

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

## **NORTHERN HEALTH AND SOCIAL CARE TRUST**



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## 1.0 Executive Summary

The Northern Health and Social Care Trust (NHSCT) Resilience Plan outlines initiatives required to help respond to additional demand pressures arising during Winter 2020/2021 and through any subsequent waves of COVID-19 Pandemic. Winter pressures impact mainly on our urgent and unscheduled care services however this along with a second COVID 19 surge has the potential to have a wider and more profound impact on services and our ability to deliver our rebuilding agenda.

This plan groups the action areas into 4 themes to support the Trust to deliver increased resilience through this challenging winter period:

1. **Patient Experience** – ensure a positive patient experience however busy we are.
2. **Protect our staff** - look after our staff to allow them to look after our patients.
3. **Maximising capacity and improving patient flow** – increase capacity in our hospitals and across community services.
4. **Deliver on Reform** – deliver on key reform projects that will improve services this winter.

The actions to be taken are summarised in section 5.2

The Trust acknowledges and supports the principles (see section 3.0) in preparing this resilience plan for winter and surge as outlined in the Regional COVID19 Pandemic Surge Planning Strategic Framework (1<sup>st</sup> September 2020) and will strive to adhere to these principles as it delivers services through this challenging winter period.

If we face winter pressures coupled with a second surge of COVID-19, this will impact on our ability to deliver our rebuilding agenda.

The Trust and the wider HSC system has learned from the first COVID 19 pandemic surge which required services to work in new and innovative ways to meet the challenges and deliver safe emergency services throughout this period. As we prepare for winter and a subsequent surge we will use this learning to respond in a proportionate and informed way, developing approaches that worked well.

Our key challenges in delivering this resilience plan are around workforce (availability and resilience), the environment (meeting social distancing requirements) and funding (both revenue for new service initiatives in response to COVID 19 and capital requirements).

## 2.0 Introduction

The NHSCT every autumn prepares an annual winter resilience plan to outline proposals to address the predicted increase in demand for unscheduled secondary care services each winter. Traditionally this is a period when demand for our services is greater than the capacity of our hospitals with demands for beds frequently exceeding capacity. Dependent on the level of demand coming from Winter Pressures and any further COVID-19 Surge(s), the Trust may have to reconfigure our existing acute hospital bed base 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 towards getting COVID patients home after their illness.

Patient safety remains the Trust's overriding priority at all times and the focus of this combined winter resilience and surge plan 2020/21 is to set out clearly what the Trust intends to do to help ensure patient / client safety. Monitoring arrangements will be put in place within the Trust to ensure the actions are delivered and any obstacles in achieving these addressed.

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, we rapidly reconfigured services in order to respond to the pandemic challenge and to reduce the risk of COVID-19 transmission in health and care settings.

It is expected that there will be a second COVID-19 wave later in the year. At this stage, the timing and scale of a second wave is unpredictable as it will depend on a range of factors, including the future approach to social distancing and population adherence to these measures. However, given that a second wave could potentially coincide with colder weather and winter pressures, it will be important that there are comprehensive surge plans in place for critical care, hospital beds and care homes and all the services that support these key areas.

The Trust will endeavour to maintain as many services as possible during any further waves, however managing service demand arising from COVID-19 and winter pressures will take priority over elective care services. This may result in the Trust having to 'cap' or redirect elective activity. This is because those staff who normally carry out this elective work may be required to treat COVID 19 patients. 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.

During the first phase of the pandemic staff demonstrated their energy, courage and resilience, many staff having to adapt to new roles and working environments while others have provided training and induction to new colleagues - all have had to demonstrate great flexibility. We will be continuing to work in partnership with all our staff as we head into what will undoubtedly be an extremely challenging period. We

continue to draw on the very valuable resources and expertise of our colleagues in psychological services, occupational health and human resources to provide support wherever it is needed.

This winter resilience and surge plan outlines the approach the NHSCT will adopt to address the anticipated seasonal increase in demand and any further waves of COVID-19.

### **3.0 Planning Principles**

The Trust has adopted the following principles in preparing this surge plan as outlined in the DOH Regional Covid-19 Pandemic surge planning strategic framework (1/9/2020):

- Patient safety remains the overriding priority.
- Adequate staffing remains a key priority and Trusts will engage with Trade Union side on 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 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 DOH Regional Covid-19 Pandemic surge planning strategic framework.
- 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 when necessary.

- The Department, HSCB, PHA and the Trusts will closely monitor COVID-19 infections, 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 new Guidance issued 20 August 2020: Version 1 'COVID-19 Guidance for the Remobilisation of services within health and care settings. The Infection Prevention and Control principles in this document apply to all health and care settings. The guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/National Services Scotland, Public Health England (PHE) and NHS England as official guidance.

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 NHSCT Winter Resilience and COVID-19 plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

## 4.0 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 for various reasons including clinical, patient and staff safety. These challenges include:

### 4.1 Workforce

**Sickness absence:** while managers, supported by Occupational Health, will continue to manage absence there will be significant challenges in providing full staff rotas due to sickness over the winter period (flu and COVID related sickness). Our ability to adequately staff services as part of the rebuild, winter and surge plans needs to be assessed taking into account the possibility of local cluster outbreaks and quarantine requirements.

**Shielding of staff:** If shielding is implemented through a second surge there will be a significant impact on the Trust's ability to continue to maintain business as usual with staff with underlying health conditions potentially required to shield.

**Staff wellbeing:** We need to factor in the requirement for staff to take planned annual leave and appropriate breaks and provide the flexible working arrangements necessary to support childcare and caring commitments. In addition we need to ensure staff have access to testing to maintain staff and patient safety in respect of spread of infection. We also need to ensure staff can get easy access to flu vaccination.

**Redeployment of staff:** It is the expectation that during a second surge there will be less of a down-turn in normal service as 'business as usual' is prioritised and the previous level of staff redeployment will not be acceptable to as many services. This means that fewer staff may be available to be redeployed to critical front line services to treat patients that are the sickest. Our ability to train and upskill existing staff to support essential services will also be reduced.

**Staffing of Nightingale Hospitals:** In September 2020 the Trust began developing a Nightingale facility on the Whiteabbey Hospital site as part of the regional response to the COVID-19 Pandemic. The Trust is currently in the process of commissioning this unit to operate as a regional rehabilitation facility from early December 2020. While the Northern Trust is leading on the implementation of Whiteabbey Nightingale, along with the BCH Nightingale it will require regional support to provide the necessary workforce to become operational, recognising the constraints of available staffing and the requirement to maintain safe local services.

## **4.2 Infrastructure / Physical Environment**

From our ability to meet the social distancing and hygiene requirements in line with current guidance and the segregated pathways COVID 19 has placed on our facilities, it is clear there is a challenge in the limitation of the infrastructure of our buildings. This causes a reduction in site capacity and productivity making managing a growth in seasonal pressures even more complex. There are limited options to provide any additional accommodation required including space in ED, ICU, outpatients and rehabilitation ward space. There is challenge to maintain effective zoning plans in line with Infection Prevention and Control advice and guidance to safely manage the flow of staff and patients within hospital sites and provide adequate catering and rest facilities for our staff.

ICT has already supported working from home and virtual clinics to help reduce footfall on hospital sites. The Trust expects to secure funds under the ICT Digital Rebuild and Mobilisation Programme which would provide investment to increase productivity of staff and remove the reliance on the physical estate through helping front line community staff to be more mobile.

### **4.3 Funding**

The delivery of the Trust Resilience plan to address Winter Pressures and COVID 19 surge will, in some areas, have capital and revenue funding consequences that will be subject to securing DOH approval.

The Trust (via Monitoring Returns to HSCB/DoH) have highlighted COVID-19 revenue costs 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 CRL return. Capital and revenue resource requirements associated with local restart/rebuild plans have been bid for under the COVID Annex A 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).

### **4.5 Support to Care Homes**

There is the potential, based on experience from the first surge, of a reduction in Care Home staff due to sickness and track and trace measures where staff will be required to self-isolate thereby creating staffing shortfalls. There is limited capacity of Trust staff to provide 'step-in' arrangements to Care Homes when required and an uncertainty around the availability / capacity of General Practice to provide proactive and regular medical input to Care Homes when required. In addition there will potentially be a significant number of care home residents with severe health related needs that will require transfer to a community or acute hospital setting putting additional pressures on these beds and patient flow.

### **4.6 Support from independent sector care / primary care**

As part of its winter / surge plans arrangement for medical cover for those additional community hospital beds and COVID beds will be required. This is dependent on the capacity for this to be provided. This also applies to the availability of independent sector Care Homes for the booking of beds and the availability of independent sector Domiciliary Care.

### **4.7 Communication and engagement**

We need to ensure appropriate and timely communication with 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 develop more detailed action plans in preparation for winter and a potential second surge.



## **4.8 COVID 19 Testing**

We need to sustain and expand our testing of health care workers and patients if we are to respond effectively to winter pressures and a potential second surge. This is essential to managing any potential local clusters of COVID 19 outbreaks. Our response requires having sufficient staff to swab / test all groups of people that require testing including elective patients, acute inpatients, Trust staff and staff and patients within nursing homes.

## **5.0 Winter Resilience Plan**

The focus of this winter resilience plan is patient safety, responding to predictable increases in demand for unscheduled services, particularly from late December through to March 2021. If there is an increase in demand above that normally expected in the winter period the Trust anticipates that this will impact on our ability to achieve further rebuild of services. Any surge in our population with COVID-19 needing access to care and hospital admission will add even more pressure to the unscheduled care system.

Our approach to patient safety will continue to be a consistent focus on acute site safety status management, through robust assessment, patient flow and bed management. This will be achieved through optimising ambulatory pathways to avoid admission to hospital; maximising appropriate discharges and managing complex case discharge planning. We will continue with the use of our site escalation policy which offers a common methodology across Trusts.

The Trust will develop, as has been done in previous winters, a specific Christmas and New Year Resilience plan detailing staffing rotas for key services over the 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 first weeks in January.

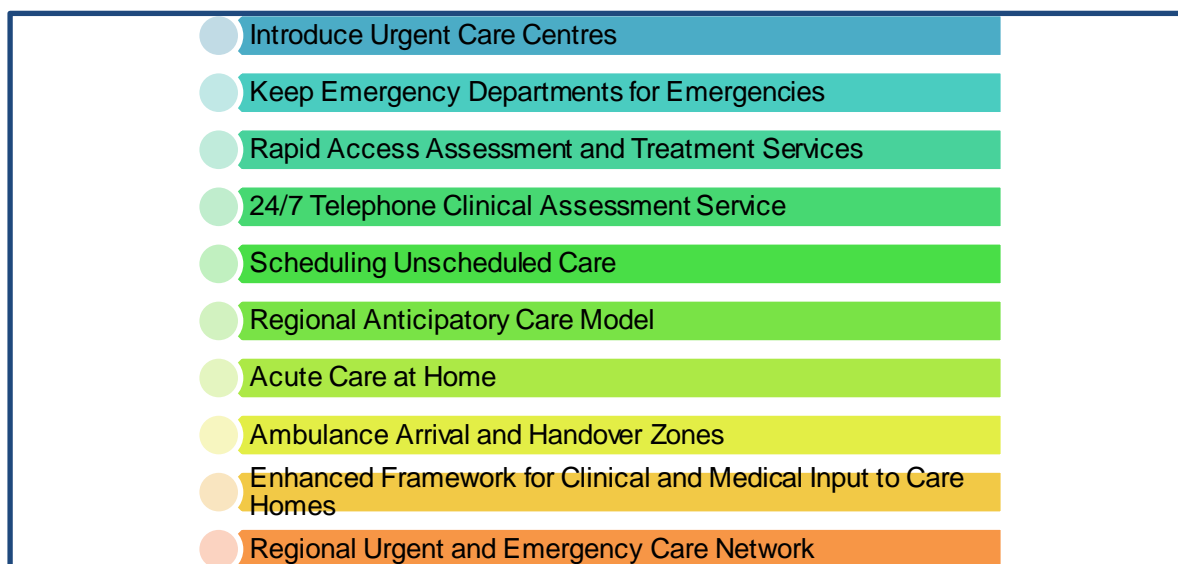
This winter resilience plan focuses on how best it can maximize and utilise current resources but also recognises a requirement for additional capacity to support secondary and community care services through this period. This may require additional resources which will be in addition to the pressure that another COVID 19 surge will create.

## **5.1 “No More Silos”**

The Minister of Health has approved the establishment of an interim No More Silos Network to produce detailed proposals for the reform of Urgent and Emergency Care. The No More Silos Action Plan, sets out the 10 key actions for consideration to ensure that urgent & emergency care services across primary and secondary care

can be maintained and improved in an environment that is safe for patients and for staff. This is both in terms of the pressures we anticipate facing this winter and the systemic issues faced by emergency care generally.

The recently established interim No More Silos Network provides the strategic direction and support required to develop the key principles and plans to deliver the 10 key actions. To support the strategic network, local implementation groups have been set up. The NHSCT Local Implementation Group comprises leaders from across primary and secondary care and includes GPs, Trust and Northern Ireland Ambulance Service.



The key elements of the service model to respond to the requirements of 'No More Silos' in the Northern Area are:

- The redesign of Urgent Care Services including a 24/7 telephone / triage service which will have direct access to direct and book appropriate patients into alternate pathways including secondary care services and into our minor injury streams; and
- Support to Care Homes including the creation of Link Worker roles into all our care homes, developing anticipatory care plans for all residents in independent sector homes in our area and the provision on an enhanced care service in-reaching to care homes for a time limited period where residents' health status deteriorates.

Northern Trust and General Practice are tasked with developing a costed draft Implementation Plan to present to the Regional NMS Network for consideration and on ward approval (by beginning October 2020). It is anticipated that implementation will commence in mid /late November, pending approvals.

## 5.2 The Winter Resilience Action Plan

This plan groups the action areas into 4 themes to support the Trust to deliver increased resilience through this challenging winter period:

1. **Patient Experience** – ensure a positive patient experience however busy we are.
2. **Protect our staff** - look after our staff to allow them to look after our patients.
3. **Maximising capacity and improving patient flow** – increase capacity in our hospitals and across community services.
4. **Deliver on Reform** – deliver on key reform projects that will improve services this winter.

**5.3** A summary of these key aspects is provided in the diagram below.

**Objective:** To prepare to safely manage increased demand across acute and community settings over the winter period

**1 Patient Experience:** to ensure a positive patient experience however busy we are

- Seek views from service users through 10,000 Voices and Care Opinion, using the learning to improve patient experience
- Encourage only necessary visitors on healthcare sites while ensuring the most vulnerable patients are protected
- Assist patients to access IT to communicate with families
- Ensure clear, accurate information is shared with patients and carers via Trust social media

**2 Protect Staff:** to look after our staff to allow them to look after our patients

- Promote uptake of the flu vaccine
- Encourage staff to participate in wellness workshops and access support programmes and advice
- Ensure annual leave is planned over the winter so all staff can have a break while providing adequate cover to frontline services
- Ensure staff are fit tested and appropriate PPE is provided
- Implement safer workplace policies throughout the organisation including social distancing and use of face coverings
- Provide access to COVID-19 testing for staff
- Give proper recognition and thanks to staff

**3 Maximise Capacity and Improve Flow:** to increase capacity in our hospitals and across

- Increase multi-disciplinary staffing on our acute hospital sites to improve assessment times and reduce discharge delays
- Provide additional paediatric medical cover for ED
- Extend the pharmacy cover provided to critical areas, increasing weekend cover and use of ready-made antibiotics
- Increase staffing across a range of community-based services
- Increase bed capacity in our community hospitals and purchase a range of additional beds in the Independent Sector
- Increase domiciliary care provision through additional rapid response capacity and 1:1 support where required

**4 Deliver on Reform:** to deliver on key reform projects that will impact on how we cope this winter

- Continue to develop same day emergency care pathways through our Direct Assessment Units, Programmed Treatment Unit and frailty models
- Develop and embed ambulatory pathways in surgery, cardiology, gynae and paediatrics
- Develop front-door urgent care reform including telephone triage prior to ED attendance
- Implement protected imaging slots for emergency surgical patients alongside direct access for primary care and a drive-through clinical physiology service
- Provide additional support to care homes, monitoring operational status and increasing multi-disciplinary support where required
- Provide a 'winter wellness' and anticipatory care service to care home residents

#### **5.4 Theme 1 – Patient Experience**

**Our Aim: ensure a positive patient experience however busy we are.**

**How we plan to achieve this:**

- 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 collect this information and we will use the learning to improve the patient experience.
- 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 whilst using our services.
- 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, clients and carers.

#### **5.5 Theme 2 – Protect Staff**

**Our Aim: look after our staff to allow them to look after our patients.**

**How we plan to achieve this:**

- We will promote staff uptake of the flu vaccine and promote the use of peer vaccinators and increase the spread and number of locations of flu clinics. We will support Care Homes in flu vaccinations for staff where helpful.
- We will provide wellness workshops for staff and ensure staff take up available wellbeing support programmes and advice when they need it.
- We will ensure annual leave is planned over the winter period so staff can have the necessary breaks and that adequate cover is provided to front line services over busy periods.
- We will ensure staff are fit tested for the necessary Personal Protective Equipment (PPE) and it is provided in line with Infection Prevention and Control (IPC) regional guidance and ensure all PPE guidance on its use is clear and unambiguous.
- We will ensure that staff receive appropriate training so they are equipped with necessary skills to manage over the winter period and prepare for any subsequent COVID surge.
- We will ensure the necessary social distancing measures are in place for staff.
- We ensure that the COVID testing arrangements are in place and quickly and easily accessible for staff (including those in care homes in the event of an outbreak).
- We will provide proper recognition and thanks to staff across both acute and community services.

## **5.6 Theme 3 - Maximising capacity and improving patient flow**

**Our Aim: increase capacity in our hospitals and across community services.**

**How we plan to achieve this:**

- We will increase our Multidisciplinary staffing on our acute hospital sites to support discharge from hospital 7 days per week;
- We will maintain the site coordination model and use real time data to ensure a focus on hospital flow and use the hospital early warning scores and regional escalation if required;
- We will maintain high and low risk pathways in our acute hospitals and implement a 'no corridor' policy for ED;
- We will provide additional paediatric medical cover for ED ensuring rapid turnover.
- We will extend the Pharmacy cover to critical areas and increase the weekend rota at Causeway Hospital;
- We will maximise the use of Outpatient Parental Antibiotic Therapy (OPAT) service supporting discharge through provision of home IV and we will purchase ready to use antibiotics;
- We will increase staffing across a range of community based services to improve patient flow and increase the capacity of the service;
- We will increase our bed capacity in our community hospitals (across the Mid Ulster, Inver, Robinson and Dalriada hospitals) and purchase additional private dementia, delirium and nursing home beds from the private sector;
- 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;
- We will continue to use virtual clinics / consultations where clinically appropriate and enhance ICT infrastructure to support workforce mobilisation.

## **5.7 Theme 4 - Deliver on Reform**

**Our Aim: deliver on key reform projects that will improve services this winter.**

**How we plan to achieve this:**

- We will implement same day emergency care through the DAU / Programmed Treatment Unit in AAH;
- We will further develop the Frailty model on AAH and Causeway sites to reduce the length of stay;
- We will continue to embed the new GP led medical model into WAH Ward 2 to ensure discharges are maximised;
- We will optimise ambulatory pathways across our acute hospitals which includes the design, test and implementation of a Cardiology ambulatory pathway in AAH ED;
- We will develop and implement effective surgical ambulatory pathways to avoid ED / hospitalisation of patients. This includes facilitating direct GP access and

providing ambulatory / hot clinics for emergency surgery with direct access to diagnostics, maximising elective day case surgery away from emergencies and increasing ambulatory clinic slots and Emergency Surgical Unit (EmSU) lists at AAH;

- We will test and then implement Active Clinical Referral Triage for General Surgery resulting in less demand for face to face new O/ P appointments.
- We will develop and implement effective gynaecology ambulatory pathways and implement Nurse led hysteroscopy and Outpatient with procedures at Antrim Hospital Gynae treatment suite;
- We will continue to use the Maternity Hub model where women receive antenatal and some postnatal care from the Hub rather than the GP surgery and develop the use of virtual maternity bookings via telephone/ zoom and provide breastfeeding support at home;
- We will continue to work on urgent care, focused on reducing ED attendances including front door triage and telephone triage prior to ED attendance in line with 'No More Silos';
- We will introduce enhanced practice radiology through the implementation of Radiographer Authorisation (vetting) of referrals for MRI [followed by CT and US] to release consultant time and decrease waiting times.
- We will implement radiology protected EmSU slots and direct access for primary care and provide Clinical Physiology drive through service for ambulatory monitoring;
- We will continue to work with Care Homes to optimise acute hospital discharges and need for support in acute hospitals for discharge planning;
- We will expand the Anticipatory Care services across Care Homes to reduce demand on ED, GPs and GPOOHs;
- We will provide additional support Care Homes to avoid attendance at EDs through monitoring the operational status of all 126 Independent sector care homes; increasing the frequency of the MDT meetings dependent on risks;
- We will maintain the 'step in' workforce arrangements to support Care Home staffing; and
- We will provide a 'Winter Wellness' health check and Anticipatory Care Plan with GPs to very frail residents.

## **6.0 Wider health and social care impact of anticipated COVID19 surge**

The first section of this document explained what the Trust plans to do to respond to normal seasonal pressures at a level experienced over the last few winters. Whilst the Trust will make every effort to keep rebuilding services, it is acknowledged that any future waves of COVID-19 pandemic coupled with winter pressures, would have a significant impact on the ability to deliver this. 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.

## **6.1 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 any further COVID-19 surge. In developing this high level plan the Trust has participated in and taken account of regional plans such as those for Care Homes, Acute, Children and Critical Care Network Northern Ireland (CCaNNI).

Every effort will be made to continue to rebuild and maintain services but it is essential contingency plans are developed to explain what may occur. There are on-going restrictions in place to manage the current COVID-19 risk that limits 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. A further surge in COVID-19 may mean we need to provide more capacity to meet this demand that would arise from more cases, in addition to seasonal winter pressures.

The table below details by services, the measures that would need to be taken to respond to the next wave of COVID 19 cases.



Our Services	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
<b>Hospital Services:</b>	
Urgent and Emergency Care	<ul style="list-style-type: none"> <li>❖ AAH and Causeway Hospital will continue to treat both COVID 19 and non-COVID 19 patients.</li> <li>❖ Maintain high and low risk pathways and implement 'no corridor' policy within both AAH and Causeway Hospital ED departments</li> <li>❖ Review staffing model across urgent and unscheduled care to ensure maximum impact and allow staff rest periods.</li> <li>❖ Work in partnership with specialities to maximise current pathways to other disciplines from Triage (Paeds Ambulatory, Gynae, EmSU and DAU).</li> <li>❖ Focus on No More Silos pathways working in partnership with Primary care to consider direct referral to secondary care and streaming of ED attendances.</li> </ul>
Critical Care	<ul style="list-style-type: none"> <li>❖ Plans in place for medium, high and extreme surge with up to 10 ICU beds in AAH and 4 in Causeway available in line with CCaNNI recommendations. This is reliant on redeployment of nurses from theatre, endoscopy and other areas which will impact on the level of elective capacity we can deliver in the next surge.</li> </ul>
Diagnostics (X-Ray, MRI, CT, cardiac investigations)	<ul style="list-style-type: none"> <li>❖ Routine imaging may be scaled back to allow resources to be directed at acute, urgent and cancer care, if deemed necessary.</li> <li>❖ Rotas to be adjusted to provide consistent staffing 24/7.</li> <li>❖ Provision of Breast Screening services will be reviewed in collaboration with PHA.</li> <li>❖ Redeployment of staff to support acute, urgent and cancer services if required.</li> </ul>
Cancer Treatment Services	<ul style="list-style-type: none"> <li>❖ Maintain Systematic Anti-Cancer Therapy (SCAT) throughout surge as far as possible.</li> </ul>
Day Surgery & Endoscopy Services	<ul style="list-style-type: none"> <li>❖ Step down routine day surgery as in the first surge.</li> <li>❖ Step down outpatient endoscopy in line with professional guidelines as in the first surge.</li> </ul>
Outpatient Services	<ul style="list-style-type: none"> <li>❖ Continue to provide through a mix of virtual and face to face assessments. Reduction in outpatient activity to support COVID related areas.</li> </ul>
Integrated Maternity and Women's Health	<ul style="list-style-type: none"> <li>❖ Births continue at both acute hospital sites</li> <li>❖ Selective postnatal visiting in the community with virtual Breastfeeding support</li> <li>❖ Cross site utilisation of Inpatient / day case gynae theatre lists for Red Flag and urgent cases.</li> <li>❖ All routine gynae outpatient appointments will be stood down during surge</li> <li>❖ Retain weekly red flag clinics (triage or face to face).</li> </ul>
Paediatrics and Neonatal services	<ul style="list-style-type: none"> <li>❖ Continue to work closely with the regional neonatal network in respect of capacity of cots in AAH.</li> <li>❖ Stand down all routine face to face Paediatric outpatient appointments and continue with the use of virtual technology for urgent consultations</li> <li>❖ Revise current paediatric ambulatory pathway to reflect relocation of service within AAH</li> <li>❖ Retain 2 acute site paediatric inpatient provision</li> </ul>
Inpatient Elective and Emergency Surgery for Adults and Paediatrics	<ul style="list-style-type: none"> <li>❖ Emergency surgery pathways will continue throughout at AAH and Causeway Hospitals.</li> <li>❖ For elective surgery segregated areas in both Antrim and Causeway to allow cancer and urgent elective to be admitted for operations / procedures.</li> </ul>
Medical inpatients	<ul style="list-style-type: none"> <li>❖ The Direct Assessment Unit will support ED and redirect appropriate Primary Care referrals and continue to support ED when in escalation.</li> <li>❖ Continue with medical model and live take with front door senior decision making.</li> </ul>

Our Services	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
	<ul style="list-style-type: none"> <li>❖ Re-establish COVID medical wards across both acute sites.</li> <li>❖ Manage additional respiratory patients and provide support to ICU</li> <li>❖ Review of clinic provision and continue virtual clinics in line with regional direction.</li> <li>❖ Develop Support networks for rheumatology and diabetic patients.</li> <li>❖ Review medical and nursing rotas as demand increases.</li> <li>❖ Implement any regional direction on the mobilisation of junior doctors and students.</li> <li>❖ Reestablishment of site communication strategy.</li> </ul>
Renal	<ul style="list-style-type: none"> <li>❖ Dialysis schedules reviewed and modified to minimise risk.</li> <li>❖ Restricted movement of patients on dialysis and outpatients reviewed virtually and face to face based on clinical need.</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>❖ Increase the input to procurement to ensure continuation of supply of critical medicines and medical and surgical consumables and review and model Trust PPE requirements and distribution and establish regular “top-ups” of PPE to clinical areas</li> <li>❖ Implement a rota to cover Pharmacy Causeway Sunday opening and ensure senior staff on sites at weekends to support weekend rota.</li> <li>❖ Provide enhanced support to ICU, respiratory wards, cancer services, care homes, palliative care and domiciliary care services.</li> </ul>
Laboratory	<ul style="list-style-type: none"> <li>❖ We will continue with COVID 19 testing and the downturn of elective activity will allow labs to focus on COVID19 tests.</li> </ul>
Screening Programmes	<ul style="list-style-type: none"> <li>❖ All screening programmes which were paused are now in recovery (eg. 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 subsequent surge</li> </ul>
<b>Mental Health and Learning Disability:</b>	
Community Addictions	<ul style="list-style-type: none"> <li>❖ Service will continue. Consideration may need to be given to alternative accommodation for clinic space in the event that current space becomes unavailable.</li> <li>❖ Alternative approach to initiation and administration of Opiate Substitution Therapy may need to be considered.</li> </ul>
Mental Health Service for Older People	<ul style="list-style-type: none"> <li>❖ Blended approach of face to face/virtual will continue for all services on a risk assessed basis.</li> <li>❖ Support to care homes will require staffing resource that will be identified through HR bank lists in the first instance. Where this needs augmented, this will be recruited through approaching staff in all MHOP services as opposed to stand down of full services.</li> <li>❖ Particular consideration will be given to continuation of domiciliary care packages to ensure least impact on provision of this service.</li> <li>❖ Likely that current waiting lists for dementia assessments will increase as resource will need to be directed to support work in care homes.</li> </ul>
Learning Disability Day Care and short breaks/ respite	<ul style="list-style-type: none"> <li>❖ Day care provision will continue to be offered at a reduced level. Day Opportunities may be impacted if independent providers are unable to accommodate our clients.</li> <li>❖ Assessments will continue to be carried out to increase Direct Payments.</li> <li>❖ Online activities will continue to be offered to those who are not able to avail of the same level of day care previously provided pre-COVID 19.</li> <li>❖ Short breaks/respite will continue at a reduced level.</li> </ul>
Community Mental Health Teams	<ul style="list-style-type: none"> <li>❖ CMHT will continue to offer a blended service with both face to face provision and virtual contact to service users.</li> <li>❖ CMHTs will group as localities to ensure staffing resource allocated to</li> </ul>

Our Services	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
	priority areas.
Specialist Services (eating disorders, personality disorder services)	❖ Service will continue in a blended approach using face to face and virtual approaches as determined by ongoing risk assessment
Inpatients - acute	<ul style="list-style-type: none"> <li>❖ Utilise isolation bays on each ward to reduce risk of transmission within ward and to other wards.</li> <li>❖ Cease visiting arrangements in line with Regional / Corporate response.</li> <li>❖ Consider continuation of patient leave arrangements.</li> <li>❖ Consider cessation of sectorisation to reduce risk of transmission to other wards.</li> <li>❖ Review regional bed management protocol</li> </ul>
Mental Health Service / Crisis response Home Treatment Team	<ul style="list-style-type: none"> <li>❖ Will continue to provide a service as normal.</li> <li>❖ Will rely on staffing buddy system with inpatients/CMHTs to ensure adequate, adequate staffing</li> </ul>
Condition Management Programme	<ul style="list-style-type: none"> <li>❖ Continue this service but this will be dependent on Dept. of Education and Learning approach.</li> <li>❖ Staff from this service will support other priority service areas where necessary.</li> </ul>
Psychology	❖ Blended approach of face to face/virtual contact will continue for all services on a risk assessed basis.
<b>Primary Care Services:</b>	
GP Out of Hours / Primary Care COVID-19 Assessment Centres	❖ This is a HSCB commissioned service and the Trust will provide up to 3 Primary Care COVID assessment centres and continue to support GP OOHs (DUC) in the running of this service.
<b>AHP Services:</b>	
Allied Health Professionals	<ul style="list-style-type: none"> <li>❖ Stand down face to face appointments and increase virtual clinic sessions across all programmes.</li> <li>❖ Review service users to prioritise face to face contacts for those with the most critical needs in line with regional guidance and risk assessments.</li> <li>❖ Retain Speech &amp; Language Therapy Dysphagia Service in acute and community settings for adults and children - triage, assess and treat.</li> </ul>
<b>Community Services:</b>	
Community Hospitals / beds	<ul style="list-style-type: none"> <li>❖ COVID community hospital remains as Robinson Hospital.</li> <li>❖ Statutory Residential Recovery bed capacity will be re-designated to rehabilitation.</li> <li>❖ A range of additional beds will be purchased in the independent sector such as general nursing, dementia and delirium beds.</li> <li>❖ A further community bed facility will be re-designated as COVID -19. Additional beds in such a facility will require additional staffing from redeployment and cessation of non-critical services</li> <li>❖ Adjust hospital profile if necessary to support acute step downs</li> <li>❖ Cease short breaks</li> <li>❖ Urgent discharges of medically fit patients</li> <li>❖ Appoint additional recovery OT &amp; Physio staff to cover these additional beds and continue to accept referrals - only those service users considered to have a critical need will receive assessment/ intervention.</li> </ul>
Community rehabilitation	❖ Continue to accept referrals, however only those service users considered critical need, will receive assessment / intervention.
District Nursing	❖ Where possible (due to limit in availability of staff) continue to prioritise urgent treatment / care needs; CRMS triage and defer non-urgent referrals / reprioritise where appropriate.
Hospital Diversion Nursing	❖ Increase staffing and continue to prioritise all essential treatments and

Our Services	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
Care	respond based on needs and it will cease non-essential treatments until after surge.
Treatment Rooms	❖ Consolidate the provision of treatment rooms services to fewer locations
Social Work	❖ Continue to prioritise urgent referrals based on need; stand down new complex eNISAT assessments and reviews until after surge with initial assessment being utilised in the interim period; review of non-complex cases and deferred until after surge.
Community Equipment Service	❖ Move to a 6 day service model (Monday –Saturday) through the appointment of additional staff and continue to review priorities and identify deliveries for urgent provision ❖ Cease Non-urgent/ Routine until after surge.
Wheelchair Service	❖ Review service users to prioritise those with critical needs.
Day Care	❖ Day centres will be reviewed and attendance risk managed in line with regional guidance.
Inpatient Palliative Care	❖ The 6 beds in the AAH Macmillan Unit will be maintained.
Home Care	❖ Review service users to prioritise those with critical needs and redeploy staff from other non-critical areas as required to maintain critical service cover.
Domiciliary Care	<ul style="list-style-type: none"> <li>❖ Assessment and provision of packages to meet assessed need, prioritised on a risk assessed basis.</li> <li>❖ Ensure arrangements are in place to rapidly access nursing support, palliative or end of life care, reablement and or rehabilitation services.</li> <li>❖ Work to secure additional capacity in areas where there are high levels of unmet need.</li> <li>❖ Support sustainability of care provision through any outbreak using dedicated COVID specific services, consider redeployment of staff from other non-critical areas and engagement with independent sector providers.</li> <li>❖ Ensure domiciliary care workers are provided with and wear appropriate PPE to protect themselves and clients.</li> <li>❖ 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.</li> <li>❖ Continued partnership working across Trust community services to provide individuals with the appropriate clinical support, including reablement and rehabilitation to support them safely at home.</li> </ul>
Care Homes	<ul style="list-style-type: none"> <li>❖ Provide support to Care Homes dependent on the number of outbreaks in care homes within the Trust area. Our response (in line with the Regional Action Plan for the Care Home Sector) requires a rapid identification of care homes in need and will require at severe surge:</li> <li>❖ Provision of 'step in' senior nursing and social work staff and provide enhanced care to residents whose needs can continue to be met in the Home via input from GPs and other Trust services,</li> <li>❖ Discussion and planning for residents' transfer to appropriate Trust Community Hospitals where necessary,</li> <li>❖ Provision practical family liaison support to the Care Homes</li> <li>❖ Planning transfer of appropriate residents to acute hospital in collaboration with secondary care</li> <li>❖ Maintaining daily input from General Practice into Care Home via virtual consultations and provide (via GPs and GPOOHs) a single point of contact for severely affected Care Homes for daily primary care medical services.</li> </ul>
Community Dental	❖ Trust continuing to support the General Dental Service through to March 21.

Our Services	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
	<ul style="list-style-type: none"> <li>❖ Continue to increase clinics which may need to be adjusted if dental staff are required to assist again with swabbing and other COVID related activity.</li> </ul>
<b>Sexual Health:</b>	
Sexual Health	<ul style="list-style-type: none"> <li>❖ Continue with triage via tele-medicine and using postal medications.</li> <li>❖ Urgent GUM face to face appointments will continue to be arranged.</li> <li>❖ Capacity will remain restricted due to location of some clinics and reduction in foot fall.</li> <li>❖ Regional on-line STI screening continues to be facilitated.</li> </ul>
<b>Community Children's Services:</b>	
Looked After Children	<ul style="list-style-type: none"> <li>❖ Cease Social Work visits with exception of priority cases</li> <li>❖ Increase the use of technology for contact with children</li> <li>❖ Identify alternative family arrangements/use of other carers</li> <li>❖ Downturn respite arrangements</li> <li>❖ Intensive Support Team will increase rota arrangements</li> <li>❖ Review residential placements and discharge home if appropriate</li> <li>❖ Stand down 16+ Reviews</li> <li>❖ Maintain contact with most vulnerable cases</li> </ul>
Child Protection (to include Children's Disability)	<ul style="list-style-type: none"> <li>❖ Reduce / suspend contact with agreement of parents.</li> <li>❖ Maintain essential contact arrangements.</li> <li>❖ Review cases subject to Court proceedings with DLS advice/support.</li> <li>❖ Prioritise child protection cases for initial and review case conferences.</li> </ul>
Gateway services	<ul style="list-style-type: none"> <li>❖ Retain Single Point of Entry and Locality Gateway Teams.</li> <li>❖ Only referrals meeting child protection threshold allocated for investigation and assessment.</li> <li>❖ Maintain oversight and review of unallocated referrals.</li> </ul>
Child, Adolescent Mental Health Services	<ul style="list-style-type: none"> <li>❖ Stand down Tier 2 face to face appointments and continue with virtual appointments. Retain Single Point of Contact for Triage.</li> <li>❖ Reduce face to face Tier 3 appointments to urgent and resume virtual support where appropriate.</li> <li>❖ Provide daily oversight of referral and priority cases.</li> <li>❖ Use of ICT to support families.</li> <li>❖ The Crisis Service and Eating Disorder will be maintained.</li> </ul>
Child Emergency Intervention Service (CEIS)	<ul style="list-style-type: none"> <li>❖ Stand down routine face to face appointments and continue with virtual appointments.</li> </ul>
Early Years' Service	<ul style="list-style-type: none"> <li>❖ Maintain duty system to respond to providers.</li> <li>❖ Stand down registration and inspection activity.</li> </ul>
Paediatric ASD	<ul style="list-style-type: none"> <li>❖ ASD service emergency helpline established.</li> <li>❖ Use of ICT to support families.</li> </ul>
Public Health Nursing (Health Visiting, School Nursing, School Immunisation Programme)	<ul style="list-style-type: none"> <li>❖ Maintain school immunisation programmes and ensure the backlog of immunisations are completed.</li> <li>❖ Deliver primary visits and support visits to new mothers and babies.</li> <li>❖ Support mothers with post-natal depression and mothers who are vulnerable.</li> <li>❖ Provide support for homeless health.</li> <li>❖ Provide support for vulnerable groups including ethnic minority / Syrian refugees / safeguarding / Looked After Children.</li> <li>❖ Provide assessment, diagnosis and post diagnostic support for children with ADHD.</li> </ul>
Health Protection Programme, Specialist Roles	<ul style="list-style-type: none"> <li>❖ Provision of screening and management of TB cases Trust wide.</li> </ul>
Community Children's Nursing Service	<ul style="list-style-type: none"> <li>❖ Continue to support high priority care packages for children with complex needs at home.</li> </ul>

<b>Our Services</b>	<b>RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC</b>
	❖ Provide acute care at home to facilitate hospital discharge.

## 7.0 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.