

Northern HSCT Service Delivery Plan - Quarter 4 addendum (14/01/22)

Background

The Trust Service Delivery Plan for Quarter 4 covers the period from January to March 2022. When producing our Quarter 3 Trust plan it was written to broadly cover the full winter period. The Trust reviewed and updated its Quarter 3 plan in November / December 2021 to ensure robust planning remained in place throughout Quarter 4.

Due to the timing of the plan, the document did not specifically take into account the potential impact of Omicron.

It has become clear over the last few weeks that the Omicron variant is less severe than Delta and will not have a further impact on the availability of acute beds over and above what is already set out in our Trust plan. On this basis, in agreement with the HSCB, we have not updated the model for acute beds.

However, it is anticipated that the levels of infection associated with Omicron will impact on the staffing resource across HSC services and in this regard the Trust has been asked to refresh Quarter 4 plans to take into account the downturn in staffing as a result of Omicron.

This addendum sets out the additional escalated Trust actions resulting from Omicron which are not detailed in the main Quarter 4 plan.

Additional escalated Trust actions

Given the emergence of the omicron variant in NI, the resulting increase in community transmission and the associated staff absence rates, the Trust has been continually reviewing its winter plans. As an organisation we will endeavour to keep as many services operational as possible, however it is highly likely that many services will be impacted given staff availability. Maintaining patient and client safety remains the priority for the Trust.

In line with the regional modelling the NHST anticipates that the pressure will be greatest in the next 6 weeks with a peak in demand circa 24/1/22 for approximately 2 to 6 weeks. At that time the priority will be to focus on the most acutely unwell patients and to maintain, where possible, patient flow in the unscheduled journey, through timely discharge. In order to do this we are working tirelessly to implement all actions as outlined in our winter plans. However, in keeping with the risk of staff absence in the key operational services, we are implementing the following additional escalated actions:

- 1) Reviewing Service Business Continuity Plans in the context of significant staffing impact (assuming up to 30% of staff are off due to infection or isolation) including all services areas that could be temporarily suspended;
- 2) The further prioritisation of workforce and the allocation of staff to the areas of highest clinical priority;
- 3) Prioritising elective surgery in line with the Regional Prioritisation Oversight Group (RPOG), taking into consideration the Regional Covid-19 Critical Care Surge Level;
- 4) Consolidating / collapsing staffing rotas where this is viable;
- 5) Refocusing our daily Trust Bronze meetings to make decisions around critical staffing levels and business continuity;
- 6) Establishing a process to capture and monitor the corporate position regarding suspended services;
- 7) Advising service users and families / carers where services are temporarily suspended;
- 8) Holding Care Home surveillance meetings (currently 3 times per week);
- 9) Reviewing the availability of current support to Care homes and identify where possible further staff to support nursing homes where possible;
- 10) Ensuring adequate access to Tier 1 PCR testing for staff;
- 11) Maximising our 'Plea for Help' campaign opportunities to support critical services and assess feasibility of partial redeployment;
- 12) Ensuring that the vaccination of our staff is prioritised;
- 13) Reviewing visiting in line with regional guidance.