, ERS provides a comprehensive selection of internal and external training.



Corporate partner



Member and Director



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Introduction

While the pandemic is by no means over, the prevalence of the disease is declining, and restrictions are starting to ease. As the health sector starts to return to normal, albeit with significant measures still in place, we felt it appropriate to start to capture some of the key components of ERS Medicals response to enable us to learn from what went well and what could have been done better.

The aim of this document is to:

- Capture learning and ensure good practice is incorporated into future business processes.
- Ensure specific BC plans are ready and able to be deployed again should there be a second wave.
- Give an honest and transparent overview of quality and performance to our staff, service users and customers; stimulating and encouraging feedback/learning from all stakeholders.
- Share good practice and learning with other organisations.
- Look forward – describe how we can use data to forecast the effect of COVID-19 on service levels.

We are sharing this document widely to encourage feedback from all stakeholders, so if you have any comments or recommendations please do not hesitate to get in touch.

Andrew Pooley – Managing Director

COVID-19 Strategy

It quickly became clear that COVID-19 required the focus of the entire business and central coordination was needed to manage all aspects of our response. As immediate actions ERS Medical:

- **Convened a 'COVID-19 Committee' to oversee related business continuity/EPRR.**
Attendees: Managing Director (Chair), Medical Director, All Senior Leadership Team, Quality Manager (COVID-19 Operational Lead and PoC), Communications Manager.
- **Declared 'COVID19 Business Continuity' ERS Medicals 'Main Effort'.**
- **Set strict adherence to PHE & NHSE/I guidance as the central pillar of our strategy.**
- **Prioritise the procurement and management of Personal Protective Equipment (PPE) and IPC related products.**
- **Stress test the business against several scenarios and start tracking key indicators such as COVID19 related absence, activity levels and additional COVID-19 related costs.**

The Managing Director set out three themes in his letter to all staff on the 10th of March.

1. **'Responsive** – *We will be forward-looking in our preparation and be proactive in what is already a fast-moving situation. Our EPRR/business continuity systems and processes are well positioned to react quickly, and our Care Standards team are experienced in managing a wide range of situations that may affect our services.*
2. **Measured** – *We will base our decision making on evidence-based 'best possible advice' from authorities such as Public Health England (PHE), NHS England (NHE), British Government departments, and the WHO. We will avoid knee jerk reactions and only apply measures that are appropriate for our organisation.*
3. **Clear and Transparent** – *We will communicate as much as is practically possible with our patients, staff and partners in the NHS. We have good communication links at all levels of the NHS. We will take a reassuring and measured approach to our messaging.'*

Communication at all Levels

We recognised that robust and open communication was an essential tool in managing our response to the unfolding situation.

- Staff anxiety and fear had to be addressed early.
- The media, constantly changing guidance and mixed messages from other providers were adding to anxiety and fear among staff.

To overcome this:

- Frequent communication was needed internally and externally.
- Messaging needed to be consistent and direct from the Senior Team.

Internal

- Weekly Managing Directors Letter – All staff
- Clinical Memo – All staff
- Toolbox talks – All relevant staff
- Site TV
- In house magazine
- SLT MS'Teams' site meetings
- Clinical on-call service (24/7)

External

- Weekly IAA directors call - Independent Ambulance Association
- Bi-weekly Managing Director Letter – External stakeholders
- Regular regional updates to CQC Relationship Managers
- ERS Medical PoC Liaise with Local Ambulance Trust – establish reporting information requirements and frequency

Information Cascade:

- 1. National - Weekly – COVID-19 Committee**
- 2. National - 2x weekly – Head of Ops (Chair), Regional Senior Ops Managers**
- 3. Daily – Regional Senior Ops (Chair), Site Operations managers**
- 4. Daily (as required) Site Ops, All staff**



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National Virtual Team Meetings

- The ERS Medical Senior Leadership Team (SLT) set up a series of Microsoft 'Teams' virtual site meetings so that we could thank our staff for the outstanding effort and work they were doing in unprecedented times and answer questions directly.
- We advertised all meetings well in advance and timed them to allow the maximum number of staff to be present.
- We supplied additional IT equipment for sites to enable them to set the meetings up.
- We asked local Operations Managers to canvas their staff for questions in advance, although on the day questions are also encouraged.
- We arranged meetings for 21 sites over 4 distinct operational regions from Fife in Scotland to Eastleigh in the south of England.
- Once all meetings had been completed, we published and sent out to all staff a Q&A sheet based on all their questions.
- These meetings were very well received and attended and gave an opportunity for staff to ask questions directly to the SLT and get responses in real time and the Q&A letter.



Managing PPE

From the outset, ERS Medical prioritised the procurement and management of PPE and have successfully maintained the correct levels at all sites across the UK. To overcome potential issues with quality, all orders are checked for suitability and compliance by an ERS Medical Quality Manager before entering the system.

This has been achieved by the swift implementation of our robust Business Continuity Plan and through our national escalation plan, ensuring the continual flow of information between all of our sites. To ensure supplies are maintained, ERS Medical has implemented a dedicated stock management strategy, creating a central hub for fulfilment and distribution to all our operational sites across the UK.

By sourcing from multiple suppliers; manufacturers direct, wholesalers, retail, and working with CCGs and Trusts we spread risk as much as possible. Equipment has been sourced nationally and internationally.

As part of this strategy, weekly meetings with Operational Teams are conducted along with regular stock takes. This delivers accurate planning and forecasting to ensure adequate supplies, and any unforeseen events are addressed immediately.



Risk Management

Tracking and Managing Risk

- Business Risk Register
- COVID-19 Committee Action Log
- Local Site Business Continuity Log
- All incident/investigations tracked through Radar
- Daily check and regular brief on changes to Government guidance

Infection Prevention and Control

- General and Specific Risk Assessments
- Social Distancing on site and in vehicles.
- Vehicle adaptations (inc bulkheads)
- Additional site and vehicle IPC measures including the use of CI tabs.

Service Delivery

- Track activity levels weekly
- Track staff absence and plan for additional zero hr staff, and third party providers.
- Maintain recruitment and training (with relevant safety measures).
- Implemented a policy of prioritising recruitment of staff friends and family members who had been made redundant as a result of COVID-19.

- Adapted booking to track COVID19 positive and suspected patients.
- In line with NHSE NEPTS Guidance:
 - Adapted booking script – removed eligibility
 - Changed KPI to 1hr discharge
 - Worked with Local Ambulance Trusts to coordinate resources and information.

Employees

- Early decision to pay shielding staff full pay
- Moved non-operational staff to home working
 - Including dispersal of two 24/7 call centres
- Testing - Worked with CCGs and Trusts to coordinate and promote testing for all employees.
- Regular programme of staff checks, Home working risk assessments and EAP.
- Comprehensive plan for the return to office working.

Partnership Working

It was clear that the situation required a coordinated response between providers, commissioners and customers.

ERS Medical took a proactive approach to engage with as many stakeholders as possible. We did this through a number of channels and took an open and transparent approach to sharing information (including with competitor organisations).

Customers

- Commissioning Groups
- NHS Hospital Trusts

Governing Bodies, Regulators, Trade Associations

- NHSE/I
- PHE
- CQC
- Independent Ambulance Association

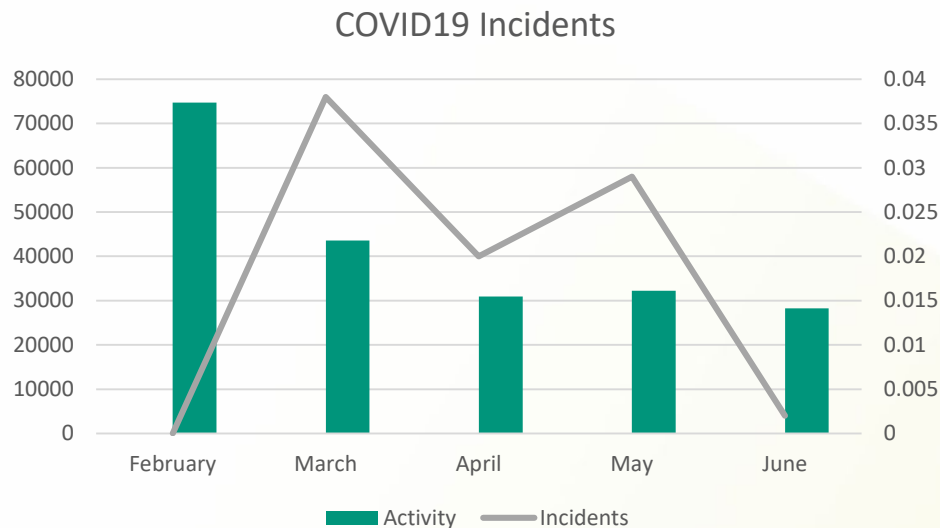
Providers

- NHS Ambulance Trusts
- Independent Ambulance Providers

Outcomes and Learning

Quality

Between 1st March to 22nd June 2020, there were 40 separate incidents across all locations with COVID-19 implicated in the root cause analysis.



- Activity - Total journey numbers. Activity drops significantly over the period due to the cancellation of non-urgent treatment.

- Incidents – As % of total activity

Peak in March as virus spreads and healthcare staff and organisations adapt to new measures.

Sharp reduction in incidents as staff and organisations became familiar with the new measures.

In June familiarity with the process and a significant reduction in COVID related journeys resulted in 1 incident.

45% (18) were down to incorrect patient COVID19 status being provided to ERS Medical at the point of booking and/or during handover from an acute NHS Trust. These incidents resulted in ambulance crews being unaware of the patient's positive status. Upon notification of the patients positive status all staff were tested, and isolated for 14 days. In cases where there were multiple patients on board the other patients had to be tracked and told to isolate.

- ✓ ERS Medical started its own track and trace by recording additional details in the central management system.
- ✓ Additional emphasis was placed on the booking and handover to ensure accurate patient information was obtained.
- ✓ Concerns raised at a senior level highlighting the issue.
- ✓ No staff involved in these incidents subsequently tested positive for COVID-19.

Outcomes and Learning

Quality continued

- 7.5% (3) were down to COVID-19 confirmed, suspected and clear patients' non-compliance issues or behavioural issues, which put ambulance crews at greater risk e.g. Pt deliberately coughing at ambulance crew & dementia Pt's removing their facemasks.
- ✓ In the absence of national guidance ERS Medical worked with MH specialists to develop its own policy for the use of level 2 PPE when transporting non-compliant patients. This was shared with the CQC, NHSE and CCG customers.
- 15% (6) were down to ambulance crews either finding their patients' seriously ill at the point of collection (renal Pt's), having to call 999 because the Pt's condition deteriorated during transport to a point where the crew recognised it was beyond their clinical scope to deal with safely and returning Pt's back to hospitals as their condition deteriorated during transport.
- ✓ This process is already well established within ERS Medical however the additional COVID-19 related reporting requirements were clarified and reiterated to staff.
- 2.5% (1) incident relates to the availability of the correct level of PPE provided by hospital site. This incident caused a delay until the correct level of PPE was made available to the crew.
- ✓ ERS Medical implemented a stock procurement, management and distribution process across all sites.
- ✓ Ensured local processes within hospital trusts were in place and fully understood.

Outcomes and Learning

Employee Outcomes

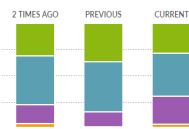
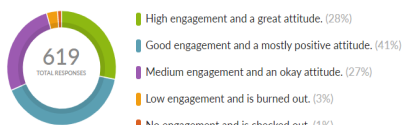
- **Employee COVID-19 Related Absence** – ERS Medical reported an absence rate of between 5-8%, significantly less than (anecdotally) reported by other healthcare organisations (10-30%).
- **Employee COVID-19 Infection Rate** – 1.85% (17) of employees recorded as COVID-19 positive. In line with the national average for individuals in patient facing roles of 1.9% (Source: ONS 12 June 2020 - 5. Characteristics of people testing positive for COVID-19. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/pilot/12june2020>).
- No positive results could be directly linked to exposure to positive patients. All but two could be likely excluded due to factors such as the employee not being in work for seven days or more prior to diagnosis or a family member becoming ill and most likely passing it to the employee during isolation.

Employee satisfaction

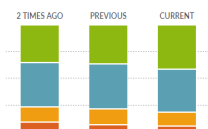
Data obtained from staff surveys through PDP

- 82% of employees registered they feel highly valued or valued.
- 69% of employees registered as high or good engagement with the workplace a further 27% registered as medium engagement. A reduction from the last survey but still very positive given the situation.

How engaged are employees at work?



How well does ERS Medical Limited recognize my value?



Outcomes and Learning

Organisational Outcomes

- **Financial Resilience** – Effective tracking of additional cost and provision of timely and detailed backing data secured cashflow and ensured financial security during and after the pandemic.
- No redundancies have been made as a result of the pandemic.

Looking forward

- **Preparation for a 'second spike'** – Business Continuity plans and the learning taken from the previous 14 weeks are ready to be reinstated should it be required.
- **Forecasting** - In the following slides we investigate the use of data to monitor and forecast the effect of COVID-19 on efficiency.

Using Data to Forecast the Effect of COVID-19

ERS Medical has well proven tools for developing solution designs, developed for bidding and improving efficiency in contracts. We have found they can be adapted to forecast COVID-19 related impact by plugging in specific variables, for example, reduction in vehicle occupancy, and used to predict the effect on efficiency. By knowing this we can work out likely impact on service levels and cost.

The measures introduced to limit the spread of COVID-19 have had a significant impact on the activity levels and efficiency of NEPTS.

NEPTS activity levels reduced by up to 50%. This reduction in activity has been matched by an increase in staff absence and a reduction in efficiency due to additional ambulance IPC measures.

As a result, overall performance remained steady, in some areas there has been enough spare capacity to support frontline services.

The risk in the short to medium term is that activity returns to nearly normal, normal or spikes, but without the corresponding reduction in absence and additional IPC measures. This could lead to pressure on the NEPTS system, a short-term reduction in performance and challenges to bed flow.

Longer term it is likely that measures will remain in place, to a lesser or greater extent, that reduce the efficiency of NEPTS services. This will reduce service levels unless contracts adapt accordingly. Providers and CCGs need to be prepared to provide the appropriate guidance and financial support to ensure continuity of service levels.

ERS Medical used our solution design modelling tools to provide evidence-based data and have made it available to support the decision making of providers, NHSE/I, CCG, CSU and Hospital Trusts for current contract management and future procurement.



If you have any feedback please
don't hesitate to contact us at
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