



Southern Health
and Social Care Trust

Quality Care - for you, with you

Trust Resilience Plan to address Winter Pressures and/or any subsequent waves of Covid-19 Pandemic 2020/2021

Southern Health and Social Care Trust

Final Version 5th October 2020

CONTENTS

1.0	Executive Summary.....	3
2.0	Introduction	5
3.0	Planning Principles	7
4.0	Challenges	8
5.0	Responding to Winter Pressures.....	11
5.1:	Theme 1 - Early intervention and demand management.....	13
5.2:	Theme 2: – Emergency Department: provision of safe, effective and timely emergency care.	14
5.3:	Theme 3: Maximising capacity and promoting safety in hospital flow	15
5.4:	Theme 4: Optimising community care and discharge	17
5.5:	Theme 5: Supporting our people	17
6.	Wider health and social care impact of anticipated Covid-19 Surge.....	19
6.1	Surge impact by service	19
7.0	Conclusion.....	24

1.0 Executive Summary

The Southern Health and Social Care Trust (SHSCT) Plan outlines initiatives required to help respond to additional demand pressures arising during Winter 2020/2021 and / or through any subsequent waves of Covid-19 Pandemic.

The resilience plan is broadly grouped into the following five themes where it is felt additional capacity will be focused:

1. Early intervention and demand management
2. Emergency Department provision of safe, effective and timely emergency care
3. Maximising capacity and promoting safety in hospital flow
4. Optimising community care and discharge
5. Supporting our people

The Trust acknowledges and supports the **DOH agreed principles** in preparing this surge plan as outlined in the Regional Covid-19 Pandemic Surge Planning Strategic Framework (1 September 2020) and will work towards adhering to the principles set out in section 3.0 of this Resilience Plan.

Lessons learned - The first phase of the Covid-19 pandemic period from March to June 2020 required the Trust to work in new and innovative ways in unprecedented timescales. The Southern Trust team met these challenges and delivered safe emergency services throughout that period. Evaluation and lessons learned from review of staff feedback and experience and the effectiveness of the individual surge plans has been on-going throughout July and August with a focus on “holding the gains” and harnessing new ways of working and innovation to prepare the Trust as we reset our services.

Regional Responses - In a rapid timeframe a number of measures were put in place in response to Covid-19 with support from our colleagues in Health and Social Care Board and Department of Health. The vast majority of these initiatives remain operational in some shape and provide a strong foundation for the management of further Covid-19 surges.

However, the global pandemic continues to present the health and social care system with a number of unique challenges which have dramatically changed the way services are delivered for various reasons including clinical, patient and staff safety.

Challenges faced during winter and any further Covid-19 surges: The key challenges for the Southern Trust in the context of this Winter Pressures and Covid-19 Surge Resilience Plan relate to workforce in respect of maintaining safe staffing levels across all areas ensuring safe environments for patients and staff aligned to extant Covid-19 guidance and policy, and funding to support the necessary actions required to address our challenges.

This Resilience Plan has been developed with staff focusing on the holistic pressures that will challenge our services for the next 3-6 months and so the impact and planning for any future Covid-19 surges and winter pressures has been considered in an integrated way.

The 5 key focus areas outlined above are supported by existing and planned actions and initiatives. These are summarised in Appendix 1.

2.0 Introduction

The Southern Health & Social Care Trust prepares an annual resilience plan to outline proposals to address the predicted increase in demand for unscheduled secondary care services each winter. Traditionally, this is a period when demand for our services is significantly greater than the capacity of our Hospitals. Patient safety remains the Trust's overriding priority at all times.

2020/2021 has been an unprecedented year to date for the Trust and indeed the wider health and social care system due to the Covid-19 pandemic. In the first wave, Trusts rapidly reconfigured services significantly in order to respond to the pandemic challenge and to reduce the risk of Covid-19 transmission in health and care settings.

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

This paper outlines how we plan to address the anticipated seasonal increase in demand and any further waves of COVID-19.

We will endeavour to maintain as many services as possible during further waves. Managing service demand arising from COVID-19 and winter pressures will have to take priority over planned or elective services.

Dependent on the level of demand coming from both Winter Pressures and any second Covid-19 Surge, the Trust is committed to reviewing and reconfiguring our acute hospital current bed capacity as necessary to ensure that we are able to treat people and provide safe, effective care in the right place at the right time according to their need. The Trust is also developing operational plans in relation to the need for additional beds in the community to support hospital step down care in terms of palliative care and/or rehabilitation with the objective of returning COVID-19 patients home where possible after their illness. Acute care at home will also be an alternative pathway to prevent admission and facilitate early discharge for those requiring medical and multi-disciplinary support including those with COVID-19.

At time of writing, the Trust is experiencing a number of cluster outbreaks in our acute hospitals, which have had a devastating impact on a number of families of patients who have sadly passed away after contracting Covid-19. Our priority is now focused on understanding how exactly these outbreaks have occurred and to ensure all measures are put in place to prevent any similar reoccurrence.

The outbreaks have resulted in the current closure of c60 beds to ensure patient safety is maximised, however this has significantly impacted our bed capacity, which creates further pressures in the system notably our Emergency Department.

In addition, staffing levels are reduced due to self-isolation for a number of reasons. A number of staff have been directly impacted by the outbreak through either testing positive, or being a close work contact, and a further cohort of staff are self-isolating because they are symptomatic or a member of their household has been in contact with a Covid-19 positive case in the community. Whilst hospital mitigation and control measures have been put in place, efforts continue to be focused in managing this difficult situation. So far, this has demonstrated potential for staff numbers in excess of 180 people isolating at any one time in our hospitals and the need for flexible approaches to redeploy staff and facilities to maintain safety. It is in this context that this winter/ surge plan is set and this has demonstrated the significant impact of local outbreaks with regard to the wide scale impact associated with contact tracing and the 14 day self-isolation period on the workforce regardless of Covid-19 test status.

The Trust will endeavour to maintain as many services as possible during any further waves, however managing service demand arising from Covid-19 and winter pressures will take priority over elective care services, this may result in the Trust having to further 'cap' elective activity and will impact our ability to deliver against our rebuilding effort. We will continue to prioritise and focus on treating the most urgent cases first, and as a result some patients will have to wait longer than we would like.

This surge planning framework outlines the approach the Southern Trust will adopt to address the anticipated seasonal increase in demand and any further waves of Covid-19.

3.0 Planning Principles

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

- **Patient safety** remains the overriding priority.
- **Safe staffing** remains a key priority and Trusts will engage with Trade Union side on safe staffing matters in relation to relevant surge plans.
- Trusts should adopt a flexible approach to ensure that **'business as usual' services can be maintained as far as possible**, in line with the Rebuilding HSC services Strategic Framework. This should allow Trusts to adapt swiftly to the prevailing Covid-19 context.
- It is recognised that there will be a fine balance between **maintaining elective care services and managing service demand** arising from Covid-19 and winter pressures. Addressing Covid-19 and winter pressures will take priority over elective care services, although the regional approaches announced such as day case elective care centres and orthopaedic hubs will support continuation of elective activity in the event of further Covid-19 surges.
- The HSC system will consider **thresholds of hospital Covid-19 care**, which may require downturn of elective care services.
- Trust's Surge Plans, whilst focusing on potential further Covid-19 surges, should take account of **likely winter pressures**.
- Trusts should plan for further Covid-19 surges within the context of the **regional initiatives** outlined in Section 7 of this document.
- Trusts should as far as possible **manage Covid-19 pressures within their own capacity first**. Should this not be possible, Trusts are required to make use of the regional Emergency Care facility at Belfast City Hospital or the regional 'step down' facility provided at Whiteabbey Hospital, as appropriate. Trusts will also consider collectively how they will contribute staff resources to support Nightingale hospitals when necessary.
- The Department, HSCB, PHA and the Trusts will closely monitor Covid-19 infections, hospital admissions and ICU admissions to ensure **a planned regional response** to further Covid-19 surges. This will support continued service delivery.
- The Department will, if Covid-19 infection rates and other indicators give cause for action, **recommend further tightening of social distancing measures to the Executive**.

When developing the plan account has also been taken of the new Guidance issued 20 August 2020: Version 1 'Covid-19 Guidance for the Remobilisation of services within health and care settings: infection prevention and control (IPC)

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

4.0 Challenges

Covid-19 global pandemic has presented the health and social care system with a number of unique challenges which have dramatically changed the way services are delivered for various reasons including clinical, patient and staff safety. Some of the key challenges in implementing our seasonal resilience plans and Covid-19 surge plans include:

- Assessing **workforce pressures** including the ability to safely and appropriately staff the rebuilding agenda, taking into consideration the impact of local cluster outbreaks within staff groups. Also factoring the need for staff to take planned annual leave especially as we approach the autumn and winter period, and flexible working necessary to support childcare and other caring commitments. We must also ensure our staff are protected from burn-out and feel supported in work. We need to ensure that the workforce resources required for testing and contact tracing to maintain patient and staff safety in respect of spread of infection, are in place. Enhancing support for Occupational Health and IPC Teams will also be critical.
- During the winter period the Trust normally experiences approximately 150 to 200 episodes of staff sickness absence in acute services at any one time. A higher number of staff absences is anticipated throughout the winter months due to Covid-19 related absence / self-isolation, which could double the normal absence rate. If we continue to experience further local Covid-19 outbreaks within our staff and services this will undoubtedly impact our ability to deal with both our rebuilding effort and response to winter pressures.
- As with every year, we will manage the staffing situation by down turning some activity, careful management of rotas / annual leave and most likely increased reliance on agency staff but this year it is important to acknowledge that this will be more challenging to plan with the ongoing pandemic and the impact of staff absences.
- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to Covid-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population taking account of specific Trust differences, including for example accommodation available.

- Continuing to **maintain effective Covid-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites, optimise efficient utilisation of PPE and ensure adequate catering and rest facilities for our staff.
- Assessing the ability of **our accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites. This presents significant challenges and will include a reduction in site capacity and productivity.
- Ensuring sustainable **models for ‘testing’** of health care workers and patients as part of our ongoing response to Covid-19.
- Attaining and sustaining a **reliable supply of critical PPE**, blood products and medicines to enable us to safely increase our services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels. The Regional PPE group will consider restart plans from all Trusts and it is anticipated if there are challenges with critical supplies the Trust will be advised and adjustments may be required.
- Under the banner of Mutual Aid and Resilience, the Trust is providing **necessary support and resources to the nursing/ care home sector and supported living** on an ongoing basis. This alongside ensuring that Trust based services can be restarted and rebuilt, will impact on the pace and scale as we seek to meet demand across all service areas.
- Continued support of both Trust Covid-19 Centres is placing a demand on Trust staff and facilities. The use of these facilities is reducing capacity to restart some other services, which were stood-down previously.
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild services, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but can effectively and safely deliver health and social care services.
- Providing **continued support to those in need** within our population including those who are ‘shielding’, vulnerable people, and people at risk of harm.
- Rebuilding services safely in some areas is anticipated to require **capital and revenue funding** that will be subject to securing DOH approval. For example, preparations for physical distancing and preparing for potential impact of a further surge will require refurbishment of existing, or additional accommodation with supporting equipment and ICT funding necessary.

The Southern Trust has previously identified the redevelopment of CAH and then DHH as key capital priorities. Whilst approval to the submitted business case has not been secured, the Trust continues to identify opportunities to improve the environment including addressing outstanding minor works and backlog maintenance with funding made available by the DOH. However, the

reality is both our hospitals are extremely constrained particularly for single room/ isolation facilities and so the Trust will continue to prioritise delivering 'community first' approaches supporting people to receive acute and rehabilitation care within their own homes wherever possible supported by our Acute Care at Home and enhanced community service teams avoiding the need for hospital admissions.

- In addition the Trust anticipates on-going additional costs to support the necessary increased staffing to support alternative or new ways of working such as extended days, weekend working, separated work flows which require supplementary teams and associated support costs such as transport, cleaning and administration.
- The Trust via monitoring returns to the Health and Social Care Board and the Department of Health have highlighted COVID-19 revenue costs incurred to date, and forecasted to be incurred for the remainder of the financial year. In addition capital COVID-19 costs have been reported monthly to the department via the capital resource limit (CRL) return. Capital and revenue resource requirements associated with local restart/rebuilding effort have been bid for under the COVID-19 Annex process as defined by the Department of Health. The costs notified by the Trust have been included in a Department of Health bid to the Department of Finance for funding. We will continue to work closely with our service colleagues to identify any emerging pressures during this winter period and any resulting impact of further COVID-19 surge(s).

Measures which the Trust previously utilised in times of winter pressures, such as non-designated (corridor) inpatient acute hospital beds, will not be appropriate. Our physical environment, staff capacity and equipment and other essential supply availability has been risk assessed and measures including physical distancing and separating Covid-19 and non-Covid-19 flows through our facilities have been put in place to manage that risk. This has been factored in to both the rebuilding agenda and resilience plans.

Whilst the Trust will aim to manage Covid-19 pressures as far as possible within our own community and hospital system, the Trust acknowledges that we may at times of winter pressure need to utilise regional Nightingale facilities as noted in the principles section above.

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

5.0 Responding to Winter Pressures

The Southern Trust's winter planning and delivery arrangements for unscheduled care seeks to provide assurances that the Trust has robust plans in place to respond to anticipated increased pressures and seasonal risk factors during 2020/21 winter period.

We know that historically the demand for unscheduled care increases during the winter season. Most patients requiring urgent care services present to an Emergency Department as the single point of entry for emergency and urgent care.

For the purpose of the resilience plan the following working definition has been used:

- **Unscheduled care is any unplanned contact within the NHS by a person requiring or seeking help, care or advice. It follows that such a demand can occur at any time, and that services must be available to meet this demand 24 hours a day.**
- **Unscheduled care includes urgent and emergency care.**

Attendances at Emergency Departments happen for a range of clinical and non-clinical reasons. Some of these include:

- Patients with chronic conditions whose symptoms may have changed
- Patients who have been seen by GPs or the Northern Ireland Ambulance Service and who need follow up tests or treatment which is only available in a hospital setting.
- Those with minor illness/injury who cannot access/are not aware of more appropriate pathways
- Those with pre-existing symptoms who are already on a waiting list for investigation or treatment.
- Patients for whom walking in seems more convenient as there is no readily accessible alternative

It has been recognised that this system inappropriately channels patients who require urgent care through Emergency Department because there is no other practical option, this issue is being addressed regionally via the ‘No More Silos’ project.

The Minister of Health has approved the establishment of an interim ‘No More Silos’ network to produce detailed proposals for the reform of Urgent and Emergency Care. The action plan sets out 10 actions (see below) to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. To support the strategic network, local implementation groups have been set up. The Southern Trust Local Implementation Group comprises leaders from across primary and secondary care and includes GPs, Trust and Northern Ireland Ambulance Service.

- 
- Introduce Urgent Care Centres
 - Keep Emergency Departments for Emergencies
 - Rapid Access Assessment and Treatment Services
 - 24/7 Telephone Clinical Assessment Service
 - Scheduling Unscheduled Care
 - Regional Anticipatory Care Model
 - Acute Care at Home
 - Ambulance Arrival and Handover Zones
 - Enhanced Framework for Clinical and Medical Input to Care Homes
 - Regional Urgent and Emergency Care Network

In previous years, figures showed that the increased number of people attending Emergency Departments led to an increased number of admissions with approximately 25-30% of patients requiring admission to an inpatient bed. This then reduces the capacity in the winter to deliver planned elective care. It is anticipated that any further waves of Covid-19 pandemic will result in additional hospital attendances and admissions and will further limit the capacity for elective care. This includes access to diagnostics such as imaging, laboratory testing, critical care capacity etc. This will impact on the Trust’s ability to achieve the rebuilding agenda

The Trust anticipates that seasonal increases in demand especially during Winter will impact on the Trust's ability to achieve the rebuild agenda. Any surge in people with Covid-19 needing access to care and hospital admission will add even more pressure to the unscheduled care system.

To manage service demand arising from Covid-19 and winter pressures the Trust will focus on the following themes summarised in the sections below:

1. Early intervention and demand management
2. Emergency Department provision of safe, effective and timely emergency care
3. Maximising capacity and promoting safety in hospital flow
4. Optimising community care and discharge
5. Supporting our people

5.1: Theme 1 - Early intervention and demand management

Objective: Provide alternative pathways that will enable early intervention and manage demand.

How we plan to achieve this:

- **Development of Ambulatory Pathways as part of 'No More Silos'** Urgent and Emergency Care Local Implementation Group. Pathways will enable patients to be rapidly assessed, investigated and treated without the need to be admitted to hospital. This work will include development of primary care facing pathways aligned with areas of largest volume for ambulatory opportunity to include Arterial Fibrillation, Syncope and Collapse, Anaemia, Congestive Heart Failure, Pulmonary Embolism and Gastrointestinal.
- **Reinstate and Extend Respiratory Ambulatory Model to a 5 day primary care facing service model-** CAH and DHH Multi-disciplinary 'one stop' assessment for patients with long term respiratory conditions who are

deteriorating towards the point of admission. The extension to 5 day service will facilitate a primary care facing and early intervention model.

- **Managing demand in Primary and Community Care** has to be an integral element of the resilience planning process to address rising demand in secondary care services.
- **Extension of Acute Care at Home (AC@H)** for acutely unwell over 65 years to continue to be delivered **7 days per week**
- **Implementation of Restore2 assessment tool within Care Homes** to identify acute deterioration and support referral to AC@H supported by GP's alongside supporting **Asymptomatic Covid-19 positive Care Home residents**.
- **Enhancement of Care Home Support Team** to a multi-disciplinary team to support Care Homes when additional support is required and also in relation to Anticipatory Care Planning.
- **Reinstate the Direct Assessment Unit** in DHH and consider opportunities to expand pathways
- **Reinstate the Older Persons Assessment Unit** in CAH 5 days per week and DHH 3 days per week.
- **Flu Vaccine programme** – The Trust will commence this year's programme of flu vaccines for staff commencing in September 2020. A peer vaccinator model has been introduced working across Trust clinical services to champion and enable uptake particularly across all front line services.

5.2: Theme 2: – Emergency Department: provision of safe, effective and timely emergency care.

Objective: To ensure patients are provided with safe and effective emergency care

How we plan to achieve this:

- **Development of Urgent Care Centres** as part of 'No More Silos' Urgent and Emergency Care Local Implementation Group. This work will include:
 - Development of an Urgent Care and Treatment Centre on CAH site initially with an expansion of existing urgent care triage services.

- 24/7 Clinical Assessment Telephone Service run and managed by a mixed staffing model of primary and secondary care medical and nursing staff with direct access to appointments in urgent care centres and diagnostics.
- **Further embed the Booking Advice Triage (BAT) Phone** to provide advice to primary care and to sign post the patient to the right place at the right time. Staffed by senior medic (Emergency Care Consultant / Doctor) Operational Monday to Friday 9am to 5pm, with plans to extend services to 9pm.
- **Provision of Senior Decision Makers in CAH ED** - Appointment of two additional consultant ED staff (Locum) to provide enhanced capacity at peak times for access to senior decision making.
- **Paediatric Multi-disciplinary Team to support ED during busy periods** CAH/DHH ED Huddle at 3.15pm where Consultant and /or Registrar and Doctor or Advanced Paediatric Nurse Practitioner (APNP) covering Short Stay Paediatric Assessment Unit (SSPAU) go to ED to review triage forms, and breach times with the aim of getting children/ young people moving before 5pm either to SSPAU/ Ward or to home.
- **Paediatric Advice Line** CAH /DHH – advice will be provided to GPs and other health professionals and where clinically appropriate Paediatrican or Advanced Paediatric Nurse Practitioner will arrange for child to attend the Short Stay Paediatric Assessment Unit (SSPAU) for further assessment avoiding attendance at ED.
- **ED Trackers** for CAH and DHH that will focus on the flow of patients within the Urgent Care Centres
- **Ambulance Receiver Roles** (CAH site) - To work in collaboration with Northern Ireland Ambulance Service and nursing staff in ambulance triage. Responsible for providing direct patient care and escalating any deterioration in patient
- **Medical Cover at Night** – additional Senior House Officer (SHO) cover at DHH 7 days 9pm – 9am

5.3: Theme 3: Maximising capacity and promoting safety in hospital flow

Objective: We will ensure good flow through the hospital and patients will be discharged without delay

How we plan to achieve this:

- 18 **Additional medical beds** in CAH (Ramone) and 18 additional medical beds on DHH site to increase capacity (does not include additional beds to support Covid-19 response).
- Additional **staffing** to support additional medical beds across the hospital system – including medical nursing, allied health professional (AHP) and pharmacy staffing.
- Further development of patient flow function **as a key workstream focused on Discharge and Flow Pathway as part of the No More Silos project** including:
 - Reviewing of patient choice protocol
 - Implementation of safer bundle
 - Review of escalation plan
 - Ward Round Management including early starts, ward checklists, attendance of ward manager or lead sister with Consultants
 - Improvement pathways for Mental Health and Physical Disability
 - Review of Outlier Policy to prevent multiple moves and change of Consultant.
 - Effective functioning and utilisation of the control room.
- Maintain existing provision of **7 day working (AHP & Social Work)** to support effective discharges at weekends.
- Continuation of integrated liaison service to provide support to both wards and ED as and when required to meet the needs of the population presenting with mental health / addiction issues.
- Enhancement of the Intermediate Care Service to support core in hours with a focus on **Discharge to Assess and Step Up Care**.
- **Further expansion of the Outpatient Parenteral Antimicrobial Therapy (OPAT)** - OPAT service which will enable patients who are medically stable and whose only reason for admission to or remaining in hospital is the requirement for IV antibiotic therapy, to be treated in an outpatient setting, within available resources.
- Development and implementation of **ambulatory pathways**- including surgical, medical, paediatric, obstetrics and gynaecology alongside establishment of hot clinics for each specialty

5.4: Theme 4: Optimising community care and discharge

Objective: We will have services in place that will enable you to be discharged from hospital or stay at home to receive safe care.

How we plan to achieve this:

- Continue to provide **Stroke Early Discharge Service** - supportive discharge from hospital for stroke patients with mild to moderate impairment at an appropriate intensity similar to hospital rehabilitation.
- Enhancement of **Intermediate Care Service** – to support core in-hours with a focus on facilitating earlier discharge or preventing admission through discharge to assess and step up care.
- **Community Children’s Nursing Team** will support earlier discharge of children.
- **Child and Adolescent Mental Health Service (CAMHS)** Assessment Crisis Team will assess children / young people in hospital and provide urgent review appointments in the community to facilitate discharge.

5.5: Theme 5: Supporting our people

Objective: We will put in a number of enabling actions to support the delivery of this plan.

How will we plan to achieve this:

- **Continued focus on staff health and wellbeing:**
 - Ensure psychological support service continues to be available for staff along with support for teams and team leaders
 - Sharing of key staff health and wellbeing messages through our U-Matter Team and information hub.
 - Continually review individual risk assessments for vulnerable staff
 - Promotion of flexible working guidance and support measures for staff to help them balance responsibilities as a key worker with their caring commitments which could break down at short notice
 - **Flu Vaccine programme** – The Trust will commence this year’s programme of flu vaccines for staff in September 2020. A peer

vaccinator model will be in place across Trust services to champion and enable uptake particularly across all front line services. We will seek to increase uptake to 75% of frontline staff by March 2021.

- Access to rapid Covid-19 testing for staff

- **Engagement & Communications:**

- Development of Internal and external communication plans informed by timelines and actions from Department of Health and Health and Social Care Board. Key objectives of these plans include:
 - To raise awareness /understanding of the challenges facing the Trust this winter and the potential impact on services.
 - Regular updates to staff regarding Covid-19 impact on services, and key reinforcing messages relating to adherence to Covid-19 guidelines.
 - To ask for the public's co-operation during what is expected to be a difficult and challenging period.
 - To raise awareness of Trust's Winter plan with staff and gain feedback
 - To support regional HSCB winter campaign when launched
 - To support regular and timely engagement with Trade Union colleagues

- **Building workforce capacity:**

- Ensure arrangements are in place to respond swiftly to additional workforce requirements for winter resilience, second surge and outbreak management, across the Trust and as required in Independent Sector providers.
- Allocation of staff leave to ensure adequate cover over Christmas and New Year – Assistant Directors working with the HR Business Partners will bring forward staff plans including plans for supplementary staffing as required to ensure safe levels of care during the holiday period.
- Further refine approaches to mandatory / profession specific training to ensure staff are skilled and ready to mobilise to respond to service need.

6. Wider health and social care impact of anticipated Covid-19 Surge

It is acknowledged that any future waves of Covid-19 pandemic would have a significant impact on the ability to deliver the Trust's rebuilding agenda. The Trust will continue to apply the regionally agreed rebuild planning principles to decision making to:

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

6.1 Surge impact by service

This section explains the likely measures the Trust would be required to consider to ensure some level of continuity of service 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).

Every effort will be made to continue to rebuild services but it is essential contingency plans are outlined to explain what may occur. There are on-going restrictions in place to manage the current Covid-19 risk that limit the way we use our buildings, such as separating pathways for Covid-19 patients and non Covid-19 patients and the way we maintain social distancing in departments. A further surge in Covid-19 may mean we need to provide more capacity to meet this demand that would arise from more cases, in addition to seasonal winter pressures.

The Trust's Infection Prevention Control (IPC) team continues to provide direct practical support within our hospital and community facilities and advice across a range of sectors including statutory and independent sector home care provision. The capacity of this team is limited and additional resources to support IPC are required. The Trust will continue to prioritise this capacity in response to any local outbreak activity in the first instance during the winter period.

The Trust will support where possible the regional Nightingale facilities however, given extreme staffing constraints already being experienced the ability to provide support will be subject to the Trust's ability to maintain safe local services where necessary in the first instance.

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

Hospitals	
Urgent and Emergency Care –	Emergency Care services will continue to be provided on both acute hospital sites.
Critical Care	Will be scaled up in line with the Critical Care Regional Surge Plan. CCANI (critical care). The Trust is assuming maximum surge capacity of 24 intensive/ critical care beds to respond to local Covid-19 surge. Any further regional surge demand will be addressed via regional Nightingale capacity established at the Belfast City Hospital.
Diagnostics	Services will only continue for unscheduled care and elective (Cancer/ 'Red Flag'/urgent). Routine elective work would cease
Cancer Services	Services provided as per the regional plan for sustaining cancer services Northern Ireland Cancer Network (NICaN). The Trust is assuming that all Red Flag and Urgent surgical activity will be progressed during the winter period and in the event of a second surge will be progressed by the clinical leads networks and agreed on the basis of clinical urgency and equity of access. We will avail of independent sector capacity for surgical procedures – breast and urology
Day Surgery and Endoscopy	Day case surgery and endoscopy will cease across all sites
Outpatients	Phone and video appointments continue with face to face appointments scaled back for urgent and Red Flag patients only.
Integrated Maternity and Women's Health	Births continue at hospital sites, ability to support home births will be significantly reduced.
Inpatient Elective Surgery – Adults and Paediatrics	Emergency Surgery will be maintained 24/7 on both sites (CAH & DHH) Urgent bookable surgical list on the DHH site will be maintained dependent upon availability of staffing. The urgent bookable list on CAH site will cease to release staff for critical care
Mental health and Adult Disability Services	
Community services	Maintain telephone review and virtual urgent appointments

Inpatient Facilities	No change
Day Care and Day Opportunities	Maintain provision of statutory and Independent sector day care and day opportunity services in line with available staffing and resources.
Community Disability	Maintain service provision in line with available staffing and resources.
Disability Elective/AHP/Outpatients	Will be scaled back to release staffing to support urgent and emergency care delivery.
Respite Care	Statutory & Independent provision will be reviewed and maintained where possible
Supported Living	Will continue as normal.
Community Addictions	Virtual contacts will be maintained and face to face contacts will be scaled back.
Psychological Services	Continue to provide support to staffing
Primary Care and Community Services	
Community Clinic and Rehabilitation	Subject to risk assessment face to face appointments will be scaled back.
Primary Care/GP Lead Services	No change
Sexual Health Services	All routine and 'walk-in' appointments will cease and where possible will be delivered by virtual contact.
Promoting Well-being	No change.
Children and Young People	
Health Visiting	Maintain Health Visiting for children under 1 and safeguarding cases.
School Nursing	Will continue to support autumn/ winter immunisations programme based on regional guidance.
Immunisation	Immunisation programmes may be temporarily limited in line with regional guidance. Priority will be given to flu vaccinations.
Children with Disabilities	Short breaks may be temporarily suspended/scaled back.
Autism Spectrum Disorder	Face to face appointments will be scaled back and service will continue to deliver urgent new and review appointments through virtual consultations.
Child and Adolescent Mental Health Services (CAMHS)	Face to face appointments will be scaled back and services will continue to deliver urgent new and review appointments through virtual consultation and emergency appointments will be provided face to face.
Court Childrens Services	Continue via video platform.
Child Protection	Child protection visits will be risk assessed to

	determine if a visit can take place. Case conferences will take place via zoom.
Domestic Violence	Continue no change.
Outreach Service Pilot	Continue no change.
Looked After Children (LAC)	<ul style="list-style-type: none"> • Statutory visits and LAC review meetings will be Covid-19 risk assessed in relation to face to face contact • LAC reviews will continue to take place remotely via zoom • Statutory face to face visits will continue to be Covid-19 risk assessed. • Where possible Case Conferences and LAC Reviews to take place remotely (by video or telephone). • Face to Face contact between Looked after Children and their parents will be risk assessed as per regional guidance
Acute and Community Paediatrics	Face to face paediatric outpatient clinics for urgent cases including the provision of rapid access clinics.
Paediatric Inpatient Services	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 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.
AHP	Telephone reviews will be carried out for routine cases. Advice and therapy packs will be given out.
Dental	Urgent appointments will be provided in Community Dental Service Clinics and urgent dental extractions under general anaesthetic will continue for most urgent cases.
Older People	
Residential/Nursing and Community Care	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 support our care homes through the pandemic.
Domiciliary Care	Working to the regional plan for domiciliary

	care and focus resources to those most in need in the community. This includes concluding the review of those in receipt of domiciliary care packages who halted their package during COVID-19 surge 1.
Day care:	Day care centres will close.
Corporate and Support Services	
Support to operational services and staff	Support teams in Estates, Finance, Human Resources, Occupational Health, Planning, ICT, Infection Prevention and Control, Corporate Nursing and AHPS will continue to support the operational directorates with rebuild agenda and Covid-19 response plans as required going forward.

7.0 Conclusion

The entire health and social care family in Northern Ireland came together to face head on the challenges associated with Covid-19. Thankfully we never reached the peak surge that many other countries and regions faced and that is undoubtedly down to the early lockdown decision and the real effort and compliance of our population in adhering to the public health requirements.

However, the next few months will be challenging with the on-going threat of a second 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.

Winter Resilience Plan 2020 -2021

Winter Resilience Themes

Early Intervention & Demand Management

Direct Assessment Unit (Ambulatory Assessment) DHH

Further Development of Ambulatory Pathways as part of 'No More Silos'

Older Peoples Assessment Unit

Acute Care at Home (Enhanced 7 Day Working)

Local Enhanced Services in Primary care

Flu Vaccine Programme right time

Emergency Department provision of safe effective and timely emergency care

Development of Urgent Care Centres as part of 'No More Silos'

Booking Advice and Triage (BAT) Phone

24/7 Clinical Assessment Telephone Service

Paediatric/ED MDT to support ED during busy periods

Paediatric Advice Line (PAL)

Medical cover at night in DHH

Ambulance Receiver Roles

Maximising Capacity and Promoting Safety in Hospital Flow

18 additional medical beds in CAH and 18 in DHH

Improved Discharge and Patient Flow function as part of 'No More Silos'

7-day working (AHP & social workers)

Enhanced Intermediate care

Outpatient Parenteral Antimicrobial Therapy (OPAT)

Enhanced Mental Health Liaison

Optimising Community Care & Discharge

Additional bed capacity for Step down to Statutory Residential Homes for those requiring assistance of two staff.

Stroke Early Discharge

Discharge to Assess and ICS Step Up

Community Children's Nursing Team

CAMH's assessment crisis team

Development of ambulatory pathways

Supporting our People

U Matter Team

Information Hub

Psychological supports

Access to rapid Covid-19 Testing

Regular communication Staff Engagement Arrangements

Regular engagement with Trade Unions

Flexible working

Training programmes