

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



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1.0 EXECUTIVE SUMMARY

The Belfast Health and Social Care Trust (BHSCT) Resilience Plan brings together what we will need to do to respond to additional demand from the pressures of Winter 2020/2021 alongside any subsequent waves of COVID-19. Winter pressures have an acute impact on our unscheduled care services and are also keenly felt across our whole hospital system and our community services. In addition, a further surge of COVID-19 has the potential to have a wide-reaching impact on our ability to deliver many of our services.

1.1 Impact of combined Winter and COVID-19 pressures

It is important that Belfast Trust is open and transparent with all our stakeholders and acknowledges that the combination of Winter pressures with any second surge of COVID-19 will impact on our ability to provide services across the Trust and deliver on our rebuilding agenda. We, as a provider of integrated health and social care, and an employer of over 20,000 staff, must remain agile, flexible and responsive to these pressures. Crucially, we need comprehensive surge plans in place for critical care, hospital beds and support to care homes. The global pandemic continues to present the health and social care system with a number of unique challenges which have impacted the way services were delivered and, as outlined in the *Rebuilding HSC Strategic Framework*, that the whole HSC system needs to plan and work together for a further surge. The Trust will work in accordance with the [COVID-19 Guidance: Ethical Advice and Support Framework](#), as devised by HSC.

1.2 Second COVID-19 Surge

Belfast Trust is committed to continuously monitor the ever-evolving outworkings of the pandemic and has robust daily mechanisms in place to assess its capacity to deal with the number and acuity of COVID-19 cases amongst patients and service users and the number of staff absences as a result of COVID-19. The scale of a second wave is unpredictable as it will depend on a range of factors, including the approach to social distancing, local lockdowns and population adherence to these measures. However, in recent weeks, we have seen significant increases in the number of cases across Northern Ireland and therefore are working on the basis that there will likely be a second COVID-19 wave this year.

1.3 Oversight and Learning from COVID-19

Belfast Trust Senior Management will continue to meet on a daily basis to assess a comprehensive range of management information to enable real-time decision-making. The Trust has engaged in proactive work to learn from the first wave of COVID-19 and, as a learning organisation, is committed to ensure that we will respond in a proportionate, informed and measured way to address the dual challenges posed by Winter 2020/21 and COVID-19. Given the unpredictable nature of this set of challenges, we will continue to harness new ways of working and have demonstrated innovation in service provision when faced with COVID-19. We remain committed to providing safe, effective and compassionate care and will continue to operate on this premise with patient safety, and safe levels of staffing and associated risk assessments as key determinants in how we do this.

In this plan, we have looked at 5 broad areas where it is felt additional capacity will be focused.

1. Looking after **our people**: Patients, service users, carers and staff
2. Maximising **capacity in the community** therefore supporting vulnerable people at home and avoiding unnecessary Emergency Department attendances and hospital admissions
3. Maximising **capacity in Hospitals** to deal with managing service demand arising from COVID-19 and Winter pressures
4. **Urgent and Emergency Care** service readiness
5. **Enabling flow** and **facilitating timely discharge**

1.4 Partnership working

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.

We will continue to work in partnership with our stakeholders to support an agile and responsive change of services in line with our statutory equality and rural needs considerations. We continue to work closely with our key partners, including Primary Care, Voluntary and Community Sector, Independent Sector and Trade Unions, to ensure that our plans are representative of, and include, the valuable input of those who use our services.

1.5 Equality screening and rural needs assessment

In addition, we will carry out an overarching Equality Section 75 and Rural Needs screening on this Resilience Plan and share it on the Trust website. The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016.

2.0 INTRODUCTION

Each year Belfast Trust prepares an annual Winter Plan to explain how we plan to address the expected increase in demand for unscheduled care services each Winter. Traditionally, this is a period when demand for our services is much greater than the capacity of our Hospitals. The safety of those who use our services remains the Trust's overriding priority at all times. As previously outlined, this Resilience Plan brings together the measures proposed to deal with Winter pressures and also the additional measures to deal with a further surge of COVID-19.

2020/2021 has been a challenging year to date for the Trust and indeed the wider health and social care system due to the COVID-19 pandemic. In the first surge, we reconfigured services significantly to respond to the unprecedented challenges of the pandemic and to reduce the risk of COVID-19 transmission in health and care settings. In a rapid timeframe, a number of measures were put in place across the region with the support of the Department of Health and Health and Social Care Board colleagues. The vast majority of these remain operational/or can be reinstated quickly which provides a strong foundation for the future management of further COVID-19 surges.

2.1 Learning from COVID-19

We have already undertaken a programme of work to help us learn from the first wave of COVID-19 to help us be better prepared and informed to support patients, service users, carers and families during a second surge. We have reflected on what we did well and where we can work differently to better support those who rely on us. This has enabled us to take a proactive approach as to how we will continue to deliver our services, adopt different ways of working and how we will be creative and innovative within the confines of social distancing, infection prevention control, patient and service user safety and safe levels of staffing.

This Plan outlines the approach Belfast Trust will adopt to address the anticipated seasonal increase in demand and any further waves of COVID-19.

The Trust will endeavour to maintain as many services as possible during any further COVID-19 waves. However, due to our limited capacity, 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 base as necessary to ensure that we are able to treat people and provide 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 towards getting COVID-19 patients home after their illness.

It is likely that this will result in the Trust having to redirect planned elective activity to the Independent Sector and as a result this will impact on our ability to deliver our rebuild plan.

We will continue to prioritise and focus on treating the most urgent cases first, and as a result some patients may have to wait longer than we would like.

We will continue to focus on supporting the most vulnerable in our community including those residents we have placed in care homes.

A key challenge in the context of Winter pressures and a second COVID-19 surge is the workforce and how we maintain safe staffing levels across all areas to ensure patient and service user safety.

3.0 PLANNING PRINCIPLES

Belfast Trust has adopted the following principles in preparing this Resilience Plan as outlined in the Regional COVID-19 Pandemic Surge Planning Strategic Framework (1 September 2020).

- **Safety** of our patients and service users 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 these pressures will take priority over elective care services, although the regional initiatives 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.
- 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 surges within the context of the **regional initiatives** outlined in Section 6 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 and care homes when necessary.
- The Department of Health, Health and Social Care Board, Public Health Agency, and the Trusts will closely monitor COVID-19 infections, care home outbreaks, hospital admissions and ICU admissions to **ensure a planned regional response to further COVID-19 surges**. This will support continued service delivery.
- The Department of Health 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 on 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 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. This guidance supersedes previous Guidance: Version 3.2 18 June 2020. 'COVID-19: Infection Prevention and Control Guidance.'

4.0 CHALLENGES

The COVID-19 global pandemic has presented the health and social care system with a number of unique challenges which have impacted on the way services were delivered by the Belfast Trust.

The Trust is actively working to address the following challenges:

- Balancing safety and risk
- Service delivery pressures from normal Winter illness as well as any potential COVID-19 outbreak
- Maintaining effective COVID-19 zoning plans
- Workforce capacity issues, including clinical vacancies and absences associated with COVID-19
- Limitations posed by accommodation and transport
- Establishing sustainable models of swabbing and testing
- Securing a reliable supply of critical PPE, blood products and medicines
- Providing necessary enhanced support and resources to the nursing/care home sector
- Our commitment to co-production and engagement
- Provision of continuing support to those most in need in our community
- The need to secure some capital or revenue funding to rebuild certain parts of our service

The Trust (via Monitoring Returns to HSCB/DoH) 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 DoH via CRL return. Capital and revenue resource requirements associated with local restart/rebuild plans have been bid for under the COVID Annex process as defined by DoH. The costs notified by the Trust have been included in a DoH bid to Department of Finance for funding. The Trust 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).

We also recognise that the way we addressed Winter pressures in the past may not be appropriate this time around given the need to maintain social distancing and to have separate COVID-19 and Non-COVID-19 zones.

Whilst the Trust will try to manage COVID-19 pressures as far as possible within our own hospital system, we may, at times of Winter pressure, need to utilise regional Nightingale facilities, as previously noted, in line with workforce availability. All HSC Trusts will work collaboratively along with the Department of Health to try to address the need for support safe staffing levels in their local and regional facilities. Workforce vacancies remain a significant challenge across the HSC system.

As with every Christmas and New Year period, there's a natural downturn in activity during the festive period. The Trust will ensure the careful management of rotas and requests for annual leave to maintain appropriate staffing levels and the safe delivery of services. This year, however, it is important to acknowledge that this is likely to be even more challenging to plan with the ongoing pandemic and the impact of staff absences.

4.1 Response to Winter Pressures

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 (ED) as the single point of entry for emergency and urgent care.

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

- ❑ **Unscheduled care is any unplanned contact with the health and social care system by a person requiring or seeking help, care or advice. It follows that such 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.

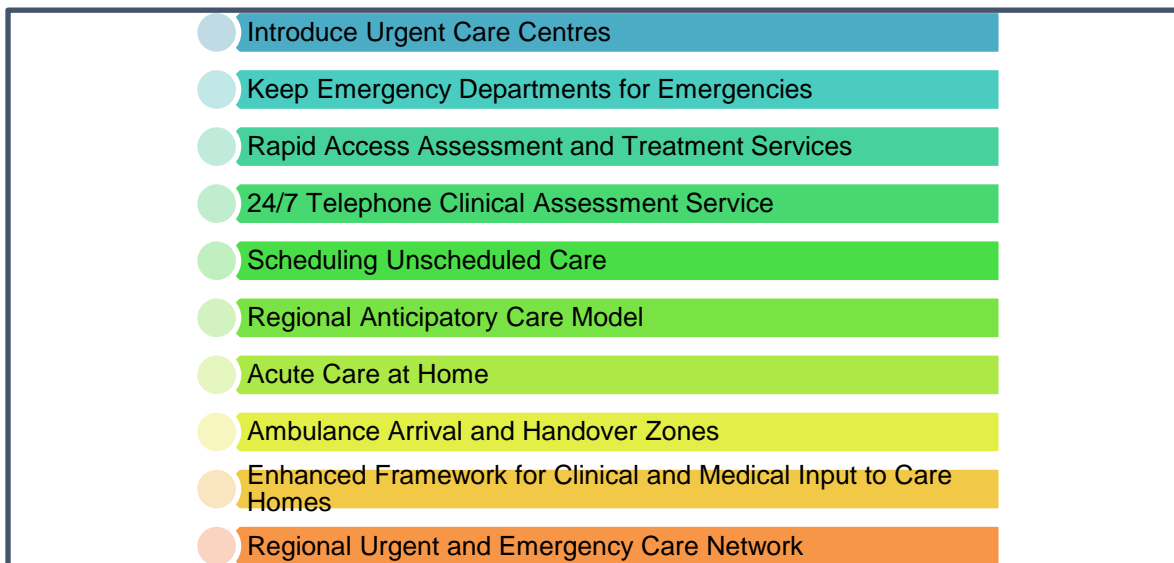
In previous years, figures showed that the increased number of people attending Emergency Departments led to an increased number of admissions with approximately 19% of patients requiring admission to an inpatient bed. This then reduces the capacity in the Winter to deliver planned elective care. It is anticipated that any further waves of COVID-19 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 rebuild our service capacity on an incremental basis.

The Trust anticipates that increases in demand, especially during the Winter, will impact on the Trust's ability to rebuild our service capacity on an incremental basis. Any further COVID-19 surge will result in people needing access to care and hospital admissions, which, compounded with staff absence due to COVID-19, will add even more pressures to the unscheduled care system.

4.2 “No More Silos”

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 Belfast Trust Local Implementation Group comprises leaders from across primary and secondary care and includes GPs, Trust and Northern Ireland Ambulance Service.

Figure 1: No More Silos Action Plan



4.3 Changes to Urgent and Emergency Care

As a result of COVID-19 and other pressures, Belfast Trust Emergency Departments have adopted new ways of working, including:

- Segregation and streaming of patients to separate those most likely to have COVID-19 from those less likely.
- Closer working with Primary Care – including scheduled access to some urgent services
- Maximum occupancy thresholds in all areas to allow for adequate social distancing
- Walk-in patients triaged as ‘low risk’ to wait in cars or nearby unit until they are called to come to the Emergency Department
- Increasing use of telemedicine and remote consultations
- Expanding our anticipatory care model and acute care at home to prevent unnecessary or inappropriate attendance
- Patients under active specialist care to be managed by their existing specialist team
- Patients discharged as soon as they are medically fit
- New crowding escalation procedures.

The following section provides an overview of what Belfast Trust is doing in partnership with Primary Care and Independent Sector colleagues to best support this regional work and how it plans to manage additional pressures arising from the Winter season and COVID-19.

5.0 RESILIENCE PLAN ACTIONS

To manage service demand arising from COVID-19 and Winter pressures, the Trust will focus on the following Themes:

Figure 2: 5 Areas where we will focus to maximise resilience:

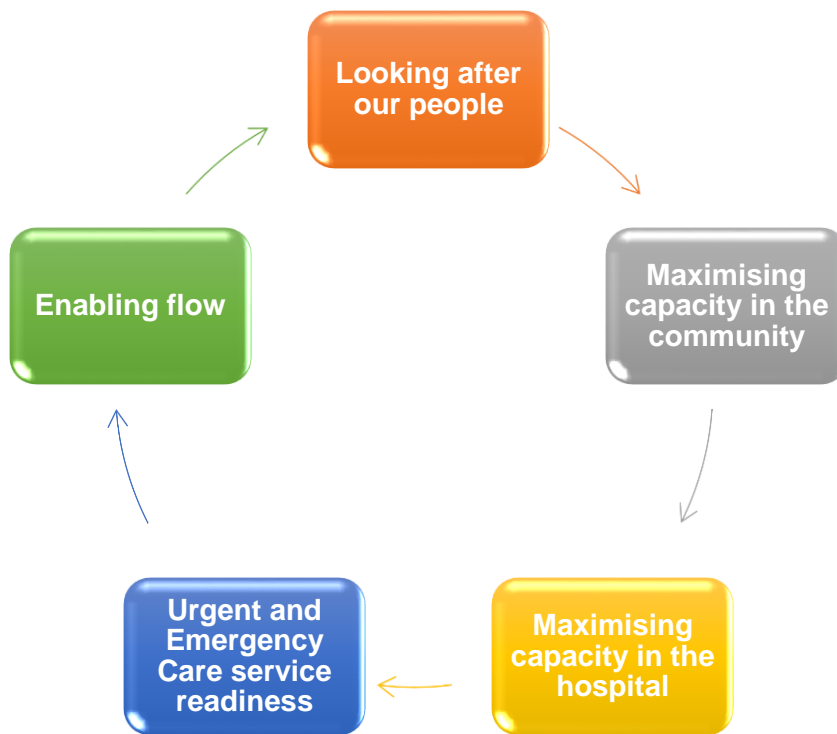


Table 1: What we will do to build our resilience in 5 areas

Theme : Looking after our people How will we do this?	Theme 2: Maximising Capacity in the Community How will we do this?
<ul style="list-style-type: none"> ➤ Protecting patient and service user safety in hospital and community settings ➤ Always operating within appropriate levels of social distancing and optimal levels of Infection Prevention Control and Personal Protective Equipment ➤ Working within safe staffing levels ➤ Adhering to visiting guidance ➤ Bereavement Support Service ➤ Patient Liaison Service – to enable families to keep informed of their loved one’s wellbeing if visiting is restricted ➤ Care Opinion – a new online feedback service for patients, service users and carers ➤ A new email facility to allow family and friends to email loved ones photos and letters when there are visiting restrictions ➤ Supporting the most vulnerable and offering outreach to them in their homes ➤ Enhancing levels of care in the community ➤ Trust Day Centres have re-opened; safely prioritising attendance for those most at risk ➤ Proactively supporting and valuing the contribution of our carers ➤ Promote and maximise the uptake of the Flu Vaccine by Trust staff – peer vaccinators and mobile vaccination programme (Target 75%) ➤ Rapid access for staff and staff family COVID-19 testing. ➤ Ensure staff receive appropriate training so they are equipped with necessary skills to manage over the Winter period. ➤ Share regular updates with staff on Trust Plans to deal with Covid. ➤ Ensure annual leave is planned appropriately and taken during the Winter period to provide adequate cover to frontline services over busy periods ➤ Visibility of senior management to provide support and guidance to staff during this period ➤ On-site contingency arrangements for staff who cannot travel in extreme weather conditions to ensure that service delivery is not negatively impacted ➤ Ensure proper recognition and thanks to all staff during Winter period ➤ Support working with compassionate, timely, practical solutions to address childcare concerns in accordance with regional protocol ➤ Staff supports – Occupational Health, Human Resources, Psychology Team, Health Improvement Team, Domestic and Sexual Abuse Support Service 	<ul style="list-style-type: none"> ➤ For COVID-19 positive patients, the ACAH (Acute Care at Home) team will work in collaboration with the Care Home Nursing Support Team to provide service to residential units to assess, treat or provide onward assessment of residents where necessary. ➤ The Care Home Nursing Support Team will continue to provide support, education and outbreak assessment and monitoring within the care home sector. It will continue to work in close collaboration with ACAH for COVID-19 positive residents. ➤ The ACAH team will continue to provide care and support to care home residents in order to minimise the need for the resident to attend an acute care setting unless this is in their best interest. ➤ Where acute care is needed, clinical pathways have been developed to ensure the resident gets access to the right service promptly ➤ Work collaboratively as a multi-professional team to develop a vision which provides the right care at the right time in the right place for older people living with dementia and/or frailty ➤ Continue to support most vulnerable in their homes and prevent unnecessary attendances at Emergency Departments to help ensure swift appropriate discharge of patients from hospital, whilst adhering to regional COVID19 Testing Protocol. ➤ Continue Acute Care at Home (Geriatrician-led Multi-Disciplinary Team model of urgent care at home for frail people, avoiding hospital admission) ➤ Provide Anticipatory care in Nursing Homes. ➤ Continue to improve palliative and end of life awareness and advance care planning ➤ General Palliative Care services will continue to be delivered through the community nursing teams ➤ Delivery of 24/7 community nursing ➤ COVID-19 Primary Care Assessment Community hub at Beech Hall continues ➤ Phlebotomy services at Musgrave Park Hub continue ➤ Develop Delirium Recovery Model with additional support by right team for people discharged home or residential setting ➤ Older People Fractures Pathway will be developed ➤ Rapid Access Falls Assessment Service as alternative to 999 call (NIAS) and Community Falls Model ➤ Provide high quality responsive domiciliary care, ensuring rapid access to specialist clinical support, palliative or end of life care, reablement /rehab services ➤ Review Intermediate Care Bed Base and redesign to meet new/emerging needs e.g. COVID-19 discharge pathway, Delirium recovery model, hospital delays ➤ Urgent respite services for people and carers most in need. ➤ Close partnership working with Primary Care, secondary care, Independent and Voluntary sector colleagues

Theme 3: Maximising Capacity in the Hospital How will we do this?	Theme 4: Urgent and Emergency Care Service Readiness How will we do this?	Theme 5: Enabling Flow/ facilitating timely discharge How will we do this?
<ul style="list-style-type: none"> • Royal Victoria Hospital will continue as Regional Trauma Centre & Emergency/Unscheduled Care hospital for non Covid-19 Care, and will plan to increase overall bed capacity by 29 beds to meet anticipated Winter surge • The Mater Hospital will remain BHSCT COVID-19 Hospital for emergency care (with admission by ambulance) • Belfast City Hospital will reconfigure as Regional Nightingale Facility as required • Royal Belfast Hospital for Sick Children continues to temporarily lift age of children seen up to 16 • Timely repatriation of inpatients back to their host Trust • Continuing to review and refine our Trust-wide and specialty-specific escalation processes • Maximum use of our Clinical Assessment Unit • Programmed Treatment Unit continues • Mental Health Liaison service • Develop Directory of pathways with all services • Enhanced interface between acute and community and primary care • Continue to deliver existing local and regional services as part of regional child health partnership forum 	<ul style="list-style-type: none"> • Our ED Navigator helps to facilitate safe effective flow of patients • An urgent care treatment service has been piloted in the Royal ED since August 2020 and will be established early Oct 2020 , available 8am-6pm M-F with ED staff and GPs working in partnership to offer a more seamless urgent care response and reduced journeys to ED. • An enhanced range of safe and effective urgent care pathways, staffed by multi-disciplinary professionals, are being developed to facilitate scheduling of unscheduled walk-in ED attendances. ED patients can be assessed by a senior clinician and have a scheduled appointment within 2 hours of arrival with necessary specialty. It is hoped to expand this during autumn 2020 • Telephone access to clinical advice and triage from ED practitioners to be introduced in autumn 2020 in RVH and Mater EDs. Aligned with Urgent Care Centre, this will provide a clinically-led, clinical advice telephone service from which GPs can access assessment, advice and information. It will promote scheduling of patients into appropriate care pathway and reduce unnecessary ED attendances. The service will initially operate 08:00 to 20:00 but will be scaled up in time. • Adhering to our new crowding escalation procedures • Re-establish ATTEND model- (Ambulance Triage and Treatment by Emergency Nurse and Doctor • Provide separate Respiratory Assessment Treatment Unit in ED • Development of ED Pods and use of MOT Centres 	<ul style="list-style-type: none"> • Site Co-ordination with Control Room using real-time data to monitor in-hospital flow, Hospital Early Warning Scores and regional escalation • Direct admission to specialities – scheduled appointments and ensuring older frail people can bypass ED • Proactive discharge planning from admission with support in care home to aid recovery • Use of Discharge Lounges/Discharge Access Service • Enhance Community Discharge & Social Work Hub workforce model ensuring 7-day service facilitating safe discharges across all acute sites including Mater Hospital • Focus on Home First Principle with timely access to rehabilitation services and/or assessment for longer-term care and support needs (discharge to assess) • Continue to test people prior to discharge to a care home setting in line with the Regional Testing Protocol • Expansion of Acute Pharmacy Services • Working closely with Care Homes to reduce attendances by providing acute care/care home nursing support • Improve Outpatient Parental Antibiotic Therapy (OPAT) Service supporting discharge through provision of home IV antibiotics by an OPAT pharmacy team • Use Rockwood Clinical Score to identify frailty levels and hence inform appropriate clinical interventions/decision making • Review Intermediate Care Bed Base and redesign to meet new/emerging needs e.g. COVID-19 discharge pathway, Delirium recovery model, hospital delays

6.0 WIDER HEALTH AND SOCIAL CARE IMPACT

It is acknowledged that any future waves of COVID-19 pandemic would have a significant impact on the ability to rebuild our service capacity on an incremental basis. The Trust will continue to apply the regionally-agreed rebuild planning principles to decision-making in order 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 will take to ensure we can continue to deliver a level of service during any further COVID-19 surge. Every effort will be made to continue to rebuild services but it is essential that contingency plans are outlined to explain what may occur. The Trust has detailed plans for each service group as to how they will deal with a further wave of COVID-19. These are similar to the measures taken in the initial Surge Plan published in June 2020 but have been refined and enhanced as we have reflected and learnt from the first wave of COVID-19 as to what we did well and how we could improve. By way of illustration, the following examples show how the unprecedented constraints placed on us by COVID-19 engendered creativity and innovation in service provision:

- Virtual outpatient clinics across hospital and community services e.g. virtual family support hubs, psychology, and across clinical specialties;
- Phlebotomy and glaucoma drive-through services;
- Mobile unit for Macular injections;
- Enabling patients to provide vital readings remotely to be viewed by the clinician to ensure appropriate follow-up care is provided or necessary intervention takes place, without need to attend hospital;
- Virtual live educational training sessions have been trialled in the community, for example with patients with mental health issues or those receiving psychological support;
- A 24-hour patient transport service for the transfer and stepdown of patients by stretcher or wheelchair which has reduced the pressure on the Northern Ireland Ambulance Service (NIAS) for inter-hospital patient transport;
- A Navigator (senior decision maker) in the Emergency Department signposts walk-in patients and NIAS patients to the correct area for treatment;
- Development of VIP Lanyards for people with Learning Disability and/or Autism;
- Launch of Carers ID Card;
- Enhanced care home nursing support team deployed to homes during COVID-19 outbreak; and
- Regional and Local Helplines - Advice NI, Trust Coordination Centre, BCC Helpline and Community sector response.

The following table shows what we will need to do in response to the pressures of a second surge of COVID-19. These are in accordance with the regional surge plans that have been developed and those which are under development.

Table 2: Surge plan by service

Hospitals	
Urgent & Emergency Care	<ul style="list-style-type: none"> ➤ RVH will continue as Regional Trauma Centre and Emergency/Unscheduled Care hospital for non-COVID-19 care, ➤ Mater Hospital remains the BHSCT COVID-19 Hospital for emergency care (NIAS only) ➤ RBHSC Temporarily lifted the age of children seen up to the age of 16. A designated area has been identified for potential COVID-19 patients. ➤ Continue to deliver existing local and regional services as part of regional child health partnership forum. ➤ BCH will switch to support the regional Nightingale Hospital, as required.
Cancer & Specialist Medicine Services	<ul style="list-style-type: none"> ➤ Radiotherapy services will continue to deliver radiotherapy treatments, priority will be given to patients on treatment to complete those treatment courses already commenced. During a second surge patients will be categorised as per “The timely delivery of radical radiotherapy: guidelines for the management of unscheduled treatment interruptions”, 4th edition. London: The Royal College of Radiologists January 2019. ➤ Oncology ambulatory assessment and chemotherapy will continue to deliver services at normal levels based on patient need, maximising virtual assessments where clinically safe to do so. A key assumption is that service can continue to protect its services on BCH site in the event of a second surge and the need to utilise BCH Nightingale Hospital. In the event of a second surge clinicians will continue to have ongoing individual – patient discussions for individual decision making. ➤ Haematology - specialist regional service to provide high dose chemotherapy and stem cell transplantation. Ambulatory haematology assessments and treatments to continue as per normal seasonal activity, maximising virtual assessments. ➤ Haemophilia Centre to continue as normal maximising virtual assessments. ➤ Renal Transplantation service will continue based on individual case need and availability of theatre access. Renal failure patients will be reviewed and prioritised according to clinical presentation. ➤ Continue the provision of safe chronic haemodialysis treatment on both BCH and Knockbreda Wellbeing and Treatment Centre settings.

	<ul style="list-style-type: none"> ➤ Continue the provision of acute dialysis treatments (BCH & RVH). ➤ Continue to offer interventional Radiology service to renal patients on BCH site. ➤ Dermatology – to maximise use of virtual consultations, triaging and prioritising face-to-face assessment and treatments. No capacity for phototherapy and other treatments previously delivered in BCH level 4. ➤ Rheumatology - to maximise use of virtual consultations, triaging and prioritising face-to-face assessment and treatments. Biologic treatment and Joint Injection clinics increased in MPH. ➤ The above will be dependent on the availability of staff during a second surge and our ability as a service to protect our specialities, ensuring risk assessments are in place to maintain services on the BCH site.
Theatres	<ul style="list-style-type: none"> ➤ The Trust will continue to undertake prioritised surgery and this will be kept under review in light of increased demand for COVID-19 critical care services. Should there be further COVID-19 surges which result in an increased demand for critical care, planned surgical services may need to reduce or stop to enable support for the increase in critical care demand.
Critical Care	<ul style="list-style-type: none"> ➤ Plans in place for low, medium, high and extreme surge scenarios as per Critical Care Network Northern Ireland (CCaNNI) Surge Plan, including mechanisms to draw on the support of staff from other services to enable the upscaling of Critical Care in line with the Trust's Surge Plan including the reopening of the Nightingale hospital if necessary.
Maternity and Neo-natal care	<ul style="list-style-type: none"> ➤ Planned births will continue to be delivered and neonatal cots will be operational as normal. ➤ Home births plan to continue.
Gynaecology, Sexual Health and Reproductive Health	<ul style="list-style-type: none"> ➤ The continuation of regional fertility services will be dependent on the advice and guidance of the HFEA (Human Fertility and Embryology Authority). During the first wave of COVID-19, HFEA stood down access to fertility treatment in all UK centres. ➤ Gynae services will continue to be delivered to Priority 2 patients (those patients with cancer and those with suspect cancer).
Neuro-Rehabilitation Services	<ul style="list-style-type: none"> ➤ The Neuro-rehabilitation service at Musgrave Park Hospital will have limited or no capacity to support patients for respite care in neurology MPH or provide rehabilitation in amputee services.
Regional Disablement Service	<ul style="list-style-type: none"> ➤ For prioritised patients, we will continue to virtually deliver outpatient services through telephone and video calls and only where required with-face to-face attendance.

Outpatients	<ul style="list-style-type: none"> ➤ We will continue to deliver Outpatient services through telephone and video calls and only where required with face-to-face attendance.
GP Out of Hours Service	<ul style="list-style-type: none"> ➤ Will continue but with a reduced face to face contact where possible and will benefit from a more cohesive approach with Secondary Care.
Dental Services	<ul style="list-style-type: none"> ➤ Hospital Dentistry and Community Dental Services – emergency only and red flag will continue ➤ School of Dentistry – all QUB dentistry patients treatments ceased ➤ The Urgent Dental Clinic in Carlisle Wellbeing and Treatment Centre will be available for all patients who cannot be managed by their local dentist. ➤ ENT and Dental services move to emergency services only.
Labs and Mortuary Services	<ul style="list-style-type: none"> ➤ Regional Virology Laboratory SARS CoV2 Antigen Testing Capacity: The testing programme has developed in line with Version 6.2. of the Interim Testing Protocol. The Trust has worked with the Academic Consortium Laboratories to expand testing capacity. ➤ Anti-SARS CoV2 antibody testing: This testing has commenced with Healthcare Workers. ➤ BHSCT Mortuary Capacity: The Trust currently has 25 spaces with access to QUB mortuary of 32 spaces. ➤ The Trust continues to work with Northern Ireland Blood Transfusion Services to ensure adequate supply of blood and blood products.
<u>Mental Health and Children and Adolescent Mental Health Services</u>	
Inpatient Services	<ul style="list-style-type: none"> ➤ Remain operational with additional stepdown capacity
Community Mental Health Teams	<ul style="list-style-type: none"> ➤ Operationally the option of a face-to-face urgent/emergency mental health assessment will remain if clinically indicated – ➤ Home Treatment House – will operate with reduced capacity
<u>Learning Disability Services</u>	
Inpatient Services	<ul style="list-style-type: none"> ➤ Muckamore Abbey Hospital will continue to provide care for its existing patients ➤ Resettlement of patients from MAH may have to be deferred, if necessary
Day Centres/ Opportunities	<ul style="list-style-type: none"> ➤ If required Day Centres may have to temporarily close however outreach into people's homes will continue to support service users and carers and families
LD Residential and Supported Housing	<ul style="list-style-type: none"> ➤ Will continue as normal

Community LD Outpatient Clinics	<ul style="list-style-type: none"> ➤ Outpatient clinics will be facilitated by virtual and/or telephone appointments and face to face appointments if required (i.e. no anticipated change).
<u>Psychological Services</u>	
Inpatient and Outpatient Services	<ul style="list-style-type: none"> ➤ Inpatient psychological services will continue to be provided across all acute hospital sites, including MH and LD ➤ Outpatient work will continue using a mix of virtual and phone therapeutic delivery. ➤ If clinical need is required face-to-face work will be facilitated. ➤ A number of additional helplines have been put in place for specific patient groups and staff. ➤ Staff continuing to work on development of online resources including webinars and pre-recorded psychoeducation material
<u>Allied Health Professionals</u>	<ul style="list-style-type: none"> ➤ AHPs (Podiatry, Speech and Language Therapy, Dietetics, Occupational Therapy and Physiotherapy) will maintain and, where possible, further increase both face-to-face (where clinically appropriate to do so) and virtual service capacity, subject to further COVID-19 surge implications.
<u>Children's Community Services</u>	
Early Years Teams	<ul style="list-style-type: none"> ➤ Telephone support will be given to providers where required. ➤ Inspections will be undertaken in line with Government and Departmental guidance/advice and on a prioritised basis. ➤ Telephone and online support will be given to providers where required. ➤ Support visits will continue if required to those groups providing daycare for vulnerable children and key worker children. ➤ All safeguarding incidents and complaints will be fully investigated.
Child Health including: Children with complex needs, Safeguarding and Family Nurse Partnership (FNP)	<ul style="list-style-type: none"> ➤ Health visiting and school nursing services will be scaled back and prioritised according to need. ➤ Children with Complex Needs service will be provided according to priority need. ➤ Family Nurse Partnership will continue to be provided.
Children's Community Social Work Teams	<ul style="list-style-type: none"> ➤ Gateway service will remain open to receive new referrals which will be screened to determine need for immediate initial assessment. ➤ Child Protection referrals will continue to be prioritised. ➤ Visits to Looked After Children, children on the child protection register and family support cases will take place following risk assessment, whilst other contacts may be made virtually.

	<ul style="list-style-type: none"> ➤ Children's Homes will remain open and support will continue to be provided to foster carers virtually where possible.
Children with Disability Teams	<ul style="list-style-type: none"> ➤ Community Social Work teams will remain operational with visits determined by priority. ➤ Duty outreach service will continue with regular calls to parents based on priority. ➤ All short breaks within the residential facilities will be assessed according to highest level of need. ➤ Somerton Road Children's Home will remain operational. ➤ Allied Health Professional services continue to fully engage with Education in the reopening of special schools to re-establish services to children within these settings. ➤ Services will provide resources and online support for families with home visits arranged where necessary. ➤ Hospital Social Work services in the Royal Jubilee Maternity hospital RJMH and the Royal Belfast Hospital for Sick Children RBHSC will continue to be operational.
Childcare Centre, Family Centres Trust Contact Centre	<ul style="list-style-type: none"> ➤ These centres will endeavour to remain open and operational in undertaking assessment work and therapeutic interventions.
Public Health Services: HYPE Homeless Inclusion Service	<ul style="list-style-type: none"> ➤ Health Improvement and Community Development: Will deliver a scaled back service to include health improvement programmes e.g. smoking cessation, diabetes prevention programme, health information and advice and continue to facilitate virtual involvement. Staff to support regional and local helplines and link with local community and voluntary response to support those most in need. ➤ Carers – will continue to provide support to carers ➤ HYPE planned services to further education providers will be stood down. ➤ Limited service provision for Looked After Children will be according to assessed need. ➤ The Nurses within the BIHS will continue to provide a service to those experiencing homelessness that will include nursing care, testing for COVID-19 and referral onto other services as necessary. ➤ All other services (Dental, Podiatry and GP) will be stood down temporarily.
NI New Entrants	<ul style="list-style-type: none"> ➤ NINES clinic services will be stood down. ➤ Limited home visits will take place according to client need.
Regional Emergency Social Work Service	<ul style="list-style-type: none"> ➤ Service will continue to be operational for out of hours social work emergencies.

<u>Adult Community and Older People's Services</u>	
Care Homes	<ul style="list-style-type: none"> ➤ Continue to proactively provide support across all Care Homes, including management of COVID-19 outbreak ➤ We will work with stakeholders to develop plans to sustain the support required. Care Home Nursing support team and CREST will continue.
Community Care Teams	<ul style="list-style-type: none"> ➤ Our Community Social Work Teams will ensure support for the most vulnerable people in our care by maintaining team contact, even when COVID-19 requires changes to existing care delivery. ➤ Continue to deliver Community Nursing services 24/7 and support for the most vulnerable by providing care for patients in their own home such as end of life care, complex wounds, IV therapy. ➤ Primary Care Assessment Centre will continue at Beech Hall for patients referred for COVID-19 assessment/test ➤ Connected Community Hub will continue to provide preventative work with key stakeholders across the city. Provide urgent respite services for people and carers most in need. ➤ Develop a Delirium Recovery Model, to provide additional support by the right team for people discharged home or to a residential setting.
Intermediate Care	<ul style="list-style-type: none"> ➤ Review Intermediate Care Bed Base with view to redesigning to meet new/emerging needs e.g. COVID-19 discharge pathway, Delirium Recovery Model, hospital delays ➤ Enhance intermediate care provision in non-acute setting and ensure appropriate workforce model is in place to meet needs. ➤ Enhance Community Discharge & Social Work Hub workforce model ensuring 7-day service facilitating safe discharges across all acute sites. ➤ Continue to focus on a Home First Principle with timely access to rehabilitation services and/or assessment for longer-term care and support needs occurring in the most appropriate setting and at the right time for the person (discharge to assess).
Domiciliary Care	<ul style="list-style-type: none"> ➤ Provide high quality responsive domiciliary care and ensure arrangements are in place to rapidly access specialist clinical/nursing support, palliative or end of life care, reablement and or rehabilitation services. ➤ Enhance domiciliary care capacity in areas of unmet need.
Older Peoples Community mental health teams and Psychiatry of Old Age	<ul style="list-style-type: none"> ➤ Will continue
Trust Day centres: Physical and Sensory Disability and Older People and Dementia	<ul style="list-style-type: none"> ➤ Trust Day Centres will prioritise attendance for those most at risk whilst adhering to social distancing and infection prevention control guidelines. Alternative options will be put in place for those unable to attend.

Residential homes and supported housing

➤ Will continue to be provided as normal

7.0 CONCLUSION

COVID-19 has presented the Health and Social Care system with its biggest challenge since inception and have compounded the pressures of an already over-burdened system. 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.

This Resilience Plan illustrates what Belfast HSC Trust will do to strengthen its resilience during the Winter of 2020 and subsequently outlines how our services will be impacted by a further surge of COVID-19. The Trust would highlight that given the need to remain flexible and agile as a result of the unpredictability of COVID-19, this plan will be a fluid document that may be subject to change as and when required. We know that as with the first surge of Covid, the availability of our most valuable resources needed to counter COVID-19 - beds, our staff and equipment - will all come under increasing pressure.

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