Western Health and Social Care Trust

Trust Service Delivery Plan including Resilience Plan to Address Winter Pressures and any Subsequent Waves in COVID-19 Pandemic

October 2021 Onwards

14th October 2021

Contents

1.0 Executive Summary

This Service Delivery Plan describes the actions the Western Health and Social Care Trust (WHSCT) will take during October to December 2021 and beyond to respond to the increased pressures that customarily occur during the Winter 2021/22 period and any further surge of COVID-19.

As we enter the winter months the Trust is committed to taking a carefully considered and balanced approach to the delivery of services taking into account lessons learned over the past 18 months in responding to the pandemic whilst also recognising the wider impact the pandemic continues to have on both our service users and local community and our staff. The global pandemic continues to present the health and social care system with unprecedented challenges which impact on how services can be safely delivered. As has been the case throughout the pandemic, the Trust is committed to planning and working as a collective with the whole HSC system over the coming months.

This plan focuses on three areas describing how the Trust will deliver increased resilience through this challenging autumn and winter period:

1. **Winter Pressures for both adults and paediatrics** including our estimated bed projections, actions to secure the appropriate level of suitably trained staff and our response to the influenza virus.
2. **COVID-19 (4th surge)** – this sets out across key service areas the actions required to meet the demands of the pandemic whilst continuing to apply the key regional planning principles of equity of access for the treatment of patients, minimizing the transmission of COVID-19 and protecting the most urgent services.
3. **The delivery of key regional priorities** for unscheduled care, elective care, cancer services, adult social care, children's services, mental health and physical disability services**.**

The plan also includes activity projections for October – December 2021 across a range of services (Annex 1). It is noted that some areas are likely to be subject to workforce transfers to support surge for example physiotherapy and endoscopy.

Impact of Combined Winter and COVID-19 Pressures

Regional modelling has predicted a fourth wave of COVID-19 will coincide with this year's winter period and is also likely to overlap with outbreaks of other respiratory viruses such as Respiratory Syncytial Virus (RSV) and influenza with the potential to substantially impact on both adult and children's health services. Over the past 18 months, COVID-19 has fundamentally affected the work we do and this is expected to continue for some time. Winter pressures traditionally have a significant impact on our hospital and community services. The predicted resurgence of COVID-19 combined with the increased activity

associated with winter pressures will place immense demands on the entire system and will have a wide-reaching impact on our ability to provide services across the Trust.

Planning Approach

It is therefore essential to have robust plans in place which will underpin an agile, effective and flexible response to these pressures. These plans will continue to link with and reflect the range of regional response measures established during the past 18 months by the Department of Health (DoH) and the Health and Social Care Board (HSCB), many of which remain operational and which will provide a strong foundation for the management of further COVID-19 surges.

A key component of our planning for the period ahead is the review and updating of our existing surge plans to ensure that they provide a clear roadmap for the progressive increase in bed capacity to meet increases in demand for both COVID-19 and non-COVID-19 patients across critical care and hospital settings and also to increase the resilience of our community services and care homes during this period. While modelling work is continuing, we are planning for an increase in hospital occupancy which at its peak could be up to double that of normal winter levels and we are predicting that there will be a continued increase in admission rates for COVID-19.

The Trust acknowledges and supports the **DOH agreed principles** in preparing this service delivery plan as outlined in the *Regional COVID-19 Pandemic Surge Planning Strategic Framework* and will work towards adhering to the principles set out in section 3.0 of this Plan.

Partnership Working

This integrated Service Delivery / Resilience Plan has been developed with staff focusing on the combined pressures of winter and a further surge of COVID-19 that will challenge our services for the next 3-6 months. We will continue to work in partnership with our stakeholders and key partners including Primary Care, Voluntary and Community Sector, Independent Sector and Trade Unions to ensure our plans are representative and realistic and well-informed and consider guidance from professional regulatory bodies.

Key Challenges

The COVID-19 global pandemic has presented the health and social care system with a number of unique challenges which have impacted on the way services were delivered by the Western Trust due to various reasons including clinical, patient and staff safety. In spite of the success of the vaccine programme, there remains a risk of future COVID-19 pandemic waves. While vaccination may reduce the impact of subsequent waves of the pandemic on health care services, this remains unknown. In addition, a resurgence of COVID-19 is likely to coincide with outbreaks of other respiratory viruses such as RSV and influenza which could be extremely challenging for the Trust.

A key challenge for the Western Trust in the context of this Winter Pressures and COVID-19 Surge Service Delivery Plan relates to workforce in respect of securing and maintaining safe staffing levels across all areas, ensuring safe environments for patients and staff aligned to current COVID-19 guidance and policy, and funding to support the necessary actions required to address our challenges. Outbreaks of COVID-19 in hospitals and care homes with nosocomial spread are likely to continue and may be exacerbated by simultaneous transmission of flu in these and between these settings. The supply and availability of staff with the appropriate skills, training and experience is a critical factor on which our ability to support any surge in demand depends. Therefore, we have developed workforce plans developed in collaboration with staff supported by HR teams and these will underpin our plans to respond to this additional demand on our resources. It is very likely we will have to redeploy staff from other areas and downturn or cease some services to ensure that the most critical services can continue to be delivered.

In making any decisions, we will maintain a focus on patient and staff safety including maintaining social distancing and infection prevention control measures across all our care settings and we will also engage with staff as appropriate.

As with previous plans, the Trust will carry out an overarching Section 75 Equality screening and Rural Needs assessment in accordance with our statutory duties.

2.0 Introduction

Annually the Western Health & Social Care Trust prepares a seasonal resilience plan outlining measures to address the predicted increase in demand for unscheduled care services each winter. Traditionally, this is a period when overall demand for care services increases and is frequently significantly greater than the capacity of our hospital and community to respond.

The COVID-19 pandemic has had a substantial adverse impact on services across all areas of the Trust with capacity in many areas still below pre-COVID levels.

In making our normal preparations for the winter period October 2021 onwards, we also have to take account of a potential fourth surge which could coincide with winter service pressures. It is therefore essential to have in place comprehensive and robust surge plans for all our services but in particular for critical care, hospital beds, community services and care homes.

The focus of this integrated service delivery/resilience plan is to put in place reasonable measures and processes supported by workforce and resourcing plans that will help ensure patient/client safety during periods of increased unscheduled care demand over the coming winter months, including the impact of respiratory viruses such as influenza and respiratory syncytial virus (RSV) as well as any further surges of COVID-19.

We are committed to taking a carefully considered and balanced approach to the delivery of services taking into account lessons learnt over the past 18 months. While we will strive to maintain the progress we have made since July 2020 when the rebuild of services commenced, we also acknowledge that the ongoing prevalence of COVID-19 and its variants will continue to have an impact on service delivery and capacity.

At the beginning of the pandemic, every service area in the Trust developed detailed resilience plans to address the expected COVID-19 surge. These were based on established business continuity principles of Low, Medium and High surge status along with trigger/escalation indicators. These plans have been reviewed and updated to reflect lessons learned in subsequent waves and any changes in guidance impacting on service delivery. The plans will be shared to ensure awareness of the measures that will be taken in the event of any escalating pressures.

We will endeavour to maintain as many services as possible during this period including life/sense threatening specialist drug/service regimes across areas such as MS, macular degeneration and dialysis and deliver on our projected activity levels in order to regain pre-COVID activity levels. It is recognised however that the ability to maintain core service provision, including sub-regional services for which the Trust is responsible, whilst managing the expected additional demands arising from COVID-19 and winter pressures will present a significant challenge. This may result in the Trust having to further 'cap' elective activity and will impact our ability to deliver against our rebuilding effort. We will continue to prioritise and focus on treating the most urgent cases first, and as a result, some patients will have to

wait longer than we would like. The Trust also acknowledges the role of the Belfast Trust in the provision of a range of regional specialist services and the challenges it will face in continuing to provide these on behalf of the region.

We are committed to reviewing and reconfiguring our acute hospital current bed capacity as necessary to ensure that we maximise our ability to treat people and provide safe, effective care in the right place at the right time according to their need. The Trust is also developing operational plans to provide alternative pathways to prevent admission where appropriate, optimise discharge for those who no longer require acute care and to increase capacity in the community to support hospital step down care in terms of palliative care and/or rehabilitation with the objective of returning patients home where possible after their illness. Access to all our services continues to be impacted by the pandemic and addressing patient and staff safety through social distancing, infection prevention control and testing measures remains a priority for the Trust.

Staffing levels continue to be directly impacted by the COVID-19 pandemic through either testing positive, or being a close work contact, or self-isolating because they are symptomatic or a member of their household has been in contact with a COVID-19 positive case in the community. Whilst the updated guidance regarding self-isolation based on changes agreed by the Northern Ireland Executive will help to ease this, it is still expected that there will be numbers of staff isolating at any one time in our hospitals and there will be a need for flexible approaches to redeploy staff and facilities to maintain safety. It is in this context that this winter/ surge plan is set and this has demonstrated the significant impact of local outbreaks.

In developing this plan, the Trust has used the service delivery plan guidance as set out by the Health and Social Care Board and the only divergence from their prescribed template is in relation to staffing where there were several questions across different sections and to avoid duplication, these have been grouped together in a separate section (7.6).

3.0 Planning Principles

The Trust has adopted the following DOH system principles in preparing this surge plan as outlined in the Regional COVID-19 Pandemic Surge Planning Strategic Framework (1 September 2020):

- **Patient safety** remains the overriding priority.
- **Safe staffing** remains a key priority and Trusts will engage with Trade Union side on safe 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.
- Trust's 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 this document.
- Trusts should as far as possible **manage COVID-19 pressures within their own capacity first.** Should this not be possible the WHSCT will await regional direction of availability of regional ICU and 'step down' facilities.
- 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.**

Tackling Health Inequalities

The 'Health Inequalities Annual Report 2020' (https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2020) clearly demonstrates that inequalities in health outcomes continue to be a key issue and challenge in Northern Ireland. Given the multi-faceted causes of inequalities in health, tackling this issue needs sustained focus within the health and social care system and increased collaboration across departments and agencies, local government, the community and voluntary sector, and with

communities themselves to address the factors which impact on health and wellbeing locally and regionally.

Making Life Better (https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives, and be enabled and supported to lead healthy lives. It is vital that the Health and Social Care System continues to support the delivery of Making Life Better, particularly as COVID-19 is likely to have exacerbated the inequalities that already exist and this will require a continued focus and population health approach to address in the long term. Improving health and wellbeing, increasing health literacy and reducing inequalities in health outcomes, will be a key part of ensuring we build greater health resilience in the population into the future and help to reduce the impact of potential future pandemics.

This plan incorporates short term actions to begin tackling our health inequalities, although it is recognised that this is a long term continuous process.

4.0 Challenges

The 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 are delivered for various reasons including clinical, patient and staff safety. In spite of the success of the vaccine programme, future COVID-19 pandemic waves remain a threat. Vaccination may reduce the impact of subsequent waves of the pandemic on health care services. However, we have seen the impact of variants of COVID-19 over the summer months and the impacts of further variants are unknown. In addition, it is predicted that a resurgence of COVID-19 is likely to coincide with outbreaks of other respiratory viruses such as RSV and influenza.

Some of the key challenges in implementing our seasonal resilience plans and COVID-19 surge plans include:

- **Workforce:** the ability to safely and appropriately staff the service delivery/surge plan particularly in view of ongoing vacancies and absence levels. Some specific challenges exist in relation to the supply and availability of staff with the appropriate skills, training and experience to provide specialist support, for example, the ability to increase level 3 critical care capacity in the South West Acute Hospital will be dependent on securing additional medical staffing and may require regional support to achieve this. The demand for intensive care level neonatal care cots has also been growing which will require more intensive care trained staff if this is sustained. The availability of a 24/7 NISTAR service to support patient transfers is essential to ensure our vital and limited staff resource is not diverted to support this when the transfer service is not available. We must also continue to ensure our staff are supported and feel valued through continued provision of staff physical and mental health and wellbeing support services and by ensuring that they are given the opportunity to take leave.

  While we have developed surge plans, we remain concerned about our capability to fully resource these plans, given at current average 105% bed occupancy we have a significant shortfall of particularly nursing staff, which is the main factor in the 7-day pattern of up to 30 patients in the EDs awaiting a bed. There are particular pressures in acute settings for registered nurses and nursing assistants in acute wards, maternity services and critical care. In community settings domiciliary care and district nursing are also managing significant and fluctuating staffing availability challenges in specific areas, depending on mutual support to meet risk-assessed patient needs. There are also significant workforce deficits in hospital and community social work particularly in children's and older people's services where the Trust is depending on workforce appeal to maintain minimum statutory responsibilities and service response. Similar pressures are being experienced across the region and the Trust is currently engaged in a regional process with other Trusts, the HSCB and the Department to agree a range of measures to respond to these pressures.

- Limitations within our **physical infrastructure** to support our service delivery plans and provide the capacity to meet the anticipated additional demand from winter pressures and any surge.

- Availability of sufficient **step down and rehabilitation capacity** to support effective patient flows and discharges.

- **Balancing safety and risk** while managing service delivery pressures from normal winter illness and respiratory viruses as well as any potential COVID-19 outbreak, including 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.
- **Core Service Capacity:** The ability to balance requirements of core service provision, particularly in relation to red flag and urgent elective surgical capacity, whilst managing the demands presented in this period for unscheduled critical care and medicine.

- Potential for **outbreaks** of COVID-19 in both hospitals and care homes**:** whilst a range of mitigation measures including community vaccination and personal protection continue to be implemented, it is anticipated that confined outbreaks with potential nosocomial spread are likely to continue to impact on service delivery and may be exacerbated by simultaneous transmission of flu during the winter period.

- The ability to address the backlog of non-COVID-19 care in the face of anticipated increases in unscheduled and COVID-19 pressures alongside workforce challenges.

- Sustaining **models for 'swabbing' and 'testing'** as part of our ongoing response to COVID-19.

- Sustaining a **reliable supply of critical PPE, blood products and medicines** to enable us to safely increase our services.

- Providing necessary **support and resources to the nursing/ care home sector** on an ongoing basis alongside ensuring Trust based services can be restarted and rebuilt;

- We remain mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans;

- Providing continued support to **those in need within our population** including vulnerable people, and people at risk of harm;

- **Financial:** Surge plans are expected to create further financial pressures, in an already constrained financial system. Financial resource requirements are difficult to predict, at this point, given known work-force supply constraints (both within the Trust and in the community sector) and the inter-play between COVID-19 presentations, unscheduled care pressures and on-going risk-based decisions around elective services. The Trust will continue to assess resource requirements and use established channels and processes with HSCB and DOH to secure additional resources.

Whilst the Trust will aim to manage unscheduled care pressures as far as possible within our own community and hospital system, and where possible working collaboratively with the wider HSC system to seek to equalise or smooth demand where possible, the Trust acknowledges that demand will be higher than the available resources and as in previous Winter periods this will be in excess of the available hospital bed capacity, resulting in delays for those seeking to access services.

5.0 Communications Planning

Communications planning (internal and external)

This Service Delivery / Surge / Winter resilience plans are complex and dynamic. As is standard practice, the internal and external communications requirements will be serviced and amended as necessary throughout the delivery period.

External Communications

- We will promote our key messages to help alleviate winter pressures throughout the Trust.
- We will continue to prioritise crucial information about the current COVID-19 surge, remaining open and transparent to ensure the media, the public and our stakeholders are fully informed about the Trust's strategy to deal with the ongoing pandemic.
- We will continue to promote the Trust's COVID-19 vaccination programme and devise imaginative concepts to encourage everyone, particularly the younger population to be vaccinated.
- Working closely with the Department of Health, the Public Health Agency and Health and Social Care Board, we will make every effort to promote the COVID-19 booster jab and the annual flu vaccination programme.
- As ED pressures increase we will, when required, communicate alternative locations where the public can access medical help and support.
- We will liaise with the media when necessary to highlight ongoing difficulties in the Trust in order to try an alleviate pressure in the system.

Internal Communications

- We will keep staff informed about the current COVID-19 pressures on a weekly basis and work with them to communicate challenges externally.
- We will engage with the Trade Unions and provide information as required.
- We will engage with our staff and continue to prioritise crucial information about the current COVID-19 surge, remaining open and transparent to ensure colleagues are fully informed about the Trust's strategy to deal with the ongoing pandemic.
- Working closely with the Department of Health, the Public Health Agency and Health and Social Care Board, we will make every effort to promote the annual flu vaccination programme.

6.0 Responding to Winter Pressures

HSCB Request	Trust Response
6.1 Bed Occupancy • Modelling is being updated, but Trusts should develop plans to meet peak occupancy up to double the usual winter peak.	<u>Adult Services</u> Development of the Western Trust winter resilience plan for 2021/22 is complicated this year due to having to consider not only the normal increase in activity associated with winter, but also the additional potential pressures resulting from a further surge of COVID-19 and seasonal flu. The Trust has completed bed modelling based on Winter 2019/20 actual unscheduled demand alongside commissioned elective levels (ie the elective bed model is based on the commissioned bed numbers, rather than the operational position). This is summarised below and further detail is provided in the attached annex. The current inpatient beds in the Western Trust are provided below. These do not take account of current closed beds: • Altnagelvin – 369 • South West Acute Hospital – 178 **Grand Total - 547** Modelling is based on the following assumptions provided to Trusts by DoH/HSCB: • Average activity projections for October 2021 to March 2022 are based on the same months in 2019/20. • Each Trust has assumed a bed utilisation of 95%. It is accepted that this is in excess of 89% which is regarded as the safe standard. However Trusts have reported that they are currently working beyond this level in many settings. • Trusts required to plan for a 5%, 10%, 15% and 20% rise in admissions.

HSCB Request	Trust Response
	• COVID-19 bed requirement calculations are based on COVID-19 beds required during peak September 2021. • Trusts have expressed concern that demand may exceed peak September 2021 levels and should be based on January 2021 peak levels for COVID-19 and unscheduled care. However, this would sit outside the parameters that have been set by the DoH Regional Modelling Group. • It is acknowledged that all beds included in the calculations may not available at all times due to constraints in staffing and infrastructure. • For consistency, elective bed modelling has been based on the beds required to deliver SBA volumes. It is noted that historically the achievement of the elective SBA has been challenging due to the change in patient pathways and working practices. In addition, it is acknowledged that Trusts are seeing patients with higher levels of acuity requiring longer lengths of stay/more bed days and access to critical care etc. Whilst this will not necessarily be in line with the original SBAs, Trusts have accepted this approach for planning purposes. Using the assumptions outlined above, the Trust has projected bed requirements versus beds available including anticipated shortfall for both Altnagelvin and SWAH which are summarised in the tables below. **Altnagelvin (based on October 2019 to March 2020)**

	Unscheduled requirement	Elective requirement (SBA)	COVID-19 requirement	Total beds required	Total beds available	Shortfall
0%	307	75	68	450	369	81
5%	322	75	68	465	369	96
10%	338	75	68	481	369	112

HSCB Request	Trust Response

15%	353	75	68	496	369	127
20%	368	75	68	511	369	142

The model for Altnagelvin Hospital shows a predicted shortfall of **81 beds** at no growth increasing to **142 beds** at 20% growth**.**

SWAH (based on October 2019 to March 2020)

	Unscheduled requirement	Elective requirement (SBA)	COVID-19 requirement	Total beds required	Total beds available	Shortfall
0%	188	7	33	228	178	50
5%	197	7	33	237	178	59
10%	207	7	33	247	178	69
15%	216	7	33	256	178	78
20%	226	7	33	266	178	88

The model for SWAH shows a predicted shortfall of **50 beds** at no growth increasing to **88 beds** at 20% growth.

The Trust has developed bed capacity surge plans, however, it is recognised that the projected beds above will exceed existing bed capacity at Altnagelvin (369 beds) and SWAH (178 beds). For both hospital surge plans, the ability to expedite discharges from hospital into the community will be a critical factor and a community bed plan has been developed alongside the hospital bed capacity plans. As part of the work of the Regional Discharge Group and No More Silos, the Trust will also focus on delivering improvements against three key priorities – home before lunch, nurse-led discharge and discharge to assess. It is also anticipated that there will be minimal protection of elective beds in order to address

HSCB Request	Trust Response
	unscheduled demand and the Trust has modelled the potential to free up beds based on capping elective at either 40% or 20% as set out below.

Mitigation		Beds
1a	Cap electives at 40%	49
1b	Cap electives at 20%	66
Total		**66**

**(Total can only include option 1a or 1b, therefore maximum mitigation included)*

In summary, the table below sets out the total number of beds required before and following mitigation:

WHSCT	Total beds required before mitigations	Shortfall	Mitigations	Remaining shortfall after mitigations
0%	678	131	66	**65**
5%	702	155	66	**89**
10%	728	181	66	**115**
15%	752	205	66	**139**
20%	777	230	66	**164**

A plan has also been developed for midwifery services. When there is a single COVID-19 positive maternity or early pregnancy patient, they will be managed within the maternity department. Further COVID-19 positive patients will be accommodated in the Midwife Led Unit (MLU) unit at Altnagelvin (7 beds). The service will also review and flex beds across its full complement to address unscheduled demand within both maternity and gynaecology as

HSCB Request	Trust Response
	well as maintaining elective capacity. The Early Pregnancy Assessment Unit (EPAU) service will remain operational as Nurse/Midwife led form Monday- Friday 9am-5pm. Out of hours/weekend emergencies will be triaged by ED and reviewed by gynaecology medical staff during this time. COVID or suspected COVID patients will be reviewed in ED decontamination room or at the end of an EPAU clinic (pending clinical urgency). These plans will be kept under review through the Trust's Hospital and Community Planning Groups and adjusted in line with demand. They will also be reviewed and updated as necessary once the regional modelling is updated. <u>Paediatric Services</u> • It is anticipated that this winter, paediatric services will be under extreme pressure from managing COVID-19 patients and also a predicted surge in RSV and other respiratory viral illnesses. Based on Australian modelling, the number of patients could increase by double or triple fold. It is anticipated that the majority of these patients will be treated and discharged and assessment and treatment pathways have been reviewed on this basis. In Altnagelvin these patients will present to the Paediatric Assessment Unit (APAU) and in SWAH they will present to ED and the pathway is being developed to ensure that paediatric waits in ED are minimised. The SWAH APAU is a 4-bedded area which is adjacent to the inpatient ward with no separate waiting area and no means of separating COVID / non-COVID patients, therefore screening will take place in ED prior to coming to the assessment/inpatient area to ensure that the PAU is fully open to 4 patients. Opening hours for this service will be dictated by availability of medical and nursing resource. • Both units will increase the number of High Flow Oxygen devices, however as this increases the acuity of the patient's needs, additional staff will be required. At extreme

HSCB Request	Trust Response
	phase, the paediatric surge plan will move to redeploy the specialist nurses and some of the community health care support staff to the acute setting to support the increased level of demand. Medical staff will also be redeployed from community paediatrics at extreme surge. At this stage there will be frequent communication with the Child Health Partnership to ensure that this is being monitored and managed regionally. <u>Neonatal Unit</u> • The Trust will continue to operate its units in line with regional requirements. It is not anticipated that the Trust's neonatal units will be in a position to increase cot capacity, however it is noted that they could possibly face increased isolation demands as COVID-19 maternity cases increase. This would be challenging in terms of staffing, in particular SWAH which has one isolation room and one main nursery. In Altnagelvin, the demand for isolation is expected to continue for other infections/colonisations and needs will be prioritised based on risk assessments. There are also challenges in terms of transport which will add to these pressures as there will continue to be a need to transfer to the regional unit or ROI.
• Actions to secure sufficient and appropriately trained staff, in particular to support enhanced respiratory services to support any surge in demand and provision of cover over Christmas and New Year.	<u>Adult</u> • Since the Spring, there has been focused recruitment for pre-registration nursing graduates and health care assistants. There will be a lead in period for new nursing graduates to allow time for NMC registration and induction and it is anticipated that this will be completed by mid-October 2021. After September/October, we will be reliant on the Band 5 Rolling Advert from which to recruit nurses, however the ability to recruit and retain staff through this route is unpredictable. International nurses are also an option but generally take 13 weeks from arrival until they are eligible to register with the NMC and would also require significant support initially.

HSCB Request	Trust Response
	• The Nurse Stabilisation Group is considering other non-nursing support that could be provided at ward level such as ward clerks, housekeepers, ED tracker, emergency nursing team, practice educator, phlebotomy service. • In the past 18 months, in order to meet service requirements, staff across all disciplines have shown great flexibility in responding to the need to adapt to COVID and non-COVID pathways and this approach is likely to be required to continue over the coming winter months. The Trust will continue to engage with staff in relation to this. • In line with normal winter planning arrangements, staff leave over the Christmas and New Year period will be planned to ensure appropriate staffing levels to maintain services. <u>Maternity</u> • The maternity service has developed a surge plan which includes the redeployment of: ○ Specialist midwives ○ Nursing staff working in postnatal ward 1 nurse 24/7 ○ Elective caesarean sections being carried out by nursing staff as opposed to midwives in main theatre area ○ Staff redeployed from services stood down eg Health visiting, school nursing ○ Midwives from community to hospital on daily basis depending on need • In addition, all routine inpatient and outpatient gynaecology services will be suspended to facilitate nurses to be relocated to work in maternity. Depending on midwifery staffing levels, the service may be unable to accept in-utero transfers which could result in transfers out of the region. There will be a requirement for an additional consultant second on-call which will also impact on both maternity and gynaecology services including WLI delivery.

HSCB Request	Trust Response
	<u>Paediatrics</u> • A comprehensive surge plan has been developed which has been shared with the Regional Child Health Partnership (CHP) and will formulate part of the regional approach. It is anticipated that both hospitals will safely manage staffing levels by reducing the number of patients attending clinic and day case, until they reach 'high surge'. All elective services will be stood down in order to meet the increased demand and release medical and nursing staffing to cover longer hours in the APAU and all clinical paediatric and neonatal areas. At this stage, both hospitals will be working closely with the CHP and reviewing the regional demands for bed availability. In order to increase staffing to meet these demands, some community services will be stood down to release staff to work on the wards. Likewise, the specialist nurses will be required to stand down non-essential work and be re-deployed to the wards. Staffing levels will be closely monitored and support from adult nursing may be required. The Trust will also continue with efforts to employ temporary staff through bank/agency/locum and workforce appeal. • Staff training will be prioritised and the practice educator and unit staff will provide an induction to any short -term staff. Availability of neonatal trained staff is identified as an issue and the potential to redeploy nurses with a neonatal qualification working in other areas such as HV/School nursing back in to the Neonatal Unit.
6.2 Flu Activity • WHSCT flu action plan	• Regional direction in relation to the flu / COVID booster programmes is not confirmed at the time of compiling this plan. Regional guidance will inform further development and completion of the flu /COVID booster action plans. Plans are being developed to address two possible scenarios: a) COVID booster delivered together with flu vaccine and b) COVID booster and flu vaccine delivered separately. The Trust has been advised that flu vaccines are not likely to be available until the end of September 2021, while COVID boosters may be available in early September 2021.

HSCB Request	Trust Response
	The flu planning team acknowledges that flu uptake would likely be increased by delivery together with COVID booster. Specific issues to be addressed once regional direction is clear include: - Cohort of staff eligible for COVID booster. - Ability to avail of Peer Vaccinators to administer flu vaccine. - Venues – requirement for additional space if administered separately. - Brand of vaccine and implications for storage and portability. In order to meet the Department of Health target for uptake of flu vaccine the following plans are being developed: - Flu campaign encouraging all staff to avail of the vaccine, including social media, We Are West app, videos, photos. Blogs, regular messaging, promotion of clinical evidence etc. - Dedicated team of staff to deliver flu vaccine. - Care Home programme to replicate COVID Vaccine approach – mobile team. - Initially static clinics 5 days per week at sites in Northern and Southern sectors of the Trust. - Mobile clinics to optimise uptake. - Late vaccine availability from OH departments through November and December 2021. - Local database and reporting to enable targeted approach in areas with low uptake. VMS for reports required by Department of Health and PHA.
• Plans for rapid flu testing in ED and assessment areas.	• Combined Flu/SARS kits will be ordered in September with an aim to have this in place by October for use in Altnagelvin laboratories for the whole Trust. The SeeGene COVID testing platform available in Trust laboratories also tests for Flu and SARS. The LiAT COVID testing analysers will be available within paediatrics at Altnagelvin and also for

HSCB Request	Trust Response
	site-wide use in SWAH by September. These will also test for Flu and will provide more rapid results than sending a sample to Labs. It should be noted that Flu testing is not funded within the Trust and due to the expected increase in testing this year it is dependent on the provision of staff employed for COVID testing. Access to rapid flu testing in ED will ensure that clinical decision making in relation to patients is not delayed due to awaiting a test result, however it is not possible to predict how this will impact on 4-hour performance and bed occupancy.
• Plans to increase bed capacity to manage a flu outbreak this winter, based on previous flu trends (last year excluded) alongside impact of future COVID surges along-side increased flu related admissions and also consider what hospital at home capacity is available and how this will be used as part of the response. The Trust should also consider if direct access beds will form part of the response to flu surge particularly for frail elderly patients.	• Patients with confirmed flu will be managed as far as possible in base wards adhering to strict infection control and prevention guidance and procedures. Should an outbreak occur and numbers increase, cohort measures will be followed in an identified ward area. In line with normal winter planning arrangements, staff leave over the Christmas and New Year period will be planned to ensure appropriate staffing levels to maintain services. The Trust has established a Hospital at Home service across Fermanagh. This service has focussed on assessing and treating mainly older people in their normal environment to avoid the need for attendance at ED or a hospital admission. This is in addition to the existing Acute Care at Home (ACAH) service in the Northern Sector. As part of normal care and treatment, the ACAH and Hospital at Home teams continue to record the anticipatory care plan needs for patients on their caseload. A record of these wishes is sent to the GP with the discharge letter.
• In order to ensure patients admitted with flu are discharged when clinically fit; the Trust should ensure that integrated multi-disciplinary team discharge planning is in place	• Already established MDT practices and planning will continue in order to address the timely discharge of patients. In addition, weekend working for hospital social work discharge teams across both acute hospital sites will be implemented if required dependent on staff availability, need and funding within the system. Additional medical

HSCB Request	Trust Response
across acute and community settings, particularly over weekends and holiday periods. Consideration should also be given to the impact of associated seasonal staff sickness absence.	cover will be required for weekends and throughout the holiday period to ensure senior decision makers are available 7 days per week to maximise flow.

7.0 COVID-19 Surge (4th wave)

HSCB Request	Trust Response
7.1 Critical Care • WHSCT plans (agreed with Critical Care Network (CCaNNI) to ensure a co-ordinated approach across and between units and clinical teams to meet the demand.	• The CCaNNI critical care plan is based on all Trusts increasing their critical care capacity to manage COVID-19 pressures. At this time, there is no regional direction to stand up the Nightingale ICU. The Trust will continue to deliver critical care on both the Altnagelvin and SWAH sites with both sites treating a combination of COVID-19 and Non-COVID-19 patients. Based on the maximum levels in the current CCaNNi surge plan the Trust will be asked to increase to a maximum of 16 level 3 critical care beds at Altnagelvin at extreme surge compared to a commissioned baseline of 8.5 and 6 level 3 critical care beds at SWAH compared to a commissioned baseline of 4. Work has been undertaken at Altnagelvin Hospital to improve the critical care environment and provide access to another single room to support patient isolation. The recovery area in theatre has also been temporarily adapted to facilitate management of critically ill patients. The Trust will continue to work with CCaNNi via the daily Critical Care meetings and will provide capacity for the regional sequencing of patients in line with the regional surge plan.
7.2 Respiratory • WHSCT plans to ensure that there is management and coordination between estates and clinical teams to monitor the usage of oxygen.	• The Trust's Command and Control arrangements include a twice daily bronze meeting on both acute hospital sites that includes senior estates staff and hospital management senior personnel. A process to implement additional oxygen monitoring and pressures testing has been introduced.

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	In addition, the daily Bronze sitrep records the oxygen usage on the site including detailed ward by ward patient numbers on oxygen support. Paediatric wards also report through SWAH and Alt bronze teams on the usage of oxygen when there are patients on high flow oxygen at ward level. This arrangement helps ensure that oxygen supply to individual wards is also closely monitored in terms of maintaining sufficient supply and resilience in the system. On both acute sites medical gas upgrades have been completed both in terms of overall site capability and individual ward and block supply infrastructure. Transducers have been installed to monitor oxygen pressures and will alarm when pressures being to drop below an acceptable level. The Trust's medical gas alarms are linked to the On-Call Engineer and therefore there is 24/7 access to specialist support if needed. Staff in the wards are aware that this can be accessed out of hours via the hospital switchboards. The Trust has a Ventilation Working Group in place that includes front line medical and nursing staff, pharmacy and estates in terms of the ongoing monitoring and management of medical gases. Any escalated issues are discussed at this forum.
7.3 Social Care • Trusts should review their Business Continuity Plans to ensure that where they relate to domiciliary care, care homes, hospital and day care services they are robust and up to date.	• The Trust has reviewed its Business Continuity Plans to ensure that they are robust and up to date in relation to domiciliary care, care homes, hospital and day care services, and have taken account of updated Action Cards issued by the HSCB.

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• Trusts should update contingency plans to address staff absences in both the statutory and independent sector. This will require planning for mutual aid and staff re-deployment as required. Trusts should use Regional COVID-19 Action Plans for Care Homes and Domiciliary Care as the basis for determining priority actions in these sectors.	• The Trust has reviewed its contingency plans to reflect the increased requirement for mutual aid from the care home and domiciliary care sectors. The plan states the additional staffing resource required to support responsiveness within the care home sector and the additional funding required to maintain 'premium' rates within the contracted out domiciliary care providers. The Trust will use the updated Action Cards to inform the priority actions to be taken in both care homes and domiciliary care services.
• Trusts should have plans in place for the prioritisation of resources and delivery of services to clients with the most critical level needs. Some areas of service may have to be suspended/ stepped down. Client lists should be reviewed in respect of this and carer contact details updated as required.	• The Trust maintains and updates its vulnerable clients list for those in receipt of services in their own home. Service areas that could be stood down have been identified should staff need to be redeployed in order to prioritise those with most critical level need. The Trust continues to proactively engage with and support its independent sector domiciliary care providers to ensure that they continue be in a position to deploy services and effectively target resources in the event of operational challenges relating to surge.
• Hospital pressures are likely to remain a key feature during the fourth surge. Access to in-patient beds can be impacted upon by patients medically fit for discharge and awaiting social care services. Three regionally agreed actions to improve and support discharge planning should be progressed: ➢ Nurse facilitated discharge ➢ Home before Lunch	• **Nurse facilitated discharge:** This is a way of working that is supported and taking place across our hospitals, but not happening in every ward over 7-days. An improvement process is being put into place to progress wider achievement of this. **Home before Lunch:** The Trust will continue to make every effort to ensure discharges take place before lunch. This is being progressed through the Unscheduled Group in Altnagelvin and Safer Flow Meetings in South West.

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➢ Discharge/ Home to Assess	**Discharge/Home to Assess:** The Trust has established a test of change in the Omagh locality which is a home based rehabilitation delivered by a MDT, referred to as Recovery & Care at Home. The first pathway developed by this test is focussing on patients discharged from SWAH to the Omagh locality. As part of this test, the team will develop a discharge to assess ethos for non-complex discharges. This test is in line with the regional service specification for home based rehabilitation and discharge to assess. The Intermediate Care Regional group have commenced development of a service framework for home based rehabilitation (Discharge/Home to Assess). The Trust has been allocated funding to establish a home based rehabilitation service which will meet the following specification: **Home-based Intermediate Care** **Includes:** • MDT team & care staff • Assessment & intervention in persons own home • Prevent hospital admission / attendance • Support faster recovery from illness • Maximise independence • Support timely discharge from hospital • Operates 7 days per week • Starts within 48hrs from referral • Community-based and not in-reach • Interventions last up to 6 weeks

HSCB Request	Trust Response
	Excludes: Single condition rehabilitation (e.g. stroke), early supported discharge, general district nursing services, mental health rehabilitation/ intermediate care. **Planned Actions:** Service leads (Project Manager, OT and Physio) to develop a spending plan based on the Recovery & Care at Home service model that is currently operational in the Omagh area. Activity regarding Recovery & Care at Home presented to the Directorate's Older Person Journey group in 2 weeks. Appointment of a social work post for Recovery & Care at Home to progress more timely discharge has been agreed which is in recruitment at present. In addition, meetings to progress the Regional Discharge Group priorities commenced across both acute sites in mid-July with meetings fortnightly which focus on: - Promoting and achieving the key strategic priorities as identified by the Regional Discharge Group - Promoting a person centred approach to discharge focusing on the human experience and improved outcomes for patients - Enhancing links with Trust Discharge Groups and the No More Silos Programme Board - Demonstrably optimizing the use of all resources including workforce to achieve outcomes. - Ensuring an open and collaborative approach and to develop discharge processes through the effective engagement of Trust leads/representatives, service users, the public and other key stakeholders at all stages of work

HSCB Request	Trust Response
	- Engaging effectively with Providers, Commissioners and other relevant stakeholders including those with lived experience regarding activities including the planning and delivery of services
• Trusts should work with Care Home providers to ensure current capacity in the care home sector is fully utilised.	• During the winter months, the Trust will continue to work with care home providers to ensure optimum utilisation of all available care home capacity that meets the assessed need of the patient.
• Trusts should work in accordance with the regional care home guidance, namely that patients should accept the first available care home bed that meets their needs, with the option of transferring to another home of their choice later.	• The Trust's Hospital Discharge Team will continue to operate in accordance with the regional care home guidance and the Trust's 'Policy for the Management of Patient Choice Related Discharge Delays in ALL Western Trust Hospitals'.
7.4 Long COVID • It is expected that all Trusts will have identified as senior decision maker to: ➢ support the timely recruitment of staff and implementation services by 31 October 2021	• The Trust has identified the Head of AHP Services as the lead for the implementation of the Post-COVID services. This will involve the establishment of a multi-disciplinary team comprising Occupational Therapists, Nurses, Physiotherapists, Dietitians, Speech and Language Therapists, Psychologists, Doctors and Clinical Physiologists by October 2021to support patients and staff diagnosed with Long COVID. A Trust Steering Group has been set up to oversee and manage implementation. Job descriptions and personnel specifications are being drafted to enable early advertisement of the posts.
➢ work with HSCB and PHA to ensure that robust information that is standardised regionally with agreed data definitions and	• The established Trust Steering Group will work with HSCB and PHA to ensure robust information that is standardised regionally with agreed data

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currencies to support data collection and monitoring of key outcomes.	definitions and currencies to support data collection and monitoring of key outcomes
7.5 COVID-19 Vaccine Programme	
• How the Trust targeted, or plans to target, the hard to reach/low uptake areas within the Trust area;	• The Trust is working closely with the PHA and Multi Agency Partners to identify hard to reach/low uptake areas across the Trust geography. This has been driven largely by data on SOAs. Since mid-June a programme of mobile vaccination clinics has been rolled out and plans are in place to continue this into September. To date over 2800 vaccines have been delivered at our mobile vaccination clinics.
• How the Trust enabled, or plans to enable, easier access to vaccination at the Trust vaccination centres;	• The Western Trust has operated 3 Mass Vaccination Centres in Derry/Londonderry, Omagh and Enniskillen in order to enable easier access to the centres across our Trust geography. These three centres have all been operational since December 2020, operating 7 days per week (alternate weeks in Omagh and Enniskillen). The centres will remain open until end of September to complete the 2nd dose programme and will remain open for 1st doses for young people under 18 who are eligible for the vaccine.
• How the Trust identified, or plans to identify, suitable areas/locations to place mobile vaccination clinics; and	• The Trust is working with Multi-Agency partners, including local councils to identify suitable premises in which to host mobile vaccination clinics.
• Advise how your Trust ensured, or plans to ensure, maximum uptake of the COVID-19 vaccine amongst your workforce and the actions	• The Trust strongly encouraged all staff to take the offer of the COVID-19 vaccine. A communication plan was designed and implemented to encourage staff to get the vaccine, outline the benefits and address any concerns/myths. In order to make the vaccine as accessible as possible

HSCB Request	Trust Response
that were taken, or are planned, to target any staff disciplines identified as having a low uptake.	for staff, the Trust set up Mass Vaccination Centres near our main hospital sites, ensured staff were afforded the time to attend for vaccine, and facilitated free transport to the centres. Whilst the VMS system did not record information staff uptake, the Trust Occupational Health team recorded this information which allowed reporting on areas of low uptake. This information was presented to the Corporate Management Team in order to inform targeted action to encourage staff in areas of low uptake to take the vaccine.
• Trust plans to ensure all frontline HSC staff who are Trust and non-Trust employed can be vaccinated with the COVID-19 booster within your Trust area in the autumn of 2021.	• The Trust is currently developing the plan for the roll out of the COVID-19 booster programme to frontline staff. This will include the establishment of a number of Vaccine Hubs, as well as satellite mobile clinics to improve access to the booster vaccine for staff across the Trust geography. A comprehensive communications plan will be developed as well as a robust data capture system to enable regular reporting and targeting of areas of low uptake.
• Trust plans to vaccinate all staff and residents of Care Home facilities within the Trust area with the COVID-19 booster during the autumn of 2021.	• The Trust is currently working to develop the plan to roll out the booster vaccine to staff and residents across all the Care Home facilities across the Trust geography. It is anticipated that this will be a similar programme to that carried out in December 2020/January 2021 to roll out the initial vaccination programme and will involve mobile vaccination teams visiting each care home. Work is ongoing with the care homes to finalise the model.

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• Advise how your Trust will ensure all house-bound patients are identified and vaccinated with a COVID-19 booster during the Autumn of 2021.	• It is anticipated that the booster vaccination programme for house-bound patients will be led by the GPs, supported by the District Nursing Teams, as per the model used for the initial vaccination programme.
7.6 Staffing • Trusts should ensure that integrated multi-disciplinary team discharge planning is in place across acute and community settings, particularly over weekends and holiday periods. Consideration should also be given to the impact of associated seasonal staff sickness absence. • The availability of staff will continue to be a key challenge in the coming months and Trusts are asked to outline what actions are being taken to secure sufficient and appropriately trained staff to support enhanced respiratory services to support any surge in demand. This will include reviewing the planning of staff leave to provide cover over the Christmas/New Year holiday period.	• The key challenges for the Western Trust in the context of this Winter Pressures and COVID-19 Surge Service Delivery Plan relate to workforce in respect of maintaining safe staffing levels across all areas, ensuring safe environments for patients and staff aligned to current COVID-19 guidance and policy, and funding to support the necessary actions required to address our challenges. The availability of staff will continue to be a key challenge in the coming months. Workforce vacancies remain a significant challenge across the HSC systems • We remain committed to providing safe, effective and compassionate care and will continue to operate on this premise with patient safety, and safe levels of staffing and associated risk assessments as key determinants in how we do this. • The Trust will undertake the following actions: - Work collaboratively with the Department of Health and other Trusts to try to address the need for support safe staffing levels. - Rollout of Lateral flow and LAMP testing - In line with normal winter planning arrangements, staff leave over the Christmas and New Year period will be carefully managed to ensure appropriate staffing levels to maintain appropriate staffing levels and the safe delivery of services. This year, however, it is important to acknowledge that this is likely to be even more challenging to plan with the ongoing pandemic and the impact of staff absences.

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	- Current regional direction requires Trusts to maintain complex cancer and urgent surgery for as long as possible as well as continuing to deliver emergency and orthopaedic trauma surgery. Staff from theatres form a core element to support the increase in critical care beds during surge which will have an impact on the delivery of planned surgery. We will also continue to explore redeployment of staff from other areas across the Trust. However, the Trust notes the challenges to date in achieving the planned increase in critical care capacity due mainly to the availability of staff from outside ICU. - The Trust continues with ongoing recruitment drives and staff appeals to secure additional staffing and fill vacancies. The Trust also acknowledges the additional non-recurrent investment to enable the continued uplift of nursing staff working in respiratory and critical care areas which is supporting the retention of staff and enhanced leadership in these areas. We will also continue to ensure appropriate allocation of staff to wards to meet service need. - Within the paediatric service, training sessions are ongoing for staff on the use of Airvo for treating babies and children who require respiratory support to enhanced respiratory services within paediatrics.

8.0 Delivery of Key Regional priorities

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8.1 Unscheduled Care

- It is likely that we will see increased unscheduled pressures from the backlog in elective activity and a further modelling by specialty will be provided by the beginning of September. In the interim Trusts should plan for 5%, 10%, 15% and 20% rise in activity for Adult ED Attendances and admissions (COVID and non-COVID).

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- The Trust participates in the daily regional unscheduled care morning huddle which highlights pressures across the region and assists in identifying patients for repatriation and also supports NIAS in managing pressures across the region.
- The Trust has modelled based on a 5%, 10%, 15% and 20% rise in activity for Adult ED attendances and admissions compared to Winter 2019/20.
- The following tables project average daily ED attendances based on average daily attendances October 2019 to March 2020.

Altnagelvin Average daily attendance projections 21/22	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Baseline (daily average)	198	188	185	171	180	176	131
+5% demand	208	197	194	180	189	185	138
+10% demand	218	207	203	188	198	194	144
+15% demand	228	216	213	197	207	202	151
+20% demand	238	226	222	205	216	211	157

SWAH Average daily attendance projections 21/22	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Baseline (daily average)	106	108	112	103	97	95	81
+5% demand	111	113	118	108	102	100	85
+10% demand	116	119	123	113	107	104	89
+15% demand	112	119	129	118	112	109	93
+20% demand	127	130	134	124	116	114	97

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HSCB Request	Trust Response
	• The non-elective bed requirement has been modelled as set out in section 6.1 above. At Altnagelvin, the paediatric assessment unit will increase to a 7 day model as the demand increases. This will help keep numbers of children waiting in ED at a lower level. The assessment unit in the SWAH has not been as robust due to the level of staff absence, however the surge plans include the location of the assessment unit within the ward and adjacent to the ward depending on patient numbers so that there is an assessment unit own as much of the time as possible to assist ED in keeping the number of children waiting low. The Maternity Fetal assessment unit will continue to run 24/7, staffed by midwives at both Altnagelvin and SWAH. Omagh will continue Monday – Friday (9-5). This will continue to reduce admissions to ED. Within gynaecology consultants/senior doctors will continue to triage and accept unscheduled emergency referrals from ED and GP's. Early pregnancy clinics at both Altnagelvin and SWAH will continue to provide a 5 day service.
• In order to help deal with an expected rise in demand the Trust should provide detail on plans to provide alternatives to ED including increasing ambulatory and surgical assessment to include: ➢ Speciality areas (including surgical assessment) ➢ Hours/days of operation (including plans to increase) ➢ Capacity daily/weekly Including plans to increase)	• As part of the "No More Silos" programme the Trust has relocated its ACU to a larger location which has enabled the department to safely return to pre-COVID bed numbers. Fourteen ambulatory beds are currently funded and operational and additional beds will be opened dependent upon recruitment of additional staff (as part of NMS bid). Additional capacity to be delivered this year includes: ○ 4 direct access beds for GPs. These beds will facilitate ED avoidance for patients whose needs would be more appropriately met on this unit. When fully funded the plans for this unit are extended operating hours of ambulatory care 0900-2100 7 days per week and the number of direct access beds will increase from 4 to 8. This along with the extended hours

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➢ Entry route – direct access GP, Direct Access NIAS, via Urgent Care Centre or ED (if so is this direct from triage) including plans to open up access if not in place for the above	gives potential for 120 patients per week / 6200 per annum to be diverted from ED. The Trust's No More Silos plan included provision for 3 NIAS direct admissions. However, this will not be in place during this winter period unless more funding becomes available. ○ Respiratory Hub – Providing an alternative pathway to ED and a reduction in occupied beds in respiratory wards. This will support keeping the ED for emergencies and also protecting unscheduled capacity by preventing 3-4 admissions per day with an average LOS of 3.5 days for each admission. A test of concept is currently being carried out one day a week. To date 78 patients have been seen with 126 bed days saved. • A triage line and assessment service for cardiology has also been operational since April 2020 and this will continue to be available. This enables patients to be referred to ED as appropriate, offered advice and reassurance, referred to their GP or for outpatient investigation. The cardiac assessment unit in Omagh is open 24/7 providing a walk-in service and the hub in AAH is 8am-8pm Monday-Friday on an appointment basis. The Trust is also seeking to maintain the ambulatory care hub at South West Acute Hospital and further expand this to accept a range of ambulatory conditions. Confirmation of funding will enable this to be strengthened prior to the end of October 2021.
• In order to help improve hospital flows and deal with the expected increase in admissions (COVID and non COVID), the Trust should provide detail of Discharge Planning in place and plans to improve/increase this. This should include:	• All discharges from paediatrics are given 48 hour window to contact the ward with any concerns as they are being discharged earlier than may be the norm. After 48 hours parents should contact their GP for advice. Within Maternity, 6 hour discharges are encouraged where applicable and discharges can occur daily between 9 am – 10pm. There is some availability to manage both early pregnancy and maternity cases in the outpatient setting which doesn't

HSCB Request	Trust Response
➢ Are patients given an estimated discharge date on admission (EDD) (What is the current % of EDD's which are met to date and plans for increase). Trusts should provide detail on the following areas: ➢ How is this communicated to the ward teams to facilitate early discharge planning ➢ Is Senior Review carried out before mid-day by senior clinicians (specify wards) including weekends? If not in place what are plans to do so Is twice daily decision making in place on all wards (specify wards) ➢ What is the % of all discharges at weekends and plans to improve ➢ % patients currently Home before lunch and plans to increase ➢ % patients Discharged to Assess and plans to improve ➢ % of Nurse led discharge in place and plans to improve ➢ Are plans clearly communicated to facilitate these initiatives at weekends? ➢ How are non-acute hospitals used to help manage flows	require admission to hospital or utilisation of beds. Midwives carry out the examination of the newborn and discharge women without medical input. Ward rounds are carried out by paediatric medical staff daily in the morning, and there is a further handover and review of new and sick patients daily before 5pm, • The Trust is seeking to ensure that 60% of patients are discharged home by 3pm as an initial step towards to achieving discharges before 12pm. This is not currently being achieved and is the focus of our Safer Flow Bundle work, and a priority for the year ahead. A Quality Improvement project group is being established to implement this action and monitor and report on progress. • Home First / Discharge to Assess (D2A) – the Trust's intermediate care services are all focused on home first, however we remain at an early implementation phase of D2A as set out in the regional definition. The Trust has established a test of change in the Omagh locality which is a home based rehabilitation serviced delivered by a MDT, referred to as Recovery & Care at Home. The first pathway developed by this test is focussing on patients discharged from SWAH to the Omagh locality. As part of this test, the team will develop a discharge to assess ethos for non-complex discharges. This test is in line with the regional service specification for home based rehabilitation and D2A. • Nurse led discharge - Nurse-led discharge does not currently happen routinely but it is planned to focus on this as part of the Trust's Safer Flow work.

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➢ How are discharges from non-acute hospitals managed to ensure flow across the entire system –including at weekends? ➢ Is your Trust implementing patient choice guidance (yes/no) ➢ Is your Trust operating the repatriation process (yes/no)	• The OPALs team in both acute hospitals assess all referrals to bed based intermediate care for appropriate placement. This process works well and in OHPCC rehabilitation unit the in-patient rehabilitation consultant subsequently triages all referrals. In Waterside hospital 14 sub-acute beds remain under the care of the consultant geriatrician team. They have direct access to these beds and have the ability to discharge directly from acute COTE wards. Should there be any remaining capacity within either hospital the Older Persons Management Team link directly with the Hospital Discharge Team to scope potential delayed transfers of care with an exit strategy that could utilise remaining capacity within bed based intermediate care. • Discharges in both Waterside and OHPCC are managed in the same manner as acute hospital settings with the appropriate medical and pharmacy input to facilitate discharge. Both sites have effective and timely discharge processes that also facilitate early day admissions from acute sites. Should there be any issues in relation to discharge the Older Persons Management Team have a single point of contact each day to resolve any outstanding issues. When necessary this SPOC escalates to 7 day working. • The Trust has a policy on 'The Management of Patient Choice Related Discharge Delays in Western Trust Hospitals. While we strive for every person to have a choice for their preferred place of care, we employ the regional escalation protocol whenever appropriate. • The repatriation process is being adhered to and confirmation of the updated repatriation protocol is awaited. • Communication is via the unscheduled care meetings.

HSCB Request	Trust Response
8.2 Elective Care • How theatre capacity is being managed to ensure the prioritisation of red flag and urgent patients. This information should include the actions (or SOPs) to reduce the number of red flag/ time critical patient cancellations, including the use of the IS or inter trust transfers. • Plans to increase the utilisation of HSC theatres by the independent sector. This should include theatre capacity not in active use, including the use of HSC theatres in the evenings and the weekends where HSC activity cannot be delivered. • The Trust should detail the plans in place to increase the provision of outpatient assessment capacity, including the roll out of mega clinics across a range of specialties. The plans should also detail how the Trust will make the provision of outpatient services more resilient by the continued expansion of virtual outpatient activity.	• Weekly theatre scheduling meetings involving clinicians and service managers take place on both acute hospital sites to. These enable available sessions to be allocated to specialties prioritising red flag and clinically urgent patients, ensure that available capacity is maximised by assessing utilisation and minimise the risk of cancellation. The Trust undertook an improvement programme of work to improve theatre scheduling using the 6-4-2 model and this has now been fully embedded. The Trust also participates in the weekly regional elective prioritisation meeting to ensure equitable access to capacity on a regional basis. • The Trust continues to utilise independent sector theatre capacity both in Northern Ireland and in ROI. The Trust is also working with an independent sector provider to use Trust premises (SWAH). However, the provider must meet the necessary governance arrangements inclusive of the supply of relevant pharmacy license before this can be commenced. • The Trust has undertaken a number of megaclinics for orthopaedic outpatients and further opportunities to hold more clinics are being explored. During the first wave of COVID-19, there was a significant increase in the level of virtual new and review outpatient activity undertaken. As part of its service delivery plans, the Trust plans to continue to deliver outpatient services using virtual platforms where appropriate. • The Trust will continue to participate in the FSSA process and weekly meetings to allocate patients to theatre. The Trust will also participate fully with the regional prioritisation of elective to ensure those most in need get

HSCB Request	Trust Response
	access to surgery, and with the regional exploration of how 'green' capacity can be protected and potentially expanded. • The Trust is also finalising plans to use support an independent provider using Trust capacity to deliver additional orthopaedic activity. In addition, the Trust is utilising capacity in the independent sector for the treatment of patients across a range of specialties.
8.3 Cancer Services • Progression of staff expansion and service reform as outlined in the Oncology-Haematology Stabilisation (in line with available funding).	• The Trust has worked closely with the HSCB to agree the prioritisation of posts associated with the oncology/haematology stabilisation plan and acknowledges the recent non-recurrent investment for 2021/22 to support this. Recruitment of posts within some areas associated with this investment has commenced. This investment is aimed at improving service sustainability and resilience to meet the growing demand for cancer treatments and to better meet the changing complexities and needs of our patients although it is noted that at this stage it is non-recurrent. The service will explore modernisation programmes with a view to implementing new ways of working to maximise skill mix and achieve efficiencies across the services. This will include the implementation of advanced practice roles, expansion of the acute oncology service with a view to being a Trust-wide service which in turn will ensure more timely, effective and streamlined pathway for our patients presenting with acute oncology issues. Skill mix opportunities will be explored with the aim of releasing consultant time to manage the more complex patient group. This will include maximisation of nurse-led clinics and non-medical prescribing which should also support a reduction in waiting times and enhanced patient experience.

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	The roll-out of the two-step model for the assessment and delivery of chemotherapy which is currently being piloted within the North West Cancer Centre will also be further progressed. This investment will also support additional administrative support and navigator staff which are core to the overall improvement plan as these roles are one of the key pillars in the effective delivery of cancer services and are a key enabler for pathway optimisation and improved patient experience. It will also support strengthening and improved resilience of the medical physics workforce for radiotherapy by introducing a layer of more senior and experienced personnel at medical physics expert (MPE) level. The new posts will provide operational clinical scientific leadership for technical staff (dosimetrists and engineers), whilst supporting the 8B/8C clinical scientists in implementing strategic initiatives. Furthermore, service sustainability will be increased through introducing opportunities for succession planning and career progression. Roll-out of new service development will also be enabled as well as support for the introduction of clinical trials and engagement in the national programme to implement lung stereotactic ablative radiotherapy (SABR) in the future.
• Plans for single point of referral and e-triage for red flag referrals for suspect colorectal cancer.	• The Trust remains committed to the Secondary Care qFIT Triage process which will continue until end of September 2021at which point a move to primary care is planned. Admin staff are continuing to send out qFITs to any new LGI referrals who have been triaged by consultants as requiring a qFIT. The Trust continue to e-triage with NICaN an HSCB in relation to roll out of this programme and the associated e-triage and single point of referral processes. The Trust supports the need for a clear referral/triage process for referral coming from primary care which should include the following:

HSCB Request	Trust Response
	- Single point of entry - Robust triage process with named clinicians within each sector (Northern and Southern Sector of Western Trust) - Cohort of patients to go straight to test by a bookable list. The Trust will continue to work with the local team to ensure that these processes will be put in place in line with regional agreement and associate strategic direction for the service and associated pathways.
8.4 Adult Social Care • Trusts should review existing domiciliary care capacity with the intention of re-shaping and prioritising service capacity. Opportunities for increasing capacity, including workforce recruitment activities, should be progressed as a priority. • Trusts should ensure SDS and Direct Payments are promoted as a means of increasing choice and capacity, including the use of Emergency Direct Payments to support hospital discharges. • Trusts should engage with the independent care home and domiciliary care sectors to ensure and capacity within those sectors is fully utilised and any admission issues are resolved.	• The Trust has a dedicated Domiciliary Care Optimization project in place. The key objectives are to ensure that service deployment is optimized, that additional capacity is generated and that workforce challenges are helped to be addressed. The project applies to the deployment of in-house and independent sector. • Direct payments are offered as an option for patients who require care at home leaving hospital this includes the use of emergency direct payment as appropriate. • The Trust engages with all independent sector domiciliary care providers on a daily basis to ensure available capacity is utilised as well as via the Domiciliary Care Optimization project referenced above.

HSCB Request	Trust Response
• Planning for timely discharge from hospital should be supported by focus upon the regional discharge priorities of: ➢ Nurse facilitated discharge ➢ Home before Lunch ➢ Discharge/ Home to Assess • Early engagement with families and informal carers should underpin all actions outlined above.	• As detailed under section 8.1 above. • At the earliest possible stage the Trust continues with the engagement with families and informal carers to address the actions as outlined above.
8.5 Children's social care including disability and CAMHS • Maintain critical support services for families in the community (particularly short breaks in disability/intensive support in CAMHs/edge of care) are maintained to avoid unnecessary family breakdown.	• CAMHS will continue to support the therapeutic connections forum on a weekly basis. This provides a multi-disciplinary and multiagency approach to the care and treatment of looked after children. CAMHS offer consultation with the multitude of services and systems working alongside looked after children, ensuring a timely introduction to CAMHS assessment and intervention if deemed appropriate. The service will also continue to offer assessment and evidence based/ clinically indicated therapeutic interventions for looked after young people. The Children's ASD Service has extended the contracted services with the Cedar Foundation and Positive Futures to provide additional social and family support services for families in the community. An online intervention programme has been developed to ensure that families can access specialist advice and information in a timely manner. Webinars

HSCB Request	Trust Response
	and online group interventions are also in place. Face to face individual interventions and supports are also ongoing. A clinical helpline continues to be in operation and this can also be accessed by families of children on the waiting list. Applications are made to the Children's Disability Panel for self-directed support based on assessed need.
• Ensure adequate, safe staffing for residential and in patient services in view of current demand.	• CAMHS are involved in monthly regional interface meetings with Beechcroft and the regional community CAMHS to discuss and plan round the ongoing capacity concerns in Beechcroft. All policies and procedures for young people admitted to an adult mental health (AMH) bed are followed in keeping with recommendations from RQIA and there is ongoing liaison with Beechcroft during their admission to appraise them of the situation and request transfer as soon as is possible. AMH services are apprised of and kept up to date with the situation in Beechcroft. It is hoped this informative approach will support our collaborative working when a bed within AMH is necessary.
• Maintain a focus on waiting lists	• New processes and pathways have been developed in the Southern Sector CAMHS to ensure young people transferred from Community Paediatrics (partnership arrangement) are done so in as timely a fashion as possible. A Quality Improvement Project has been undertaken within the ADHD Service to further streamline processes and pathways. Interfaces with colleagues within Education have been established to reflect on referrals and agree most appropriate pathways for YP.

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	The ASD diagnostic assessment waiting list has also been significantly impacted by the COVID 19 pandemic as valid diagnostic assessments were not possible whilst wearing PPE. New assessment methodologies are now in place and the backlog of open cases has been reduced. Reduction in waiting times continues to be a priority for the service. Quality improvement projects are ongoing. An Early intervention team has been recruited with additional investment. It is now operational and supporting a cohort of families on the waiting list. The service has also contracted additional diagnostic assessments from the independent sector.
8.6 Paediatrics • Based on planning arrangements outlined above the availability of staff will continue to be a key challenge in the coming months. Trusts are asked to highlight arrangements that demonstrate that sufficient and appropriately trained staff are available to support paediatric services to support any surge in demand. This will include reviewing the planning of staff leave to provide cover over the Christmas/New Year holiday period; • Trusts should detail arrangements in place for local triggers to activate the effective planning and management of their services in the event of a prolonged RSV surge and how will they ensure	• Paediatric Department surge plans indicate that the staffing will be manageable during green and amber phases although out-patient clinics and day case work will be reduced in accordance with unscheduled demand. When the surge escalates to red this will be the trigger for all elective work in the acute setting to cease to enable staffing from other areas (eg child health care assistants and children's specialist nurses) to be released to the acute wards to support staff. (See also detail provided at 6.1) Training is ongoing at present to upskill staff at ward level to manage the ill child on additional respiratory support and Specialist nurses are encouraged to attend this training now in anticipation of their need to come in during the surge. • (The Child Health Partnership (CHP) is well established and arrange regular teleconference meetings during periods of escalation so that units are able to support colleagues if possible with repatriations etc. All Trusts have been

HSCB Request	Trust Response
continued robust and effective communications and links with other Trusts and regional colleagues throughout the period; • Trusts should detail arrangements in place to ensure the continued provision of paediatric elective work in paediatric services throughout the autumn and winter 2021. This should include outpatient clinics as well as inpatient elective work.	asked to submit their surge plans for discussion at the CHP on Wednesday 25th August. • During the first surge, the Trust relocated acute paediatric clinics from Altnagelvin to one of the community settings with weekly input from a retired that allows waiting times for urgent new patients to be maintained. This arrangement remains ongoing and in addition has been extended to provide clinics one day a fortnight in Omagh to help the current backlog. There is limited inpatient elective work carried out within the acute paediatric setting and where this is essential for patient treatment, it will be facilitated within a room at the assessment unit.
8.7 Mental Health • Progress work on the Mental Health Post Pandemic Surge and Rebuild Plan 2021-26.	• The current focus is to continue to reduce the impact of the pandemic on service user access to and receipt of mental health support, care and treatment. Service redesign also commenced with a business case being developed to support Cedar Villa on the Gransha park site being a rehabilitation facility for patients with psychosis. This 10 bed facility will potentially reduce pressure on acute inpatient beds by reducing the delayed discharge to an appropriate rehab facility. Currently up to 20% of acute inpatient beds maybe used by people with psychosis whose needs are not acute or who may be considered a “delayed discharge”. A workforce data base has also been developed, with the aim of looking at workforce within the directorate, and the standing down of services (if required). Staff then could be identified for redeployment to other areas that are under pressure.

HSCB Request	Trust Response
• Deliver Year 1 of the DoH Mental Health Strategy 2021-31 Implementation Plan.	• AMH Services continues to manage increases in C-19 prevalence through prioritising 24/7 essential services and RAG rating Community caseload ensuring that those with the most urgent/essential needs are in receipt of appropriate care and support and prioritising staffing in these areas. Now in Phase 6 of HSC Trust service delivery Plans Adult MH and continue to monitor figures for new and review appointments. Departments have completed risk assessments and work within social distancing guidance. Trust representatives will work regional with colleagues to complete capacity and demand analysis. The Trust will avail of any additional funding to target waiting list and times and will also continue to work with regional and departmental colleagues to progress all aspects of the action plan.
8.8 Physical Disability • Trust is asked to highlight how the needs of adults with Physical and Sensory Disability is ensured in the Adult Social Care Review of existing domiciliary care capacity with the intention of re-shaping and prioritising service capacity. (refer to sub section – Adult Social Care)	• Whilst there is limited bed availability in nursing homes the challenge is primarily in meeting the needs of complex individuals who are deemed high risk due to the complexity of their health care need eg respiratory care/bariatric provision/co-morbidities and/ individuals who have challenging behaviour. There is close cross-Directorate and wider Trust working with medical, nursing and AHP services to manage each individual on a case by case basis. Strong partnerships and co-working arrangements have been developed particularly across mental health services to support achievement of the best outcomes for individuals and their carers whether that is in residential/nursing home settings or the provision of enhanced packages of care in the community. By working closely with the services responsible for managing the Domiciliary Care portfolio, the Adult Physical and Sensory Support service ensures the needs of individuals under 65 are fully considered. Working in collaboration with the WHSCT Brokerage teams, individual needs are highlighted and care is negotiated accordingly with specialist training provided as appropriate.

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	All social work caseloads have been RAG rated and regularly reviewed to ensure that care is directed to where the need is greatest and where capacity exists, it is released back into the system. However as we are working to critical and substantial thresholds there is limited excess capacity.
• Trust is asked to highlight how it meets the needs of those service users with complex need, including the use of SDS and Direct Payments.	• The robust assessment (ENISAT) process is informed by medical, nursing and appropriate allied health professionals to identify needs and highlight risks and how risks are to be managed including the identification of appropriate training for individuals with complex needs. The Trust promotes shared responsibility and works in close partnership with individuals, their carers, the community and voluntary sector and with a range of providers in the independent sector to deliver bespoke support plans based on individual need promoting an ethos of enablement where possible. More recently we are encouraged to by technology on the high street which can support the management of risks for those living with complex disabilities.
• Trust is asked to highlight what the transition arrangements are between children and older people.	• The Trust's Transition protocol (draft) highlights the need for early intervention from Children's Disability Services to Adult Services to ensure a smooth transition across services. It aims to support individuals and their families to become familiar with practitioners and services available to them allowing for a comprehensive handover across allied health professionals and social work. This is complicated if there is an existing nursing need which is met by the Children's Nursing service when there is no similar model in Adult Services. The Trust is currently exploring options to meet this emerging need in Adult services.

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	Locality managers in Older People's services) are alerted 3 months prior to the 65th birthday and the transition process commences. A joint review meeting concludes the process with all outstanding work completed. The financial responsibility commences once the individual reaches 65 irrespective of any delay in the transfer arrangements.

9.0 Conclusion

The next six months will be challenging with the ongoing threat of further surge alongside normal winter pressures and the potential for further local outbreaks. This is further compounded by the impact of previous surges on the health and social care system including the workforce challenges, long waiting times, longer waiting lists and the inequalities which have been exacerbated by the pandemic. These are undoubtedly unprecedented times for the delivery of services within health and social care, which will impact on demand for services, capacity to deliver and availability of workforce. In response to the ongoing Pandemic the Trust may be faced with situations where they have to take necessary actions at short notice to ensure that patient and staff safety remains our priority focus.