

**From the Permanent Secretary  
and HSC Chief Executive**



To: All HSC Staff

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Dear Colleague,

## **NEXT STEPS ON HSC RESPONSE TO COVID-19**

As you will recall, in March, in response to the rapidly evolving global situation, we took rapid action to prepare services for a significant surge in demand on our services. At that stage, the best available modelling anticipated a significant increase in demand for hospital capacity and, potentially, a catastrophic impact on critical care. Acute service planning therefore focused on the rapid expansion of critical care and acute bed capacity. At the same time, with the country undergoing a lengthy period of lockdown, the number of people attending hospital dropped significantly. Nevertheless, parts of our system came under enormous pressure and it is due to the dedication of all our health and social care colleagues that everyone who has contracted this terrible virus has had access to the best possible care.

However, it must also be recognised that these actions came at a cost. Pausing the delivery of some services had a detrimental impact on patients, and is also difficult for the staff involved in providing their care. For the past six months, staff from across the health and care system have been working hard to try to bring activity levels back up to pre-pandemic levels, and also to provide increased input and support into the care home sector. It has not been easy, but we have made progress.

In recent weeks it has been clear that the number of cases in the community has been increasing and that this is now translating into increased numbers of COVID positive patients requiring admission to hospital and, in some cases, critical care. The Executive has now introduced a series of measures intended to bring down the rate of transmission as quickly as possible. Interventions such as these need to be in place for 2-3 weeks before they have an impact on the number of cases moving through the health and care system. It is clear that we are now in a second surge phase, and we must therefore be

prepared for a major increase in the number of COVID positive patients requiring admission to hospital in the coming weeks. The Department's modelling suggests that hospital inpatients could rise to 420 – 650 at peak.

The situation in our hospitals now is very different to March. All of our hospitals, even those with lower numbers of COVID positive inpatients, are currently under significant pressure. The system's overall capacity and flow has also been reduced by the measures that are necessary maintain social distancing to prevent health care associated outbreaks. There is also a significant number of staff in self-isolation.

There is no doubt that the coming weeks and months will be a challenging period for Health and Social Care staff across Northern Ireland, perhaps more challenging than the first surge period. However, while the coming months may be hard for all of us, we must also recognise that they will be even harder for some of the patients and their families who need our help.

As we enact surge plans for this phase, there are several issues which it is important that all staff are aware of.

## **1. Support for staff**

As HSC staff, you are our greatest asset, and while we are asking a lot of you we will also do everything we can to support you. In April of this year, the Department published *Supporting the Well-being Needs of our Health and Social Care Staff during COVID-19: A Framework for Leaders and Managers*. The measures within the framework include a range of initiatives across organisations which will enhance psychological well-being of staff. These include: access to Psychological Support; Helplines manned by psychologists; a broad range of online resources; and, drop-in services in critical facilities.

The safety and health of our people is of the greatest importance. The last six months have seen enormous efforts from staff across all aspects of health and social care. Employers and managers across the HSC must continue to take all necessary measures and redouble their efforts to keep people safe and supported. Managers should check in regularly with their staff and make sure their teams know what support services are available and how to access them.

Evidence is emerging regarding the emotional burden of caring for many people in difficult circumstances during COVID, and the Department is considering what more can be done to promote mental health and wellbeing and resilience for all staff.

## **2. Regional Surge planning**

Trusts will continue to enact their existing surge plans to ensure sufficient capacity on hospital sites for COVID and non-COVID patients.

The critical care surge plan has been updated by the Critical Care Network for Northern Ireland (CCANNI) and will remain in place for this winter and future waves of the pandemic. As in the first wave, CCANNI will continue to liaise with regional colleagues to maintain oversight and provide appropriate support to regional critical care units to enable safe delivery of critical care to all patients who require it.

The Northern Ireland Nightingale at the Belfast City Hospital will continue to retain 3 floors that can be used to treat up to 78 critically ill patients in the event of a high surge in demand. This will remain the region's critical care contingency in the event of any adverse events this winter period.

The Department has also commissioned a new Nightingale facility at Whiteabbey hospital. This facility will provide an additional 100 regional intermediate care beds to help aid the flow of patients from ICU and acute care. This facility will help to release bed capacity at acute sites at times of particular pressure.

### **3. Redeployment**

The workforce appeal has been relaunched as there is no doubt that additional staff are required. However, this second surge may also require staff to work differently and in different locations. For example, both Nightingale hospitals - when opened - will require staff from different organisations. Whiteabbey will be opened as a nurse led enhanced therapy unit. A small number of advanced nurse practitioners will be required to support the Northern Trust complement as will other nursing and AHP roles, and additional clinical and non-clinical staff will be required to support the BCH Nightingale hospital.

At the same time, we want to make every effort to maintain as many non-COVID services as possible during this surge period. As a result, we will be identifying a number of 'covid-light' sites that will deliver elective care on a regional basis throughout the pandemic. For staff with the relevant skills who are not involved in Trusts' COVID response, I would ask you to consider helping to maintain services on one of these sites. We will achieve much more if we can consolidate all of our resources rather than trying to maintain individual services on a piecemeal basis.

The Health and Social Care system continues to work in partnership with independent providers and provides significant practical support to care homes and domiciliary care services. HSC staff have stepped in to provide over 26,000 hours of staffing time in care homes in the first surge. While continued provision of support from Trusts to care homes forms part of our surge plans, we recognise that the staffing situation in Trusts is more challenging than during the first wave and we are considering what additional measures can be taken to address likely staffing pressures.

I want to assure staff that the movement of staff will be approached pragmatically, with due care and attention to individual needs and on a voluntary basis. To support staff and reduce excess travel, accommodation will be available where required.

### **4. PPE**

I know that previously the availability of PPE was a major concern to staff. I am pleased to tell you that the latest update from BSO confirms that supply chains are strong and steady for all items. That said, I recognise there are ongoing issues with the range of FFP3 masks currently in stock and want to assure you BSO are doing everything possible to both strengthen the supply line and reduce the variation of FFP3 masks. We will monitor the position carefully in the coming weeks.

## **5. HCW testing**

Testing continues to be a vital tool in our response to this pandemic and our testing capabilities are continuing to expand across Northern Ireland. Clearly, the staff who provide health and care services are one of our key priority groups for testing, and we continue to increase our capacity to deliver this. Testing in Northern Ireland is underpinned by an Interim Protocol, an operational tool which sets out the priority groups for testing. Version 7 of the COVID-19 Interim Protocol for Testing was approved by the Chief Medical Officer on Friday 15<sup>th</sup> October and has been shared across the HSC. Protecting residents and staff in our care homes also remains a key priority. One of the key measures in preventing further increases of COVID-19 is the continuation of the rolling programme of testing for care home residents and staff supported by the PHA and Trusts. This programme will continue to play a significant role in helping to minimise the risk of COVID-19 through early identification of single cases and potential clusters of cases, and will enable immediate steps to be taken to prevent spread of infection, thereby ensuring the continued safety of residents and staff.

## **6. Primary Care**

From the outset, staff in Primary Care have been working hard to manage the impact of the pandemic and to maintain critical services. Although there was a shift to telephone and video triage, General Practice remained in operation during the first wave and patients had access to GP services and face to face consultations where appropriate.

In partnership with the Trusts, Primary Care COVID centres have continued to give rapid access to diagnosis, treatment and referral through the pandemic and to separate out COVID cases to preserve practice based services. COVID centres have made – and will continue to make – an important contribution to health and care services, through early triage, by ensuring that the right cases make their way to secondary care service and by keeping general practice open.

## **7. Managing Pressures in Emergency Departments**

On Friday, the Department published an action plan for mitigating pressures on our urgent and emergency care services. The Action Plan focuses on ten key actions that will be rapidly implemented in order 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. The measures set out new ways of working across primary and secondary care and are focused on:

- Structured collaboration between primary and secondary care;
- Working towards a 'phone first' model to improve access to clinical advice and reduce unnecessary attendance at Emergency Departments;
- Scheduling urgent care through appointments to reduce waiting room overcrowding and waits for treatment;
- Avoiding unnecessary admission to hospital;
- Timely discharge from hospital.

These actions will support the development of an enhanced range of safe and effective

elective and unscheduled care services to patients which do not rely on patients presenting at an ED. The underlying intention of all of the actions is to make sure patients can access the care they need, in the right setting, as quickly as possible. A copy of the plan is available at the following link: <https://www.health-ni.gov.uk/NoMoreSilos>.

## **8. Seasonal Flu Vaccination Programme**

Seasonal Influenza is a key factor in causing winter pressures within the health service. It impacts on those who fall ill, the health services that provide direct care, and on the wider health and social care system that supports people in at-risk groups.

The immunisation programme is a critical element of our approach for delivering robust and resilient health and social care services. It is essential that we take all necessary measures to help reduce the risk of flu and COVID-19 circulating at the same time during the forthcoming winter. Early evidence suggests that co-infection is associated with over a two-fold increase in mortality compared to those with COVID-19 alone.

I have been delighted to see the high uptake of the flu vaccination by Health and Care workers so far this year. Uptake has been so much higher than average that we have already delivered the full capacity of our initial order to the Trusts. Additional stock will be arriving in early November and I would strongly encourage any member of staff who has not yet received the flu vaccination to take steps to get vaccinated to protect themselves, their families and the patients in their care.

Finally, I have now been Permanent Secretary in the Department of Health for more than six years. In this time, I have learned never to underestimate the people who make up the HSC. Throughout the course of the pandemic I have been continually impressed by the resilience, the innovation, the commitment, and the passion of HSC staff. I have no doubt at all that every single one of you will do whatever it takes to deliver the best possible care to the population of Northern Ireland. I also want to assure you that I do not take that commitment and resilience for granted, and addressing the wide range of workforce issues across our system remains an absolute priority.

With best wishes



**RICHARD PENGELLY**