

## **ORAL STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER ROBIN SWANN – TUESDAY 6 OCTOBER 2020 – HSC SURGE PLANNING**

### **Introduction**

- Mr Speaker, thank you for the opportunity to update the House on my department's surge planning agenda.
- Today I am publishing a new a Surge Planning Strategic Framework intended to set the overarching context for individual Trust surge and winter planning. Alongside that Framework I am also publishing individual Trust Surge plans.
- The coming period is highly uncertain. The recent increase in COVID-19 cases is deeply concerning and shows that further waves is a continuing threat. How the virus develops in the coming weeks and months will depend on a range of factors including the future approach to social distancing; population adherence to these measures; washing hands often and well, good respiratory practice; and appropriate use of face coverings.
- Given the sheer scale of the unknown I do believe that the Health and Social Care system coped well through the first COVID-19 wave. That was largely because of the public's strong adherence to the measures put in place to counter the spread of the virus, meaning that the impact on services was not as severe as initially feared. Another important factor was that attendances at Emergency Departments reduced significantly during that period, which released capacity to assist with managing the pandemic. This may not be the case in the coming months, particularly as we move into the winter period.
- While the future path of the pandemic is unclear, as I have already indicated a second wave will likely coincide with winter pressures. This means that we are very likely to face the most challenging winter ever experienced by our HSC system.
- The planning for the initial surge was carried out at a time when there was limited data available on the pandemic trajectory. In this context, plans were put in place to deal with an extreme level of surge.
- As a result of this planning, every patient requiring treatment for COVID-19 was able to receive it. However, the creation of so much additional capacity had a significant impact on other HSC services. The scale of this impact is outlined in the *Rebuilding HSC Services Strategic Framework*.
- Sadly, as of yesterday, 584 of our fellow citizens have passed away with COVID-19. No matter how long the pandemic continues we must never forget that behind every figure was a person who was loved and who now is sorely missed.
- Mr Speaker, my sincere condolences go out to the families and loved ones of those who have tragically passed away. Our tribute to them, as a community, must be to ensure we take all necessary action to minimise the rate of infection and future loss of life. This starts with us all taking personal responsibility for our behaviour and actions in fighting this dreadful virus.
- Our nurses, doctors, paramedics, other allied health professionals, pharmacists, care workers, primary care, other front line health and social care workers and carers have bravely and tirelessly put themselves at risk to save the lives of others. Amongst them were also those who volunteered to return to work or temporarily leave training to provide much help and support. I cannot thank our workers enough for that.

I know that I can rely upon continued commitment from all staff, as we begin the task of managing future COVID-19 waves.

- Having said that, I appreciate that the efforts to date have taken their toll. We must put staff welfare, along with patient safety, at the heart of our efforts to manage services.
- As I said in my opening remarks, I am deeply concerned about the increase in the number of infections in recent days and weeks. In parallel to preparing our health and social care services for future COVID-19 waves, I will not hesitate to bring recommendations to the Executive, as I did last week, for a tightening of social distancing measures should these be necessary.
- We all have an important role to play in stopping the spread of the virus. I ask the people of Northern Ireland to maintain adherence to the social distancing rules, continue to wash your hands often and practice good respiratory hygiene. I know that the vast majority do so, and I cannot overstate the importance of this.
- I would also urge all Northern Ireland residents who have not already done so to download the 'StopCOVIDNI' app. Well in excess of 400,000 people have downloaded the app and as of yesterday over 5,700 people have received exposure notifications asking them to self-isolate. This is a key plank of our Test, Trace and Protect Strategy and a valuable source of up to date information.
- If we all play our part, I am confident that we can defeat this pandemic. In the meantime, my job is to ensure that our health and social care services are prepared to care for anyone who needs treatment or contracts the virus. The publication of this Surge Planning Strategic Framework is a key step in ensuring just that.
- I would now like to highlight key aspects of the Surge Planning Strategic Framework that I am publishing today.

### **Surge Planning Strategic Framework**

- The Surge Planning Strategic Framework provides the overall structure and parameters within which HSC Trusts have developed their individual plans for managing the response to COVID-19 in the event of further waves.
- The Framework highlights important learning from the first wave; sets out the approach to surveillance and modelling; reviews actions to minimize COVID-19 transmission and impact; summarises key regional initiatives to organise health and social care services to facilitate effective service delivery; highlights actions around the key issues of workforce, medicines and testing; and confirms a number of principles for our Health and Social Care Trusts to adopt when developing their individual surge plans.

#### *Surveillance and Modelling*

- It is important to recognise that Northern Ireland specific data and modelling will continue to be used to enable effective planning and ensure that there is early warning of any impact on health and social care services.
- Using the available data, combined with surveillance of influenza and other winter diseases, the Chief Medical Officer and Chief Scientific Advisor will continue to advise the Executive as it considers measures to reduce the R number in the event of a significant and sustained increase in the epidemic.
- With this approach, the intention is to ensure that the system is equipped to deal with a significant increase in demand, but also to keep that level of demand manageable in order to prevent our health and care services becoming overwhelmed.

#### *Regional Approach to Service Delivery*

- In order to manage future COVID-19 surges, HSC must be organised and ready to respond. To ensure that services are delivered most effectively in the COVID-19 context, the Department has taken a number of initiatives adopting regional approaches to service delivery.
- There are a number of key regional initiatives outlined in the Surge Planning Strategic Framework. These include:

- establishing dedicated centres for day case and orthopaedic procedures;
  - the establishment of a regional cancer reset cell to oversee the resumption of screening, diagnosis and treatment of cancer patients in clinically safe environments as quickly as possible, and to protect these services as much as possible in the event of further potential surges of COVID-19;
  - action to capture learning in relation to care homes to mitigate future transmission of the virus in those settings;
  - the continued availability of the critical care capacity at our first Nightingale facility at Belfast City Hospital;
  - the additional step down capacity at our second Nightingale facility at Whiteabbey hospital;
  - much expanded testing capacity; and
  - publication of our Test, Trace, Protect Strategy.
- The Nightingale facilities are particularly relevant for surge planning and I will say more about my plans next.
  - The Belfast City Hospital Tower Block was designated Northern Ireland's first Nightingale and will maintain additional ICU capacity for future COVID-19 waves. It should be noted that this additional ICU capacity will only be needed in the event of an extreme surge in demand for intensive care. The Belfast City Hospital tower will remain a protected site for cancer and other specialist surgery for as long possible.
  - The experience of the first surge identified a role for additional step down capacity to support flow through hospitals and ease pressures on the system. Therefore as Members will know I have already commissioned work to begin on an additional Nightingale facility on the Whiteabbey Hospital site. This will be an intermediate care facility, providing 100 additional 'step down beds', to be operational by December 2020.

#### *Royal College of Surgeons*

- Some Members will have heard of the latest report published by the Royal College of Surgeons focusing on the delivery of surgery through a second wave. Whilst the report may be largely focused on England it does also importantly contain the views of surgeons from here in Northern Ireland.
- The report is an important contribution at this time, especially as it is coming from clinicians working on the very front line. I'm meeting the Royal College tomorrow morning, just as I have done on a number of occasions before, and I am quite certain the report will be discussed then. I have also asked that the report and the recommendations in it, are discussed at tomorrow's meeting of the Regional Management Board.
- A point in particular that I fully expect will be discussed tomorrow, and one which is referenced on page 22 of their report, is in relation to staffing. The responses from our surgeons' highlights the significant impact workforce shortages are having on the capacity to deliver planned care. This was a problem before Covid and will remain so after Covid, however the pandemic has only exacerbated it.
- Almost all of the surgeons responding to the survey specifically mentioned the need for more nursing staff to increase surgical capacity. It is clear that there are no quick fixes, and sustainable, multi-year funding is required. Earlier this year I was pleased to secure funding to deliver an additional 300 nursing and midwifery undergraduate places in Northern Ireland this year, bringing the total to a new all-time high of 1,325. In the meantime I will continue everything I can to train, attract and entice nurses to work in our HSC system.

#### *Service Innovations*

- I recognise that it may be difficult to find any positives in the situation that we find ourselves in. But we must recognise that the emergency response across primary, community and secondary care services have involved innovative new service delivery approaches. Our health and social care providers have adopted the use of technology like never before. Whilst face to face consultations will always be necessary in some cases, and indeed are valued by both clinicians and patients, I'm also reassured that virtual clinics and telephone triage are widely embedded within both primary and secondary care services.

- We cannot go back to the way we delivered services before COVID-19. There is now an opportunity to mainstream these recent innovations and I am determined that we take that opportunity. Of course, we must recognise that use of technology will not be appropriate in all circumstances and we must continue to offer face-to-face services where that makes sense for patients and staff alike.
- Our primary and secondary care providers have also stepped up to collaborate in ways not previously seen. This is best exemplified in the eleven COVID-19 Centres established as a response to the crisis. We must now build on these experiences to further encourage that collaboration.
- Mr Speaker, I can confirm to the House that innovation, transformation and collaboration will be at the very heart of my approach to managing a second wave.

#### *Carers*

- Before I move on to the Trust Surge Plans, I think it is important not to forget to pay tribute to all those carers who supported their loved ones through this very difficult time. You have done a fantastic job in a very challenging environment.
- We must continue to support carers through the coming period, which will likely be at least as difficult as the last 6 months. Carers will have a crucial role to play in continuing to provide support, not only to those they care for but also in terms of taking pressure of our hospitals and health care workers.

#### **Trust Surge Plans**

- Mr Speaker, I am also announcing today the publication of five individual Trust surge plans and Northern Ireland Ambulance Service Surge Plan.
- These plans all outline initiatives required to respond to additional demand pressures arising during this winter and through any subsequent COVID-19 waves.
- Each plan covers a number of themes to support the HSC system to deliver increased resilience throughout this challenging winter period. The themes include positive patient, services user and carers experience; protecting HSC staff; maximising capacity; and promoting safety for patients and staff alike.
- Mr Speaker, I have highlighted the key aspects of the Surge Planning Strategic Framework and the individual Surge plans that I am publishing today. This will ensure that comprehensive plans are in place to address both further COVID-19 surges and winter pressures.

#### **Trust three month Rebuild plans**

- Our waiting times were appalling before Covid-19 and regrettably they will be even worse after Covid-19. That is why I made it clear to my officials and to the Trusts that restarting services was to be considered a key priority for them. Covid can cause real harm, but so too can delayed diagnosis or treatment.
- Thankfully, through herculean efforts of our clinicians and the administrative staff working across our Trusts, much progress was made. I can inform the house for instance that from 1<sup>st</sup> July to 31<sup>st</sup> August this year Trusts had committed to delivering 130,419 outpatient consultations, in fact they delivered 152,941. Similarly they aimed to deliver 61,678 diagnostics, instead they delivered 81,874.
- I don't underestimate for one moment however the damage that Covid-19 has inflicted. That is why I said I wanted any and all possible sources of additional capacity to be utilised. This included capacity within the independent sector. From the onset of the pandemic Trusts have been using theatre sessions, including for both general anaesthetic lists and local anaesthetic lists, to allow many hundreds of the most urgent and time critical patients to proceed as quickly as possible.
- When I established the Management Board for Rebuilding HSC Services in June, I also tasked it with incrementally increasing HSC service capacity as quickly as possible across all programmes of care. The Management Board is currently overseeing 28 workstreams. It is clear that huge efforts are underway to rebuild services. I do not underestimate either the scale of the challenge or the needs of patients who unfortunately have had their treatment delayed.

- The next set of Trust 3 month Rebuild Plans were originally intended to be published at this time covering the period October to December. However, given the perilous and developing situation we now find ourselves in, I feel we have no choice but to hold back the publication of these latest plans. However let me reassure Members - just because the publication of the plans may be paused, that does not for one moment suggest the efforts of our clinicians to support patients have been paused. Even with the prevailing Covid situation I expect that the rebuilding effort will of course continue, as far as that is possible.
- I will also keep the publication of the rebuild plans under ongoing review. That said, it must be recognised that the recent rapid increase in COVID-19 infections is likely to unavoidably impact on the capacity of our health system to maintain delivery of mainstream services.

### **Cancer Rebuilding and Stabilisation**

- Finally, I intend tomorrow to publish a policy statement setting out important plans for rebuilding and stabilising cancer services.
- While we have greatly improved our cancer treatment services with increasing numbers of patients surviving cancer for longer periods, regrettably our waiting times for diagnosis and treatment have been deteriorating in recent years.
- HSC cancer services, primarily oncology, have been under pressure for some years. There are a number of reasons for the existing pressures, including staff vacancies and sickness absence. In addition, the service is being supported by single handed practitioners and locums, making it vulnerable.
- Unfortunately the impact of COVID-19 on the Health and Social Care (HSC) system has also been profound. The continued need to adhere to social distancing and the level of use of Personal Protective Equipment not required before the pandemic have all contributed.
- While every effort has been made by the HSC Trusts to prioritise both red flag and urgent patient referrals it will require some time to return these services to delivering the full available capacity.
- Alongside the development of the new Cancer Strategy healthcare commissioners, professional staff and the Trusts have been working to produce short and medium-term plans to rebuild and stabilise cancer services.
- Both Oncology and Haematology services are under unprecedented pressure as a result of continued growth in demand for services and the adverse impact of the Covid-19 pandemic. It is essential that we invest now to create sustainable teams that can provide high quality and timely care.
- The aim of these plans is to take immediate action to increase capacity and ensure that the services are sustained over the weeks and months ahead as we face the potential for a second wave of Covid-19.
- The Rebuilding Plan for Cancer Services contains 17 actions to maximise available capacity across cancer services. The immediate need is to rebuild services following the Covid-19 first wave and maintain service delivery for red-flag and urgent referrals for the year ahead. The estimated investment profile for the Rebuilding Plan is £2.5m revenue recurrent for the Rebuilding Plan and £151K capital.
- The Oncology and Haematology Stabilisation Plans are focused on filling medical, nursing and Allied Health Professional vacancies, investing in new ways of working, and creating new navigator posts to support the continued delivery of virtual clinics.
- The overall estimated cost of the Oncology Stabilisation plan is £8.73m over two years. The overall estimated cost of the Haematology Stabilisation Plan is £3.63m also over two years. While this work will initially be supported through COVID funding, it is important to note that these are not short term actions. The Executive has agreed that this investment will be rolled-out across 2 years through to March 2022 and be recurrently funded from 2022/23.

- There is an urgent need to rebuild cancer services and these plans complement each other by providing a strong base for the long-term Implementation Plan to underpin the Cancer Strategy called for in the 'New Decade New Approach' document.

## **Conclusion**

- Mr Speaker, in conclusion, be in no doubt that we are confronted with a huge and daunting challenge. We must as a system try to rebuild services; manage the ongoing COVID-19 pandemic; embed innovation and transformation; address winter pressures and plan for the future – all at the same time.
- We demonstrated during the first COVID-19 wave – and despite the limited time to prepare – that we are up to the challenge. It is due to the dedication of all our health and social care staff that anyone who has contracted this terrible virus has had access to the best possible care. I am determined that this will continue to be the case.
- I am immensely proud of all our health and social care staff. You responded selflessly and with conviction to the first COVID-19 wave. The period we are now facing is likely to be hugely challenging but I have no doubt that our HSC staff will again respond positively to the challenge.
- It will be critically important to adopt a flexible approach to ensure that mainstream health and social care services delivery is maximized, as far as possible.
- Our ability to protect mainstream health and social care services will, at least in part, be determined by everyone responding positively to control the spread of the virus. I urge everyone across the community to go that extra mile this winter by following the guidance on infection prevention and not to let our guard slip.
- I can assure that House that I will bring to bear all the leadership and encouragement that I can offer, as we move through what will undoubtedly be an incredibly testing period for health and social care.
- I commend the Surge Planning Strategic Framework and Trust Surge plans to the House.