



Northern  
Ireland  
Office

**To:** Secretary of State

**Cc:** Minister Walker

**Date:** 15 January 2020

**Deadline:** Urgent

### MACA for Healthcare Capacity in Northern Ireland

**ISSUE:** The Department of Health has submitted a request for Military Aid to a Civilian Authority (MACA) to assist the response to the current COVID crisis.

**SUMMARY:** The Department has requested 110 Combat Medical Technicians (CMTs) / Health Care Assistants (HCAs) to support wards and relieve pressure on the healthcare system in 3 HSCT sites. The request has been made on advice of the Chief Nursing Officer. The MACA request (at **Annex D**) has been received by the NIO, for SOSNI clearance prior to SOS Defence final approval. MoD have highlighted that they would appreciate a brief note on political handling which could be put in place to mitigate the risk to military personnel deployed in Northern Ireland. This is set out below at **Annex A**.

**RECOMMENDATION:** It is recommended that:

- You approve the MACA request (Annex D) which will then be considered by MoD ministers.
- You note the sensitivity of military involvement in Northern Ireland, and the risk for military personnel, which the Defence Secretary will need to weigh against the benefit to public health from intervening.
- You agree to the engagement in this submission, including:
  - A note to MoD setting out how NIO will work with DoH and MoD to mitigate the risk to military personnel through political and media handling. [**Annex B**]
  - Included within this - a commitment that you will contact FM and Robin Swann to ensure that comms around any intervention hit the right note to safeguard military personnel and avoid politicisation.
  - Top Lines and a rough draft of the engagement plan at **Annex C**.

**SPECIAL ADVISER COMMENTS:**

OL is content with the MACA request.

Given the threat assessment and political sensitivities, we will need to consider stronger engagement plans including a wider list of stakeholders across both elected and SpAd levels - including the DUP, UUP and considering SF, SDLP and Alliance. Political Affairs should work at pace to develop these plans for engagement.

IB has concerns about the communications handling plans and would like to see more information on the delivery of comms activity. As indicated in the sub, more work will need to be done between DoH, NIO and MOD to develop these plans.

**NEXT STEPS:** If approved, we will send the MACA request on to MoD, where we understand the Defence Secretary will make a final decision. We will also continue to work with MoD and DoH on comms, and share the Annexes of this submission to clarify how we will mitigate risk to military personnel through comms and political handling.

From: Name Redacted

Sent to SpAds:

SCS: Holly Clark

Cleared by NIOLA: N/A

Director responsible: Mark Larmour

Onward submission proposed to: N/A

## BACKGROUND

### Current Healthcare Situation

1. All cancer surgeries are now cancelled in parallel with other elective surgeries. Private healthcare providers and local medical contractors have been entirely consumed over the past weeks within the Southern HSCT, Northern Ireland Ambulance Service and mobile vaccination teams. The DoH has also now exhausted the possibility of seeking - via the NIO - mutual aid from NHS England.

### What is the Aid which is Requested?

2. Whilst all HSCTs in Northern Ireland have called for immediate support, it is specifically the Belfast (50 personnel), Northern (40 personnel) and South Eastern (20 personnel) Trusts that are assessed to be most suitable for any MACA support, allowing core DoH staff to be flexed to outlying areas where deploying military personnel might generate a security concern. The Hospital sites where military personnel would be deployed are: Antrim, Whiteabbey, Belfast City (South Belfast) and the Ulster (Dundonald). The resource is requested to be available from 25 Jan to 28 Feb. MoD anticipate force will be in use from 25 Jan.

### Effect on Previous Vaccinations Request

3. Last week, Robin Swann also requested UKG assistance in the rollout of vaccinations in NI. It had been thought that military assistance would be possible - though this may need to be revisited should today's MACA request be approved.

Irrelevant & Sensitive

**OFFICIAL - SENSITIVE**

**Irrelevant & Sensitive**

**OFFICIAL - SENSITIVE**

BKL00000355  
INQ000421542\_0003

**OFFICIAL - SENSITIVE**

**Irrelevant & Sensitive**

**OFFICIAL - SENSITIVE**

BKL00000356  
INQ000421542\_0004

Annex A - DRAFT NOTE TO MOD - NIO SECURITY AND POLITICAL ASSESSMENT

Irrelevant & Sensitive

**OFFICIAL - SENSITIVE**

**Irrelevant & Sensitive**

**OFFICIAL - SENSITIVE**

BKL00000358  
INQ000421542\_0006

**OFFICIAL - SENSITIVE**

**Irrelevant & Sensitive**

**OFFICIAL - SENSITIVE**

BKL00000359  
INQ000421542\_0007

[Sent Separately]



**TOP LINES (tbc with DOH NI & MOD)**

- Our Health Service professionals continue to do an amazing job as they deal with the extreme pressures of this global pandemic. With high coronavirus case rates and significant and escalating pressures on health services right across Northern Ireland, it is reassuring that they can rely on the support of our military to provide much needed support during this pressurised period.
- Throughout the UK, military medical personnel have joined frontline healthcare staff and are providing much needed support in the fight against the pandemic.
- I want to recognise the dedication and resolve of staff across all of Northern Ireland's Health and Social Care Trusts who have worked tirelessly to provide the best care possible to their patients during this challenging time.
- It is right that military medical personnel have committed to assist with any COVID-19 MACA request received, and they will be available to provide support wherever it is needed.
- The support of military colleagues to help with this vital work demonstrates the UK Government's commitment to meet the needs of the whole of the United Kingdom as we continue to tackle the pandemic.

REQUEST FOR MILITARY AID TO THE CIVIL AUTHORITY

Request for Military Aid to the Civil Authorities (MACA)					
Consult guidance notes whilst completing this form					
TIMING <sup>1</sup> : URGENT					
Requesting Agency	Belfast, North and South Eastern Health & Social Care Trusts		Operation Name	Op RESCRIPT	
Department of State	NI Department of Health		JMC/RPoC	HQ 38 (Irish) Bde & NI Garrison	
Requesting Point of Contact	Name	Charlotte McArdle	MOD LO	Name	Name Redacted
	Role	Chief Nursing Officer (CNO)		Role	JRLO NI
	Tel	Irrelevant & Sensitive		Tel	Irrelevant & Sensitive
	Email	Charlotte.McArdle@health-ni.gov.uk		Email	Name Redacted @mod.gov.uk
DTG of request	15 Jan 21		JRLO Aware	Yes	
PART 1 – REQUESTING AGENCY TO COMPLETE SUPPORTED BY MOD LO					
1) <b>Headline summary of situation</b>					
Absenteeism in within the NI nursing staff is increasing; on 05 Jan, 316 nurses were absent due to Covid-19 or self-isolation. This more than doubled by 14 Jan to 629 nurses absent compounded by a further 826 HSCT staff recorded as absent due to self-isolation. The absentee figures for non Covid-19, but crucially including stress and mental health issues, rose from 800 nurses to 1339 over this same period. This stark figure is compounded further by the fact that in Dec 19, the nursing staff cohort across NI HSCTs had 2,800 vacant nursing posts – prompting the first industrial action ever enacted by nurses in NI. If we do not ease the pressure on our nursing staff over the coming weeks, in human terms, there is a risk that much of this vital resource will be become broken beyond recovery.					
2) <b>What is happening? – NOT initially required for URGENT MACA</b>					
Northern Ireland is now experiencing the highest recorded number of Covid-19 patients in hospitals across all 5 x Health and Social Care Trusts (HSCTs). The number of hospitalisations is set to rise again until early February, further exposing an already acute shortfall in ICU beds. Since mid-December, emergency measures have been implemented to centrally manage and surge nursing resources to points of greatest need, however this model is now compromised as there is no more resource to surge.					
3) <b>Why must action be taken? – NOT initially required for URGENT MACA</b>					
Covid-19 Inpatients - It is extremely likely that inpatient numbers will continue to rise for the next 10-14 days, taking NI over the 1100 inpatient mark, contrasting with a peak of 354 in Apr 20 which challenged our staff. ICU - It is also highly likely that inpatients needing critical care will also continue to rise for the next 14-21 days, making it highly likely that ICU usage will reach 80-90 Covid-19 patients. This is in contrast with a current Belfast Nightingale capacity for 34 staffed ICU beds. Deaths - Given the correlation between Covid-19 inpatients and deaths, it is highly likely that if inpatients reach over 1000, set against the current shortfall of nursing staff, daily deaths will reach between 25-30 against the current figure of 16 (as at 14 Jan).					

<sup>1</sup> As defined in 2018DIN03-028: **Urgent**: There is time to consult but a rapid decision is required. Abbreviation of this form is acceptable for initial submission. **Routine**: All other requests. Include the timing for the requested effect if appropriate. Annotate if a major incident has been declared.

**OFFICIAL - SENSITIVE**

<p><b>Emerging Border Issue –</b> The nursing crisis experienced by all HSCTs is set to be compounded further by an expected call for mutual aid assistance for ICU level care from the Republic of Ireland (RoI), now the most infectious country globally. On receipt of a call for mutual aid assistance (commonplace between the NI/RoI ambulance services), the decision will be based on medical triage, not nationality, so patients cannot be refused.</p> <p>Whilst nursing staff are operating at critically low capacity now, it is assessed that any further damage to this strategically important Health resource will have a seismic impact on NI's HSCTs ability to recover from the current situation. Given our position in Dec 2019, the situation has now not just an attempt to protect our core outputs now, but about protecting the future of the profession.</p>		
<p><b>4) What is the task required?</b></p>		
<p>Combat Medical Technicians (CMTs) to assist in the delivery of front line, patient facing clinical services, acting in the capacity of Health Care Assistants (HCAs). The screened request from the office of the CNO, endorsed and underwritten by the Minister of Health is for 110 CMTs/Healthcare Assistants at this point. Whilst all 5 x HSCTs have called for immediate support, the most urgent requirement is specifically;</p> <p>Belfast HSCT: Belfast City Hospital (South Belfast) - 50 x CMTs/HCAs.                  Northern HSCT: Antrim Area Hospital - 40 x CMTs/HCAs. Might include the Whiteabbey Nightingale unit (TBC).                  South Eastern HSCT: The Ulster Hospital (Dundonald) - 20 x CMTs/HCAs. Total: 110.</p> <p>NB: The injection of this pool of 110 x CMTs/HCAs will afford the HSCTs a much needed flexibility, not only for the respite of their staff, but so that staff can be surged across all HSCTs and Nightingale units when most needed.</p> <p>Timing: This critical resource is respectfully requested to be available for duty by the beginning of the expected peak of this most recent wave on 25 Jan, enduring until 28 Feb.</p>		
<p><b>5) What alternatives have been considered?</b></p>		
<p>Nursing resources have been drawn directly from our recently retired nursing cohort, but this uptake has been predictably low due to the age of this pool and the current winter pressures that they face in line with the wider population and Covid-19 restrictions. A recruiting effort targeting resources from The Philippines and India has so far yielded 605 nurses for NI HSCTs but, due to global constraints, is short of the 1029 that were anticipated to be in place by this point.</p> <p>All other domestic options have been considered and consumed, including private clinics, residential homes and sheltered communities. The most acute action that has been taken thus far has been the decision to stop all elective and cancer surgeries in NI, which has been a devastating, but critical action to free more nursing resource.</p> <p>Currently, all HSCTs are calling for assistance via recall lists and often reverting to pleas over social media platforms to draw help from those who are on rest or short-term sick absences. This cannot be sustained. Patients being held in ambulances for periods of up to 10 hours in hospital car parks before admission is now commonplace at multiple HSCT sites, due to the lack of available ward space. This unprecedented action is further depleting our nursing pool who have had to spread care across the wards; corridors; foyers and the waiting ambulances as patients move through our systems.</p>		
<p><b>Commercial Alternatives:</b>                  There are no further commercial alternatives open to the Department that have not already been consumed elsewhere in GB or RoI.</p>		
<p><b>6) Liabilities and charges (delete where applicable)</b></p>		
<p>6.1) Requesting Authority accepts responsibility for</p>	<p>6.2) Requesting authority accepts own indemnity against loss, damage, injury or death while on MOD estate?</p>	<p>6.3) Requesting authority aware that costs may be recovered by the MOD?</p>

**OFFICIAL - SENSITIVE**

**OFFICIAL - SENSITIVE**

own risk assessment?			
Yes No N/A	Yes No N/A		Yes No
Requesting Officer <sup>2</sup>	Name NI Health Minister	Signature R Swann	Date 15 Jan 21
<b>PART 2 – MOD LO TO COMPLETE</b>			
7.1) Task	7.2) Suggested Assets	7.3) Timings	7.4) Locations - Report RV/Task Locn:
Urgent CMT deployment across 3 x HSCT sites to ease pressure on a failing, currently overmatched nursing staff.	110 x CMTs: Belfast HSCT: x 50 Northern HSCT: x 40 SE HSCT: x 20  Force to be located in 2 x permanent barracks locations (TBC). Movement will be restricted to military white fleet vehicles.	Force anticipated to be <u>in use</u> from WB 25 Jan, post RSOI/ vaccinations and role specific training.	Accommodated on the Defence estate, moving in shift bubbles to the 3 x hospital sites under the control of the JMC NI ops staff (24/7).
MOD LO	Name: Name Redacted	Signature SD	Date 15 Jan 21
<b>PART 3 – MOD LO TO COMPLETE – NOT REQUIRED FOR URGENT MACA</b>			
Force Protection (Health)	The deployed personnel will be operating with the same levels of PPE, issued clothing (eg: scrubs) and same access to vaccine as the nursing staff they are supporting. This will be enhanced by a commitment from the NI Dept of Health to engage fully with FPrep activity and specific-to-role training, tailored to each named hospital site. It is intended to split the force into shift bubbles in order to regulate and manage both living arrangements and enable maximum engagement and confidence with support(ed) HSCT staff.		
Force Protection (Security)	Comd JMC NI has initiated a Security Judgement Panel (SJP), including JMC organic G2 staff, Security Partners, PSNI and the NIO. This forum aims to continuously monitor all channels available to them, across the Political and security spectrum, to enable a continuous, dynamic risk assessment on behalf of the force. The immediate JMC assessment is that FP is manageable in a closed (to the public) hospital environment, with all routes (out and return) from accommodation in permissive areas, via major arterial roads. A more		

<sup>2</sup> Empowered to agree spend.

**OFFICIAL - SENSITIVE**

	comprehensive security assessment is available from the SJP. NB: Military clothing will not be worn at any point during this deployment.		
Reputation	JMC NI will follow a strict regional (NIO driven) protocol for media engagement. The overarching principles are to not engage with any press outlets, nor engage or express opinion with HSCT colleagues about the wider Political situation. A neutral press stance is expected by the NIO, seeking to avoid criticism or exploitation from opposing ends of the Political spectrum. NI Defence Media Officer is aware and engaged and will work up a series of local LTT for the force in the first instance, within the wider Defence Op RESCRIPT messaging strategy.		
<b>PART 4 - COMMENT BY HQ SJC(UK)</b>			
To include a Rough Order of Magnitude (ROM) costing			
TO BE COMPLETED BY HQ SJC(UK)			
HQ SJC(UK) lead	Name	Signature	Date
<b>PART 5 – MOD APPROVAL (COMPLETED BY HQ SJC(UK))</b>			
MOD Approval date	ACTORD	Remarks	
<b>PART 6 – MACA CLOSURE – MOD LO TO COMPLETE</b>			
MOD LO	Name	Signature	Date

**OFFICIAL - SENSITIVE**