

# Trust resilience plan to address Winter pressures and/or any subsequent waves of COVID-19 Pandemic 2020/2021

## **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

Final Version – 5 October 2020



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## 1. Executive Summary

The South Eastern Health and Social Care Trust (SEHSCT) Resilience Plan outlines initiatives which may be required temporarily to help respond to additional demand pressures arising during Winter 2020/2021 and / or through any subsequent waves of COVID-19 Pandemic.

As always, the Trust remains committed to exploring every opportunity to ensure provision of safe, high quality services. There needs to be a coordinated, system wide approach to managing demand at times of escalation and management of available beds through co-ordination of decision making for limiting elective admissions across the region led by the Commissioner.

Whilst the demands of winter primarily affect acute, unscheduled secondary care services, this plan also refers to additional increased pressure that any COVID-19 surge will add to the already burdened system and any anticipated wide spread impact on other services Trust wide.

***The resilience plan is broadly grouped into four themes where it is felt additional capacity could be provided as follows:***

- 1. Maximising health and social care capacity in our community therefore avoiding an Emergency Department (ED) attendance or Acute admission;***
- 2. Maximising capacity in our Hospitals to deal with managing service demand arising from COVID-19 and winter pressures;***
- 3. Enabling earlier flow of patients Monday to Sunday and facilitating earlier discharge; and***
- 4. Urgent and Emergency care service readiness to face increased demand.***

The Trust acknowledges and supports the principles as outlined in the Regional COVID-19 Pandemic Surge Planning Strategic Framework (1 September 2020) and is working towards adhering to these principles in this Resilience Plan. It is important that we are open and transparent as an organisation with all our stakeholders and to acknowledge that these pressures will impact on how we deliver our services. As the Trust faces winter pressures coupled with further surges of COVID-19, this will have an inevitable impact on our ability to continue with our rebuild agenda.

The first phase of the COVID-19 pandemic period from March to June required the Trust to work in new and innovative ways in unprecedented timescales. An evaluation of all of the individual surge plans was conducted, with a focus on “holding the gains” and harnessing new ways of working and innovation to prepare the Trust as we rebuild and reset our services.

In a rapid timeframe a number of measures were put in place in response to COVID-19 with support from our colleagues in Health and Social Care Board (HSCB) and Department of Health (DoH). The vast majority of these initiatives remain

operational in some shape and provide a strong foundation for the management of further COVID-19 surges.

However, the global pandemic continues to present the health and social care system with a number of unique challenges which have dramatically changed the way services were delivered for various reasons including clinical, patient and staff safety. The key challenges for the South Eastern Trust in the context of this Winter Pressures & COVID-19 Surge Resilience Plan include Workforce, Environment and Funding.

This Resilience Plan has been developed with staff focusing on the holistic pressures that will challenge our services for the next 3-6 months and so the impact and planning for any future COVID-19 surges and winter pressures has been considered in an integrated way.

The key areas of focus outlined above are supported by actions and initiatives both existing and underway to help deliver upon, and these are summarised in the SET Resilience Planning Framework.

## 2. Introduction

Each year the South Eastern Health & Social Care Trust prepares an annual resilience plan to explain how we plan to address the predicted increase in demand for unscheduled secondary care services during winter. Traditionally this is a period when demand for our services is significantly greater than the capacity of our Hospitals. Patient safety remains the Trust's overriding priority at all times.

2020/2021 has been a challenging year to date for the Trust and indeed the wider health and social care system due to the COVID-19 pandemic. In the first wave, Trusts rapidly reconfigured services significantly in order to respond to the pandemic challenge and to reduce the risk of COVID-19 transmission in health and care settings.

At the time of writing there is a concerning rise in the number of people being tested as COVID-19 positive and evidence of increasing numbers of patients requiring care in hospital including intensive care services. The scale of a second wave depends on a range of factors, including population adherence to measures introduced by the Northern Ireland Executive to limit coronavirus spread. Evidence is emerging that health and social care workforce availability is also being impacted. A further COVID-19 wave at a time when winter pressures are known to already place extra demands will be extremely challenging and make it even more essential that there are comprehensive surge plans in place for critical care, hospital beds, community services and care homes.

This plan outlines how we plan to address the anticipated seasonal increase in demand and further waves of COVID-19.

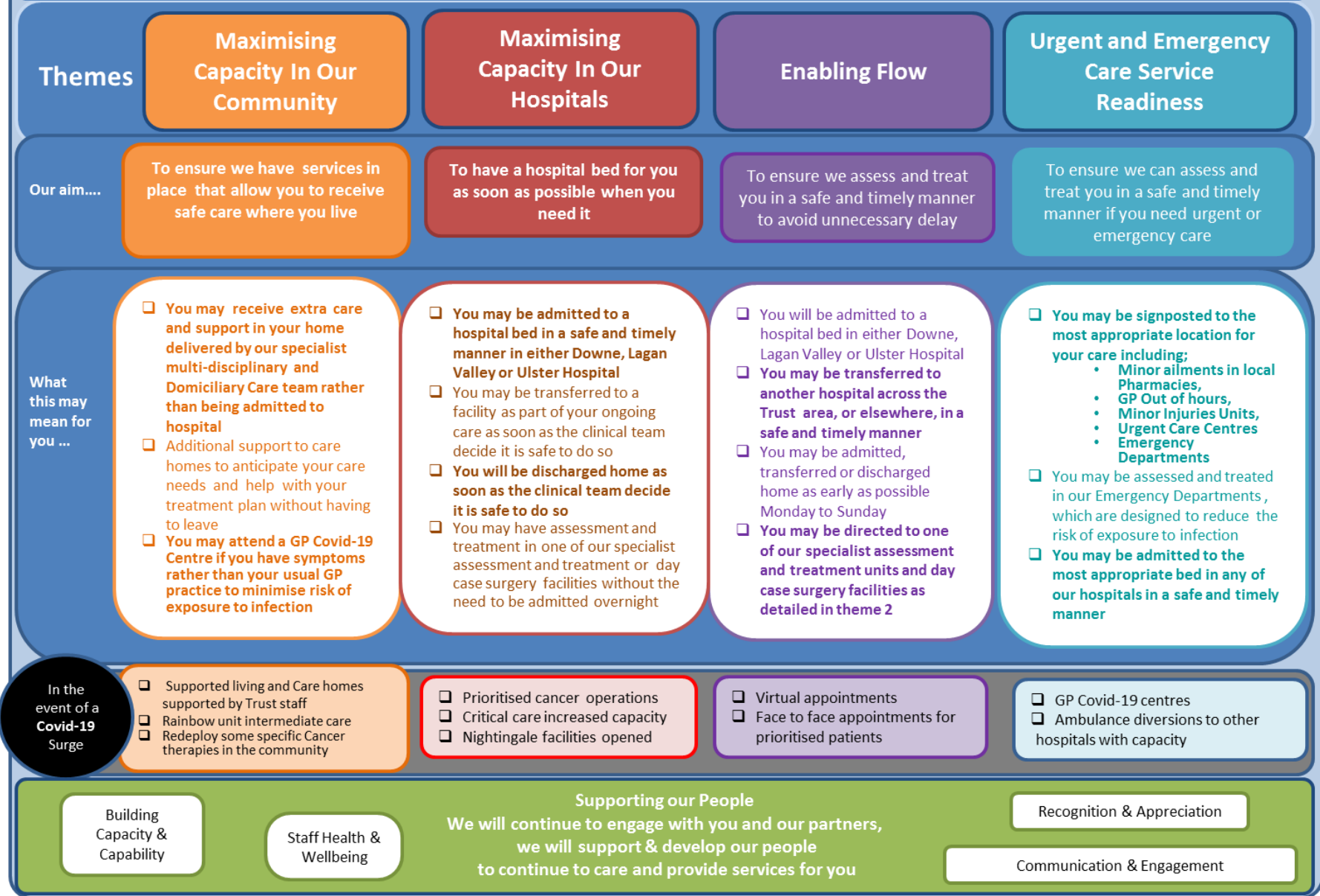
We will endeavour to maintain as many services as possible during further waves. Managing service demand arising from COVID-19 and winter pressures will have to take priority over planned or elective services.

Dependent on the level of demand coming from Winter Pressures and further COVID-19 surge(s), the Trust will monitor closely and reconfigure our existing acute hospitals' beds as necessary to ensure that we are able to treat patients and provide appropriate care, in the right place, at the right time according to their need. The Trust is developing operational plans for additional beds in the community to support hospital step down care in terms of palliative care and/or rehabilitation and helping discharge patients with COVID-19 after their illness.

It is likely that this will result in the Trust having to limit (cap) planned elective activity and as a result this will impact on our ability to deliver our rebuild agenda. We will continue to prioritise and focus on treating the most urgent cases first, and as a result some patients may have to wait longer than we would like.

The following plan on a page summarises the key actions the Trust intends to make to cope with winter pressures and COVID-19 surge in the coming months. More detail is available within the document.

# SET Resilience Planning Framework



### 3. Planning Principles

The Trust has adopted the following principles in preparing this surge plan as outlined in the Regional COVID-19 Pandemic surge planning strategic framework:

- **Patient safety** remains the overriding priority.
- **Adequate staffing** remains a key priority and Trusts will engage with Trade Union representatives on adequate staffing matters in relation to relevant surge plans.
- Trusts should adopt a flexible approach to ensure that '**business as usual**' services can be maintained as far as possible, in line with the Rebuilding HSC services Strategic Framework. This should allow Trusts to adapt swiftly to the prevailing COVID-19 context.
- It is recognised that there will be a fine balance between **maintaining elective care services and managing service demand** arising from COVID-19 and winter pressures. Addressing COVID-19 and winter pressures will take priority over elective care services, although the regional approaches announced, such as day case elective care centres and orthopaedic hubs, will support continuation of some elective activity in the event of further COVID-19 surges.
- The HSC system will consider **thresholds of hospital COVID-19 care**, which may require downturn of elective care services.
- Trusts Surge Plans, whilst focusing on potential further COVID-19 surges, should take account of **likely winter pressures**.
- Trusts should plan for further COVID-19 surges within the context of the **regional initiatives** outlined in Section 7 of the Regional COVID-19 Pandemic surge planning strategic framework document.
- Trusts should as far as possible **manage COVID-19 pressures within their own capacity first**. Should this not be possible, Trusts are required to make use of the regional Emergency Care facility at Belfast City Hospital or the regional 'step down' facility provided at Whiteabbey hospital, as appropriate. Trusts will also consider collectively how they will contribute staff resources to support Nightingale hospitals and care homes when necessary.
- The Department, Health and Social Care Board (HSCB), Public Health Agency (PHA) and the Trusts will closely monitor COVID-19 infections, care home and staff outbreaks, hospital admissions and ICU admissions to ensure **a planned regional response to further COVID-19 surges**. This will support continued service delivery.
- The Department will, if COVID-19 infection rates and other indicators give cause for action, **recommend further tightening of social distancing measures to the Executive**.

When developing the plan, account has also been taken of the latest regional guidance in relation to Infection Prevention and Control, and the remobilisation of services within health and care settings.

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. In terms of assessment of the South Eastern Trust Resilience and COVID-19 plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

#### 4. Challenges

COVID-19 global pandemic has presented the health and social care system with a number of unique challenges which have dramatically changed the way services were delivered by the South Eastern Trust. Some of the key Challenges in implementing our seasonal resilience plans and COVID-19 surge plans include:

- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to COVID-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population taking account of specific Trust differences, including for example accommodation available;
- **Service delivery pressures arising as a consequence of normal winter ailments including Seasonal flu prevalence as well as any COVID-19 outbreak** need mitigated through the flu vaccination programme and the population 'buy-in' to the measures to limit COVID-19 spread including downloading the Stop COVID-NI contact tracing app.
- Continuing to **maintain effective COVID-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites, optimise efficient utilisation of Personal Protective Equipment (PPE) and ensure adequate catering and rest facilities for our staff;
- Assessing **workforce** pressures including the ability to safely and appropriately staff the progress made in rebuilding services, taking into consideration the impact of local cluster outbreaks or quarantine requirements within staff groups. In response to the Covid-19 pandemic and likely winter pressures the Trust may have to take action at short notice to ensure that patient and staff safety remains the priority. An agile response is required to flexibly protect key services. We need to be mindful that if numbers of covid-19 community cases increase our staff will be impacted as a consequence. Also factoring the need for staff to take planned annual leave especially as we approach the autumn and winter period, and flexible working necessary to support childcare and caring commitments. The Trust will develop, as has been done in previous winters, a Christmas and New Year Resilience plan detailing staffing rotas for key services over the three week Christmas and New Year period. This is to ensure there are appropriate levels of staffing in place to maximise discharges and create capacity in our hospitals, maintain patient flow and deal with the high level of pressure across the system normally experienced directly after the Christmas period and into the New



Year. All Trusts will work collaboratively along with the Department of Health to try to address the need to support safe staffing levels relevant to COVID-19 matters in their local and regional facilities. Workforce vacancies remain a challenge across the health and social care system. We must also continue to ensure our staff are rested, feel supported and valued, and that we manage the workforce resources required for testing and swabbing to maintain patient and staff safety in respect of spread of infection;

- Our **accommodation and transport infrastructure** which has been assessed for its limitation to support and enable restart plans across our hospital and community sites. This presents significant challenges and will include a reduction in site capacity and productivity making managing a growth in seasonal pressures even more complex;
- Establishing sustainable **new models for ‘swabbing’ and ‘testing’** of health care workers and patients as part of our ongoing response to COVID-19 is essential to being alert to any potential local clusters of COVID-19 outbreaks;
- Attaining and sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely increase our services during rebuilding and to cope with seasonal demands plus COVID-19 surges. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels. The Regional PPE group will inform all Trusts if there are challenges with critical supplies the Trust will be advised and adjustments may be required;
- Providing necessary **support and resources to the nursing/ care home sector** on an ongoing basis alongside ensuring Trust based services which can increase in response to any local outbreaks;
- We are mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild agenda. This extends to providing an opportunity to engage regarding actions that we are preparing to implement for seasonal resilience and emergency decisions that may need to be taken rapidly in event of any future COVID-19 surge;
- Providing continued support to **those in need within our population** including those who were and may again be ‘shielding’, vulnerable people, and people at risk of harm.
- Rebuilding services safely in some areas is anticipated to require **capital and revenue funding consequences** that will be subject to securing DOH approval. This is also the case of the additional services we need to put in place for the anticipated increase in activity during the winter season and any future COVID-19 surge. The Trust has highlighted costs (via Monitoring Returns to HSCB/DoH) already incurred to date and forecasted to be incurred for the remainder of the financial year. In addition capital COVID-19 costs have been reported monthly to DoH via a formal return. Capital and revenue resource requirements associated with local restart/rebuild plans have been bid for under the COVID-19 Annex process as defined by DoH. The costs notified by the Trust have been included in a DoH bid to Department of Finance for funding. We will continue to work closely with our service colleagues to identify any emerging pressures during this winter period and any resulting impact of further COVID-19 surge(s). We will continue to work closely with our colleagues to identify any emerging pressures and seek solutions including securing additional workforce as available to help respond

during this winter period and any resulting impact of further COVID-19 surge(s).

We also recognise that the way we addressed seasonal winter pressures in the past may not be appropriate this time around given the need to maintain social distancing and to have separate COVID-19 and Non-COVID-19 zones.

The Trust will try to manage COVID-19 surge and winter pressures as far as possible within our own hospital and community system. The Trust plans to make greater use of Downe Emergency Department by enhancing arrangements to support a surge in demand from unscheduled care pressures Trustwide. In addition we may at times of winter pressure and surge need to utilise regional Nightingale facilities as noted in the principles section above. In April 2020 the South Eastern Trust received an instruction from Accommodation Lead, DoH, COVID-19 Gold Command Cell to commission the Acute Services Block on the Ulster Hospital site as part of the regional response to COVID-19 Pandemic should it be required for the region in response to a second wave. The Trust is currently in the process of commissioning this facility, it is anticipated that the facility will be available for use by the region in the event of a surge in early 2021. This facility would require regional support to provide the necessary workforce to become operational.

The Acute Services Block has been designed to reflect the latest guidance in relation to Infection, Prevention Control and the commissioned beds will provide 112 single en-suite bedrooms and 12 four bed bays (160 beds in total) and the generic design will ensure the facility can be used by the Region for COVID-19 positive patients or as a general medical facility.

## 5. Responding to Winter Pressures

Historically unscheduled care demand increases during the winter season. The majority of patients requiring urgent care services present to Emergency departments as the single point of entry for emergency and urgent care.

For the purposes of the resilience plan the following working definition has been used:

- Unscheduled care is any unplanned contact with the NHS by a person requiring or seeking help, care or advice. It follows that such demand can occur at any time, and that services must be available to meet this demand 24 hours a day.**
- Unscheduled care includes urgent and emergency care.**

We recognise that for some of our patients the decision to attend our emergency departments is driven by a range of reasons. Some of these may include:

- Patients with chronic conditions whose symptoms have changed;
- Patients who have been seen by GP's or Northern Ireland Ambulance Service (NIAS) and who require follow up tests or treatment that are only available in a hospital setting;
- Those with minor illness or injury who have no access to, or no awareness of, more appropriate pathways;
- Those with pre-existing symptoms who are already on a waiting list for investigation or treatment;
- Patients for whom walking in seems more convenient as there is no readily accessible alternative.

It has been recognised that this system inappropriately channels patients who require urgent care through an Emergency Department because there is no other practical option. This issue is being addressed regionally via the 'No More Silos' project. The action plan sets out 10 actions (see figure 1 below) to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. To support the strategic network, local implementation groups have been set up. The South Eastern Local Implementation Group comprises leaders from across primary and secondary care and includes GP's, Trust and Northern Ireland Ambulance Service. The development of Ambulatory Pathways as part of 'No More Silos' Urgent and Emergency Care Local Implementation Group, will enable patients to be rapidly assessed, investigated and treated without the need to be admitted to hospital. This work will include development of primary care facing pathways, subject to securing resource, aligned with areas of largest volume of activity.

Figure 1: No More Silos Action Plan



In previous years, analysis demonstrated that the increased number of people attending ED resulted in an increased number of admissions, with approximately 20% of patients requiring admission to an inpatient bed. This reduces capacity in the winter to deliver planned elective care. It is expected that any further waves of COVID-19 pandemic will result in additional hospital attendances and admission and further limit the capacity for elective care. This also includes access to diagnostics such as imaging, laboratory testing and critical care capacity. Therefore the Trust has worked to set up acute Assessment and Treatment Units in retained estate on the Ulster Hospital site and is actively developing further respiratory/ frailty and cardiac ambulatory hubs in Lagan Valley Hospital, to augment Ambulatory Care hubs pathways already established across the Trust.

*The Trust anticipates that seasonal increases in demand especially during winter will impact on the Trust's ability to achieve the rebuild of services. Any surge in people with COVID-19 needing access to care and hospital admission will add even more pressure on the unscheduled care system.*

## 6. Resilience plan actions

To manage service demand arising from COVID-19 and winter pressures the Trust will focus on the following Themes:

1. **Maximising health and social care capacity in our community** therefore avoiding an Emergency Department (ED) attendance or Acute admission;
2. **Maximising capacity in our Hospitals** to deal with managing service demand arising from COVID-19 and winter pressures;
3. **Enabling earlier flow of patients Monday to Sunday and facilitating earlier discharge;** and
4. **Urgent and Emergency care service readiness** to face increased demand

More detail is provided for each of these themes in following section.

## 6.1: Theme 1 - Maximise Capacity in the Community

### Maximising Capacity In Our Community

**Our Aim: Ensuring we have services in place that will allow you to receive safe care where you live**

**What this may mean for you:**

- ❑ That you may receive extra care and support in your home delivered by our specialist multi-disciplinary and Domiciliary Care teams rather than being admitted to hospital; and
- ❑ Additional support to care homes to anticipate your care needs and help with your treatment plan without having to leave the care home.

**How we plan to achieve this:**

- Continue to maximise alternative ways of delivering care in the community to reduce the need to be admitted to hospital including access to the Enhanced Care At Home (ECAH) service and facilitating timely discharge;
- Continue Phlebotomy services from a number of hubs Trust wide;
- Maximise the use of the Rapid access Falls Assessment Service as an alternative to 999 call (NIAS) working with Community Falls model;
- Continue to provide Multi-disciplinary team clinical assessment and support into care homes in accordance with a new regional framework being developed for nursing, medical and multidisciplinary in-reach;
- Enhance our Home based community rehabilitation and access;
- Enhance domiciliary care capacity, working to the regional plan for domiciliary care and focus resources to those most in need in the community. This includes concluding the review of those in receipt of domiciliary care packages who halted their package during COVID-19 surge 1;
- Enhance intermediate care provision in non-acute setting;
- Continue to improve out of hospital Palliative and End of Life Care and promote Advance Care Planning;
- Continue to enhance the interface between acute, community and primary care teams and to promote, where possible and appropriate, patient led self-care;
- Providing opportunities for managing demand and providing capacity in Community settings e.g. Musculo-Skeletal (MSK) services, Minor Surgery Services, Respiratory care;

- In order to maintain people in supported living placements, we will ensure robust and effective procedures and arrangements are in place to minimise risk and to provide the best possible support to people in their supported accommodation; and
- We will provide the safest possible staffing in the context of COVID-19 related matters.

## 6.2: Theme 2- Maximising Capacity in our Hospitals

### Maximising Capacity in Our Hospitals

**Our Aim: To ensure we have a hospital bed for you as soon as possible**

**What this may mean for you:**

- To be admitted to a hospital bed in a safe and timely manner in either the Ulster, Lagan Valley or Downe Hospital;
- To be transferred to a specialist ward in one of our hospitals or in another Trust in a safe and timely manner;
- To be transferred to a facility as part of your ongoing care as soon as the clinical team decide it is safe to do so;
- To be discharged home as soon as the clinical team decide it is safe to do so;
- To have assessment and treatment in one of our specialist Assessment and Treatment Units or Ambulatory Care hubs without needing to be admitted overnight into a hospital bed. Examples include;
  - Acute Assessment and Treatment Unit,
  - Surgical Assessment and Treatment Unit,
  - Frailty Assessment and Treatment Unit,
  - Cardiology Assessment and Treatment Unit ,
  - Respiratory Assessment and Treatment Unit; and
- To have day case surgery or investigations in one of our Day Procedure Units or in the Day Procedure Centre at Lagan Valley Hospital.

**How we plan to achieve this:**

- We will assess your needs and decide if you need admission, and where is best;
- We will transfer you to a facility as part of your ongoing care in a safe and timely manner;
- We will discharge you home in a safe and timely manner;
- We will make best use of our specialist Assessment and Treatment Units, Ambulatory Care hubs and day case surgery facilities so that you can receive assessment and treatment without needing a hospital bed; and
- We will continue to manage our planned services to ensure that as many hospital beds as possible are available for patients needing urgent and emergency care.



### 6.3: Theme 3 - Enabling Early Patient Flow Monday to Sunday

#### Enabling Early Patient Flow Monday to Sunday

**Our aim: To ensure we assess and treat you in a safe and timely manner to avoid unnecessary delay**

**What this may mean for you:**

- To be admitted to a hospital bed in a safe and timely manner in either the Ulster, Lagan Valley or Downe Hospital;
- To be transferred to another hospital across the South Eastern H&SC Trust, or to another Trust in a safe and timely manner;
- To make a plan for your ongoing care, including discharge home as soon as possible after you are admitted;
- To be admitted, transferred or discharged home as early as possible Monday-Sunday. This may include transfer to a step down facility for part of your care before being discharged home; and
- To be directed to one of our specialist Assessment and Treatment Units, Ambulatory Care hubs and day case surgery facilities as detailed in Theme 2.

**How we plan to achieve this:**

- We will continue to coordinate flow across the Trust with support from the Multiprofessional Team and Northern Ireland Ambulance Service;
- We will minimise delays by ensuring timely access to diagnostic and other services every day;
- We will support patients to be transferred or discharged home as soon as possible every day;
- We will provide a Discharge Lounge facility in the Ulster Hospital;
- We will maximise capacity in our hospitals as detailed in Theme 2;
- We will continue to develop alternatives to admission to a hospital as detailed in Theme 2; and
- We will support the development and use of other hospitals and facilities across the region such as Nightingale facilities, Critical care units or step down units where needed.

## 6.4: Theme 4 – Urgent and Emergency Care Service readiness

### Urgent and Emergency Care Service Readiness

**Our Aim: To ensure we can assess and treat you in a safe and timely manner if you need urgent or emergency care**

**What this may mean for you:**

- To be signposted to the most appropriate location for your care including;
  - Minor ailments in local Pharmacies,
  - GP Practices in and out of hours,
  - Minor Injuries Units,
  - Urgent Care Centres and Emergency Departments;
- To be assessed and treated in an Emergency Department which has been designed to reduce the risk of exposure to infection; and
- To be admitted to the most appropriate bed in any of our hospitals as soon as possible.

**How we plan to achieve this:**

- We will make best use of our urgent and emergency care services including:
  - GP Out of Hours service,
  - Primary Care COVID-19 centres,
  - Minor Injuries Units,
  - Urgent Care Centre, and
  - Emergency Departments;
- We plan to make greater use of Downe Emergency Department by enhancing arrangements to support a surge in demand from unscheduled pressures Trustwide;
- We have created additional space in our Emergency Departments for Covid-19 and non-Covid-19 patients;
- We will continue to work with Northern Ireland Ambulance Services (NIAS) to ensure that patients are transferred from ambulances to Emergency Departments as soon as possible;
- We will continue to develop alternatives to admission to a hospital bed as detailed in Theme 2;
- We will continue to improve flow as detailed in Theme 3;
- We will analyse all relevant available data to help us to predict service demand and respond flexibly across our system.

## 6.5 Supporting our People

### Supporting our people

**Our aim: To ensure appropriate and timely communication and support to staff and service users about changes in guidance and the impact this will have on how we deliver our services.**

We are mindful of our commitment to co-production and engagement and informed involvement in key decision making as we put our plans into action for winter and a potential second surge. We will support and develop our staff to continue to provide services and care to you, our service users, patients and carers.

#### **How we plan to achieve this:**

- **Communication**

- External communications:

- We will share our plans for winter pressures and any further COVID-19 surges showing how everyone will play a key role in protecting public health.
- We encourage you to get the flu vaccine if you are eligible and to comply with public health measures and only attend the hospital when necessary.

- Internal Communications:

- We will continue to communicate, engage with and listen to our staff through working in partnership with our Trade Unions and regular staff updates & briefings.

- **Patient and Service User Experience**

To ensure a positive experience however busy we are:

- We will seek views from service users during and after their experience of using our services. We will do this through patient satisfaction surveys (both pre and post winter). We will use 10,000 Voices and Care Opinion response to support this. We will use the learning to improve the patient experience.
- We will provide access for staff and families for COVID-19 testing.
- We will encourage only necessary visitors on health care sites whilst ensuring the most vulnerable patients are protected.
- We will assist patients to access IT to communicate with families.
- We will ensure clear, accurate information on services and restrictions is shared with patients and carers via tailored media sources. This includes clear Infection Prevention and Control information for patients.

- **Staff Health & Wellbeing**

We will promote and support the Health & Wellbeing of our staff to enable them to be well at work through:

- Flu vaccination programme promotion for staff including maximising local access through peer vaccinators to reach our target of 75%;
- Staff Psychological Support being made available;
- Flexible working arrangements;
- Access for staff and families for COVID-19 testing;
- Minimising COVID-19 spread in our staff by tracing and isolation model and promoting the use of the Coronavirus (COVID-19) 'StopCOVID NI' proximity app; and
- Promotion and maintenance of Livewell health and well-being programme and website.

- **Recognition & Appreciation**

We will recognise the commitment and contribution of staff to delivery of patient and client care by:

- Appropriate reward in line with terms and conditions; and
- Identifying and taking appropriate opportunities to value staff.

- **Building Capacity and capability**

We will provide the safest possible staffing in the context of COVID-19 related matters by

- Reviewing recruitment and retention processes to ensure an effective and efficient response to the needs of the services;
- The Trust's Corporate Bank office which supplies additional staffing into the organisation to respond to the needs of the service, will also provide support and cover during this period; and
- Continue to support and develop our staff through coaching and development opportunities.

## 7. Wider health and social care impact of anticipated COVID-19 surge

The first section of this document explained the likely impact of normal seasonal pressures arising during the winter months. Whilst the Trust will make every effort to continue with the rebuilding agenda, it is acknowledged that a surge of COVID-19 pandemic will have a significant impact. The Trust will continue to apply the regionally agreed rebuild planning principles to decision making to:

- Ensure equity of access for the treatment of patients across Northern Ireland;
- Minimise the transmission of COVID-19; and
- Protect the most urgent services.

### 7.1 Surge impact by service

This section explains the likely measures the Trust would be required to consider to ensure some level of continuity of service during any further COVID-19 surge. Many Trust services continued to be sustained during the first COVID-19 surge. This plan is for those services that experienced a significant impact as a result of the pandemic and explains the actions being proposed to manage a COVID-19 surge. The Trust has participated in and taken account of regional COVID-19 plans such as Care Homes, Acute, Children's and Critical Care Network Northern Ireland (CCaNNI).

Every effort is being made to continue to rebuild services but it is essential contingency plans are outlined to explain what is likely to occur. There are on-going restrictions in place to manage the current COVID-19 risk that limit the way we use our buildings, such as separating pathways for Covid-19 patients and non-COVID-19 patients and the way we maintain social distancing in departments. As evidence grows that a further surge in COVID-19 is likely we need to provide more capacity to meet the demand that would arise from more cases, in addition to seasonal pressures. These measures would affect the following services.

#### Hospitals

Diagnostics	➤ Continue to provide services as much as possible, prioritising inpatient, urgent and red flag investigations across all sites.
Day Surgery and Endoscopy	<ul style="list-style-type: none"><li>➤ Continue to provide as much red flag and urgent day surgery and endoscopy as possible at the Downe Hospital, Lagan Valley Hospital and Ulster Hospital.</li><li>➤ Continue to provide as much planned elective care as possible at the Day Procedure Centre at Lagan Valley Hospital.</li></ul>
Outpatients	➤ Appointments will continue to be provided as much as possible using phone and video calling

	with face to face appointments offered on a risk assessed basis.
Cancer	<ul style="list-style-type: none"> <li>➤ Services will continue as much as possible as per Surge 1 in line with Royal Colleges guidance.</li> </ul>
Maternity and Paediatric services	<ul style="list-style-type: none"> <li>➤ Continue to provide birthing options at the Ulster Hospital and Lagan Valley Hospital Midwifery Lead Unit (MLU).</li> <li>➤ Home births will continue on a case by case basis in conjunction with Royal College of Obstetricians and Gynaecologists guidance.</li> <li>➤ Neonatal cots will continue to be used in conjunction with the regional neonatal surge plan.</li> </ul>
Surgery- Emergency and Elective Inpatients	<ul style="list-style-type: none"> <li>➤ 'Red' and 'green' pathways will be maintained for emergency and elective surgical inpatients.</li> <li>➤ Emergency surgery will be prioritised.</li> <li>➤ Elective surgery will be undertaken as much as possible.</li> </ul>
Critical Care	<ul style="list-style-type: none"> <li>➤ Plans in place for low, medium, high and extreme surge scenarios as per Critical Care Network Northern Ireland (CCaNNI) surge plan.</li> </ul>
<b>Mental health</b>	
Community and Outpatient services	<ul style="list-style-type: none"> <li>➤ Continue to provide services as much as possible using phone and video call assessment and treatment with face to face appointments provided on a risk assessed basis.</li> </ul>
Inpatient regional addiction services	<ul style="list-style-type: none"> <li>➤ Continue to limit access with a view to facilitating the admission of additional patients on an incremental basis, consistent with Covid-19 Regulations. Additional support will be provided to patients through virtual outpatients services.</li> </ul>
The Condition Management Programme	<ul style="list-style-type: none"> <li>➤ Services will continue as much as possible but in event of high COVID-19 surge may have to temporarily pause.</li> </ul>
Derriaghy centre	<ul style="list-style-type: none"> <li>➤ Services will continue as much as possible but in event of high COVID-19 may have to temporarily pause and introduce virtual contact for those most in need.</li> </ul>
<b>Psychological services</b>	

- Services will continue as much as possible but in event of high COVID-19 increased phone and video call assessment and treatment will be used temporarily with limited face to face appointments provided on a risk assessed basis

## Adult Disability

### Day Care

- Services will continue as much as possible but in event of high COVID-19 and day care services are temporarily paused clients and families will be supported meantime in alternative ways depending on assessed needs.

### Day opportunities

- Services will continue as much as possible but in event of high COVID-19 but in event of day opportunities being temporarily paused clients and families will be supported meantime in alternative ways depending on assessed needs.

### Respite Care

- Clients and families will be supported in alternative ways depending on assessed needs

## Prison health care

- Increased phone and video call assessment and treatment will be used temporarily with limited face to face appointments provided on a risk assessed basis.

## Primary and Community Services

### Allied Health professionals

- Services will continue as much as possible but in event of high COVID-19 a temporary reduction in face to face contacts across all programmes is anticipated.
- Ongoing telephone and video contacts across programmes to maintain safe and effective services would be continued.
- Face to face contacts for those most at risk in line with regional guidelines and risk assessments would be provided.

### Primary care COVID-19 centres

- Increase resource to the COVID-19 Centres.

### Community dental

- Urgent Dental Care would be provided.

### Sexual health outpatients

- Services will continue as much as possible but in

event of high COVID-19 the use of telephone and video appointments would be used.

- Face to face contacts for those most at risk in line with regional guidelines and risk assessments.

## Older People

### Community Care services

- Continue with service provision social care/ community nursing support.
- Continue enhanced multi-disciplinary team support to Care Homes.
- Continue with the increased role of Enhanced Care at Home - on site visits and virtual review of care homes.

### Domiciliary care

- Assessment and provision of packages to meet assessed need, prioritised on a risk assessed basis.
- Ensure arrangements are in place to rapidly access specialist clinical/nursing support, palliative or end of life care, re-ablement and or rehabilitation services.
- Work to secure additional capacity in areas where there are high levels of unmet need.
- Support sustainability of care provision through any outbreak using dedicated COVID specific services, redeployment of Staff from other non-critical areas and engagement with independent sector providers.
- Ensure domiciliary care workers are provided with and wear appropriate PPE to protect themselves and clients.
- Regular contact will be maintained with service users/informal carers who have suspended/stopped their care package to ensure service users and carers needs continue to be met e.g. through independent sector, direct payments, Self-Directed Support, telecare, signposting to community resources or innovative sources of support.
- Continued partnership working across Trust community services to provide individuals with the appropriate specialist clinical support, including Enhanced Care at Home, re-ablement and rehabilitation to support them safely at home.
- Ongoing collaborative partnership approach between Trusts and Independent providers to meet demand including block contract



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	arrangements, prioritising critical clients and continuing to work on testing a new model of care and support at home.
Day care	➤ Day Centres will be reviewed and attendance risk managed in line with regional guidance. This may mean that is high surge day centres will reduce capacity or be closed temporarily.
Respite care	➤ Continue to provide urgent respite on risk assessed basis.
Mental Health services for older people	<ul style="list-style-type: none"> <li>➤ Continue clinics where appropriate in line with regional guidelines and risk assessments.</li> <li>➤ Clinical prioritisation for face to face appointments regarding those most at risk.</li> <li>➤ Temporary reduction in Care home reviews/monitoring.</li> </ul>
<b>Community Children's services</b>	
Health Visiting and community Paediatric Services	<ul style="list-style-type: none"> <li>➤ Continue to provide services as much as possible but in event of high COVID-19 surge there may be a temporary reduction on face to face contacts across all programmes.</li> <li>➤ On-going telephone and video contact across programmes to maintain safe and effective services.</li> </ul>
Immunisation programme	➤ Continue to provide services as much as possible but in event of high COVID-19 surge activity in terms of screening and immunisation programmes may be temporarily limited in line with regional guidance and risk assessments.
Cared for Children	<ul style="list-style-type: none"> <li>➤ Short breaks may be temporarily limited. Contact with families will be limited with the majority of contact being by telephone and video, in line with regionally agreed protocols and risk assessments.</li> <li>➤ Plans will be developed to ensure adequate staffing levels in line with Trust surge plans and Trust redeployment plans.</li> <li>➤ Services will operate in line with Covid-19 Guidance for Residential Children's Homes in Northern Ireland.</li> </ul>
Paediatric services	<ul style="list-style-type: none"> <li>➤ Continue to provide services as much as possible.</li> <li>➤ Appointments will be by telephone and video with urgent cases seen face to face in line with regionally agreed protocols and risk assessed on a case by case basis</li> </ul>

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Family support hubs	<ul style="list-style-type: none"> <li>➤ Continue to provide services as much as possible.</li> <li>➤ Contact and activity will be by telephone and video across all programmes of care with limited face to face contact in an outdoor setting in line with risk assessments</li> </ul>
Child protection services	<ul style="list-style-type: none"> <li>➤ Services will be prioritised for at risk children. Child protection visits (face to face) will be limited to urgent cases only, in line with social distancing and Infection Prevention and Control requirements.</li> <li>➤ All other contact will continue by telephone and video in line with regional guidance and risk assessments.</li> </ul>
Sure Start	<ul style="list-style-type: none"> <li>➤ The Programme for 2 year olds is a statutory education provision and has commenced with face to face contact (with limited numbers) in line with Department of Education guidance.</li> </ul>
Autism	<ul style="list-style-type: none"> <li>➤ Continue to provide services as much as possible.</li> <li>➤ Activity will be by telephone and video with face to face contact limited to urgent cases only, in line with social distancing and Infection Prevention and Control requirements.</li> </ul>
Contact for Children in care	<ul style="list-style-type: none"> <li>➤ All contact will be by telephone and video with urgent cases seen face to face based on Public Health Agency (PHA) guidance and regionally agreed risk assessments would continue.</li> </ul>
<b>Health development</b>	
Diabetes prevention	<ul style="list-style-type: none"> <li>➤ The group programme will be delivered via weekly video platform sessions.</li> <li>➤ Coaches have received training from an NHS England provider on how to run the programme online effectively.</li> <li>➤ Plans to explore limited face to face sessions have been temporarily halted.</li> </ul>
Cardiovascular prevention/ Early Treatment service	<ul style="list-style-type: none"> <li>➤ Patients are now attending the face to face cardiovascular prevention programme clinic at the Ulster Hospital for their initial health assessment.</li> <li>➤ The follow on group programme is being delivered via weekly video platform sessions.</li> <li>➤ Plans to explore limited face to face group</li> </ul>

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sessions have been temporarily halted.

Trust shielding team

- A range of valuable support will be provided to people in the community who are shielding via the Caring Communities team, including a new emotional support service.

Domestic Abuse and Sexual Violence

- Safety planning with partners via virtual means will continue raising awareness to keep domestic violence issues alive and increase communication accessibility.
- Service will continue to deliver support using alternative methods.

Screening Programmes

- All screening programmes which were paused are now in recovery (e.g. cervical and bowel screening have restarted), prioritising higher risk patients first depending on available capacity.
- Each programme is now developing an approach regionally that would try to avoid a complete pause where possible in the event of a second Covid-19 surge.

## 8. Conclusion

The entire health and social care family in Northern Ireland has come together to meet the challenges associated with COVID-19. Our combined efforts as a population in complying with regional guidance and adherence to public health requirements has helped us avoid an extreme surge in our hospitals that many other countries and regions faced during the first surge in Spring 2020.

Our entire health and social care system had to adapt rapidly and has considered lessons learned during surge one. These have been adopted when preparing the plan for a further surge and seasonal pressures.

It is expected that there may be many challenges this winter. With the ongoing support of all our colleagues and the wider community we will continue to prioritise safe and effective health and social care service delivery appropriate to the context we find ourselves in throughout the coming months.