Western Health and Social Care Trust

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

Western Health & Social Care Trust

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1.0 Executive summary

The Western Health and Social Care Trust (WHSCT) Resilience Plan describes how the Trust will respond to additional demand pressures arising during Winter 2020/2021 and / or through any subsequent waves of the COVID-19 Pandemic.

This Plan focuses on the following ***key areas*** to support the Trust to deliver increased resilience through this challenging winter period:

1. Maximising **capacity in the community** therefore avoiding an ED attendance or acute admission.

2. Maximising **unscheduled care flow** including additional ambulatory pathways to help reduce admissions.

3. Maximising **capacity in Hospitals and increasing resources where necessary** to deal with managing service demand arising from COVID-19 and winter pressures.

4. **Enabling flow** and **facilitating discharge** through collaborative working with hospital wide and community teams and services.

5. **Looking After Our People** making sure our patients and clients know what services will be maintained and how, as well as those impacted in the event of any further COVID-19 surge or significant winter pressure period. This also refers to caring for our staff - aiming for adequate staffing levels, and ensuring they take planned leave and appropriate breaks.

6. Strengthening **monitoring and reporting** including enhanced command and control arrangements supporting appropriate implementation of escalation processes and service continuity plans.

The Trust acknowledges and supports the following 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 these principles in this Resilience Plan. The Trust has worked closely with teams and service leads at an operational level to agree triggers and escalation points for any further COVID-19 surge or at any time where there are significant winter pressures affecting our services.

The first phase of the COVID-19 pandemic period from March to June required the Trust to work in new and innovative ways in unprecedented timescales. The Western Trust team met these challenges and delivered safe emergency services throughout that period. An evaluation of all of the individual surge plans has been underway

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 continue to rebuild and reset our services.

In a rapid timeframe a number of measures were put in place in response to COVID-19 with support from our colleagues in HSCB and DoH. The vast majority of these initiatives remains operational to some degree and provides a strong foundation for the management of further potential COVID-19 surge(s) that may occur.

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 were delivered. The key challenges for the Western Trust in the context of this Winter Pressures & COVID-19 Surge Resilience Plan include Workforce, Environment & Infrastructure and Funding pressures.

This Resilience Plan has been developed with staff focusing holistically on the pressures that could 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 current surge plan is a capacity plan, and it provides insight into how the Trust will progressively increase the bed capacity for COVID-19 positive patients in acute and step-down/community hospitals, showing clear pathways for these patients. The Plan does not seek to estimate or model demand, or seek to balance that with available capacity. It is noted that a range of regional surge plans have been established which enable escalation at a regional level when the Trust’s bed capacity is exhausted. It should be noted that bed capacity will be variable based on staffing availability.

Dependent on the level of unscheduled demand during the winter months and any further COVID-19 Surge(s), the Trust will monitor closely and reconfigure our existing acute hospitals’ bed base as necessary to ensure that we are able to treat patients and provide appropriate care in the right place at the right time according to their need. The Trust is developing operational plans in relation the need for additional beds in the community to support hospital step down care in terms of palliative care and/or rehabilitation, with the aim of a return to home settings rapidly during the highest demand periods.

The 6 key focus areas outlined above are supported by actions and initiatives both existing and underway to help deliver upon and these are summarised at **Appendix A**.

Appendix B then provides a high level summary of the Service Area Operational Surge Plans which have been taken from the individual team, service, site detailed plans that have been developed with staff.

2.0 Introduction

The focus of this combined Winter and COVID-19 Surge Resilience Plan 20/21 is to put in place reasonable measures and processes that will help ensure patient/client safety, safe and effective workforce plans, and provide an assurance that contingency plans are in place to address periods of increased unscheduled care demand over the Winter and any further surges of COVID19.

The Trust has a robust annual winter resilience planning process and this provides broadly the basis for this year's plan, whilst taking account of the rapidly changing COVID-19 environment and potential impact on acute care in our hospitals and helping to maintain patients safely at home. The Trust's plan and key action areas in Appendix A are aligned to the principles in the Regional Unscheduled Care Escalation Guidance published by HSCB in November 2019.

In addition this year, the Trust is harnessing the lessons learned from the first wave of COVID-19 in terms of new ways of working and will work hard to implement the regional initiatives associated with the "No More Silos" project over this Winter period as a priority to support maximising resources.

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Dependent on the level of unscheduled demand during the winter months and any further COVID-19 Surge(s), the Trust will monitor closely and reconfigure our existing acute hospitals' bed base as necessary to ensure that we are able to treat patients and provide appropriate care in the right place at the right time according to their need. The Trust is developing operational plans in relation the need for additional beds in the community to support hospital step down care in terms of palliative care and/or rehabilitation, with the aim of a return to home settings rapidly during the highest demand periods.

The Trust continues to assess the risk of exposure to COVID-19 for our service users, patients, clients and staff as well as the risk associated with the direct impact that managing COVID-19 has on reducing the capacity and access to services for our community. Many of our service teams are working in different ways aligned to social distancing and public health requirements, and this is affecting the level of activity projected as we work to reset services.

A comprehensive programme management approach to understanding, planning and monitoring both service need and delivery across acute and community services was

implemented during the first phase of the pandemic. This has more recently been focused on supporting the continued rebuild and reset of Trust services using the Trust's reset framework "Holding the Gains". This PMO approach will be escalated to support enhanced monitoring of activity, escalating triggers and supporting the implementation of the local operational plans within this Resilience Plan as needed going forward.

This Plan acknowledges the regional principles documented in the Department's Surge Planning Strategic Framework. The Plan aims to ensure the delivery of safe services, and in the event of a second COVID-19 surge there will be balance to be found in terms of treating the most urgent cases first. As a result some patients may have to wait longer than we would like.

The first phase of this pandemic demonstrated clearly the tremendous energy, courage and resilience of all our staff which must be recognised. Some staff had to adapt to new roles and working environments while others have provided training and induction to new colleagues; all have had to demonstrate great flexibility. We will be continuing to work in partnership with all our staff as we head into what will undoubtedly be an extremely challenging period for our health and social care services locally. We continue to draw on the very valuable resources and expertise of our colleagues in psychological services, occupational health, human resources and health improvement teams to provide support wherever it is needed.

2.1 Our Commitment to Maintaining Service Delivery

Every service area in the Trust has worked up detailed, robust resilience plans for any potential further COVID-19 surge and winter pressures based on established business continuity principles of **Low, Medium and High Alert Surge** status with trigger/escalation indicators. These Plans have been developed learning the lessons from previous winters and the first wave of the COVID-19 pandemic earlier this year. The Plans have been developed with staff on the front line and will be shared widely to ensure that all our staff has confidence in what will happen and what role they will play in the event of any escalating pressures.

To help our teams update the first surge plans and to be ready for any second surge whilst maintaining service safety, a number of key indicators have been used:

- The number and level of acuity of COVID-19 patients in our acute hospitals
- The level of staffing available both acute and community (this takes into account any potential future shielding and staff off sick or isolating with COVID-19)
- The level of community transmission and particularly to local areas – with a key planning assumption being that any lockdowns at low or even into medium surge will be at localised lockdown.

The commitment in these Plans generally is that at **Low (Green) Surge** the Trust will endeavour to continue to deliver on the projected service activity levels over the winter period. At **Medium (Amber) Surge**, certainly in the acute hospital setting, and at **High (Red) Surge** in all service areas, there will be scaling down and/or potentially standing down of some services to allow the Trust to prioritise critical and front line COVID-19 and non-COVID-19 care for our sickest patients.

Whilst the Plans are very clear about what will happen at certain points the Trust will be increasing the command and control arrangements to daily detailed monitoring of what is happening in acute and community settings so that decisions can be made that are relevant, safe and proportionate to any evolving situation. These situations are fluid and the plans are to provide a safe framework within which the Trust can deploy resources effectively.

A key commitment from the Trust is that any service that is deemed a clinical emergency or meeting a significant safety concern in our communities will be delivered in some way even at high red level surge. This will include services such as cancer surgeries, acute emergencies, services for very vulnerable or at risk clients or families in the community, maternity etc. The Trust is committed to trying to continue to deliver as much business as usual and elective services as is safely possible during any second COVID-19 surge. This may well include new and/or different ways to deliver services learning the lessons what did and did not work well in the first surge. Our teams have worked hard to mobilise new ways of working including making best use of technology to keep in contact with our patients and clients.

3.0 Planning Principles

The Trust acknowledges and supports the following 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 these principles outlined below in this Resilience Plan:

- ***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 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.
- Trusts Surge Plans, whilst focusing on potential further COVID-19 surges, should take account of ***likely winter pressures***.
- Trusts should plan for further COVID-19-19 surges within the context of the ***new regional initiatives.***
- 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.***

3.1 Other Key Planning Principles

The Trust's Plan has been developed taking into account a range of regional COVID-19 surge plans which have been developed and continue to be developed such as the CCaNI, Children's Services, Cancer services, domiciliary care, independent sector care homes etc. The Trust's Plan is fluid in order to adapt to any changing regional direction that supports safe service delivery in any further surges.

There have been a number of new guidance strategies and documents issued since the arrival of COVID-19 and these have been fully considered in the development of this Plan. This includes the new PHA 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'.* The Trust will also adhere to any further emerging/new formal guidance issued in this winter period.

The Trust has membership of the 2nd Nightingale Project Board through the Trust's Director of Performance and understands that the workforce stream and clinical pathways work is underway to establish the skill mix and staffing required. The contribution of any Trust staffing is not yet known as a recruitment process has not yet been completed and is part of the project plan.

In principle, all HSC Trusts have agreed to work collaboratively along with the Department of Health on the establishment of this regional facility. The Trust has flagged the potential considerable difficulties placing patients from the Western Trust

geography in the Whiteabbey facility would present for patients and their families. The potential for destabilising core services is recognised by the project board and is a key issue for the workforce stream to work through. Workforce vacancies remain a challenge across the HSC system.

3.2 Learning from First Phase COVID-19

The Western Trust team met the significant challenges of the first COVID-19 surge and continued to deliver safe emergency services throughout that period. Individual team, service, hospital surge plans have been reviewed over the summer with a focus on "holding the gains" - harnessing new ways of working and innovation as we rebuild and reset our services.

A number of measures were put in place in response to COVID-19 with support from our colleagues in HSCB and DoH. Many of these initiatives remain operational and provide a strong foundation for the management of the current pandemic phase any potential further COVID-19 surges. These include:

- ***Programme Management of Surge Planning & Treatment Plans*** across Hospitals, Community and Corporate Services with robust ***command and control arrangements*** in place to support emergency and contingency response within the Trust to a rapidly changing environment.
- Confirmed ***COVID-19 segregation pathways*** on acute hospital sites.
- ***Upgrade of Trust's facilities and purchase of additional equipment*** to provide COVID-19 safe environment for patients and clients.
- ***Working Safely in COVID-19 Guidelines*** –with supporting risk assessment for every facility.
- A new ***PPE Warehouse*** established to support all 106 Trust sites including domiciliary care providers and care homes directly.
- ***PPE modelling*** for reset/rebuild services Trust wide and this has then been used to help inform the regional model.
- Mobilised ***alternative ways of working*** including a focus on home working for a significant number of staff to support social distancing, maintain staff safety, support with care issues and to help ensure service continuity.
- ***Decontamination*** and staff changing facilities upgraded at hospital sites.
- Establishment of ***GP Primary Care COVID-19 Centres.***
- ***Care Home Support Team*** and ***Community Covid Response Team*** to support care homes and people in their own homes. A continued partnership between our teams (e.g., district nursing and acute care at home teams) and our partners in primary care.
- ***COVID-19 Testing Centres*** –three fully equipped Testing Centres operational.
- In-house ***Trust laboratory COVID-19 testing facilities*** at Altnagelvin.
- ***Phlebotomy Hubs*** - increased community diagnostics and clinic follow up.

- ***Technology enabled*** family and children support services - virtual and remote family assessments and follow up in the community.
- ***7 Day Working*** across a number of areas including Medical Imaging, and support for our independent sector contracted partners in the community.
- ***Virtual hospital consultant outpatient clinics***.
- Establishment of the ***multi-sector "Community Mobilisation Hub"*** which is now focusing on what we can come together on to support our population.
- ***Staff trained extensively*** on IP&C guidance, PPE and face fit tested
- ***VIP (Vulnerable Isolated People) Programme*** mobilised through the provision of food, medicines, and social support throughout the lockdown period. The Trust worked closely across partnerships in the community and voluntary sector and statutory bodies to support those most in need.

All of the above plus many more service and team initiatives ensures that the Trust is well prepared for any future COVID-19 surges.

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 were delivered for various reasons including clinical, patient and staff safety. The key challenges for the Western Trust in the context of this Winter Pressures & COVID-19 Surge Resilience Plan include:

4.1 Workforce Challenges

Our staff has worked tirelessly to meet the continuing challenges of the COVID-19 pandemic. Initially it was to support the delivery of safe and effective front line COVID-19 response services whilst trying to maintain contact with very vulnerable clients and their families in a period of national restrictions and lockdown. Since June staff have striven to rebuild and reset services through designing new ways of working, new systems and processes and upgraded our facilities to ensure our patients, clients and colleagues at work are protected in a COVID-19 safe environment. There does however remain challenging issues in terms of workforce entering this winter period: -

4.1.1 Shielding

There was a number of staff who were shielding due to underlying health conditions. Many of these shielding staff were able to work seamlessly from home however this was not possible in all cases and workforce capacity across many services was impacted. If shielding is implemented again this winter there will be a significant impact on the Trust's ability to meet service delivery requirements in light of the DoH requirement to maintain business as usual and continue with elective services.

In addition, many staff were considered to be at increased risk from COVID-19, including staff from BAME backgrounds, those with severe underlying health conditions and those over 70. Staff from these high-risk categories were removed from high risk areas and redeployed to work in other areas, or from home. In any second surge this will present difficulties in maintaining business as usual services.

4.1.2 Redeployed Staff

With surge 1 COVID-19 resulted in a lockdown position meaning many Trust services were scaled back or stood down and this provided a "pool" of staff that were able to be redeployed to other tasks in supporting front line service delivery. This pool of staff will not be available to the Trust in the event of any significant surge and front line services will have to be scaled back/stood down to allow staff be deployed to support providing care to those that are sickest.

4.1.3 Planned and Unplanned Leave

Whilst managers, supported by Occupational Health, will continue to manage sickness absence there could be significant challenges in providing full staff rotas due to sickness over the winter period with potential flu and COVID-19 related sickness. Our ability to safely and appropriately staff services needs to be assessed taking into account the possibility of local cluster outbreaks and quarantine requirements.

The Trust has a robust cyclical planning process to support adequate staffing levels across the Christmas and New Year period each year. This is a forward planning process that includes down turning some activity, careful management of rotas / annual leave and to some degree support from flexible staffing solutions including agency and overtime. We acknowledge that this year will be potentially even more challenging with the pandemic and the impact of staff absences, and the Plan will continue to be monitored closely in the run up to and over this period as part of the enhanced command and control arrangements which have been stood up in the Trust from 23 September 2020.

4.1.4 Childcare Issues

Schools have re-opened which has alleviated childcare pressures on staff. Across Northern Ireland we have already seen a significant number of schools impacted by positive COVID-19 cases. This is likely to increase and as winter approaches and will present a range of childcare issues for staff.

4.1.5 Pregnant Staff

Pregnant staff over 28 weeks gestation are recommended to work at home, if possible, otherwise are released on full pay under COVID-19 special leave

arrangements until commencement of their maternity leave. This will again have a significant impact in the staffing resource across the Trust while we strive to maintain business as usual services.

4.2 Environment / Infrastructure Challenges

Right from the very earliest pandemic surge the Trust's Estates Team worked closely with staff from every facility, ward and department to help them risk assess their environment and implement upgrade, reconfiguration and in some areas significant redesign to help ensure the physical facilities that were COVID-19 safe for patients, clients and staff.

A key challenge is the physical space available to meet social distancing requirements particularly in busy hospital areas. To help address this on the Altnagelvin site a scheme is underway to create an extended Emergency Room which will provide a segregated COVID-19 pathway into the hospital. On the South West Acute Site a segregated area has been created for the Emergency Department by relocating some adjacent support services across the site. However, with predicted increasing numbers attending hospital over the winter period facilitating this does remain a challenge.

The regional Framework for surge planning refers to the new regional initiatives to support Trusts over this winter period and specifically the "No More Silos" programme. Some of the recommendations in this will require additional space on our acute hospital sites – this will be a significant challenge, particularly on the Altnagelvin site as we find ourselves at a critical point in the strategic redevelopment programme on the site and experiencing real pressures to manage to deliver existing services meeting social distancing requirements. The Trust is committed to supporting these new developments and will work towards implementing what will deliver real change to the unscheduled care pathways and demand, it will not be without significant challenge to our estate.

There new IP&C guidance issued on 20th August provides clarity on the level of enhanced cleaning that is required to help mitigate the risk of COVID-19 transmission in our health and social care facilities. The IPC principles in this document apply to all health and care settings, including acute, diagnostics, independent sector, mental health and learning disabilities, primary care. The Trust is continuing to work through the workforce and funding requirement to fully comply with the new guidance across all 106 sites.

The Trust has also submitted a number of bids for the ICT Digital rebuild and mobilisation programme which are essential to support increasing productivity of staff and removing reliance of physical estate. This will help front line community staff primarily to be more mobile which will be critical in the event of a further surge.

The Trust has a considerable backlog maintenance challenge, which means that across our Trust there are facilities which do not fully meet the required physical condition for health and social care buildings. We accept that investment cannot keep pace with what is required at this time, but the physical condition of some of our community facilities in particular will make it difficult to take all the measures we would like to give the public and our staff confidence in these premises.

As with all challenges, the Trust will monitor to identify if there are any potential increasing risks over the winter. Maintaining a safe environment for our patients, clients and staff remains a key priority for the Trust.

4.3 Funding Pressures

The delivery of the Trust's Resilience plan to address Winter Pressures and any future COVID-19 surge will undoubtedly have funding consequences. The Trust continues to work closely with our colleagues in the Health & Social Care Board and the Department of Health in relation to the costs associated with COVID-19 and potential costs of any further surge(s). Some of these are regionally led rebuild initiatives such as COVID-19 testing centres and the GP Primary Care COVID-19 Centres.

The Trust has highlighted costs (via Monitoring Returns to HSCB/DoH) already 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 DoH via a formal return. Capital and revenue resource requirements associated with rebuilding services have also 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 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).

5.0 Responding to Winter Pressures

The Trust has a cyclical process whereby a Winter Pressures Winter Resilience Plan is developed and alongside this a bid normally for additional funding to secure additional resources. In the absence of any confirmed additional investment for this year's winter pressures this Resilience Plan does focus on how it can best maximise and utilise current resources whilst also recognising that it will be extremely challenging to balance the additional pressure this year associated with COVID-19. In the Trust command and control will be escalated in October to help closely monitor the 3 key inextricably linked key issues:

- Increasing unscheduled care demand over the winter period
- Maintaining elective capacity and
- Any potential further COVID-19 surge(s).

There will inevitably be periods where there are demand/capacity gaps which will negatively impact on patient flow. This will result in pressures within EDs, increasing waits for admission and then the level of elective care that can be delivered.

In the absence of any confirmed additional resources, the resilience that can be factored in to manage site pressures is to review and strengthen the current escalation processes with a focus on trigger points to standardise escalation responses across both acute sites and into the community. Alongside this the Flow Management Hub is essential to control and decision making to manage flow across this period.

This Plan focuses on the following ***key areas*** to support the Trust to deliver increased resilience through this challenging winter period and these will be delivered through a range of initiatives outlined in Appendix A and aligned to the "No More Silos" regional project:

1. Maximising **capacity in the community** therefore avoiding an ED attendance or acute admission
2. Maximising **unscheduled care flow** including additional ambulatory pathways to help reduce admissions.
3. Maximising **capacity in Hospitals and increasing resources where necessary** to deal with managing service demand arising from COVID-19 and winter pressures
4. **Enabling flow** and **facilitating discharge** through collaborative working with hospital wide and community teams and services.
5. **Looking After Our People** – making sure our patients and clients know what services will be maintained and how, as well as those that may be impacted in the event of any further COVID-19 surge or significant winter pressure period. Also our staff - ensuring they feel safe and valued, maintaining adequate staffing levels, and ensuring they take planned leave and appropriate breaks.
6. Strengthening **monitoring and reporting** including enhanced command and control arrangements supporting appropriate implementation of escalation processes and service continuity plans.

A priority area for the Trust to help manage unscheduled care attendances and flow through our hospital sites will be to focus on enhancing and expanding ambulatory care provision and pathways. The South West Acute site will have same day emergency care model and at Altnagelvin there will be extended ambulatory care cubicles to provide for a number of primary care direct access beds. There will be 7 day key diagnostics and enhanced discharge planning including rapid access to discharge letters and pharmacy and strengthening controls for weekends.

Agreement of these pathways with primary care and close monitoring of the use of the pathways will be key, and the No More Silos Local Implementation Group has a specific work stream on this area (see Figure 2 below).

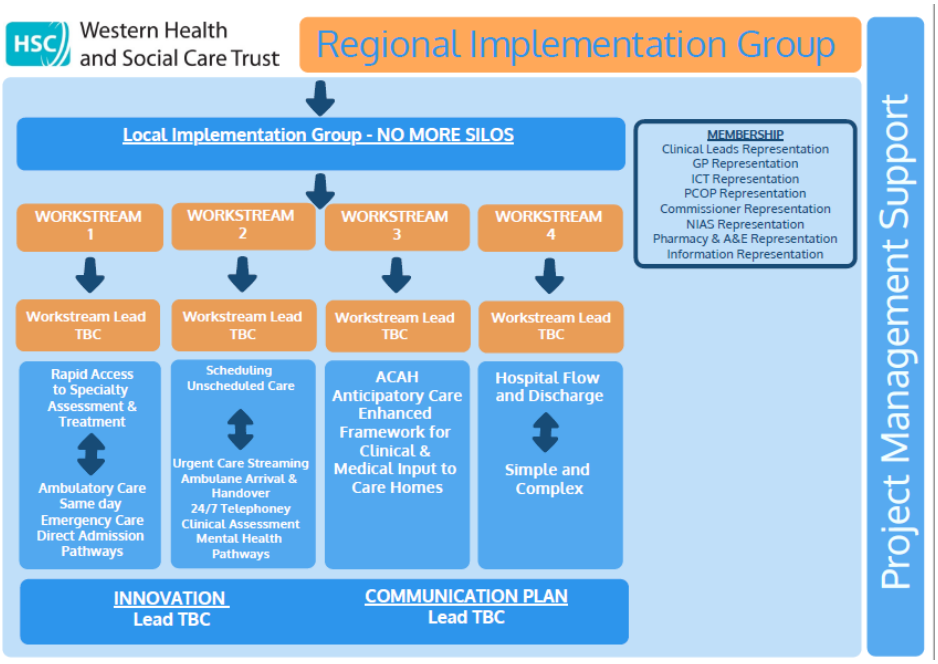
5.1 No More Silos – Regional Project

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 figure 1 below) to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in a safe environment for patients and staff.

Figure 1:

To support the strategic network, local implementation groups have been set up. The Western Trust Local Implementation Group is set up as per Figure 2 below and comprises leaders from across primary and secondary care and includes GPs, Trust and the Northern Ireland Ambulance Service across 4 priority work stream areas.

Figure 2:



5.2 Domiciliary Care Regional Surge Plan

A key element to the Trust's annual winter pressures planning is maintaining and if necessary expanding domiciliary care services to help support our patients and clients safely at home. The Trust continues to work in partnership with clients and their families to reset domiciliary care services following the impacts of the COVID-19 first surge.

This work reflected in the Trust's primary and community care surge plans and also the regional domiciliary care surge plan which all Trusts are feeding into. The Trust's community command and control enhanced arrangements which are now being stood up again include daily and weekly liaison with both in-house and contracted home care providers in terms of any emerging issues that might impact on the Trust's ability to deliver safe and effective home care services in line with prioritised need.

Priority service areas during this winter period and in any further COVID-19 surge will include continued support at home for those assessed as the most vulnerable, rapid access specialist clinical/nursing support, palliative or end of life care, re-ablement and or rehabilitation services. The Trust also provided services into a widespread VIP programme, funded by DfC during surge 1, however it is not known if this will be re-established at this time.

6.0 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.

The learning from how our entire system had to adapt, change and ready itself in a punishing timescale means that we can face this winter period with a level of confidence in the plans and changes that we have made since March of this year.

There will be many challenges over this winter but with the ongoing support of all our colleagues and staff right across the health system we will continue to prioritise safe and effective health and social care service delivery appropriate to the context we find ourselves in throughout the coming months.

APPENDIX A

KEY FOCUS AREAS

WHSCT Resilience Plan 2020/2021

Objective: To safely manage increased demand to both acute and community settings over the winter period and in the event of any further COVID-19 Surges

1 Maximising Hospital Capacity

- Flow Management Hub daily key decisions and outputs. (Hosp & Comm Reps).
- "Hospital at a Glance" Tool to manage site pressures daily linked to HEWS (Hospital Early Warning System) to standardise escalation across both sites
- 7 Day Access to Diagnostics.
- Nurse Hub re-established to help manage safe staffing levels across the hospital(s).
- Confirmed COVID-19 and non-COVID-19 Patient Pathways in place.
- Reconfigured bed base to provide increased acute medical bed escalation this Winter
- Surge Plan for COVID-19 beds in both general wards and increasing critical care beds (if needed) on both acute hospital sites.
- Surge plans for step down/rehabilitation beds when and if needed.
- Maximising Minor Injuries Unit within ED for non-complex attendances
- Further implementation of the SAFER flow bundle in wards during the winter period.
- Early in the Day Discharges priority work.
- Utilising HALO within the Emergency Department

2 Maximising Unscheduled Care Flow

- Expanded Ambulatory capacity and enhanced Ambulatory Care Pathways.
- Same Day Emergency Care in SWAH and maximising the current Team at Altnagelvin.
- Expanded ED capacity – new extension at Altnagelvin.
- Segregated ED capacity on both acute sites.
- Establish daily hospital site network across the whole Trust (Altnagelvin, SWAH, Omagh and Community Teams) - Facilitated through consolidation of Flow Hubs on both acute sites to ensure information sharing and understanding of demand/capacity issues and safety concerns across sites.
- WHSCT Leading on Regional Programme to help manage unscheduled care flow through hospitals – "No More Silos".
- Review Discharge Planning Processes inc. letters and Pharmacy and strengthening controls for weekend discharge.

IN THE EVENT OF A FURTHER COVID-19 SURGE

- **Prioritising Surgeries i.e. Cancer surgeries**
- **Critical Care increased capacity**
- **Virtual appointments.**

- **Expansion of Acute Medical beds**
- **COVID-19 & Non-COVID-19 Pathways & Beds**
- **Increased step down provision**

WHSCT Resilience Plan 2020/2021

Objective: To safely manage increased demand to both acute and community settings over the winter period and in the event of any further COVID-19 Surges

3 Maximising Community Capacity

- Comprehensive Winter Plan communications campaign – internal and externally – to ensure all our staff, partners and stakeholders are aware need for/ how all play a role in managing safely through periods of increased demand
- Further develop shared care pathways with Western Urgent Care
- Working with Western Urgent Care GP Out of Hours.
- Maximise provisions in place to maintain frail elderly at home where safe and appropriate to do so- Acute Care at Home, OPALS and NIAS Pathway.
- Identification of discharges for the next day will be reviewed at Flow Management Hub- focus on early in the day discharge
- Maximising Step Down and rehabilitation capacity- Drumclay and Rectory Fields as well as Waterside and Omagh Health & Care Complex. This includes revising criteria for both Step down facilities.
- Further strengthen links with MDT in Primary Care, building on CCRRT and COVID-19 Centre model of surge 1
- Twice daily meetings with Community Teams in relation to Delayed Discharges, and end of day DTOC huddle
- Min daily ward rounds on medical and surgical wards, provision for increased reviews and grand rounds
- Promoting the importance and need to provide 'Preparing for Discharge' Leaflet for all inpatients
- Enhancing current processes around Discharge Planning including letters and pharmacy input. This will involve strengthening controls for weekend discharge.

4 Enabling Flow & Discharge

- Downturn/cessation of routine elective inpatient activity processes in line with escalation triggers in the event of any future COVID-19 surge and/or significant increase in acute unscheduled admissions.
- Focus on Day Case and Red Flag/Clinically urgent elective
- Consultant capacity to be utilised in Day Case
- Review Discharge Planning Processes inc. letters and Pharmacy and strengthening controls for weekend discharge.
- Flow Management Hub daily decisions and outputs. (Hospital & Community Reps).
- Daily hospital site network across the whole Trust (Altnagelvin, SWAH, Omagh and Community Teams) - Facilitated through consolidation of Flow Hubs
- 7 Day Access to Diagnostics.
- Nurse Hub re-established to help manage safe staffing levels across the hospital(s).
- Confirmed COVID-19 and non-COVID-19 Patient Pathways in place.
- Reconfigured bed base to provide increased acute medical bed escalation this Winter
- Step down/rehab beds Surge Plan if needed.

IN THE EVENT OF A FURTHER COVID-19 SURGE

- **Care Homes Supported by Trust Staff**
- **Community services – prioritised by risk and safety**
- **Maintain frail and/or elderly at home safely**

- **Virtual Appointments escalated**
- **Step Down/Rehab beds when needed**
- **7 Day access to key services, e.g., diagnostics**

WHSCT Resilience Plan 2020/2021

Objective: To safely manage increased demand to both acute and community settings over the winter period and in the event of any further COVID-19 Surges

5 Looking after our People

- Internal and External communications campaign confirming Trust Plans for Winter Pressures and any further COVID-19 surges – encourage population support for flu uptake, public health measures compliance and only attending the hospital when necessary.
- Maximise staff uptake of the Flu Vaccine (peer vaccinators and mobile programme).
- Access for staff and families for COVID-19 testing.
- Appropriate and secure supply of PPE.
- Nurse and Doctors Hubs re-established to support co-ordination of safe staffing levels across the hospital(s).
- Visibility of senior management to provide support and guidance to staff.
- Contingency arrangements to manage impact on staffing levels of extreme weather conditions.
- Acknowledge the additional contribution of staff during this winter period.
- Provide Covid-19 staff accommodation if needed.
- Staff Health & Well-being – OH, HR, Psychology Team, HI Team, staff "bubbles".
- Ensure annual leave is planned appropriately and taken during the winter period to provide adequate cover to frontline services over busy periods

6 Monitoring & Reporting

- Reinstate command and control across both Acute Sites with proactive monitoring of key metrics and trigger points for Surge & Winter Pressure Escalation Measures.
- Daily senior monitoring (Silver) to support rapid decision making in escalated alert phases.
- Service, Ward and Hospital Surge Plans revised with trigger points for escalation and impact assessment.
- Revised Business Continuity measures within the Trust.
- Identification of clinical area to support Emergency Department de-escalation at times of full capacity
- Hospital Early Warning Scores will be rolled out to provide common language and understanding of escalation trigger points across the acute hospitals.
- Strengthen cross Trust collaboration- including early alerts regarding Site escalation and capacity issues.

IN THE EVENT OF A FURTHER COVID-19 SURGE

- **Staff Support Teams**
- **COVID-19 Champions**
- **Flu Vaccination Campaign/ Uptake**
- **COVID-19 Track and Trace**

- **Command and Control Arrangements re-established and stood back up**
- **Agreed trigger/escalation points/levels.**

APPENDIX B

SUMMARY OF SERVICE SURGE PLANS

SERVICE	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
Hospital Based Services	
Urgent and Emergency Care	• Altnagelvin and South West Acute Hospitals will continue to treat both COVID-19 and non COVID-19 patients with EDs both open. • Maintain COVID-19 and non COVID-19 pathways for patients with a focus on getting patients admitted to the appropriate ward as quickly as possible. • Nursing and Medical Hub will ensure adequate staffing rotas whilst ensuring staff rest periods. • Maintain speciality ward admissions for emergencies e.g., Trauma, paeds, gynae, maternity etc. • Support the No More Silos pathways with key actions in terms of primary and community resources and managing ED attendances. • Increased/expanded ambulatory care pathways at both Altnagelvin and SWAH. • Reconfigured bed base at Altnagelvin to support increased unscheduled care capacity.
Critical Care	• Plans in place for medium, high and extreme surge with up to 18 ICU beds in Altnagelvin and 10 at South West Acute in line with CCaNNI recommendations. This is reliant on redeployment of staffing from other front line areas in the event of a significant surge that requires this level of critical care beds.
Medical inpatients	• Expanded ambulatory care pathways – ACU and AMU at Altnagelvin and via MSAU at South West Acute. This will support ED flow and overall hospital flow. • Continue with medical model and live take with front door senior decision making. • Dedicated COVID-19 respiratory beds. • Review of clinic provision and continue virtual clinics in line with regional direction. • Develop Support networks for all chronic disease management patients, e.g., rheumatology and diabetic patients. • Review patients at the Rheumatology Infusion Unit at Altnagelvin re: appropriate continued treatments.
Chaplaincy Service	• Chaplaincy service will only be delivered on non COVID-19 wards and end of life cases
Outpatients	• All referrals will continue to be triaged with priority on red flag and clinically urgent referrals. • Mix of virtual and face to face appointments as per clinical necessity which will reduce to red flag and clinically urgent only if High or Extreme Surge reached. This will be to ensure staff is redeployed to treat the sickest.
Macular & time critical Ophthalmology	• Maintain clinically urgent/emergency assessment and macular treatments.
Diagnostics (including x-ray, MRI, CT, Ultrasound etc.)	• 7 day diagnostics will be maintained to support patient flow. • Focus on red flag, clinically urgent and inpatients. • Rotas to be adjusted to provide consistent staffing 24/7.
Laboratory Services	• COVID-19 testing being undertaken at Altnagelvin and via labs at Belfast. Work underway to increase testing capacity at in-house Trust labs in conjunction with capacity planning for winter flu testing also.
COVID-19 Testing Centres	• 3No. testing centres operational in Londonderry, Omagh & Enniskillen with phased escalating capacity continuing plans in place. • Service managed through Acute Laboratory Services Team.
Day Surgery and Endoscopy	• Day surgery and endoscopy will maintained as long as possible but in the event of high/extreme surge it will be stood down as in the first surge to protect cancer and urgent elective inpatient surgery.

Cancer	• Maintain Systematic Anti-Cancer Therapy (SCAT) throughout surge as far as possible. • Cancer surgeries that are deemed clinically urgent/emergencies will be delivered. • North West Cancer Centre to be maintained as “green” zone. • Visiting stood down to help protect very vulnerable immunocompromised patients in NWCC.
Inpatient Palliative Care	• The inpatient palliative care beds at Omagh Hospital & Primary Care Complex will be maintained and if needed can be used to provide palliative step down for COVID-19 patients if high/extreme surge occurs.
Screening	• All screening programmes which were paused are now in recovery (e.g. Cervical, breast and bowel screening have restarted and with additional sessions planned during the next 3 months will help address long waits as a result of Surge 1 lockdown. Regional approach being scoped to try to avoid stand down in the event of a subsequent surge.
Surgery – Emergency and Elective	• Emergency surgery pathways will continue at Altnagelvin and South West acute hospitals. Emergency and elective surgical wards to be maintained as far as possible. • Regional discussions underway regarding the possible establishment of “green” elective surgical centres in the event of further surges to help segregate patients and maintain some elective flow.
Primary PCI	• Cardiac assessment hub continued. • Clinically urgent/emergency PCIs only.
Renal	• Dialysis schedules reviewed and modified to minimise risk on both Altnagelvin and Omagh Renal Sites. • Restricted movement of patients on dialysis and outpatients reviewed virtually and face to face based on clinical need.
Maternity and Gynae services	• Births continue at both acute hospital sites. In the event of high surge stand down home births. • Selective/clinically prioritised postnatal visiting in the community with virtual Breastfeeding support • Gynae cancer operations and emergency surgeries will be maintained. • Cross site utilisation of Inpatient / day case gynae theatre lists for Red Flag and urgent cases. • Red Flag and clinically urgent gynae outpatient appointments will be retained.
Paediatrics and Neonatal services	• Continue to work closely with the regional neonatal network in respect of capacity of cots in Altnagelvin and SWAH. Reduce cot availability if necessary and arrange in utero transfers if required • Scale back/stand down routine face to face paediatric outpatient appointments and continue with the use of virtual technology for urgent consultations • Dedicated COVID-19 paediatric assessment and inpatient beds at Altnagelvin and SWAH. • Retain 2 acute site paediatric inpatient provisions as far as possible but with potential to reduce to ambulatory provision if required at SWAH.
Hospital Pharmacy Services (Altnagelvin, SWAH & OHPCC)	• All services will be prioritised based on need and appropriate risk assessment. • **Dispensary, distribution and aseptics services will be maintained**. • Clinical pharmacy services maintained to prioritise wards including critical care, admission wards and COVID-19 wards in SWAH and Altnagelvin as well as Cardiology Ward at Altnagelvin. • 7 Day Service at Emergency Departments. • Continued input to procurement to ensure supply of critical medicines and medical and surgical consumables and PPE.
Primary Care Covid-19 Centres	• WHSCT will continue to support the two GP Primary Care Centres at Altnagelvin and South West Acute Hospital.

Primary Care & Older Peoples Services	
Allied Health Professionals (Physiotherapy, Podiatry Speech & Language Therapy, Dietetics and Occupational Therapy	• Review service users to prioritise face to face contacts for those with the most critical needs in line with regional guidance and risk assessments. • Stand down face to face appointments and increase virtual clinic sessions across all disciplines. Where possible staff will work remotely dependent on the availability of IT equipment to support this. • For all AHP services key skills have been identified as required for essential service continuity to provide active clinical management, facilitate discharges and prevent admission from the community. This work will continue as a clinical priority.
Community Equipment	• Review service requests to prioritise urgent and emergencies including those to support hospital discharge.
Older People Day Care Services	• Each Day Centre will be risk assessed on a case by case basis to support remaining open. • Staff may be directed from within the Directorate if possible but in the event of a significant surge and difficulties with staffing and/or lockdown decisions the day centre may have to temporarily close. • Day Opportunities may be impacted if independent providers are unable to accommodate our clients. • Local case-by-case risk assessment will be carried out, to determine the response to staff absences and/or a cluster of COVID-19 positive cases. This may include temporarily closing a Day Centre.
Home Care (In-house Trust delivery and Independent Sector Domiciliary Care Partners) Reference to the Health & Social Care Board Regional COVID-19 Surge Plan (September 2020)	• Services will be maintained. Every effort will be made to support the domiciliary care system to remain free of COVID-19 and where there is an outbreak to reduce the spread and support recovery. • Review service users to prioritise those with critical needs and redeploy staff from other non-critical areas as required maintaining critical service cover. • Staff rotas (Trust and ISP) reviewed continually to minimise movement of workers between clients' homes to prevent virus spread • Regularly contact will be maintained with service users /informal carers who have suspended/stopped their care package to ensure service users and carers needs continue to be met e.g. through third sector, direct payments, SDS, telecare, signposting to community resources or innovative sources of support. • Continued partnership working across the community division to provide clients with any additional specialist clinical support, including Acute Care at Home, re-ablement, rehabilitation etc. to maintain them safely at home. • Ongoing collaborative partnership approach between Trusts and ISP to meet demand including optimising rotas, prioritising critical clients etc.
Trust Statutory Residential Care Homes	• Placements will be maintained and staff will be redirected from within the Division, Directorate or Trust to ensure rota is maintained. • Local case-by-case risk assessment will be carried out, to determine the response to staff absences and/or a cluster of COVID-19 positive cases. This may include temporarily ceasing admissions to a residential home.
Hospital Social Work Teams	• Prioritised services will continue with a risk-assessed reduction in capacity/activity based on reduced staff numbers. All services prioritised based on those of highest need and appropriate risk assessment. • Services will continue to be delivered where possible through a variety of activities –direct face-to-face contact, home visits, remote and virtual platforms determined by clinical indication, impact assessment or assessed need. • Hospital Social Work Service – will if regionally agreed revert to telephone assessment and will stand down the normal procedures for MCA. They will manage their resource to maintain safe staffing to support flow and during a surge in COVID-19 in-patients they will prioritise COVID-19 wards. The Team will require rapid access to community supports like domiciliary care

	packages and equipment to support hospital flow and timely discharge.
Carer Support	• Service will be maintained through support from other social work staff to ensure carers continue to receive support.
End of Life Care in the Community	• End of life care will continue to be delivered by utilising resources across all community nurses, GPs, Hospice care, Macmillan etc.
Community Care	• **District Nursing** – services will be maintained. If staffing levels are reduced then prioritise urgent treatment / care needs; triage and defer non-urgent referrals / reprioritise where appropriate. • **Community Social Work–** continues to prioritise urgent referrals based on need and level of surge and staff availability. If surge increases consider stand down of new complex eNISAT assessments and reviews until after surge with initial assessment being utilised in the interim period; review of non-complex cases and deferred. • Suspend community social work visits to low risk clients if safe to do so but consider utilising new ways of working including technology to stay in touch with clients – virtual, telephone follow up. • Engage family members to support service delivery • Only new placements to care homes in cases of most extreme need will be made. • Delayed transfers of care will be managed to as low a level as possible. • Review, update and prioritise Vulnerable client list • Secure from voluntary organisations potential community volunteers to support people in their own homes • Review and suspend non-essential facilities and services. • Work in partnership with community and voluntary sector and independent contractors to help with lower risk clients to free team up to support key functions and critical priorities. • Propose Trust VIP (Vulnerable, Isolated Person(s)) Service re-established. • **Acute Care at Home Team –** maintain services with clinical risk assessments to identify priority care. • **Treatment rooms and continence** will deliver only urgent appointments and clinics and will redeploy staff to critical areas within their professional competence. If absolutely required consideration to closing some facilities/wards in order to reprioritise all services within the Directorate to address only critical service areas. This would be done with HSCB agreement on temporarily standing down some service areas/facilities, and will as far as possible provide support to critical service provision.
Community Mental Health Team for Older People	• Outpatient services will continue to be delivered where possible through a variety of activities –direct face-to-face contact, home visits, remote and virtual platforms determined by clinical indication, impact assessment or assessed need. • Support to those in care homes will be maintained based on clinical need.
Secondary Care – Inpatient older person wards	• Services will continue to be delivered for all older persons in our secondary care acute and non-acute inpatient beds which includes those at Waterside Hospital. • Continued support to safe, timely acute hospital discharge to the most appropriate setting for every patient whilst protecting/delivering step down/rehab/palliative care for both COVID-19 and non COVID-19 patients who no longer require an acute hospital in patient bed.
Independent Sector Care Homes	Trust Care Home Support Team has been working closely with all Care Homes since the first surge and will continue to do so: • Provide support to Care Homes dependent on the number of outbreaks in care homes within the Trust area. Our response requires a rapid identification of care homes in need to support and will include a severe surge. • Provide the care home with urgent staffing support from the Trust if they cannot fill their staffing gaps themselves

	• Only new placements to care homes in cases of most extreme need will be made. • Consider 'step in' senior nursing and social work staff and provide enhanced care to residents whose needs can continue to be met in the Home via input from GPs and other Trust services, • Discuss and plan for residents transfer to other appropriate settings where necessary, • Provide practical family liaison support to the Care Homes • Plan transfer of appropriate residents to acute hospital in collaboration with secondary care • Maintain daily input from General Practice into Care Home via virtual consultations and provide (via GPs and GPOOHs) a single point of contact for severely affected Care Homes for daily primary care medical services.
Professional Nursing Services (including Specialist Nursing, Resuscitation Services, Care Opinion, Volunteering, Community Respiratory Team & Tissue Viability)	• Resus services – will continue in acute setting. Consideration for training to be suspended in high/extreme surge. • Outpatient services will continue to be delivered where possible through a variety of activities –direct face-to-face contact, home visits, remote and virtual platforms determined by clinical indication, impact assessment or assessed need. • Where possible staff will work remotely to provide outpatient activity, dependent on the availability of IT equipment to support this. • Consider redeploying nursing staff to support acutely unwell patients. • Volunteering services will be considered in light of service needs in both acute and community as this was a key element of surge 1. This will require risk assessment and include appropriate training for volunteers, PPE etc.
Adult Mental Health, Learning Disability & Physical Disability Services	
Crisis Resolution Home Treatment Services	Services will be maintained as far as is possible but in the event of escalating surge this will be prioritised based on assessed need and following appropriate risk assessment. • Review, risk assess and prioritise services and identify staff skills, competence and experience that could be diverted to critical service areas (including 24 hour care setting provided by the Independent sector). • Ensure all service users have a supply of their prescribed medications • Triage of all new referrals with signposting to appropriate community/voluntary sector supports for assessed low risk clients and priority for urgent/emergency GP referrals. • Suspend face to face community visiting to low risk / stable mental health patients – keep in touch, virtual, telephone etc. • Prioritise critical mental health interventions and stand down non critical clinical interventions, and divert staff to critical areas. • Consider closure of non-essential services in response local COVID-19 outbreak/cluster. Outreach to service users to be maintained. • Central contact point to coordinate potential safeguarding concerns or disruption to core business • Enhanced communication and support to social care providers All services will endeavour to maintain an emergency service in line with staff availability. In any extreme surge situation there will be a significant reduction in the level of services/activity provided. However, staff will use all mediums available to ensure service continuation as far as possible.
Learning Disability Day Care and short breaks/ respite	• Day care provision will continue to be offered in line with the ongoing reset of services following the first surge. • Day Opportunities may be impacted if independent providers are unable to accommodate our clients. • Review attendance at Day Centres to target people with complex needs that rely on family carers who will need ongoing

	support. • Short breaks/respite will continue at a reduced level where this can be staffed. In the event of a high/extreme surge this will have to be considered to allow staff to move to prioritised front line services. • Staff may be directed from within the Directorate if possible but in the event of a significant surge and difficulties with staffing and/or lockdown decisions day centre(s) and/or respite services may have to temporarily close. • Local case-by-case risk assessment will be carried out, to determine the response to staff absences and/or a cluster of COVID-19 positive cases. This may include temporary closure.
Outpatients – Community Mental Health Teams	• Out Patients will continue to offer a blended service with both face to face provision and virtual contact to service users. • Mental health teams will continue to work together to ensure staffing resources are allocated to priority areas.
Addictions Service	• Service will continue in a blended approach using face to face and virtual approaches as determined by ongoing risk assessment.
Specialist Services (eating disorders, personality disorder services)	• Service will continue in a blended approach using face to face and virtual approaches as determined by ongoing risk assessment
Condition Management Programme	• Preference would be to continue this service but this will be dependent on DEL approach. • Staff from this service will support other priority service areas where necessary.
Psychology	• Blended approach of face to face/virtual contact will continue for all services on a risk assessed basis.
Inpatients - acute	• Prioritise those who require detained admission. • Maintain isolation facilities for admissions, inpatients and supporting living. • Swab patients on admission and manage as appropriate – segregated pathways. • Segregation areas on each ward to reduce risk of transmission within ward and to other wards. • Cease visiting arrangements in line with Regional / Corporate response. • Consider continuation of patient leave arrangements on risk based approach. • Review regional bed management protocol
Mental Health Day Care	• Day centres will be reviewed and attendance risk managed in line with regional guidance. • Review attendance at Day Centres to target people with complex needs that rely on family carers who will need ongoing support.
Supported Living	• Continued support to clients in supported living arrangements. • Ensure supply of medications, PPE etc. • Comply with local and/or regional lockdown or restrictions.
Physical & Sensory Disability Services	• Prioritised services will continue with a correlated reduction in capacity/activity based on staff numbers. All services will be prioritised based on need and appropriate risk assessment. • Services above will continue to be delivered where possible through a variety of mediums – a combination of direct face-to-face

	contact, remote and virtual platforms determined by clinical indication or assessed need. • Review visitor access to care settings • Ensure all service users have access to a supply of their prescribed medications • Review, update and prioritise Vulnerable Client List • Review attendance at Day Centres to target people that rely on family carers who will need ongoing support. • Maintain self-isolation facilities for admissions, inpatients and supporting living residents
Women & Children's Services - TO NOTE – Hospital based services including maternity, gynae, neo-natal and acute paediatrics are included in hospital based services section above.	
Family & Child Care Services	• Retain existing entry points and local Teams for triage, emergency visits, pathway assessments, child protection referrals etc. • Three Key Areas prioritised in the event of high/extreme surge with detailed continuity plans developed for these areas: (1) Child Protection/ Statutory visits (2) Placements on the Verge of Breakdown and (3) Maintaining children safely in residential care especially in the event of a COVID-19 resident and/or staff confirmed cluster. • Maximise the use of technology to keep in touch will children and families, virtual visits etc. • Maintain critical respite placements
Children's Disability and ASD Services	No Services will be stood down fully during the event of a further surge. Plans to mitigate impact on service delivery across all teams will be operational through additional mediums - A combination of direct face to face contact; remote and virtual platforms determined by clinical indication or assessed need. There will always be a risk of staff being redeployed from Community services to Acute Services which is difficult to mitigate against given need to support acutely unwell patients. Should surge levels increase significantly the main issue will be in relation to the availability of workforce to deliver community services and the following services may be affected • Short Break Service – revert to emergency placements only. • RISE NI service will be dependent upon schools remaining open – Webinar and remote coaching will be made available. • ASD - reduced levels of Intervention and Family Support to families. Diagnostic Assessments may also be reduced.
CAMHS	• The CAMHS Service continues to remain operational 7 days per week. CAMHS service will continue to operate out of Rivendell, Woodlea and Erne satellite clinic. This will be kept under regular review during surge in keeping with surge status level. • Continued outpatient service based on clinical priority and need.
Sexual Health	• Sexual and Reproductive Health Teams will continue to maintain services, however should surge impact on staffing levels, priority will be given to emergency interventions and procedures including but not limited to HIV, PreP and EMA.
Community Dental	• Trust continuing to support the General Dental Service through to March 21. • Continue to increase clinics which may need to be adjusted if dental staff is required to assist again with swabbing and other COVID-19 related activity.

Human Milk Bank	• Service will be maintained to ensure continuity of supply of milk to neonates across all Ireland.
Health Visiting	Services will be prioritised and maintained as far as possible within workforce availability. • Direct face to face contact, remote and virtual platforms determined by clinical indication or assessed need will be utilised. • In the event of a significant surge immunisation programmes will be a priority area for HV Teams.
School Health	• School nursing services will be dependent on whether or not schools remain open but will prioritise the Flu Vaccine for Year 1 to Year 8 and HPV Vaccinations.
Family Nurse Partnership	• Services maintained but in the event of a significant surge that impacts staffing FNP will prioritise families where safeguarding concerns have been highlighted.
Community Midwifery	• Services will be maintained based on clinical need and priority. • Midwives will maintain contact with patients using telephone and virtual technology in the event of an increasing surge. • Post-natal checks will only be delivered at home based on clinical need.
Community Paediatrics	• Maintain services on risk based approach and within available workforce. In the event of increasing surge: • Continued triage of all referrals and priority to be given to those in most need of urgent appointments. • Reduce routine outpatient clinics and consider virtual technology to do undertake reviews • Maintain support for children with chronic conditions e.g., diabetes, gastro conditions etc. Use of phlebotomy hub for ongoing screening with follow up virtual review of these children. • Short break service in Butterfly Lodge for emergency only. • CCN care packages reviewed and only critical input provided.
Community Dental Services	• Maintain services on risk based approach and within available workforce. In the event of increasing surge: • Reduce routine outpatient clinics. • Risk assess patients with medical conditions e.g. oncology patients who may need dental treatment urgently. • Provide emergency care /domiciliary visits for dental emergencies including those with dental trauma, spreading infection or severe pain. • Maintain General Anaesthetic services for Special needs patients/ children in pain who are unable to cooperate for emergency care.
Adult Safeguarding Team	• Maintain regular communication between social workers, managers, vulnerable adults and their families and carers • Staff are trained and appropriately supported to recognise, assess and respond appropriately to risk • Training will be stood down in the event of an escalating surge. • Cases worked as Adults at risk of abuse will be stood down • Cases worked as Adults in need of Protection will be managed via video where possible • Immediate safeguarding concerns will be responded to • Small multidisciplinary team will be established to respond to concerns in Independent Providers facilities
Social Workers in Primary Care MDTs	• Continued provision of a social work service in Primary Care MDT. Patient contact for assessment and/or support may

	be provided via telephone or with the use of video technology.
Learning and Governance for Social Care	• Face to face training will cease except in exceptional circumstances adhering to full government guidance, in line with risk assessments & PPE guidance • Blended learning will continue to support the learning & development of the workforce.
Corporate and Support Directorates/Teams	
Performance & Service Improvement	Continued provision of essential services to support front line care in both the acute and community settings – all services below have detailed and robust surge and business continuity plans developed: • Estates (Operations and Maintenance Planned and Fault response Trust wide, Maintaining equipment including specialist medical equipment, transport and delivery, waste management, energy management, risk assessment of in year capital works in line with COVID-19 requirements. • Domestic Cleaning including enhanced cleaning in line IP&C guidance • Laundry (including laundry of scrubs) • Staff residential accommodation – including options for quarantine and isolation for staff where this cannot be done anywhere else. • Portering – escalation action cards for portering duties particularly in the acute hospital setting during COVID-19 surge(s). • Car Parking – including assessing the needs of increasing staff rotas and impact of reducing elective services in site access plan. • Security – managing access to the hospitals and particular if restricted access is needed during pandemic surge. • Catering – meeting all patients feed need and importantly including and ensuring food options for our staff at all times. • Medical Records – ensuring records are available in line with IP&C requirements • Information Governance • Emergency Planning • PPE – ongoing lead role in partnership with finance and pharmacy for PPE supply and distribution. • Information and Performance Management – critically important in terms of supplying up to date meaningful data that allows timely decision making in terms of all aspects of Trust services but also now escalating to support COVID-19 bronzes, silver, winter pressures, elective decision making etc. • Command and Control arrangements – Bronzes and Silver. • Programme Management Team – co-ordinating the COVID-19 Surge Planning as well as ongoing Delivering Value Programme and potentially helping Acute and PCOP Directorates to establish No More Silos work locally. • Communications – developing and implementing an ongoing internal and external communications campaign to ensure all stakeholders are aware of what is happening and what role we can all play in this pandemic management. • Transformation - ongoing support for the in-year transformation projects Trust wide. • Pathfinder – leading the next phase – mobilisation phase for this critical programme. • Health Improvement – led the VIP and Multi-Sector programmes in Surge 1 – key role in supporting our population particularly those most vulnerable and isolated members.

	• Campaign on 28/9/2020 with new and innovative approaches including peer vaccinators, mobile vaccinators.
Human Resources	• Continued critical role in supporting all 12,000 Trust employees, their managers and their families through any potential 2nd surge. • Will support new and speedy recruitment if needed to support services during any further surges. • Established in first surge and can relaunch a substantial support network to managers and staff through OH, HR specialists, working with Trust psychology and health improvement teams. • Occupational Health begins the rollout of a significant 2020 Flu Vaccination. • Workforce Information Team – providing support to managers in relation to workforce availability and supporting decision making in relation to planning for surge and any unplanned staff absences. • Training and Organisational Support – this team were redirected to providing significant HR support to the Hospital, Community and Corporate Surge Teams as Key HR Business Partners throughout this process. This will continue into the winter period.
Finance, ICT & Contracting	• Finance – continue to support all aspects of COVID-19 and winter pressures financial pressures in relation to both capital and revenue. Finance also continues to have a key role in PPE supply management and have supported the regional PPE Modelling. • ICT – maintain all critical systems. Ensuring continued remote access for increasing staff numbers including those shielding or at risk. Supporting the bidding for ICT Digital Mobilisation business cases – well underway to underpin new ways of working and innovation for teams/services across the Trust particularly in learning lessons from Surge 1. • Contracting – continued support to the community directorates in particular in relation to the significant and priority independent sector provision that supports front line services. Key interface on regional IS surge plans and between the Trust and the IS partners also.
Strategic Capital Development	• Will continue to progress with the significant strategic capital development plan in place working with contracted partners to maintain the programme as far as possible with support from central government in trying to ensure the construction supply chain remains operational. • The SCD Team will support all areas of the Trust with any premises, storage, leasing needs as with surge 1 and was critical in helping to secure a speedy solution to leasing and establishing the first major PPE Warehouse in N.Ireland.
Office of the Chief Executive and Chairman	• Ongoing senior leadership for the Corporate Management Team and for all Trust employees throughout this challenging winter period. • Chief Accountable Officer for all service areas and ensuring all statutory functions are delivered. • Lead the delivery of safe, effective services through any future COVID-19 surges and/or significant winter pressures. • Briefing Trust Board on all aspects of Trust service delivery related to this Resilience Plan.