Southern Health and Social Care Trust

Quality Care - for you, with you

Trust Service Delivery Plan
including Resilience Plan to address Winter Pressures and any subsequent waves of Covid-19 Pandemic
October 2021 – March 2022

Southern Health and Social Care Trust

Final Version : 14 October 2021

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1.0 Executive Summary

The Southern Health and Social Care Trust (SHSCT) Service Delivery Plan October 2021- March 2022 outlines our planned response to additional service pressures arising during Winter 2021/2022. It also includes resilience plans for further Covid 19 surge and builds on the earlier version of the Winter Plan which was published in October 2021.

Regional modelling has predicted a further 'surge' (4th wave) of Covid19 anticipated to coincide with the colder weather and outbreaks of other seasonal respiratory viruses such as respiratory syncytial virus (RSV) and influenza that impacts on both adult and childrens health services during the winter period.

In preparing this revised plan, the Trust has reviewed the official regional 6 week 'forward look' report for COVID-19 inpatient bed occupancy projections provided by the HSCB/DOH (week commencing 22 November 2021). Not withstanding the exclusion of potential further impact of emergent global developments in respect of a further new Covid-19 variant 'omicron', the projections do not indicate any significant change to the previously indicated regional position and therefore the previous modelling does not require to be updated as part of this revised plan. However, this does once again highlight the significant challenges that are to be sustained over the next few months. It is predicted that Southern Trust will have the highest numbers in the region over this period and given the significant limitations previously highlighted in respect of inadequacies in our hospital infrastructure this will therefore continue to present challenges for the Southern Trust and the wider health and social care system. Therefore, the Plan itself remains intact however as previously outlined whilst there are mitigating measures in place, these will not address the significant gap that we have in our current bed provision nor will it address the limitations resulting from our aged infrastructure.

The Southern Trust prepares an annual seasonal resilience plan in preparation for winter however this year; in the context of the ongoing pandemic response, it is important that comprehensive surge plans at local and regional level are established to ensure ***critical care***, ***hospital beds***, ***community services and care homes*** are in place to optimize our service resilience during this difficult period.

The key focus of the plan is to describe how the Trust will deliver enhanced resilience through this challenging autumn and winter period across three areas which are detailed in Sections 6, 7 and 8 as follows:

1.1 Our Approach

The prevalence of the Covid19 pandemic has far reaching impact on our ability to deliver a range of core services to our population and the relentless pressure on our staff is unprecedented. 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 year in responding to the pandemic in considering the impact on other services including cancer and elective care services and also recognising the wider health, social and psychological impact the pandemic continues to have on both our service users and local community and on our staff.

As our staff continue to respond to these sustained increases in service demand, this will continue to influence how we can deliver our services over the winter period and it will be necessary to keep our operational response to the pandemic under continuous review ensuring at all times that we are maintain our focus on patient and staff safety including continued social distancing, psychological support and maintaining infection prevention control measures across all our care settings.

In preparing this winter surge plan, the Trust acknowledges and supports the DOH agreed principles (see section 3.0) outlined in the *Regional Covid-19 Pandemic Surge Planning Strategic Framework* (1st September 2020) and will work towards adhering to these principles as it delivers services through the challenges in this winter period.

1.2 Our Challenges

The Trust has already experienced critical pressures on the system during the weekend of 13-15 November 2021 which resulted in the requirement for a full divert from CAH with 'stand by ' only admissions to ED. Reduced bed capacity resulting from excessive medical demand, covid demand of c. 123 patients and nosocomial outbreak management impacted on the Trusts ability to effectively cohort patients in need of enhanced respiratory services and resulted in the counterintuitive requirement to close f the ambulatory unit at CAH to provide additional bed capacity while simultaneously reducing our ability to ambulate specific patients and avoid hospital admission. The Trust will continue to face significant challenges over the winter (see section 4.0). In summary, the key challenges remain for the Southern Trust in ensuring resilience and delivering against winter pressures and additional Covid-19 Surge relate to:-

- **Workforce -** maintaining safe staffing levels across all areas with increased demand and patient acuity alongside high vacancy and absenteeism levels, exhaustion and psychological distress and individual pressures from adherence to PPE requirements to ensure safety of patients and staff.

- **Poor Hospital Infrastructure-** local challenges resulting from aging inpatient accommodation have been recognized and led to financial support from the DOH for remedial estate works necessary to address some key risks associated with management of Covid-19 to be completed in this financial year. These critical works while necessary; will create additional operational constraints as bed capacity is reduced despite mitigation measures implemented to minimize impact during the winter period.

- **Delivery of Core Service Capacity-** the ability to balance requirements of core service provision, particularly in relation to 'red flag' and urgent elective surgical capacity, whilst also managing the demands presented in this period for unscheduled critical care and acute medicine.

- **Financial Constraints-** with limited recurrent growth funding and significant existing pressures we will continue to identify any emerging financial pressures during this winter period and as a result of any further COVID-19 surges. Surge plans are expected to create further financial pressures in an already constrained financial system, with financial

resource requirements difficult to predict given known workforce supply constraints (both within the trust and in the community sector) and the interplay between COVID presentations, unscheduled care pressures and on-going risk-based decisions around elective services. Internally, the Trust will continue to assess resource requirements and use established channels and processes with HSCB and DOH to secure additional resources as required.

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

- **Regional and System Wide Response** – the wider HSC system has learned from previous Covid19 surges and the merits of regional response measures put in place by the HSCB and DOH and system level learning from these initiatives provide a strong foundation for the management of further Covid-19 surges. The Trust also acknowledges the challenges of the BHSCT as the only provider of a range of specialist services and the responsibility to ensure capacity for the region.

This plan has been developed with staff focusing on the holistic pressures that will challenge our ability to deliver for the **next 3-6 months** and we will utilize a comprehensive range of management information as well as our operational emergency planning arrangements established as part of previous surges to enable oversight and real-time decision making.

2.0 Introduction

2.1 The Southern Health & Social Care Trust prepares an annual seasonal resilience plan to outline proposals to address the predicted increase in demand for unscheduled secondary care services each winter. Traditionally, this is a period when overall demand for care services increases and where specifically, demand for our services is significantly greater than the capacity of our Hospitals to respond.

2.2 The arrival of COVID-19 has had a detrimental impact on services across all areas of the Trust and the wider health and social care system. Within the Southern Trust, our focus has been and will continue to be focused on ensuring the safety of our patients, service users and staff at all times. In readiness for a potential fourth surge which could coincide with colder weather and expected seasonal/ 'winter' service pressures, it will be important that there are comprehensive surge plans in place for critical care, hospital beds, community services and care homes.

2.3 As part of development of our Service Delivery Plans, the Trust will seek to deliver our baseline activity in line with the pre-Covid winter period but will include assumptions on the

impact of any necessary shift in staffing resources that may be required in a moderate or high Winter/surge period.

2.4 As we continue into the winter months the Trust is committed to taking a carefully considered and balanced approach to the delivery of services taking into account lessons learnt over the past year whilst also acknowledging that we will continue to live with Covid-19 for some time and this will continue to influence how we can deliver our services including social distancing and infection prevention control measures within the physical constraints of our aged hospital buildings and community facilities. We have seen the impact of variants of Covid-19 over the summer months. However the impact of further variants remains unknown.

2.5 The Trust will endeavour to maintain as many services as possible during any further waves including provision of elective surgical care through maintenance and further development of 'green pathways' where possible, however the ability to balance the requirements of core service provision, particularly in relation to red flag and urgent elective capacity, whilst also managing potential unprecedented unscheduled medical demands in this winter period remains extremely challenging.

2.6 As in previous seasonal / winter plans, some planned surgical services will be capped to align with projections of peak demand, and to avoid any unnecessary patient cancellations. The Trust will however, continue to prioritise and focus on treating the most urgent cases first, informed by regional clinically agreed prioritisation, & oversight processes. As a result some patients will have to wait longer than we would like.

2.7 The Trust is committed to reviewing and reconfiguring our current acute hospital bed capacity as necessary to ensure that we maximise our ability to treat people and provide safe, effective care and to do so we have been asked by HSCB; as in previous years to model bed occupancy at 5%, 10%, 15% and 20% above baseline as we prepare to increase resilience during peak periods.

2.8 This surge planning framework outlines the approach the Southern Trust will adopt to address the anticipated seasonal increase in demand, including the impact of influenza and respiratory syncytial virus (RSV), and any further waves of COVID-19 and focuses specifically on the following key areas:

1. **Measures to avoid ED attendance/ acute hospital admissions;**

2. **Measures to facilitate effective hospital inpatient 'flow including optimising 'green' pathways for maintaining surgical activity during the period; and**

3. **Measures to optimise discharge for those who no longer require acute care including plans to increase capacity in the community and hospital 'step down' care.**

The 3 key focus areas outlined above planned actions and initiatives are summarised in **Appendix 1.**

2.9 The response plan is supported by activity projections for delivery of core services for January – March 2022 across a range of services **(Appendix 2)** and plans for delivery of key regional priorities for unscheduled (critical care and respiratory), elective care, cancer services, adult social care, children's services, mental health and physical disability services (Section 7)

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, and 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 8 of the document.
- Trusts should as far as possible **manage Covid-19 pressures within their own capacity first.**
- 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.**

3.1 Equality Screening and Rural Needs Assessment

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

3.2 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

4.1 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 to ensure clinical, patient and staff safety.

In spite of the success of the Covid19 vaccination programme future Covid-19 pandemic waves remain a threat. Vaccination may reduce the impact of subsequent waves of the pandemic on health care services and we have seen the impact of variants of Covid-19 over the summer months. However, the impacts of further variants are unknown. There also remain many other unknowns including the impact of waning vaccine immunity with the subsequent need and impact of potential booster doses.

What is known is that a further surge of Covid-19 is likely to coincide with outbreaks of other respiratory viruses such as RSV and influenza during this winter that will further strain effective delivery of health and social care services across the system.

4.2 Some of the **key challenges** in implementing the Trusts seasonal resilience plans and Covid-19 surge plans this winter remain including access to workforce, our capacity to

support wider system and other sectors and daily operational pressures impacting as follows:

- **Workforce pressures** including the ability to safely and appropriately staff our service delivery plans, taking into consideration the impact of previous local cluster outbreaks within staff and patient groups. Given the daily staffing pressures, promoting and supporting the health and wellbeing and psychological safety of our staff, facilitating annual leave and enabling staff to decompress will be vital to protecting staff, ensuring they feel supported in work and avoiding 'burn-out'. This is a significant challenge at this stage of the pandemic.
- The **impact of wider staffing requirements** to support the vaccination programme and care home sector including testing and contact tracing to maintain patient and staff safety in respect of spread of infection, as well as a range of legislative and statutory demands and the need to ensure flexible working necessary to support childcare and caring commitments all needs to be factored into our service delivery plans and taken into consideration when assessing the significant demands placed on our workforce.
- **Capacity of Independent Sector Providers** who also are impacted by the pandemic and experiencing workforce pressures. This is reducing the capacity and options for support from this sector for hospital discharge.
- **Capacity of Primary Care/Out of Hours** -November has seen increased fragility being reported in from local primary care highlighting increased stresses within the sector. The Trust will continue to work with HSCB in collaboration with our primary colleagues to support access to GP services and Community Pharmacy as required. The Trust has put in place temporary measures to increase the resilience of the GPOOHRS service and has consolidated the model from 5 sites to 2. The GP OOHRS service continues to be fragile and the Trust continues to provide advance alerts and notification to the DOH and HSCB. .
- **Balancing safety and risk through regional agreements** in respect of ensuring both effective ongoing response to Covid-19 locally and the need to deliver elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the overall Northern Ireland population taking account of specific challenges including access to suitable accommodation.
- Operationally the acute service is already experiencing increased acuity of patients high **volume of extremely sick respiratory patients** in the acute sites and the associated need for specialist respiratory nursing and oxygen therapies. The number of patients on non-invasive ventilation already greatly exceeds anything previously seen. This impacts on the oxygen demand within our acute hospitals. Whilst works have been undertaken to update the infrastructure, given the poor configuration of our acute hospital wards, the oxygen load still requires close monitoring in terms of wider fire safety risk.
- Covid-19 has further highlighted the difficulties we face dealing with a Pandemic within **sub-standard hospital accommodation**. The majority of our hospital accommodation is 40-50 years old and this has limited our ability to adequately provide safe social distancing and avoid overcrowding for our staff and patients with limited physical bed and circulation space.
- Our ability to nurse Covid-19 patients who required aerosol generated procedures has been limited specifically by **appropriate ventilation systems and oxygen ca**pacity and our ability to adequately control the spread of infection due to a lack of side rooms and inadequate sanitary facilities

- In spite of multiple mitigating measures put I place **nosocomial spread** is still likely to occur as long as infection rates within our local community remain high. Managing these inevitably lead to closure of a significant number of beds to maintain IPC standards. This reduction in bed capacity puts further additional strain on our system (detailed in section 6).
- **Continuing to maintain effective Covid-19 zoning plans** in all hospitals and community facilities in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of both staff and patients, and to optimise efficient utilisation of PPE and ensure safe and appropriate catering and rest facilities for our staff are provided.
- The Trust has a significant **underlying acute bed capacity gap with limited single rooms** for the demand placed on local services currently and the additional numbers of both medical and Covid-19 patients anticipated by the predicted modelling for winter and further Covid19 surges. The Trusts ability to cohort within our designated areas will be challenged and operational decision making on patient placements will be progressed on a risk management basis. Furthermore, decisions on thresholds for admission and discharge to our acute hospitals may be further reviewed based on risk management.
- Acute mental health and disability services are experiencing increased demand and increased acuity of patients, requiring high levels of prescribed nursing observations. Wards within Bluestone Unit and Dorsy Unit have been as high as 113% occupancy, with patients being admitted to Portland chairs.
- Assessing the ability of our accommodation and transport infrastructure to support and enable revised service delivery plans and patient flow across our hospitals and community presents challenges and is expected to include a **reduction in overall capacity and productivity levels** during peak demand periods.
- The Trust is reliant on continued **public adherence to the restrictions and precautionary measures** before coming to a Trust facility or accessing care. There are challenges sustaining models for **'swabbing' and 'testing'** of health care workers and patients as part of our ongoing response to Covid-19 and supporting service delivery as part of agreed pre-treatment pathways, e.g. before surgical interventions.
- Under the banner of **Mutual Aid and Resilience**, the Trust continues to provide necessary support and resources to the nursing and residential care homes and supported living and independent domiciliary care sectors on an ongoing basis. This includes practical support including PPE and associated guidance.
- Continued **support to the GP led Covid-19 Assessment Centre** in Banbridge is an important service to support individuals at home however maintaining this is also placing demand on Trust staff and our facilities limiting capacity to restart some other core services in the locality, and is also impacting on the GP Out of Hours service in terms of demands for GP cover.
- Providing **continued support to those in need within our population** including those who are extremely clinically vulnerable people, and people at risk of harm.
- **Addressing the backlog** of non Covid care remains a challenge including growing waiting lists and constrained emergency surgical capacity at local and regional level.
- Ensuring we harness opportunities to deliver services differently and with **innovative solutions** that reduce the need for direct patient contact but that can effectively and safely deliver health and social care services such as the transformation proposals outlined in our 'No More Silos' action plan which is not yet fully embedded and/ or evaluated becomes

challenged as result of the need for 'reactive' responses across a range of areas during periods of peak demand e.g. ambulatory 'space'.

- The Trust will maintain its 'operational' and senior bronze **emergency planning approach** established at the outset of the pandemic as part of our collective leadership approach engaging front line staff in response to daily challenges during the period of this plan.
- Re- establishing some of our services safely in some areas has been and remains challenging and there is **need for additional capital and revenue funding** that is subject to securing DOH/HSCB approval.
- The Trust welcomed funding to progress some remedial works in year to address some of the most critical infrastructure challenges in respect of managing Covid-19, however these estate improvements will also **impact on CAH bed capacity to the end of March 2022.** The Trust has in place plans to mitigate this impact as far as is possible while ensuring these works are completed in year in line with current departmental spending requirements. Our ability to scale up surgical capacity will be also be constrained by the ability to access safe and appropriate bed spaces alongside skilled workforce resources.
- Previous measures to increase hospital based capacity which the Trust has used during seasonal peaks such as utilising non-designated (corridor) inpatient acute hospital beds, will not be appropriate in the context of the pandemic. Our physical environment is subject to ongoing **risk assessment** and measures including physical distancing and separating Covid-19 and non-Covid-19 areas have been put in place to manage risk. This has been factored in to both our service delivery plan and our seasonal winter resilience plans.
- **Attaining and sustaining a reliable supply of critical PPE, blood products and medicines** to enable us to safely deliver services was a challenge in the initial Covid19 surges however, in this plan the Trust has assumed a ready supply of PPE that will meet the anticipated activity levels.
- We will be mindful of our **commitment to co-production and engagement** and informed involvement in key decision making in our local agreements to deliver our service plans however regrettably this has been challenged during the rapid decision making required during the pandemic
- This alongside ensuring that Trust based services can be safely resumed, will impact on the pace and scale as we seek to meet demand across all service areas.

4.3 Whilst the Trust will aim to manage unscheduled care pressures within our own community and hospital system, we will also **work collaboratively with the wider HSC system** where possible to seek to equalise or smooth demand. 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 particularly within the Emergency Department. We may at times of winter pressure need to utilise regional available bed capacity.

Workforce vacancies remain a challenge across the system. All Health and Social Care Trusts will work collaboratively along with the Department of Health to try to address the need to support safe staffing levels in their local facilities and regional facilities. .

4.4 The Trust will continue to monitor and escalate implications on service delivery arising from **financial constraints**, with limited recurrent growth funding, significant existing pressures and the potential for any future surge in Covid-19 transmission.

4.5 The Trust continues to manage the impact of increased **community transmissions and outbreaks** in our hospitals and community services. Working together, we will continue to ensure patient safety as our top priority and we will play our part in supporting a sustained reduction in transmission, to preserve life and support our health and social care service.

5.0 Communications Planning

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 regularly engage with the Trade Unions, provide information as required and address any concerns raised by them on behalf of their members.
- 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 and Covid Booster programme.

6.0 Responding to Seasonal/ Winter Pressures

Whilst the regional modelling is able to show the overall impact on demand under various scenarios there remains a great deal of unknowns that make this winter extremely unpredictable. These will include but not be limited to:

- Impact of waning immunity
- Effectiveness of vaccination/booster programme
- Ongoing public behavior
- Policy &/or absence of instigation of regional circuit breakers/lock down control measures
- Impact of seasonal flu and RSV

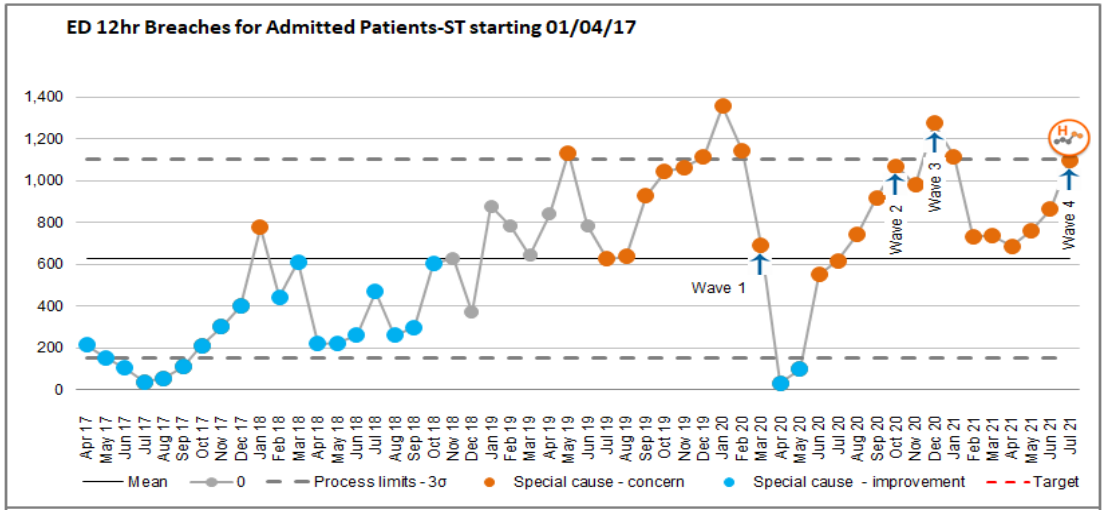
This means a wide range of scenarios are plausible. Covid modelling also needs to be considered alongside demand for other unscheduled activity particularly those under the medical specialties that typically present during the winter period. There remain significant unknowns and confounding factors associated with the pandemic that make any assumptions on future activity during the winter period based on previous activity potentially unreliable.

The Southern Trust's winter planning and delivery arrangements for unscheduled care seek to detail the Trusts plans to respond to anticipated increased pressure and known seasonal risk factors during the 2021/22 winter period however it is clear that despite this there will be a clear bed capacity gap and an inability to provide the level of service required to meet the needs of our local population.

HSCB REQUEST **6.1 Bed Occupancy** Modelling to be undertaken in line with regional planning assumptions.	Due to the range of factors outlined in the previous section, the Trust's ability to flex up additional beds for extra acute capacity is less this winter in comparison to previous years. In addition, as result of poor hospital infrastructure that compounded operational challenges during previous Covid surges, the Trust is working through critical estate works to increase ventilation and sanitary provision on the CAH site to minimise incidence of nosocomial transmission during the period of this plan. As the remedial works programme is rolled out it will impact on provision of acute bed capacity in the area affected by works. In parallel, as Covid 19 hospitalisation numbers present, a dynamic process of individual and ward

	based IPC risk assessments will continue to be applied throughout the inpatient journey and will also impact on plans and availability of suitable bed capacity. Another very significant impact is the significant increased Length of Stay (LoS) particularly in the medical specialties that has emerged as part of the Pandemic period. The Southern Trust has always maintained a relatively low acute bed ALOS when compared with peers regionally and nationally. More recent local data shows that on CAH for combined acute specialties (Gen med, cardiology, respiratory and geriatric medicine) there has been an increased LOS of >20% this is likely to be multifactorial including due directly to Covid patients but also general acuity of patients and potential delays in discharge that have been exacerbated during pandemic. The fragility of the local domiciliary care sector is also contributing to this position with the number of 'outstanding' packages at levels higher than where the number of packages. There is a concern that any local Trust recruitment exercises for Domiciliary Care Workers will further destabilise Independent Sector providers. This all further exacerbates demand. This has made management of Winter pressures increasingly challenging over the last 5 years, with high levels of Emergency Department Waits now in Excess of 12 hours as demonstrated in graph 1 below with patients waiting in ED and other 'transitional' areas while waiting for admission to appropriate beds. This results in a poor patient experience and significant pressure on our current staffing resources. Pandemic waves challenge the ability to forward look for 'typical' winter pressures as evidenced by the position in July 2021 which was akin to peak winter levels in previous years.

Graph 1



The Trust will continue to deal with the impact of increased community transmissions and outbreaks incidents in our hospitals and community services during the Winter period. In addition, as result of poor hospital infrastructure that compounded operational challenges in previous Covid surges, the Trust is facing the unprecedented need to work through critical estate works during the seasonal peak period with rolling closures of beds and necessary cohorting of patients to manage infection control and minimise incidence of nosocomial transmission on the CAH site.

Adult Bed Occupancy and Management

The Southern Trust has an evidenced bed capacity gap on both Acute Hospital sites. In March 2019, the Trust commissioned a bed day modelling exercise via the Utilisation Management (UM) Unit (Health Innovation Manchester). The model (using non- linear regression and population prevalence models) projected a range of increases in bed demand annually to 2024 that suggested a requirement for a net increase in bed capacity of c. 75 – 103 beds for CAH and 30 – 53 for DHH.

The Trust has further completed bed modelling, in accordance with regionally defined assumptions. This is based on Winter 2019/20 actual unscheduled demand alongside commissioned elective levels (ie the elective bed model is based on the commissioned activity level translated into bed numbers, rather than the operational position). This is summarised below and further detail is provided in the attached annex.

The current acute adult inpatient beds in the Southern Trust are provided below;

	Craigavon Area Hospital	**Daisy Hill Hospital**
Current Bed Total	398	155
Decant Ward Available for Critical Estates Works	15	-
Net off:		
Estates Closures Anticipated Sept 21 – March 22	31	-
Rolling Bed closures related to infection prevention control arrangements to manage nosocomial spread	25	15
Grand Total	**357**	**140**

Bed 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.
- Trusts will uplift their unscheduled care bed requirement by their observed

	increased length of stay percentage, (Sept 2019 v Sept 2020); c 26% for CAH and 5% for DHH • COVID-19 bed requirement calculations are based on COVID-19 beds required during the pandemic peak of September 2021 • Beds modelled in this exercise reflect the demand for beds which is not resourced or staffed. The resourced and staffed complement is reflected in the core baseline. • 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, using average activity projections and the planning assumptions above to form a base model; this model includes anticipated shortfalls for the Trust. The modelling assumptions are set in a highly uncertain environment and whilst facilitate high level planning are not predictions. The Trust will continue to defer to the short term 'forward look' predictions provided by the DoH which provide information on the covid presentations expected within rolling six week time periods. These predictions inform and direct the Trusts internal action and contingency planning. Operational groups meet daily as required to consider the changing environment with regular Bronze and additional Senior Management Team meetings in place to respond to the changing circumstances presented by the pandemic

management.

Requirements based on the base model are summarised in the table below and include a range of mitigations available to the Trust under the categories below which are further detail in appendix i.

1 Avoiding Admissions / ED Attendances 35 – 50
2 Optimising Flow – Bed Capacity / Discharge Capacity
3 Extreme Contingency Bed spaces
4 Reduction in elective activity to baseline winter level (2019/2020) – capped by 40% (77 to 45) or reduced to a minimum level (only available for a short period of time) – capped by 60% (77 to 30)

Requirements based on the base model reflect a net shortfall of 235 – 358 beds.

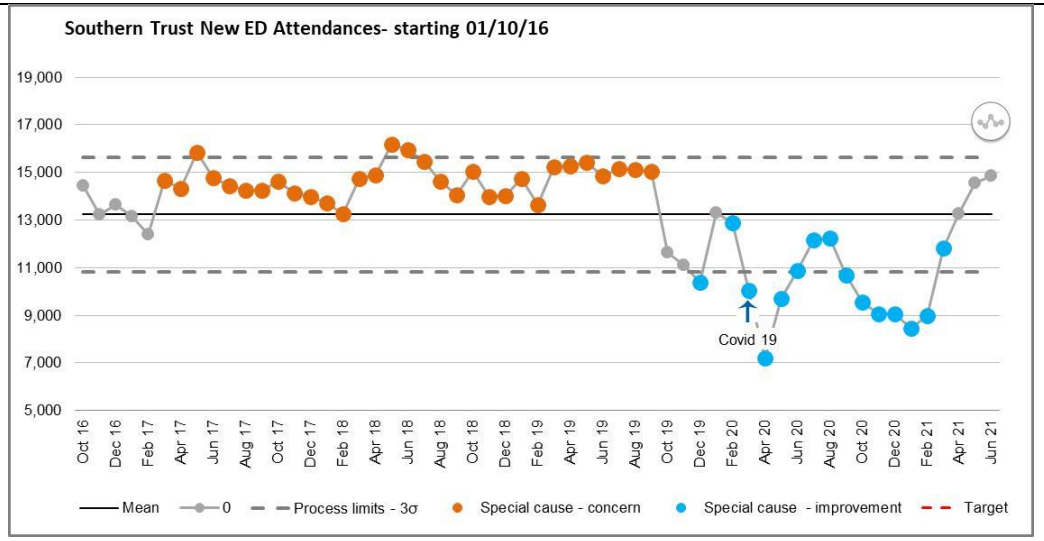
Base Model	**Total beds required**	**Shortfall**	**Mitigations**	**Net Shortfall (Shortfall minus Mitigations)**
0%	807	310	75	235
5%	838	341	75	266
10%	868	371	75	296
15%	899	402	75	327
20%	930	433	75	358

This position highlights the key challenge for the Trust in planning seasonal resilience alongside Covid surge demand this winter.

Paediatric Bed Capacity

As Winter approaches emerging evidence from other jurisdictions, for example Australia, indicating enhanced pressures on pediatric services it is anticipated

	that the Northern Ireland Paediatric network will continue to work in relation to the NI response including paediatric beds, that are out with this modelling of adult bed capacity. A paediatric surge plan is now established, identifying local actions that can be taken to increase bed capacity at various levels of surge associated with available workforce and infrastructure. This regional plan will seek to smooth demand regionally at each level of surge before moving to the next level. In developing this plan the Trust has taken account its requirement to manage two separate neonatal baby units on its CAH and DHH acute sites. The Trust will seek to optimise bed capacity across both acute hospital sites, CAH and DHH, and continue to utilise existing alternative pathways, including the Paediatric Advice Line Services (PALS) in support of primary care and existing short stay and ambulatory services across the Trust. <u>Mental Health and Disability Capacity</u> Before the pandemic mental health services in the UK and locally in NI, were already under extreme pressure. It is estimated that there will be around 32% more new referrals to mental health services over the next three years. A regional surge plan has been agreed, and has identified short, medium and longer term actions. The Trust will continue to optimize bed capacity as well as pathways and services to care for people in their own homes. **<u>Emergency Department & Management</u>** New ED Attendances have now returned to the pre-Covid levels of 2019/20 for the current June period. As shown on graph 2 below 2019/20 was not a normative year for winter activity for ED Attendances. Pre 2019/2020 ED Attendances during a winter period were reflecting an average 3% increase year on year. Graph 2



Emergency Department modelling as per commissioning direction as requested is at 5%, 10 %,15% and 20%, modelling on 2019/20 actual activity. This indicates a predicted increase of ED Attendance of between +502 to +2661 per month and a range of between 10,538 to 15,966 over the winter period.

Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Southern Trust New ED Attendances (inc STH)	11655	11104	10407	13305	12873	10036
Modelling @5%	+583	+555	+520	+665	+644	+502
Modelling @10%	+1166	+1110	+1041	+1331	+1287	+1004
Modelling @15%	+1748	+1666	+1561	+1996	+1931	+1505
Modelling	+2331	+2221	+2081	+2661	+2575	+2007

	@20%							
6.2 Flu Activity Details of flu action plan including details of specific actions taken to maximise the number of Trust staff receiving flu vaccinations. Details of plans for rapid flu testing in ED and assessment areas. The response should explain when rapid flu testing will commence and how this will impact on seasonally adjusted 4 hour performance and bed occupancy. The Trust should detail how bed capacity will be increased to manage a flu outbreak this winter, based on previous flu trends (last year excluded). The plan should consider the impact of future COVID-19 surges alongside increased flu related admissions and also consider what hospital at home capacity is available and how it will be utilised 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 the frail elderly patients. In order to ensure patients admitted with flu are discharged when clinically fit	The CMO issued information on 15 September about the annual seasonal influenza vaccination programme for 2021/22. This includes influenza vaccination for the general public (adults and children) and for frontline Health and Social Care Workers (HSCWs) (Trust and non-Trust employed). It is recognised the best way to improve the prevention and management of flu is to increase the uptake of vaccination, especially among health and social care workers with direct patient contact. Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant women, children, those with certain underlying medical conditions and frontline health and social care workers. The Trust's annual flu and Covid booster programme for staff is currently underway and is being offered in 3 main sites across the Trust. The Trust is now expanding walk-in clinics in these main sites, along with smaller satellite sites in the main hospital sites to reach staff closer to where they work, in order to increase uptake. The Trust is mindful that the DOH target for the flu vaccine for 2021-22 is 75% and to maximise uptake all staff will be offered and actively encouraged to avail of the flu vaccine. Previous flu peer vaccinators and COVID vaccine vaccinators are currently rolling out this model. A communications campaign has been developed to encourage uptake. The Trust will continue to undertake POCT tests for Covid in our Emergency Departments. Plans to extend the current testing to also cover Flu A/B/RSV are subject to further developments and roll out which the Trust would welcome. In the absence of a combined test, workforce capacity issues in both ED and laboratories are restricting the ability to undertaken any additional testing.							

	The Trust supports direct access admissions from primary care for frail older patients where appropriate – this is not limited to patients experiencing flu but is dependent upon availability of medical beds.

7.0 Covid-19 Surge (4th Wave)

It is acknowledged that any future waves of Covid-19 pandemic would have a significant impact on the ability to sustain our service delivery plans over the next few months. The Trust will continue to apply the regionally agreed service delivery planning principles to decision making to:

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

The below section sets out the Trust response to the regional context and modelling.

HSCB REQUEST **7.1Critical Care** Trusts are asked to outline their plans, in agreement with the Critical Care Network (CCaNNI) ensuring that there is a co-ordinated approach across and between units and clinical teams to meet the demand.	The Trust continues to participate in daily CCANI network calls. Critical care beds will be scaled up in line with the Critical Care Regional Surge Plan. CCANI (critical care). The Trust is assuming maximum surge capacity of 14 intensive/ critical care beds to respond to local Covid-19 surge. Any further regional surge demand will be addressed via regional available bed capacity through CCANI. Increased risk experienced as a result of critical pressures on the weekend of 13-15 November resulted in the requirement for full divert from CAH with 'stand by' only admissions to ED. Excessive medical demand, reduced bed capacity resulting from covid and nosocomial management also impacted on the Trust ability to deliver surgery and impacted on the Trust ability to deliver surgery and impacted on the Trusts ability to respond to regional critical care escalation. The Trust continues to work collaboratively with the regional oversight groups to consider the NI wide need for balance in service delivery for provision of critical care, medical/ respiratory beds and the need to maintain protected elective capacity for Red flag and urgent surgery.
7.2 Respiratory -Trusts are asked to outline	The Community Respiratory Team has established a virtual in-reach call with the acute respiratory team on a daily basis. This call aims to increase flow from acute to community

their plans to ensure that there is management and coordination between estates and clinical teams to monitor the usage of oxygen	facilitating early discharge alongside preventing admissions of those patients known to community services who have exacerbated condition. The CRT have maintained the rapid response community HOSAR (oxygen assessment) service, this was scaled up in 2020 to help prevent hospital admission of Covid positive cases cared for in their own homes including nursing homes. Collaborative working between this team and AC@H also continues. The increased volume of extremely sick respiratory patients in the acute sites and the need for specialist respiratory nursing alongside the number of patients on non-invasive ventilation greatly exceeds anything previously seen. Respiratory Nurse Specialists continue to work flexibly in support of the delivery of respiratory services in periods of increased demand / surge including divert to areas where demand is highest. During 20/21 a number of estates works were undertaken to significantly increase the availability of medical gas at both CAH and DHH hospital sites which included upgraded tanks and capacity. A number of wards also had the availability of bedside medical gas points increased. However, there remains a requirement given the poor overall hospital infrastructure as per previous surge to continue to closely monitor and report the daily consumption of oxygen piped gases and manage the risk of fire due to o2 concentration levels. Contingency plans were also prepared and are still in place for the use of mobile equipment including medical gas cylinders if required.
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 established processes and taken actions to support the implementation of the Regional Planning Requirements noted as per the regional context. This includes providing feedback via regional Director meetings, mechanisms to escalate issues pertaining to Business Continuity Plans, regular meetings with Independent Sector Provider Care Home and Domiciliary Care Provider Managers and RQIA representatives. Independent Sector Providers continue to be impacted by the pandemic management

Trusts should update contingency plans to address staff absences in both the statutory and independency 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. 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. Hospital pressures are likely to remain a key feature during a further surge. Access to in-patient beds can be impacted upon by patients medically fit for discharge and awaiting social care services. Trusts should work with Care Home providers to ensure current capacity in the care home sector is fully utilised. 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 Three regionally agreed actions to improve	heightened by workforce pressures. Whilst defined contingency arrangements are in place to work with each other and with the Trust to minimise the impact of staffing challenges the Trust has seen a number of domiciliary care providers move to 'hand-back' to the Trust packages of care where they can no longer provide a service. This coupled with a continued increase in the number of unallocated packages of care, as well as absences among Trust Homecare staff, puts further pressures on the Trust services. Whilst cases to promote discharge are prioritised these pressures will impact on hospital flow. It is anticipated increased financial support to the domiciliary care sector identified in November will facilitate stability in the sector, which remains subject to workforce pressures, for the remainder of 2021/22. Infection outbreaks in the residential and care home settings in the Southern Trust area and ongoing workforce challenges further reduce the level of bed capacity available to the Trust in the community. It is noted that while care homes are reflecting a level of vacancy and capacity that due to operating staffing issues this may not always be available for use. Respite capacity in particularly appears to be impacted by ongoing workforce challenges. The Community Response Team consists of staff from our full range of Community Teams, including the Community Respiratory Team, the Care Home Support Teams, Community Physiotherapy and the Acute Care at Home Team. These teams continue to work closely together to support patients in a care home and domiciliary setting. Acute Care at Home continues to monitor asymptomatic Covid positive patients in care homes in order to identify a deterioration and early referral to Acute Care at Home. Each year, as part of the issue of the Annual Contract letter to Independent Sector Providers, the Trust advises ISPs of the importance of updating business continuity plans and the need to build upon any previous experience and learning. The Trust also ensures that our own Trust managed Statutory Residential homes review and update their respective Business Continuity Plans. The Trust has contributed to the production of the Regional Covid-19 Action plans for both

and support discharge planning should be progressed: • Nurse facilitated discharge • Home before Lunch • Discharge/ Home to Assess	Care Homes and Domiciliary Care and has taken the required actions to ensure compliance with same. This has included: • Mutual Aid – working with ISPs to provide support where possible in respect of requests for access to additional staff capacity. (Trust ability to provide staff has been limited to date due to staffing absence levels within Trust) • Highlighting the need for ISPs and Trust services to update and maintain their business continuity plans. NB: Trusts reinforce with ISPs that they must update business continuity plans, however we do not review these). The Trust allocates services after a process of professional assessment has identified the level of eligible needs that are present, after any rehabilitation has taken place (where appropriate). Service allocation is subject to ongoing review and future service allocations can either be reduced, remain the same or increased, subject to reassessment. This means that key workers are well placed to have an understanding of those service users who are in most critical need of services at any point in time. Trust staff will keep this under review, taking account of changes in the ability of a family to provide support and this information is taken into account during times where services are having to be stood-down or suspended. An understanding of service user and carer pressures is essential when allocating access for example to Day Care, which due to social distancing IPC requirements currently has reduced capacity. The Trust has a work stream that focusses on the three regionally agreed actions to support discharge planning, SHSCT update is as follows: • Nurse Facilitated Discharge – The Trust has previously established processes for nurse facilitated discharges primarily in elective/ surgical service areas. As result of these elective services significantly constrained during the pandemic, Trust performance on nurse facilitated discharges been impacted. Work is currently ongoing to develop an action plan to advance this further. The Trust has sought regional guidance on how this can be safely implemented within current context. • Home Before Lunch – a regional target of 20% has been set for achievement by Trusts. SHSCT reports monthly to the Regional Discharge Group of patients who are facilitated home before lunch. . This continues to be a key target focus area for

	our 'Site co-ordination' office as part of our operational response plan. • Discharge to Assess is fully operational in the Trust and has seen a 33% increase in activity from 952 in 2019/20 to 1,265 in 2020/21. There is close working with Discharge Team and Community Teams. The Trust is exploring the opportunity to enhance the level of rehab assistants in Intermediate Care and Reablement, to reduce/negate the reliance on Domiciliary Care staff to support Discharge To Assess (D2A). As detailed above, the Trust has contributed to the production of the Regional Covid-19 Action plans for both Care Homes and Domiciliary Care and have taken the required actions to ensure compliance with the same. This has included: • Mutual Aid (referenced above) • The Trust continues to host regular Zoom Meetings with ISPs, where we listen and respond to requests for support across a range of issues, including IPC advice and guidance. This is a true partnership approach and helps to ensure that residents receive the best experience and care possible and • The Trust keeps under daily review the bed occupancy/availability across the whole of the Trust area. The Trust works collaboratively in management across Acute and Non-Acute Hospitals to ensure that there is clarity for individuals making decisions in respect of a placement in a care home. This includes information advising that service users should accept the first choice offered to them on the basis that they will be supported to move to their first choice at the first available opportunity.
7.4 Long COVID-19 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 and work with HSCB and PHA to ensure that is robust information that is standardised	The Trust worked up an investment proposal template seeking funding to establish a new service for Long Covid. This was formally submitted to the HSCB 17th September 2021.. Timely recruitment will be challenging given the non-recurrent nature of the funding and lack of clarity on further funding beyond 21/22. In addition the Trust are experiencing workforce pressures, in the staffing disciplines required, due to increasing prevalence of Covid, staff burnout and annual leave commitments.

regionally with agreed data definitions and currencies to support data collection and monitoring of key outcomes.	The Trust is committed to exploring all opportunities to ensure the Long Covid service, as set out under the 5 strands, are implemented as quickly as possible and measurable outcomes are captured in line with the HSCB / PHA regional standards. The Trust has identified a project lead, Head of Physiotherapy services, to oversee the implementation of the services aligned to the long Covid IPT. The project lead has established a working group to take forward the necessary actions to ensure timely implementation of staffing. The community respiratory team has supported the long Covid pathway implementation which will include MDT assessment and Covid specific pulmonary rehab.
7.5 COVID-19 Vaccine Programme Advise how your Trust targeted, or plans to target, the hard to reach/low uptake areas within the Trust area; Advise how your Trust enabled, or plans to enable, easier access to vaccination at the Trust vaccination centres; Advise how your Trust identified, or plans to identify, suitable areas/locations to place mobile vaccination clinics; and Advise how your Trust ensured, or plans to ensure, maximum uptake of the COVID-19 vaccine amongst your workforce and the actions that were taken, or are planned, to target any staff disciplines identified as having a low uptake.	On 14th September 2921 the Joint Committee on Vaccinations and Immunisations (JCVI) issued their advice in regard to COVID-19 boosters. They advise that those who received vaccination in Phase 1 of the Covid 19 vaccination programme should be offered a third does Covid 19 booster vaccine, including those living in residential care homes for older adults, all adults who are 50 and over, frontline HSC workers and all those aged 16-49 with underlying health conditions that put them at risk of severe Covid-19 and adult household contacts (16+) of individuals who are immunosuppressed. They have advised that this should begin in September 2021 as soon as is operationally practicable. JCVI advice has confirmed that their preferred vaccine produce is Pfizer. It is not the intention of JCVI that the 2021 COVID-19 booster vaccine programme should disrupt or delay deployment of the annual influenza vaccination programme. Both of these programmes are important for individual and public health, especially over winter 2021 to 2022. Where operationally expedient, COVID-19 and influenza vaccines may be co-administered. The Trust Vaccine Steering Group is overseeing the delivery of both the flu and Covid-19 Booster Vaccine programmes. The Trust's annual flu and Covid booster programme for staff is currently underway and is being offered in 3 main sites across the Trust. The Trust is now expanding walk-in clinics in these main sites to reach staff closer to where they work, in order to increase uptake. This will be continually reviewed. Staff can book an appointment either on-line or via a booking line to attend a clinic available over a number of days throughout the week at times throughout the day and evening. This programme will run over 12 weeks in order to provide an opportunity for all frontline staff to attend. A Trust wide communication plan has been developed to deliver

	key messages and encourage Trust staff to get the vaccine. Staff vaccination figures will be monitored and regularly reviewed and appropriate action taken to target key areas or disciplines of low vaccine update. Figures will also be regularly reported to the Trust vaccination lead and senior management team. The disruption of core school nursing programme with lock down and staff redeployment, to support the Covid-19 vaccine rollout, resulted in a significant amount of the schools based programme not delivered over the last two school years. This includes vaccination programmes and Year 1 and Year 8 Health Appraisal. Further additional demands in this coming school year will include an additional 25,000 vaccinations as part of the 'roll out' of the flu vaccination to all school age children up to 16 years. Additionally pending regional determination regarding the roll out of Covid vaccinations for 12 – 15 years school age children may further impact.
7.6 Staffing The Trust 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 any surge in demand. This will include reviewing the planning of	The key challenges the Trust face in the context of this winter 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. Staff are fatigued from the ongoing demands placed on unscheduled care services and similarly staff normally aligned to elective care required to work in non-elective areas. The Trust is experiencing an increase in staff choosing to leave. The availability of staff will continue to be a key challenge in the coming months. As in previous winter plans, rotas for the Christmas/ new year and bank holiday periods are reviewed in context of staff need to use annual leave entitlements. It is anticipated that with the bank holiday falling in the weekend period this year this will be a further challenge for services and contingency planning for this period is underway. Workforce vacancies also remain a significant challenge across the HSC system. Specifically, continual regional shortages across a number of professions including Nursing, Midwifery and AHP's and social work will make meeting the demands of additional winter pressures extremely challenging . All operational directorates are already using significant amounts of locum, bank and agency staffing hours to meet current

staff leave to provide cover over the Christmas/New Year holiday period.	demand and critical payment schemes are in place. Work continues across the below areas to address the gap and availability of staff in line with the Trust's winter workforce plan. This works includes:- • Open and ongoing recruitment with easy to appoint recruitment processes, along with utilisation of workforce appeals as necessary. • Utilisation of bank and agency • Utilisation as appropriate of the regionally agreed Covid response payment. • Redeployment of staff where possible to areas of acute need to ensure safety. • For AHP only – stand down or reduce elective AHP services for redeployment to areas of critical need. • CEC training , along with in house training will continue to train and maintain skills necessary for critical care areas and respiratory wards . • Consideration to standing down all other training during surges as appropriate and particularly over the Christmas period. • Redeployment of staff where possible to areas of most critical need • Securing additional support resources to ensure front line staff are focused on direct care to service users and patients • Additional resources are being secured in Occupational Health Team to mainstream enhanced psychological support measures for staff based on the value placed on this from learning following previous surges. In addition, HR Directors have engaged regionally to agree any other measures to secure additional workforce capacity, develop other workforce deployment plans, and enhance support to our workforce. Gaps in available social work staff creates considerable challenges for the following reasons: • Highest ever number of children on the CPR • Highest ever number of Looked after children • Continued increase in new referrals coming into the system.

8.0 Delivery of Key Regional Priorities

This section explains the likely measures the Trust would be required to consider to ensure some level of continuity of service continues during any further Covid-19 surge. Many Trust services continued to be sustained during the first Covid-19 surge. This plan is for those services that experienced a significant impact as a result of the pandemic and explains the actions being proposed to manage any further Covid-19 surge. In developing this high level plan the Trust has participated and taken account of regional plans such as Care Homes, Domiciliary Care, Acute, Mental Health, Childrens and Critical Care Network Northern Ireland (CCaNNI), Northern Ireland Cancer Network (NICaN).

As we continue to live with Covid-19 this will continue to impact on how we can deliver our services including clinical, patient and staff safety and the ongoing requirement for social distancing and infection prevention control measures. A further surge in Covid-19 may mean we need to provide more capacity to meet this demand that would arise from more cases, in addition to seasonal winter pressures.

Core Activity Projections

Annex 1 below includes the Trusts indicative projections of core activity outturn for the period January – March 2022. In the context of the current pandemic wave 4 position, and indicative modelling that anticipates a continuation of this variability over the next 3 months, the Trust has not been able to make firm projections of core activity and has as such prepared projections that reflect Winter pressures in the pre Covid period.

Pandemic peaks and surges will impact the projections particularly those aligned to bed and theatre capacity, however risk associated with increasing levels of staff vacancy and absence, the need to protect emergency and crisis services and the requirement to respond to system wide planning, include redeployment of a range of staff will have resultant impact on a core of non-hospital based activity projections.

In particular the following issues are likely to have an impact on the delivery of core activity:

- The Trust is currently at Critical Care level 3b in line with the CANNI plan; the requirement to maintain a high number of ICU beds impacts significantly theatre capacity as additional staffing to realise additional critical care beds are inevitably drawn from this cohort of skilled staff. As ICU bed numbers reduce more theatre capacity will be realised however this cannot be accurately predicted currently. Furthermore any additional actions taken by the region in the pursuit of the elective framework has the potential to impact further.

- The Trust is continuing to deal with the impacts on increased community transmissions and outbreaks in our hospitals and community services. In addition, as result of poor hospital infrastructure, that compounded operational challenges in previous Covid surges, the Trust

is working through critical estate works related to minimising incidence of nosocomial transmission on the CAH site. The existing ward constraints and remedial works programme impacts acute bed capacity and a dynamic process of individual and ward based IPC risk assessments continue to be applied throughout the inpatient journey impacting on our plans.

- The impact of staff sickness and staff self-isolating has had significant impact across a range of services. This is requiring the Trust to review its nurse and AHP staffing plans and consider the dilution of normative nursing levels in line with the CNO/DoN agreed model when in extreme escalation.

- Due to the current operational pressures we have not been able to undertake detailed engagement with Services in respect of these projections

The table below outlines details by key regional service areas, the measures that would need to be taken to respond to the next wave of Covid-19 cases.

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-19 and non-COVID-19). 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:	The Trust has action plans in place to implement medical and surgical ambulatory pathways. These plans have been challenged due to continued workforce pressures and financial resources that have been further exacerbated by Covid-19. Ambulatory Care units on both acute sites are prioritised to support patient flow and ambulate medical patients as appropriate to avoid hospital admission. However, services are not yet fully operational on a 5/7 day model due to workforce. As extreme contingency, and given the wider estate constraints, the ambulatory accommodation is flexibly used out of hours at weekends as a 'transition space' to help with patient flow from ED. Given the changeable hours both CAH and DHH ambulatory units currently work on the basis of 'pull' from ED. Current hours are: • Monday to Friday 8am – 8pm – acute medicine CAH and DHH DAU • Cardiology and Respiratory ambulatory operate 2 days per week. The existing ambulatory unit can supports medical ambulatory only, however, capital works are underway to provide a dedicated surgical assessment / ambulatory area in the OPD area of CAH site. This is due to be operational by April 2022. Plans are well developed for a surgical assessment model however, this will also be subject to the additional revenue support from HSCB for staffing resources.

•Speciality areas (including surgical assessment) •Hours/days of operation (including plans to increase) •Capacity daily/weekly Including plans to increase) •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. In order to help improve hospital flows and deal with the expected increase in admissions (COVID-19 and non COVID-19), the Trust should provide detail of Discharge Planning in place and plans to improve/increase this. This should include: • 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). • 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) -Yes but not consistently at weekends	The Trust continues to work closely with Northern Ireland Ambulance Service to ensure mutual support to their winter escalation plan, this includes opportunities to improve ambulance turnaround times. The Trust has invested in a dedicated ambulance handover zone which was completed in early November. Due to the need to complete necessary ventilation improvements in the Covid resus area in CAH ED; the ambulance hand over area is being used as a temporary decant space for the for the resus area. It is expected that the works will take 12 weeks to complete, following which the ambulance handover area will revert to its intended purpose. From November The Trusts 'Phone First' and Urgent Care Centre operational hours have increased Monday to Friday from 9.00 AM – 6.00 PM to 9.00 AM – 9.00 PM. , this will allow the Trust to ensure that those planning to attend ED or Minor Injuries are managed at the first point of contact, through a system of telephone clinical triage. This includes options for advice on condition self-management and if required they are either advised to attend their own GP, the Minor Injuries Unit, the Urgent Care Centre or in emergency situations, to attend the ED. The Trusts Mental Health / psychiatric liaison service currently offers 97% response within 2 hours to ED. The Trust is aiming to improve response times to ED for emergency mental health referrals with an increase in rotas planned from 1 December. There is a continued effort to focus on flow and discharge and the Trust will further reinforce its 'site co-ordination' model during the winter period. In an effort to support hospital discharges the Chief Executive has written out to all patients (on admission) to advise that when deemed medically fit for discharge they will be discharged from the acute hospital which may mean for some they do not go to their first choice of residential/nursing home. This action has been supported by HSCB. A Patient Flow and Discharge working group is established under the Trust's No more Silos project arrangements with focus that includes the 3 regionally agreed actions: The Trust has a work stream that focusses on the three regionally agreed actions to support discharge planning, SHSCT update is as follows:

• 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 • 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 -No • Is your Trust operating the repatriation process - Yes	➢ <u>Home Before Lunch</u> – The Trust is progressing a number of projects to facilitate home before lunch including early intervention from Multi-Disciplinary Teams , Patient Support Leaflet, early in reach from community teams, daily White Board Meetings, acute Expeditors and Discharge Team-Facilitating Safe and Early Discharge by focusing on discharge from admission, coordinating complex discharges and working with multi-disciplinary teams to expedite discharges. Home is always the first option and this is fully embedded in the discharge planning process. Targets have been set including: 2 before noon for all wards and daily targets =3 for 18 bedded ward and 6 for 36 bed ward. Work ongoing to drive the Multi-professional use of Flow Boards for up to date information and to include EDD for all patients. This has been challenging due to staff turnover/ reliance on bank. The Trust has developed a Patient Flow Dashboard and on average 20% are currently discharged before 12nnon. ➢ Discharge to Assess is fully operational in the Trust and has seen a 33% increase in activity from 952 in 2019/20 to 1,265 in 2020/21. There is close working with Discharge Team and Community Teams. Between April – June 2021 93% patients were discharged to assess within 48 hours of referral being received by the service. • <u>Nurse Facilitated Discharge</u> – The Trust has previously established processes for nurse facilitated discharges primarily in elective/ surgical service areas. As a result of these elective services significantly constrained during the pandemic, Trust performance on nurse facilitated discharges have been impacted. Work is currently ongoing to develop an action plan to advance this further. The Trust has sought regional guidance on how this can be safely implemented within current context. 52.24% of Inpatients in CAH and DHH had an expected date of discharge in 2020/21. The Trust recognises the need for improvement of this and actions are ongoing to drive the multi-professional (including clinical and medical input) use of flow boards for up to date information that includes EDD for all patients. The Trust has established ‘site coordination’ processes in place including the control room meetings that occur 3/4 times per day and all specialties are represented with clear communications pathways in place across all sectors of HSC provision.

	The Trust facilitates 17% of Discharges at the weekend. Although services below are operating on a 7 day service – staffing is significantly reduced in comparison to Monday- Friday and further investment is required in Acute and Community to improve this and to move to full 24/7 day service model for Trust/ HSC. Some services that will run for 7 days over the period of this plan include: • AHP Team – 7 day service across wards and ED – OT and Physio on both CAH and DHH sites • ACAH 7 Days, Intermediate Care 6 days. • Early Community Stroke Discharge Team 6 day service • Mental Health Integrated Liaison Service – 7 day 9am-9pm • Hospital SW – 7 day service • Learning Disability Crisis Response – 7 days a week 8am-1pm • Non- acute hospitals are also included in acute discharge options
8.2 Elective Care The Trust should evidence 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. The Trust should detail the plans in place 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	COVID-19 has placed unprecedented challenges on the Trust and the requirement to manage pandemic demand has had an adverse impact on core elective capacity, for outpatient assessment, diagnostics and treatments. With the totality of any available elective capacity directed to urgent and red flag pathways, the wait time for both urgent and routine patients continues to increase. Furthermore, the balance of allocating any available bed capacity to surgery versus medicine during the pandemic continues to be challenged. The requirements to support the CCANI escalation plan also requires redeployment of any available theatre staffing (high vacancies), and the repurposing of physical space, to support critical care reducing elective theatre capacity. The Trust will continue working through the regional networks to seek to ensure equity for our population across specialities and geographies in working collaboratively to maximise elective services onto ‘green’ sites and pathways. Trust continues to engage in regional oversight arrangements for elective care via the Regional

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 be delivered	Prioritisation Oversight Group. Southern Trust elective capacity is very limited and continues to be impacted by the requirement for additional intensive care beds (CAANI PLAN). Regional oversight of the proportionate impact of the CCANI Plan balanced with the Trusts ability to deliver P2 and emergency work remains a concern. The level of regional elective capacity per Trust is reported weekly at RPOG. The Trust continues to try and protect elective beds and green pathways in order to utilise any theatre capacity available for patients categorised at P2 in line with regional agreement and utilise available capacity in the contracted independent sector hospitals for this work. The duration of the pandemic and current response arrangements has led to an increase in the volume of priority patients now waiting beyond clinically acceptable timescales. Critical pressures on the weekend of the 13-15 November resulted in the requirement for a full divert from CAH with 'stand by' only admissions to ED. This impacted directly on Trusts ability to deliver the Trust's prioritised red flag and urgent surgical cases. The reduction of waiting times will require long term investment and a new approach to planning and delivering elective care services. The Elective Care Framework Restart, Recovery and Redesign sets out both the immediate and longer term actions and funding requirements needed to tackle our long waiting lists. The Trusts initial focus remains on directing internal capacity to those most t need and seeking to increase capacity via sourcing additional capacity in the independent sector, subject to resources. The Trust has the following processes in place to review and prioritise elective demand based on the FSSA priority categorisation tool, working locally and regionally. This ensures an equitable approach to targeting red flag and urgent demand at a speciality level within available capacity. • **Clinical Regional Priority Oversight Group** – Information on demand is reviewed weekly by the Trusts representative on the clinical Regional Priority Oversight Group (RPOG) and presented at a regional level. This process determines the allocation of regional external capacity, available in contracted Independent Sector Hospitals, to those

	specialty areas most in need. • **Regional Operational elective managers Group** - This group meets weekly to review the outcomes of RPOG and allocate IS capacity, share an internal capacity that is available and agree any intertrust transfers. This group is also leading on the sourcing of additional elective capacity. • **SHSCT Elective Theatres Oversight Group** - This group chaired by the Associate Medical Directors for Surgery allocates internal elective theatre capacity, reflecting the priorities driven by the FSSA priority categorisation tool, to ensure capacity is targeted equitably to those most at need, and also taking due regard of the need to ensure medical staff have access to sessions to maintain skills. The Trust seeks to optimise the use of its elective theatre capacity within available resources however is constrained by the availability of • **Skilled theatre nursing staff** – where there are significant ongoing vacancies impacting on core service delivery despite ongoing local and regional targeting initiatives to address • **Elective bed capacity** – which is ring fenced in line with pandemic planning and also impacted by the high volume of complex cases targeted for surgery • **Intensive care capacity** – which is determined in line with CANNI requirements and availability impact on the complexity of cases which can be managed. Core activity projections for elective inpatients and day cases are currently projecting at c 80% and c 70% of the pre-Covid levels respectively. (2019/.2020 baseline year) Whilst the volume of activity undertaken has increased monthly over the year to date, the projections for Quarter 3 and Quarter 4 will require to take account of additional winter pressures. Winter pressures in the baseline year seen a cap on elective activity at c 30% and this has been applied to the Q3 and Q 4 projections. A further pandemic surge in the Q3 and Q4 period will see this level decrease further, linked to CANNI and resource requirements. In parallel we will consider projects and proposal where IS Providers may be able to utilise Trust premises for regional day case/23 hour stay work where providers can meet the necessary

	governance arrangements inclusive of the supply of relevant pharmacy licences etc. Current bed capacity constraints in the SHSCT will not permit the use of theatres for inpatient surgeries. The Trust has a number of green sites and pathways available which are suitable for use by elective patients. Opportunities for expansion of these, whilst constrained by current theatre workforce vacancies, ongoing deployment of theatre staffing for ICU beds associated with regional ICY planning and inpatient bed capacity, will be explored further. The Trust has considered progression of in-sourcing contracts where this will see a net increase in regional capacity as part of its approach to increasing elective capacity via non recurrent funding options. The Trust will work with regional colleagues to seek a resolution to challenges associated with pharmacy licensing and seek to build a contracting and governance model that will support this type of sourcing. The Trust seeks to continue to increase its outpatient capacity to pre-Covid levels. (2019/2020 baseline year). Challenges remain in respect of accommodation and lost capacity due to prevailing infection control arrangements and the Trust is operating at approximately 68% of the pre Covid level of core outpatient capacity. The Trust seeks to continue to improve its level of virtual activity which is c 20% of total activity and anticipates an increasing improvement in the level of core outpatient activity projected in Quarter 3 and Quarter 4, tracking the baseline period. The impact of a severe winter period or a further pandemic surge in Q3 and Q4 period would see the level decrease if staff from outpatient services were required to support inpatient functions.
8.3 Cancer Services In addition to plans in relation to the elective priorities outlined above, cancer services are asked to provide assurances on the following: Progression of staff expansion and service reform as outlined in the Oncology-	The Trust continues to work through the Northern Ireland Cancer Network (NICaN) to sustain the delivery of Cancer Services through the winter period. The Trust will aim to sustain Red Flag and Urgent surgical activity where possible. In the event that pressures mount to extreme levels, the Trust will prioritise surgery for the most critical cases in line with regionally agreed criteria. This will include working across Trusts to ensure that capacity is shared regionally in line with greatest need. The Trust will continue to use the independent sector for surgical procedures for breast and urology. The Trust will also use the independent sector of Red Flag and Urgent

Haematology Stabilisation (in line with available funding). Development of plans for single point of referral and e-triage for red flag referrals for suspect colorectal cancer.	imaging cases. Despite these actions patients' journey time on the cancer pathways is increasing and performance has reduced. Further the level of cancer diagnosis for patients in the Southern Trust area is less than in previous years which also causes concern in respect of unmet need and future outcomes. The Trust is progressing work to implement the oncology –Haematology stabilisation plan. We are currently developing a proposal based on demand and capacity scoping to secure funding as it becomes available from the Commissioner. The single point of contact for colorectal is being progressed.
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. Trust 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. Planning for timely discharge from hospital should be supported by focus upon the regional discharge priorities of:	The Trust continues to progress recruitment of additional domiciliary care staff. This will include exploring novel approaches to promote increased levels of recruitment. The Trust continues to promote mechanisms for increasing service user choice and through access to Self-Directed Support (SDS), Direct Payments and Emergency Direct Payments, increasing domiciliary care capacity. The Trust is engaging regularly with Independent Sector Providers to maximise the use of available capacity. Initiatives to support timely discharge are in place via Older People and Acute Services., Staff from Older People services attend 3 times per day. Acute patient flow meetings Monday to Friday and also have a daily OPPC meeting to support discharges. Under the banner of Mutual Aid and Resilience and in keeping with the regionally agreed revised Care Home Surge Plan, the Trust will continue to work to support our care homes through the pandemic. The Trust is working to the regional plan for domiciliary care and focuses resources to those

• Nurse facilitated discharge • Home before Lunch • Discharge/ Home to Assess	most in need of support. Refer to section 8.1 for 'Nurse facilitated discharge', 'Home before Lunch' and 'Discharge/Home to Assess'.
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. Ensure adequate, safe staffing for residential and in patient services in view of current demand. Maintain a focus on waiting lists.	Community Children's a Nursing (CCN) Service will continue to provide short and long-term nursing care for children and young people in their home or other community settings to facilitate discharge and prevent admission. Community Children's will continue to support end of life care CAMHS will continue to deliver urgent new and review appointments through face to face, virtual consultation and emergency appointments. The hospital liaison service to young people presenting in crisis to the Emergency Department on both acute hospital sites will continue to be provided. The CAMHS Community intensive intervention service will continue to provide a service in the community to prevent hospital admission and to facilitate early discharge from hospital. The Trust recognises that children and young people are admitted inappropriately to adult mental health wards due to the increasing pressures of availability of regional beds in Beechcroft Adolescent Unit. The Trust has sourced additional non-recurrent funding for eating disorder service to facilitate those admitted to both Daisy and Blossom wards on the acute sites. Although pressure remains on waiting lists for both ADHD and Autism additional funding has been allocated to assist the Trust to respond to those waiting outside the target waiting times for this service. During previous surges children on child protection register and looked after children have received face to face visits subject to Covid risk assessments and this will remain ongoing subject to Covid risk assessments.
8.6 Paediatrics Based on planning arrangements outlined above the availability of staff will continue to	Regional Paediatric Escalation Plan (Non PICU) – process in place to trigger daily cross Trust teleconference call when bed capacity in Trusts reaches a critical threshold to enable action plan to be put in place to support Trust experiencing bed pressures. CCaNNI Regional Escalation

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 Respiratory syncytial virus (RSV) surge and how will they ensure 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.	Plan for Paediatric Intensive Care Beds – the Trust works in partnership with RBHSC PICU to free beds to allow for transfers / repatriations from RBHSC when the unit reaches full capacity. The Trust recognises there are challenges with staffing levels on the acute paediatric wards and will have in place plans to mitigate staff absences at key periods. The Trust has in place its own Paediatric Escalation plan for both Paediatric inpatient and short stay ambulatory wards to ensure children and young people's care is safely and effectively provided. The Trust has experienced an earlier surge in RSV which commenced end of August which was much earlier than previous years and the time span is expected to be longer, anticipated continuing into March/April. The Trust has continued to provide paediatric elective work and outpatient clinics and there are plans in place to continue. This will depend on the impact of Covid on the main acute sites and the prolonged RSV surge. Face to face and virtual paediatric outpatient clinics for all cases including the provision of rapid access clinics will continue. The Trust continues to provide additionality for red flag and urgent long waits through waiting list initiatives.
8.7 Mental Health and CAMHS Progress work on the Mental Health Post Pandemic Surge and Rebuild Plan 2021-26.	The Trust will continue work to tackle waiting lists for Mental Health services for Adults and Older People. This will include service re-structuring to improve primary/secondary care interface. The review of primary mental health is underway, the Trust is aiming for an improvement in waiting times in the final quarter of 2021/22. There will be a continued focus on delayed discharges and accessing appropriate community

Deliver Year 1 of the DoH Mental Health Strategy 2021-31 Implementation Plan.	placement and development of new ways of working / virtual service delivery The Trust will continue to work with the region in the planning and delivery of the Mental Health Strategy 2021-31. This includes scoping a Regional Single Mental Health Service.
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) 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. Trust is asked to highlight what the transition arrangements are between children and older people.	The Trust continues to promote the use of SDS and Direct Payments as a means of support to service users with complex needs, in particular in the absence of building based day care/short breaks. The Adult Transition Team interfaces and co-works (with Children's Services) those clients aged 16+ who have complex needs and a confirmed diagnosis of learning disability or physical/sensory disability. This approach aims to ensure smooth transition to Adult services, including day care and short breaks. The overall ethos and approach is to meet the needs of clients with complex needs, and ensure smooth transition. This is achieved through a multi-disciplinary team assessment of need, appropriate care planning and review processes.

9.0 Conclusion

The entire health and social care family in Northern Ireland came together to face head on the challenges associated with Covid-19 over the last 21 months. We remain indebted to the resilience and ongoing, tireless work of our Trust Staff.

The next few months will be continue to be challenging with the on-going threat of further surge alongside normal winter pressures and the potential for further local outbreaks. 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.

APPENDIX 1 PLAN ON A PAGE 2021/22

Winter Resilience / Covid 19 Surge (4th) – *Plan on a Page* 2021 -2022

Avoiding Admissions/ED Attendance	Optimising Flow - Bed Capacity/Discharge	Regional Interface & Extreme Contingency Bed 'spaces'

KEY NOTE - **The Trust's winter / covid surge plan should be read and considered in context of the agreements/ decisions and recommendations made via key regional system oversight groups including (but not limited to) – CCANNI network, Regional USC Group, Regional Discharge Group and Regional Prioritisation Oversight Group (RPOG) re: elective care and emergency planning (silver/Gold) in respect of impact on local service delivery approach / decision making.**

- Extend **Phone First and Urgent Care Centre (CAH)** to 7 Days 9.00 am – 9.00 PM as part of 'No More Silos' (NMS) – subject to available staff
- Optimising IPC including targeted access of rapid testing and capacity
- **Booking Advice and Triage (BAT) (DHH)** – expansion subject to availability of additional medical cover
- **Direct Assessment Unit** (Ambulatory Assessment) DHH
- **Ambulatory Pathways** (established as part of regional NMS) – Medicine, cardiology, respiratory (CAH-part time) Additional scope/ opportunity for full 5/7 day cover including establishment of surgical ambulatory (planned Feb 22) – subject to HSCB funding / workforce to support.
- **Senior decision making –** explore further / pilot options to facilitate early decision making and mitigation of ED overcrowding
- Maintain a **7 Day Acute Care at Home** Service - including integration and collaborative working with District Nursing and Specialist Community teams as appropriate.
- Sustain the focus by **community speciality services** on supporting improvements in patient flow and prevention of admission
- **Paediatric/ED** to support ED during busy periods
- Direct access **Paediatric Advice Line** (PAL) and promotion of **Directory of Service for** primary care to reduce ED attendances
- Operationalise **Ambulance Handover** Area CAH – to support NIAS improved turnaround/ community response
- **Seek to enhance Mental Health responsiveness /assessment** to support ED
- Enhanced **Community addiction pathway** to be explored

- Enhance **engagement and support with families** including CX letter, patient choice protocol and adherence to EDD - in line with critical need for utilisation of acute and non-acute hospital beds
- Robust daily – **'Site Co-ordination'** models – CAH and DHH to ensure consistent HEWS , manage hospital / system decision making / patient 'flow'
- **Enhanced access to 7-day working** (AHP & social workers) – to delivery 7 day MDT model and to support community pathways – subject to available staff.
- Enhanced **Intermediate Care** and Reablement capacity to support **Discharge to Assess** and **ICS Step Up activity -** - subject to available staff
- Additional **non acute beds** at Lurgan and South Tyrone Hospital
- Maximise capacity in **Statutory Residential Homes –** in line with agreed changes in admission criteria
- Block book additional **Independent sector private nursing home beds** (c30 additional)

- Full collaboration and co-operation with HSCB/DOH regional oversight groups to ensure effective deployment of support for NI population on basis of need in line with emergency planning protocols
- Ensure support and reciprocal actions in respect of inter- trust transfers
- Physical infrastructure and access to workforce limits Trust plans to create additional beds during this winter/ surge period. In extreme HEWS/ and in agreement with regional cells Trust can only identify areas that are counter-intuitive to improving flow as follows:
- Use of **Ambulatory area CAH/ DHH** at weekends for 'transition ward'
- Use of **Day Surgical Unit** CAH at weekends for' transition wards'
- Use of **Dermatology Unit** (8 beds)
- **MEC ground floor** conversion to inpatient ward spaces with screening and portable gases.

SUPPORT ENABLERS

- **Workforce**- -deployment plans, resourcing plans to supplement existing workforce including corporate 'admin' to release 'time to care' and workforce support / psychological support plans.
- **Communications** - Political engagement, public messaging regional and local

Baseline = GAP c.235-250 beds

Estimated Net impact of planned mitigation actions c. 35 -50 Beds

Residual Gap = c. 200 beds

APPENDIX 1

APPENDIX 2 –Activity Annex

Delivery Plans - Phase 8 Data Annex (Activity Projections) - Jaarch 2022 Projections

Submitted: 26 November 2021

SOUTHERN HSC TRUST		January 2022			February 2022				March 2022				Total Projection for Phase 8
SERVICE AREA	METRIC	January-22 Projected Activity	nn	% Variance	2019/20 Activity	February-22 Projected Activity	nn	% Variance	2019/20 Activity	March-22 Projected Activity	nn	% Variance	
OUTPATIENTS													
New	Face to Face	4,606	-2,660	-37%	6,488	4,809	-1,679	-26%	3,934	4,871	937	24%	14,286
	Virtual	691	327	90%	356	644	288	81%	502	717	215	43%	2,052
	Total	5,297	-2,333	-31%	6,844	5,453	-1,391	-20%	4,436	5,588	1,152	26%	16,338
Review	Face to Face	9,059	-4,446	-33%	11,988	8,910	-3,078	-26%	8,008	8,715	707	9%	26,684
	Virtual	2,087	831	66%	1,166	2,078	912	78%	2,458	2,507	49	2%	6,672
	Total	11,146	-3,615	-24%	13,154	10,988	-2,166	-16%	10,466	11,222	756	7%	33,356
	Overall total	16,443	-5,948	-27%	19,998	16,441	-3,557	-18%	14,902	16,810	1,908	13%	49,694
Inpatients and Daycases													
Inpatients		250	-195	-44%	399	259	-140	-35%	337	267	-70	-21%	776
Daycases		1,508	-1,050	-41%	2,394	1,455	-939	-39%	1,750	1,590	-160	-9%	4,553
Endoscopy (4 scopes)		400	-266	-40%	597	400	-197	-33%	327	400	73	22%	1,200
													6,529
CANCER SERVICES													
14 day	% performance planned	15%	-85%	-85%	100%	15%	-85%	-85%	100%	15%	-85%	-85%	15%
31 day	% performance planned	81%	-17%	-17%	97%	82%	-15%	-16%	97%	84%	-13%	-13%	82%
62 day	% performance planned	46%	-15%	-24%	68%	47%	-21%	-31%	59%	50%	-9%	-15%	48%

SOUTHERN HSC TRUST		January 2022			February 2022				March 2022				Total Projection for Phase 8
		January-22 Projected Activity	nn	% Variance	2019/20 Activity	February-22 Projected Activity	nn	% Variance	2019/20 Activity	March-22 Projected Activity	nn	% Variance	
DIAGNOSTICS													
MRI	MRI	1,050	-145	-12%	1,010	1,075	65	6%	1,046	1,075	29	3%	3,200
CT	CT	2,870	133	5%	2,506	3,065	559	22%	2,045	3,075	1,030	50%	9,010
Non Obstetric Ultrasound		2,850	-1,104	-28%	3,537	3,100	-437	-12%	2,394	3,200	806	34%	9,150
ECHO		885	885	#DIV/0!		815	815	#DIV/0!		731	731	#DIV/0!	2,431
	Total	7,655	-231	#VALUE!		8,055	1,002	#DIV/0!	5,485	8,081	2,596	47%	23,791
ALLIED HEALTH PROFESSIONALS	Elective/Scheduled Contacts												
Physiotherapy	New	1,162	-793	-41%	1,189	1,162	-27	-2%	981	1,162	181	18%	3,486
	Review	3,623	-5,131	-59%	8,754	3,623	-5,131	-59%	8,754	3,623	-5,131	-59%	10,869
Occupational Therapy	New	578	-218	-27%	732	661	-71	-10%	596	724	128	21%	1,963
	Review	1,431	-1,425	-50%	2,856	1,659	-1,197	-42%	2,856	1,751	-1,105	-39%	4,841
Dietetics	New	449	-38	-8%	500	449	-51	-10%	354	404	50	14%	1,302
	Review	1,090	-282	-21%	1,372	1,090	-282	-21%	1,372	981	-391	-29%	3,161
Orthoptics	New	151	-83	-35%	209	151	-58	-28%	97	151	54	56%	453
	Review	292	-277	-49%	569	292	-277	-49%	569	292	-277	-49%	876
Speech&Language Therapy	New	168	-131	-44%	233	168	-65	-28%	173	168	-5	-3%	504
	Review	1,030	-1,464	-59%	2,494	1,030	-1,464	-59%	2,494	1,030	-1,464	-59%	3,090
Podiatry	New	349	-140	-29%	479	349	-130	-27%	246	349	103	42%	1,047
	Review	3,147	-615	-16%	3,762	3,147	-615	-16%	3,762	3,147	-615	-16%	9,441
	Total	13,470	-10,597	-44%	23,149	13,781	-9,368	-40%	22,254	13,782	-8,472	-38%	41,033

SOUTHERN HSC TRUST		January 2022				February 2022				March 2022				Total Projection for Phase 8
		2019/20 Activity	January-22 Projected Activity	nn	% Variance	2019/20 Activity	February-22 Projected Activity	nn	% Variance	2019/20 Activity	March-22 Projected Activity	nn	% Variance	
	Total	**24,067**	**13,470**	**-10,597**	**-44%**	**23,149**	**13,781**	**-9,368**	**-40%**	**22,254**	**13,782**	**-8,472**	**-38%**	**41,033**
MENTAL HEALTH	Contacts													
Adult Mental Health (Non Inpatient)	New	696	370	-326	-47%	655	370	-285	-44%	727	370	-357	-49%	1,110
	Review	5,811	6,400	589	10%	5,100	6,500	1,400	27%	6,267	6,400	133	2%	19,300
CAMHS	New	182	198	16	9%	156	174	18	12%	103	190	87	84%	562
	Review	1,273	1,374	101	8%	1,132	1,257	125	11%	772	1,203	431	56%	3,834
Psychological Therapies	New	100	111	11	11%	129	126	-3	-2%	66	173	107	162%	410
	Review	724	805	81	11%	758	815	57	8%	496	998	502	101%	2,618
Dementia	New	161	242	81	50%	151	230	79	52%	84	250	166	198%	722
	Review	840	440	-400	-48%	624	460	-164	-26%	368	480	112	30%	1,380
Autism Children's	New Diagnostic	64	60	-4	-6%	35	60	25	71%	61	60	-1	-2%	180
	New Intervention	66	45	-21	-32%	64	50	-14	-22%	56	50	-6	-11%	145
Autism Adults	New Diagnostic	3	0	-3	-100%	2	0	-2	-100%	0	0	0	#DIV/0!	0
	New Intervention	3	0	-3	-100%	1	0	-1	-100%	7	0	-7	-100%	0
	Total	**9,923**	**10,045**	**122**	**1%**	**8,807**	**10,042**	**1,235**	**14%**	**9,007**	**10,174**	**1,167**	**13%**	**30,261**
DAY CARE AND DAY OPPORTUNITIES														
Elderly day care	Number of Attendances	2,720	1,300	-1,420	-52%	2,720	1,300	-1,420	-52%	2,720	1,300	-1,420	-52%	3,900
Learning Disability day care	Number of Attendances	7,112	3,275	-3,837	-54%	7,112	2,792	-4,320	-61%	7,112	1,848	-5,264	-74%	7,915
Physical Disability day care	Number of Attendances	606	356	-250	-41%	606	282	-324	-53%	606	204	-402	-66%	842
Learning Disability** day opportunities	Number of Attendances		1,723	1,723	#DIV/0!		1,701	1,701	#DIV/0!		1,905	1,905	#DIV/0!	5,329
Physical Disability day opportunities	Number of Attendances		40	40	#DIV/0!		40	40	#DIV/0!		40	40	#DIV/0!	120
	Total	**10,437**	**6,694**	**-3,743**	**-36%**	**10,437**	**6,115**	**-4,322**	**-41%**	**10,437**	**5,297**	**-5,140**	**-49%**	**18,106**

SOUTHERN HSC TRUST		January 2022				February 2022				March 2022				Total Projection for Phase 8
		2019/20 Activity	January-22 Projected Activity	nn	% Variance	2019/20 Activity	February-22 Projected Activity	nn	% Variance	2019/20 Activity	March-22 Projected Activity	nn	% Variance	
COMMUNITY NURSING														
Health Visiting	Contacts	10,398	4,300	-6,098	-59%	10,398	4,300	-6,098	-59%	10,398	4,300	-6,098	-59%	12,900
Community Paediatrics	New		95	95	#DIV/0!		105	105	#DIV/0!		95	95	#DIV/0!	295
	Review		368	368	#DIV/0!		408	408	#DIV/0!		368	368	#DIV/0!	1,144
	Total	0	463	463	#DIV/0!	0	513	513	#DIV/0!	0	463	463	#DIV/0!	1,439
Community Dental	New	234	118	-116	-50%	234	100	-134	-57%	234	135	-99	-42%	353
	Review	885	488	-397	-45%	885	400	-485	-55%	885	525	-360	-41%	1,413
	Total	1,119	606	-513	-46%	1,119	500	-619	-55%	1,119	660	-459	-41%	1,766

HSCB Note: Southern Trust are unable to provide AHP review activity for 2019/20; We have used community indicators yearly data as a proxy to provide review contacts.

Southern Trust Note: Learning Disability Day Opportunities now includes Forensics Day Opportunities. These were not included in Phase 6 or Phase 7 projections.